

“The prayer circles in the air”: A qualitative study about traditional healers from Northern Norway

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Abstract

Background: In northern Norway, traditional healing has been preserved by passing down the knowledge through generations. This knowledge is passed on to a few chosen successors and is not shared openly, but kept secret. In this study, religious prayers of healing (*reading*) and Sami rituals (*curing*) are examples of methods that are used. We have examined traditional healers’ understanding of traditional healing, the healing process and their own practice as well as what characteristics healers should have.

Method: Semi-structured individual interviews and focus group interviews were conducted among 15 traditional healers in two coastal Sami communities in Norway. A verbatim transcription of the text data was performed and coded in NVivo11.

Results: The traditional healers understood traditional healing as the initiation of the patient’s self-healing power. This power was initiated through healing rituals and explained as the power of God and placebo effect. The traditional healers experienced themselves as channels for the power of God. During the healing ritual, the doctor’s medical diagnoses, the patient’s personalia and a prayer in the name of The Father, The Son and The Holy Spirit were used in combination with steel and elements from the nature. The traditional healers stated that they had to be trustworthy, calm and mentally strong. Healers who claimed that they had supernatural abilities (clairvoyance or warm hands) were regarded as extra powerful.

Conclusion: The study shows that traditional healing is a religious practice that combines Christian prayers with traditional Sami rituals. The healers in our study used information from conventional medicine and knowledge about traditional medicine when conducting healing rituals.

Keywords: Sami – healers; traditional healing; reading; blowing; curing; prayer; medical pluralism; health sectors; traditional knowledge.

Background

Traditional medicine (including traditional healing) may be understood as “the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures used in the maintenance of health, whether they are explicable or not, used in the prevention, diagnosis, improvement or treatment of physical and mental illness” . In northern Norway, traditional medicine is influenced by Sami folk medicine, reflecting the Sami understanding of nature, humanity and life. It mirrors also a large part of the Sami cultural heritage through a belief in the universe and the origin of man. This is shaped by both Christianity and traditional Sami nature worship [1]. In Norway traditional medicine is often understood as a kind of Complementary and Alternative Medicine (CAM) which is defined in Norwegian 1 Act No. 64 of 27 June 2003 relating to the alternative treatment of disease, illness, ect:

Alternative treatment is understood as health-related treatment which is practiced outside the established health services and which is not practised by authorised health personnel. However, treatment practised within the scope of the established health services or by authorised health personnel is also covered by the term alternative treatment when the methods used are essentially methods that are used outside the established health services [2].

Traditional healers

Studies demonstrate that people all over the world use traditional medicine. Traditional healers are generally divided into three groups. One group bases its practice on religion and religious rituals, such as prayers/the laying on of hands [3-7]. Another group conducts its practice based on magic and the power of God [8]. The third group bases its practice on traditional knowledge that is transferred to persons who have been born into a family of

healers [9, 10]. According to the literature, all three groups have a common understanding of the power of God, and that this is knowledge that is inherited through generations. Many healers also use herbs.

The use of traditional healers has long traditions in the Sami population in northern Norway [11-13]. One of the reasons for using traditional healers was that there were few medical doctors in Norway in the old days [14]. Even if the district doctor scheme was established in 1836 [15] the closest doctor could be more than 125 miles away [16]. Due to long distances and high costs people seldom visited a medical doctor. Instead they used traditional healers who were locally rooted and provided their services free of charge [15]. The tradition of using traditional healers when becoming ill has been preserved up to the present [17-23].

The healers in northern Norway are called *readers*, *blowers* or *curers* (*guvhllàr* in Sami). *Reading* is a ritual where the healer reads a prayer based on the Bible to relieve symptoms and complaints [20]. *Blowing* is a ritual where the healer blows three times after having read the healing prayer. Many healers claim that they are a tool for a godly power who worked through them [24]. This practice is based on the Bible and the power of God. This power may be defined as God, however, sometimes this power is undefined [25]. They also claimed that they used inherited abilities (such as clairvoyance and warm hands) [18, 20, 25, 26]. Some healers are known for their abilities to stop blood, remove inflammation and ease pain.

Prevalence of use

In Europe and north America more than 50% of the population have used various forms of CAM, including traditional medicine, at least once in their lifetime. [27]. In San Francisco, London and South Africa 75% of the HIV and AIDS patients have used CAM and traditional medicine [27]. In China 40% of the population use Traditional Chinese Medicine (TCM) [28], and among American Indians and Alaska natives 10.4 – 54.3% used traditional healing [29, 30].

In 1998 Risberg and colleagues examined the use of CAM among Norwegian cancer patients. The study showed that 45% of the Norwegian cancer patients used CAM during the first five years after their cancer diagnosis [31]. Of these 74% used faith healing or healing by hand [31]. A study among psychiatric patients in Finnmark and northern Troms [32] showed that 67% of the Sami patients and 45% of the Norwegian patients used CAM, including traditional healers. Bakken et al. [33] found that 25.6 % of the patients who defined themselves as Sami used healing included traditional healing when they suffered from insomnia.

What do we know about healers

In recent years several studies among traditional healers in northern Norway have been conducted [17, 19, 24-26]. In his study Sexton found that there was a big difference between the younger and older traditional healers. The younger healers more often combined traditional knowledge with modern healing¹ when practicing traditional medicine. Nergård [26] studied two traditional healers living in Finnmark for more than 10 years. He found that they had special abilities, such as *warm hands* and *clairvoyance*. They had had these abilities since early childhood. Miller studied the transfer of knowledge between an older and a younger traditional healer in Porsanger in Finnmark [24]. The traditional healers in her study explained that healing takes place with the help from a higher power, and that they initiate the healing process within the patient.

Hætta interviewed three healers from a Sami area in South Troms [17]. She found that secrecy of the healing tradition had its roots in the witch process when the practitioners could be sentenced to death for conducting their work. There are however, several theories as to why these religious prayers are kept secret. Before the christening of the Sami people,

¹ A few of the younger healers in the area held perspectives that were more global or composite, including obvious influences from sources such as the Indian Chakra system or Native American medicine or even modern knowledge of vitamins and minerals. Although these perspectives might be thought to be more alternative, 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.

the Sami culture was associated with witchcraft and shamanism and was illegalized. The consequences were that rituals, rites and dissemination of the Sami tradition connected to healing were forced to silence and were only conducted privately [34]. The tradition preserved the christening of the Sami and was changed and preserved through Christianity as a Christian healing practice [18, 19]. The practice was kept in silence till recent times [18]. There are, however, **degrees of secrecy**. Many Sami people can read verses and heal warts, and several have healers in their family that are able to read prayers to stop bleeding. Other healing rituals, however, are secret to most people [19]. Myrvoll studied healing in a small Sami area in Nordland [18, 19]. She stated that the healers' abilities can be regarded as heritage or a gift of grace. Furthermore, she expressed that there is a difference between *before* and *now*. She was of the opinion that old Sami healing traditions have been assimilated into a modern Christian healing tradition. Henriksen [23] interviewed healers from West Finnmark and north Troms. She found that the healing tradition was related to Christianity and not to the Sami. She expressed that *reading* was practical help for everyday life. Furthermore, she claimed that the healers should not boast of their own abilities according to biblical norms about boastfulness and abuse of the «sacred». The source of the Christian healing prayer is found in Christianity and traditional Sami nature workship [1]. When conducting the healing prayer, the healer often apply the Lord's Prayer in combination with prophetic verses from the Bible. Various words are used for different diseases [35]. However, the exact wordings are only shared between the apprentice and the master and in within the healing communit[25].

Theoretical foundations

The medical anthropologist Arthur Kleinman has [36] constructed a theoretical framework in which the relationship between medicine, psychiatry and culture is based on cultural and social aspects of the society. Kleinman divides health care into three sectors, the popular sector in which decisions are made based on the family's experiences, the folk sector which consists of non-professional health providers outside the public health care system and the professional sector which consists of medically approved health services. Kleinman stresses the importance of being aware that there are several parallel health services in most societies, which people use when they become ill. He calls these pluralistic healthcare systems [32].

Medical pluralism is present in societies with medical practice competition [37-40] The patients use various parallel practices despite the fact that they may have different explanations of disease, that are incompatible [36]. When patients choose treatment, they consider the benefit, availability and cost. Their choice is also influenced by the prevailing attitudes towards religion and politics in their environment. In Norway public healthcare coexists with CAM, including traditional healing. Therefore, we understand traditional healing as an expression of medical pluralism in a Norwegian context.

The Sami culture is diverse, and healing practices vary from one place to another. Therefore, there is still a lot we do not know about the healing tradition in northern Norway. The knowledge of traditional healers from previous studies is based on data from few participants [17, 18, 20, 22, 25, 26, 41]. We therefore wanted to include a larger number of traditional healers in our study to examine possible diversities in the field. Moreover, we wanted to conduct our study in the coastal areas of northern Norway as little previous research from those areas exist. These are our research questions:

What is traditional healing and how is it practiced in two Sami Norwegian coastal communities today? We want to examine the healers' perspective on the healing process and investigate which abilities are required for traditional healer.

Methods

Design

This is a qualitative study based on 15 individual interviews and one focus group interview among traditional healers in northern Norway. Qualitative design is best suited to explore themes when limited previous knowledge exist [42]. Furthermore, a qualitative design is suitable when the aim is to examine the participants' own understanding and experience of the phenomenon under investigation, which is traditional healing in this study [43].

Traditional healing is considered secret knowledge that is accessible only to a few people [17]. The first author of this study is Sami, and her previous research has shown that ethnic belonging and cultural knowledge are important to get access to traditional healers as study participants [17, 21, 44]. Researchers who are part of the culture are able to ask questions in a

different way compared to researchers from other cultures. On the other hand, the researchers need to be focused and reflexive to be able to identify the natural and obvious in their own culture [45].

The participants

The participants (4 women and 11 men) were traditional healers from two Sami – Norwegian communities in. The average age was 63.9 years. They had grown up in the communities in which they were presently living, except three participants who had grown up in other parts of Norway where traditional healing is commonly practiced.

Ethnicity

There have always been people of different ethnic backgrounds in northern Norway [46]. They speak different languages and belong to different cultures, such as Sami, Kven (Finnish descent) and Norwegians. In this study we chose to divide the participants into three categories in line with other Norwegian researchers [33]:

Group 1: *Sami 1*: Those who defined themselves as Sami by speaking the Sami language, felt connected to the Sami by speaking their language, or felt affiliated with the Sami.

Group 2: *Sami 2*: Those who had at least one parent or grandparent who speak Sami, or felt a personal Sami connection (language or a feeling of affiliation).

Group 3: *Mixed ethnicity*: Those who felt affiliated with Norwegian, Kven and/or Sami and spoke Sami, Kven or Norwegian.

In our material twelve participants were defined as Sami 1, two as Sami 2 and one as mixed (Sami, Norwegian and Kven). They all came from a family line of traditional healers. Three of the participants had senior positions in the communities, one held an academic position, two worked as office clerks and two were self-employed. Seven of the participants had retired (former farmers, academicians and housewives). They were all member of the State

church (Christian Protestants) and twelve of them had affiliation to the Laestadian movement (Table 1).

Table1: Sample characteristics	
Participants	15 total
Classification of Ethnicity	
Mixed (Kven, Sami and Norwegian)	1
Sami 1 (speaking Sami or group affiliation)	12
Sami 2 (At least one parent or grandparent who speak Sami)	2
Gender	
Female	4
Male	11
Age	Average: 63.9 years
Female	64 years
Male	70.3 years
Grew up in the participating community	
Grew up in the community	12
Grew up outside the community	3
Profession	
Manager	3
Academician	1
Office	2
Retired (academician, farmer, housewife)	7
Self-employed	2
Language	
Speak Sami	12
Sami language course	1
Parents who speak Sami as their domestic language	14
Grandparents who speak Sami as their domestic language	15
Finnish	1
Religious affiliation	
Member of the State Church (Christian Protestants)	15
Affiliation to the Laestadian movement	12
Healer training	
Family of healers	15
Course	1
Spouse's family	1

Recruitment

Prior to this study, the research team had an introductory meeting with the managers of the communities. The community health care managers had a positive attitude towards the study and informed potential participants about it. Public meetings were held in the communities and information about the study was published on the local radio station and in the local newspapers. This approach is in line with Porsanger and Guttorm [47] who

emphasized the importance of local roots and cooperation when researching in the Sami areas.

The recruitment took place by snowball sampling [48], which means that a person knows some people who recommend participation to others. This method of recruitment is well suited to explore confidential themes in limited-entry environments [43].

Individual interviews

The first author conducted 15 individual interviews to find out about the participants' experience with, and understanding of traditional healing [48]. Five of the interviews were conducted in the participants' workplace and 10 were conducted in the participants' home. In four of the interviews, the participants' spouses were present. The interviews lasted, on average, an hour, but the visits could last for several hours (including food and beverage). Two of the participants were interviewed several times as they wanted to elaborate on the information they had previously shared with the researcher. These interviews lasted between two and four hours. The researcher asked questions from the interview guide while she gave the participants the room to elaborate on issues of their interest. All participants were given the opportunity to read and comment on the transcribed material from their own interview.

Focus group interview

A focus group interview, based on the same interview guide, was conducted with a family of healers who had not been previously interviewed. The criteria to choose this family were that they were easily available and that they had knowledge about how the healing practice had develop over time. The family consisted of five people; a married couple, one daughter, a grandmother and an uncle. Their ages ranged from 30 to 70. The interview was conducted in their home. Two of the participants were healers. According to Steward and colleagues [49], family safety may make it easier for the participants to share complete information on cultural and sensitive themes. Sensitive themes are often shared naturally between the generations of the family [44]. In addition, Malterud [42] stated that when conducting group interviews the researcher get access to more abundant and distinct information. Traditional

healing is a sensitive and secret tradition. Therefore the first author conducted the focus group interview without including a moderator [50].

Interview guide

A semi-structured interview guide was used as a template during the interviews, as it allows deep and more personal replies [51]. Semi-structured interviews are well suited to gather information about the participants' lifeworld. Such an approach also makes it possible to linger or elaborate on issues raised by the participants [51]. The interviews were conducted as natural conversations, while the researcher made sure that all the questions in the interview guide were answered.

Data analysis

Two of the participants did not want their interviews to be recorded. Instead, the first author made notes during these interviews. They were typed immediately after the interviews took place and forwarded to the participants for validation. Thirteen of the interviews were tape-recorded, and the first author performed the verbatim transcriptions [51]. The data was coded and analyzed in NVivo 11 software [52, 53]. The data was interpreted using a thematic content analysis. This method is best suited to analyze large amounts of text data [54]. According to Hsieh and Shannon [54], a content analysis is especially well suited to explore contrasts and similarities within the material. Initially we used predefined codes (personal characteristics, training, what is healing? and tools). Other codes emerged throughout the research process (healing and conventional health care, the needs covered, advertising, diseases, faith, old traditions in the modern society, other). We identified stories, quotes and text segments that we linked to codes in NVivo [55]. These text condensations were extracted and inserted into a matrix according to themes that emerged from the material [53]. The first and last authors discussed and determined all steps in the analysis. The first author's contacts translated the Sami words used by the participants into Norwegian. The quotations were translated into English by a professional translator.

Six themes were identified: *personal qualities and characteristics, clinical practice and the use of tools, explanation models, natural talents and heritage*. Three of the themes (*heritage, personal*

characteristics and explanation models) were predefined and the other three (*natural talents, clinical practice and the use of tools*) emerged from the analysis process.

Results

Personal qualities and characteristics

According to the participants, traditional healers must be trustworthy so that people can gain confidence in them. They needed to keep calm even in difficult situations. Therefore, it is important that the traditional healers are *confident* and *calm*. In addition, they must act with authority when people experience crises and need support. Sigurd explained:

If you experience a strong wind one day, then you know it's blowing today, but tomorrow it will be calm. That means that you must know inside yourself that it will pass. If you don't understand that, then you'll make mistakes and hasty things. Yes, all the time you need to know that things will change for the better. So you need to be able to cope with the strong wind when it's blowing (Sigurd).

They need the ability to show *sympathy* and *compassion* and put themselves in the place of the ill person. Lena used a metaphor to explain this:

If a child's in pain, the mother assimilates the pain. The child can see in the mother's eye that her mother hurts because of her pain. Then the mother lets go of the pain, and then the child can let go too. In this way the mother regulates the child emotionally, and the child no longer feels alone with her pain (Lena).

The same happens when a healer *reads* for a person:

[...] you visit a "reader" with your worries, and the pain is taken seriously, both your own fear, pain and all. And good "readers" assimilate all of this. Then you don't have to carry it alone (Lena).

Empathy and the ability to *see* another person are good qualities for traditional healers. To handle difficult situations safely, they had to take control and exert authority.

Clinical practice and the use of tools

According to the participants in our study, nothing limits the use *reading*. It is used to remove warts, rashes, neck and back pain, headaches, cancer and heart diseases. *Reading* is

practiced by reading a specific prayer to heal a person. The healing verses are kept secret to anyone except the healers. "The exact wording of the healing verses are not commonly shared".

We use the word of God, that's what we do, we use Bible texts, and the word of God, The Lord's Prayer, and the Trinity. ..This verses does not belong to everybody, this is a kind of secret that I must preserve (Martin).

When the healers *read* a healing verse, they use the patient's Christian name, date of birth and diagnosis. If the patient is about to undergo surgery, the date for the surgery will be stated. In addition, some healers use the patient's address and the name of the hospital to which the patient is admitted. One of the participants explained:

No, I have my own way of "reading". Then I need the person's date of birth, and I use my own words, words that I don't tell anyone, and that I use as a tool to improve the present situation (Nils).

Family names aren't used when you're baptized. So I don't use family names at all when I read (John).

You need the patient's full name, age and address (Martin).

Various healing verses are used depending on what is to be healed. Some verses are used for blood stopping, others for pain relief and removal of inflammation. The Lord's Prayer is often used in addition to making the sign of the cross while praying in the name of the Father, Son and The Holy Spirit. Anna explained:

Well, you know, you just lay your hand on the patient and pray the prayer you've been taught, and it works. They (the Sami people, authors comment) had great faith in words, different words (Anna).

Interviewer: *The word of God?*

Yes. Quite right, they believed very much in that (Anna).

People, who are seriously ill, such as cancer patients, often contact healers. People want help to heal the cancer itself, but also help to lessen the adverse effects of the cancer treatment,

such as nausea, pains and anxiety. The healers then include the cancer diagnosis and possible new test results in their practice. Peder uses steel (knife) prior to and after surgery. He told us:

However, in cases of surgery you have to use a knife (Peder).

Another explained:

You'll be protected and you take away the bad energy with the knife (Marit).

The term *cure* (Norwegian: *kurering*) is often used in the Sami healing tradition. This term is used when the traditional healers practice *reading*, in addition to using elements such as *earth, fire or water* in their healing rituals. This means that they seek help from, and use materials from nature when they cure. Examples of things that are used are *moss* (which needs to be collected from a swampland where you cannot see the sea), *earth, water* and *stones*. In addition, organic materials such as *wool* and *potatoes* are used.

The patient needs to bring a piece of woolen yarn and some earth in a bag. Then I touch each wart with some of the woolen yarn. Then I tie a knot in the woolen yarn, and I grab the pieces of earth and put them on the wart. The rest of the earth and the woolen yarn must be packed in a bag and brought back to the place where they were found. When the woolen yarn is well disintegrated, the warts will also be gone (Nils).

When conducting *cure*, old Sami traditions are used combined with elements from Christianity such as prayers and making the sign of the cross.

You need steel and God's words (Martin).

Interviewer: *Steel and God's words?*

Yes, because all evil is afraid of steel. Then you have to say that you'll take away all evil, that is from the wound (Martin).

The traditional healers pass the knife facing the injured area. This is repeated three times. They say a prayer to God about healing while they ask the steel to remove the pain from the patient. Some traditional healers also use steel as a means to cure tendonitis and pulled ligaments. One of the healers explained:

You have to use the knife and then you make the sign of the cross (Martin).

If the patients needed internal cure, the healers often used *water*. The healers read a prayer over the water and gave it to the patients in a bottle. Then the patients drank the water three times a day. The idea is that the water works as if the healers read a prayer for the patients several times a day. Anders and Anna elaborated:

Yes, some read to cure internal illness. Then you can read in water (Anders).

Once a man came from Bodø, along with his son. He (the son, authors comment) had chronic fatigue syndrome. Then I read in water. I can read in water so that you get it inside your body (Anna).

Earth is used as a means to cure. The principle is that if the patient has rashes from having been in contact with earth, the healers use earth to remove the rashes. Then earth is used as a supplement to healing prayers. As with *earth*, *stone* is used if the patient has been injured by a stone. Then the traditional healers ask the stone to remove the pain it has caused. They explained:

Yes, I learnt that too from my dad, that I could use steel and stone and earth. If you had a rash because you'd been in contact with earth, then you could use earth. If you'd been injured by a stone, then you could use a stone to remove the pain (Anna).

Rashes mostly come from being in contact with earth. Then you can use some of the earth, grass or something like that to cure (Peder).

Stone may also be used if the patients have been infected by polluted water. The stone that is used must come from the same polluted water. The healers pass the stone around the infected area while they recite a healing verse and make the sign of the cross using the stone. This is called «*gierret*» in the Sami language. One of the healers explained:

The idea is that you collect stones from the water, preferably three stones. Then you perform «gierret» using the stones. You ask the stones to remove the pain. Then you return to the location where you found the stones and throw them back in. It's important that you put them in the exact same place as you found them (Martin).

Cupping and bloodletting were previously used, but are no longer used. Martin explained about this tradition:

[...]but bloodletting using a spring-loaded lancet was as a matter of fact, commonly used in the Norwegian culture. Some believed you had to withdraw the nasty, black blood. [...] withdraw a little bit. Some were especially good at this. They knew which blood vein on the leg to use. The right leg would do something for earaches, and so on (Martin).

Traditional healing uses elements from old Sami traditions and Christianity. In clinical practice, elements such as earth, stone and water are used. The healing rituals include steel and the word of God. Both elements play important roles.

Explanation models

The participants in our material were of the opinion that healing takes place through *the power of prayer* and *God's Word* in the bible. The healers are tools for the divine power running through them. They explained:

[...] if someone gets well/cured, God is to be honored. We are merely mediators (Andreas).

God Almighty can heal and the prayer circles in the air – south and north and east and west (Inga).

It is important that the patients *believe* that the healers can heal, but it is equally important that the healers believe in what they are doing, that they believe in God's Word. Martin explained that there are three elements present in cure:

So we'll be three persons present, the patient, the "reader" and what happens. It's the cure that's the third person. This means that the cure is an existence. The patient and the healer share a common faith in a successful cure (Martin).

The traditional healers stated that *reading* and *cure* provide patient safety, and the reader is a person with whom they can share their problems. Martin expressed that *reading* mobilizes the patients' own power, and that there is much healing power in the expression *I want to become healthy!*

John also referred to the *placebo effect*:

[...], so there's a little bit of placebo as well. It may also be helpful for many people just to know that they have someone to contact (John).

Prayer and faith in God's healing power are the corner stones of the North Norwegian *reading* tradition. In addition, the healers need to believe in what they do. Another important element in that healing tradition is to stimulate the patients' self-healing power.

Natural talent

Several of the participants claimed that they had special healing abilities, such as *warm hands*. These abilities were discovered during their childhood. Step by step the elder healers taught them healing verses.

No, I had no words, I didn't have any words, I only had warm hands (Anna).

Nils elaborated:

I actually feel it when I lay my hands on a person, then I feel it in my hands that the person's strongly responsive to what's going to happen. Then I feel that my hands simply start glowing. Then the channel's wide open which enables me to transmit impulses that might have healing effects (Nils).

In the Sami culture special abilities were connected to clairvoyance. If you had such abilities, you could look into the future, get warnings of deaths or tragic happenings, and also be able to interpret dreams. The healers who have such abilities are considered extra powerful and have a high status.

And if you had dreams that foretold the future, then you were considered special (Marit).

Heritage

The traditional healers in our study come from different families of healers. Most of the participants have healers in their family, such as a father, a mother or a grandparent. The healers told of many people who had travelled a long way and lined up to visit their father or mother who were traditional healers, or that mum or dad received many phone calls from people who wanted help.

It's been passed down from generation to generation, from my grandfather, my father and now me. We were eleven brothers and sisters, and I'm the only one who got those abilities (Anna).

I remember that people kept coming all the time and I often talked with them while they were waiting, drinking coffee. I often served them coffee (Knut).

To prevent the knowledge of healing from vanishing, it is important to pass this knowledge on to the next generation. Therefore, many healers in our study chose to pass this tradition on to their children. This often took place when they grew old or became ill, and when they realized that one of the children had such abilities. However, the younger generation did not always want to receive this knowledge:

Yes, I've taught some of it to one of my children. When I became ill, I thought it was important to pass it on (Knut).

My daughter has those abilities. I've told her, but she's not interested. She couldn't care less. She doesn't even want to talk about it (Håvard).

Discussion

This study gives insight into how traditional healers in two coastal Sami communities understand traditional healing and their opinion on typical characteristics of traditional healers. The participants emphasized the importance of being trustworthy, mentally strong and exerting authority when conducting *reading* and *curing*. They understood traditional healing as a combination of Christian prayers and traditional Sami rituals.

According to the participants in this study, the patients first visited a doctor to get a diagnosis when they became ill. Then they went to see a traditional healer to have him or her *read* against the illness. Furthermore, the healer used the diagnosis when performing *reading* and *curing*. This is new and interesting data, showing that these traditional healers drew on information from conventional medicine when performing their rituals. Other Norwegian studies confirm that the patients seek help from traditional healers as well as from doctors when they become ill [20, 23, 41], and that the healers are careful not to compete with biomedicine [18]. Several international studies show that patients use different healing

traditions alongside with biomedicine [3, 5, 6, 9, 10, 38-40, 56]. However, there is to our knowledge no current research discussing the inclusion of biomedical diagnoses and test results in the traditional healers' practice.

We see that the patients employ parallel treatments from different health care systems when they are ill. This is in line with findings in other studies [3, 6, 8-10, 36, 38-40, 56, 57].

Kleinman found that the patients employ different health care systems. He expressed that they choose from the folk sector (traditional healers) and the professional sector (biomedicine).

The traditional healers understand healing as the initiation of the patient's self-healing power [58]. According to Strathern and Steward healing is as an intrinsic (activation of patient's self-healing power) as well as an external process (activation of the power of God). The third part is the cure, which is the powerful and active impulse in the healing process. The healer is only the mediator of this impulse [59]. These findings are in line with other Norwegian research of healing [41]. A recent study, where the aim was to gain knowledge about how CAM providers understand the placebo effect and its position in the healing process, found that the patients' positive beliefs and expectations about the treatment play a significant role in the self-healing process. The CAM providers understood placebo effect as the patient's self-healing power, resulting from establishing trust and belief in the treatment process [60]. In addition, Nergård [22] found in his material that healers interpreted healing as a Christian phenomenon, but also as an ancient Sami phenomenon where guardian angels act as helpers in the healing process.

As mentioned earlier, traditional healing is not a practice open to anyone. Until today it has been preserved through secrecy. Our findings show that the present traditional healing takes place within a Christian context. We examined traditional healing in areas where Laestadianism [61] has played and still plays an important role. The Sami became Christians through the *Laestadianism*. Laestadianism is a Christian layman's movement that is named after the Swedish priest Lars Levi Laestadius (1800-1861). Laestadius was of Sami descent and had thorough knowledge of the Sami language, culture and way of living [61]. The

Laestadian revival was rapidly spread among the Sami people and throughout large parts of the Northern hemisphere by the Sami reindeer herders [62]. The Sami language and culture have been preserved through this movement [61-63]. Fifteen healers professed themselves Christians (12 of them were related to Laestadianism). This is in line with findings from other researchers [17, 18, 20, 22, 41, 64]. This movement may have shaped their methods, views and interpretations.

The healing process

The healers explained that they see themselves as tools or channels for the healing power. This is also in line with previous findings [17, 18, 23, 25]. The healers in our study used secret healing prayers including the person's name, birth date, diagnosis, time for surgery and address when they *read* against illness. Dependent on the severity they combined the Christian rituals (The Lord's Prayer and the sign of the Cross) with Sami knowledge (*curing*) in which natural elements such as steel, water, moss, earth and stones are used. This is in line with researchers [11, 25, 41, 64] who describe a ritual in which the healer read to moss and thereby passed it across the eczema on the patient's body. Mathisen [65] and Nymo [41] describes a ritual in which the healer used three stones from different places in the nature (from the hill, the cemetery, and the shoreline). When the ritual was completed, the stones were replaced exactly where they were found. The explanation for this was that whatever has been borrowed from the nature must be returned back to the nature.

Mathiesen explained that when the stone is returned back to the element that caused the illness, both the element and the spirit of the illness will take the illness back [56]. Henriksen explained that the steel is a symbol of force, strength and power, and that the knife is an instrument that the healer uses to enable God to heal the person [23].

Training

We found that knowledge of traditional healing is not accessible to anyone. This is in line with other research [17, 19, 20, 23, 65] which shows that training is passed on by elderly relatives when they discovered a person in possession of abilities beyond what is normal or who was especially open towards a spiritual dimension [18, 20, 22, 25]. Previously it has been demonstrated that a decisive factor for passing on this knowledge to another person was that

he or she showed signs of, interest for and respect for the tradition, and was able to keep this knowledge secret [17]. This is in line with other researchers who found that the healers were carefully chosen based on personal characteristics and abilities [23, 41]. The rituals and healing verses are taught when the environment finds out that a person has healing abilities [17, 20, 26]. These are not open to anyone, but there are degrees of secrecy [19]. Inherent abilities are skills that are naturally present at birth. They are not secret. Healing verses and rituals are secret [17-20, 25, 26].

In his study Kleinman [36] found that 75% of all traditional healers had family members who were also healers. The patients in his study expressed that the healers who came from a family of healers were better qualified and possessed spiritual/religious abilities that others lacked. Kleinman found that esoteric knowledge, ceremonial practice and other knowledge were passed on to males only in some families of healers. This is in contrast to our study where both males and females were healers, which is also in line with other research [20, 22, 23, 25].

In earlier days it was a common opinion that *anyone* could learn how to remove warts or pains, and that all families should have a person that could stop blood [19]. She found that there was a difference between open rituals that were available for everyone and secret rituals that were available only for a few chosen ones.

Characteristics

According to the healers in our study, traditional healers should be mentally strong and trustworthy to be able to keep the healing verses and confidential information secret.

According to Hætta [17] it is important that the healers have high moral standards as they have to deal with good as well as bad power. In line with our findings Hætta [17] expresses that healers must have an inner desire to help others and also be spiritually oriented.

Nergård and Sexton & Stabbursvik found that the healers often experienced a personal crisis prior to entering the healer role [22]. This is not in line with our findings. According to Kleinman who conducted studies among traditional healers in Taiwan and China [36] the

healers functioned as counselors who were skilled at rapidly handling people in crisis. They were held in high esteem by neighbors and patients.

Implications for practice

There is sparse research about Sami healers, and there might be big cultural variations and expressions within the Sami culture. To gain increased knowledge of the similarities and differences, future studies should include healers from several Sami areas and across the national borders within Sapmi (the land of the Sami across Norway, Sweden, Finland and Russia). They should also include questionnaires combined with qualitative interviews of healers and users of traditional medicine in the entire Sami area.

Strengths and weaknesses of the study

Most of the previous research on traditional healers have included one to eight healers [17, 18, 20, 22, 25, 26, 41, 64]. In this study, a total of fifteen healers of both genders formed the basis for the qualitative analyses. We wanted to examine possible diversities in the field, and the aim was to include a larger number of traditional healers [66]. However after 15 interviews, we did not received any new information about the topic of interest. We therefore concluded that we had achieved saturation, and no more healers were included in the study [67]. The study was supported by the community management of both communities. The study is a part of a larger study that includes health personnel, healers and patients in these two communities. It has been essential for us to obtain acceptance and cooperation with the community health care managers and Sami key persons as local roots is especially important when studying indigenous people [47, 68, 69]. The managers of the communities have contributed with counseling and offices for public meetings. They have also drawn attention to the study through information on websites and other local arenas, such as the library, communal notice boards and local media.

The first author is Sami and has her roots in one of the communities. Therefore, she knows the Sami culture and traditional healing. Studies have shown that the researcher's Sami

cultural background is of importance when it comes to trust and entry into the research field [17, 25, 41]. On the other hand, this might also be a weakness. As a researcher of your own culture it may be difficult to get hold of the obvious in that culture [45]. Still we think that the total experiences of the authors contribute to analytical depth and distance. The second author has her roots in the other community where the study took place. She has sociological background. The third author is a healer and the last author is an alternative therapist (acupuncturist and homeopath).

Conclusion

Traditional healing is a secret tradition and the knowledge is passed on from the older to the younger members in certain families of healers. According to the participants in this study, the healers must be trustworthy, calm and mentally strong, as well as open to a possible spiritual dimension. The healers with extraordinary abilities (clairvoyance and warm hands) were held in high esteem in these Sami communities. The healing process was explained as an initiation of the patient's self-healing power. This power was initiated through healing rituals and explained as the power of God and placebo effect. The healers functioned as tools or channels for this power of God. Depending on the illness and severity, Christian healing prayers were combined with Sami healing rituals. The doctor's diagnoses and test results were actively used in these rituals.

Acknowledgement

We are grateful to Nina Foss, Torunn Hamran and Bjørg Evjen who contributed substantially in the process of developing this project. We want to thank all participating traditional healers for sharing their thoughts and experience with us.

Disclosure statement

No potential conflicts of interest was reported by the authors.

Funding

The study was funded through a grant from the Research Council of Norway (A21417:234282/F10).

Ethics

The study was approved by Norsk Senter for Forskningsdata (the Norwegian Centre for Research Data) project number 38334. This study meets the standard of the Helsinki Declaration of 1975, last revised in 2013 [47]. To protect the participants and sustain anonymity the participants were given fictitious names. They were given the opportunity to read and approve of their own interviews. They have all given their consent to publish. Written informed consent was obtained from all participants.

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