



Secret Knowledge

*The management and transformation of
traditional healing knowledge in the Marka Sámi villages*



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Abstract

This thesis discusses Sámi traditional healing knowledge regarding the debate of preserving traditional knowledge, and aims to examine the management and the challenges of transformation of it in a particular Sami community: namely the Marka villages in southern Troms and northern Nordland, Norway. Traditional healing knowledge is held secret or esoteric, which means that only a line of individual traditional healers gets access to it. This study argues that it is, however, the local community or the users who are managing the knowledge by forming norms and values, by recognizing individual traditional healers and by giving their knowledge legitimacy.

Traditional healing knowledge is transmitted from generation to generation, and it is the individual possessor of knowledge who determines what kinds of qualifications their successor should have. Some of the knowledge possessors had, however, the experience that younger generations do not have interest in traditional healing, and that this limits the number of candidates who they could chose to transmit their knowledge to. The reasons the younger generations give for not being willing to accept traditional healing knowledge are grounded in what the possession of the knowledge implies and what the social role as a traditional healers involves.

As traditional healing knowledge can be regarded as secret knowledge with a strong connection to the local community and the users, this thesis argues that *ex situ* preservation would not be a preferred strategy for maintaining it. Instead one should put efforts into preserving traditional healing knowledge in the existing management system *in situ*.

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CHAPTER 1: UNFOLDING THE SECRET

I remember the summer after my father died. I was in his room in the old house, me and my niece. I was there and rummaged around, and in a closet I found a bunch of papers. There were a lot of love letters from my mother, and I started reading them back and forth. By chance I found his written healing instructions¹. It was a pile of yellowed papers, and I started reading them. When I started reading, all the letters flew into one another and it was just like someone was grabbing me around my neck and choking me. I thought “Oh my God,” and threw the papers away. I thought this is just nonsense; this is just something I am imagining. I tried to read them again, and the exact same thing happened. It was a sign that I should not touch it. (Informant 15)

The story was told by a daughter of a traditional healer who found her father’s secret healing inscriptions after he passed away. She interpreted this experience as it was her father who was still watching over his instructions after he passed away, and that she should stay away from them as they were not intended for her. Years later the story was well known within the family, and was also referred to by the younger generation to illustrate that traditional healing knowledge is not intended for everyone. The story communicates that one should respect the secrecy of it, and not try to get insight into it if the individual is not offered this by the knowledge holder. The narrative about how this woman experienced being about to break a norm she had internalized, is an example of how a norm of secrecy connected to traditional healing is upheld and maintained in the Marka Sámi villages. It can also be seen as an example of how traditional healing knowledge is managed in the Marka Sámi villages, and illustrates some of the challenges connected to the transformation of this knowledge. This thesis will be a discussion and elaboration of the management and transformation of traditional healing knowledge.

¹ These kinds of texts with healing ascriptions, remedies and formulas are locally called *læsinga* (“the readings”), and are usually passed down through generations of traditional healers.

1.1 Background for the choice of topic and problem statement

There is much focus on preserving traditional knowledge among the Sámi today, as more and more knowledge is forgotten and disappearing when livelihoods, technology and the everyday life of the people is changing. Accordingly, much effort is put into collecting and documenting traditional knowledge, with the intention of making it available for future generations who have not had the chance to obtain it through the “traditional” way. New ways of teaching and new teaching arenas have been introduced when children are fishing with a seine net in school and to cut shoe grass in kindergartens. *Duodji* (Sámi handicraft) and reindeer herding are incorporated in higher education systems, and courses for all kinds of traditional arts and techniques for making tools, clothing and traditional shelters are frequently offered all over Sápmi.

Norway is obligated to preserve and protect Sámi traditional knowledge through the ratification of the *UN Convention on biological diversity* in 1993, the *UNESCO Convention for the Safeguarding of the Intangible Cultural Heritage* and the *UNESCO Convention on the Protection and Promotion of the Diversity of Cultural Expressions* in 2007 (St.meld. nr. 28 (2007-2008)). Through the program for Sámi research in 2007-2017, the Research Council of Norway has set up some long-term prospects for how they wish to strengthen Sámi research, and what research areas they see as important in this period. One of the priority areas is research and documentation of traditional knowledge with the aim of cultural preservation and sustainable development. Traditional knowledge connected to natural resources and biodiversity is mentioned in particular because of its significance for resource management and mapping out land rights, but also for its potential in vulnerability assessments and in developing adaption strategies in connection to climate changes and development projects (Norges forskningsråd 2007:14-15).

One of the initiatives was to give the Sámi University College the assignment of making assessments and recommendations for a knowledge-based management system for documented traditional knowledge, and recommendations concerning functions and requirements for an open database for documented traditional knowledge (Joks 2009). One of the main strategies for preserving Sámi traditional knowledge is then to document the knowledge and have it inserted in an open database where everyone who is interested can

have access. In the report from the Sámi University College, Solveig Joks (2009:75-77) stresses that the objectives for documenting traditional knowledge should be to strengthen local communities, and for that reason the communities should be involved in documentation projects from the start. Because a successful documentation of knowledge depends upon the willingness of the possessors to share it; Joks argues for the need for dialogue with local people about the need for documentation and transformation of traditional knowledge, and what kinds of traditional knowledge they see as necessary to document. In addition, in order to initiate documentation projects, Joks points out the need for imparting traditional knowledge and to recreate or to construct new arenas where young people can have the interest in acquiring traditional knowledge.

My general concern about the maintenance of traditional knowledge made me question a type of knowledge that is not given much focus in these discussions, namely knowledge which is held in secret. To explain the different characters of Sámi traditional knowledge, anthropologist Marit Myrvoll (2009, 2000) suggests three degrees of openness, where the first; *available knowledge*, is open for everyone. *Withdrawn knowledge*, which is not regarded as common knowledge, is maintained in closed arenas where few outsiders have access. This knowledge is connected to the oral storytelling tradition, and includes for instance dreams, visions, experiences and stories about underground people and ghosts. *Secret*, or *esoteric knowledge* is something that only a few, chosen individuals are initiated into, and the explanations for the secrecy are often of a mythical or religious character. Part of what is held as secret knowledge in the Sámi culture is traditional healing knowledge, which is the focus of this study.

The claim is often made that a lot of traditional knowledge is currently disappearing with the older generation, and that measures need to be taken to prevent this development. People I talked to in the Marka villages had the impression that traditional medical and healing knowledge is also gradually going to disappear, and that there are much fewer traditional healers in the area today than there were only one or two generations ago. But because of the secret character of it, traditional healing knowledge might not always be suitable and available for the same kind of preservation and revitalization projects as other kinds of traditional knowledge. It might be necessary to think differently when aiming to preserve such knowledge.

The field of Sámi traditional knowledge seems to have been overshadowed by the strong focus on maintaining Sámi ecological knowledge and biological diversity, and on how

traditional ecological knowledge can be utilized in mediating climate changes. Projects for documentation and maintenance of Sámi traditional medicine have, however, been prioritized areas for the Sámi development fund in 2009 and 2010, so it will be interesting to see what kinds of projects will be initiated, and if maintaining traditional healing knowledge will get more attention in the coming years.

If aiming to safeguard² traditional healing knowledge, it would be relevant (if possible) to make some assessments of the current situation of traditional healing knowledge, and try to identify the main challenges connected to it. Concerning Sámi traditional healing knowledge, I find the preservation of it most interesting, whereby I mean preventing it from disappearing. In connection to this it will be important to try to describe the management system of such knowledge and to try to understand the reasons for why such knowledge disappears. This is what I attempt to do in this thesis, where I have chosen to focus my research on a local Sámi community in North Norway; the Marka Sámi settlement in the outer parts of Stuornjárga in the municipalities of Skånland (Skánit) and Evenes (Evenášši).

The research questions in this study are the following:

- How is traditional healing knowledge managed in the Marka Sámi villages?
- What challenges are connected to transformation of traditional healing knowledge?

1.2 Previous research and use of terminology

Literature on the content of Sámi traditional medicine is not very hard to find neither in older ethnographical literature nor in previous anthropological and medical research. When it comes to the management and transformation of Sámi traditional medicine and healing knowledge the literature is less abundant. As a student of the interdisciplinary Master's Program of Indigenous Studies, I did not want to bind my research to a restricted discipline, but with my background from sociology it has been unavoidable that the approach to this theme first and foremost comes from a sociological and anthropological perspective.

²In the *UNESCO Convention for the Safeguarding of the Intangible Cultural Heritage* (2003), *safeguarding* is explained as the measures aimed at ensuring the viability of the intangible cultural heritage, including the identification, documentation, research, preservation, protection, promotion, enhancement, and transmission, particularly through formal and non-formal education, as well as the revitalization of the various aspects of such heritage.

In this introduction, I will look at what has been written about the subject in relation to Sámi culture, but further out in the thesis I will also try to bring in comparable examples from other cultures.

1.2.1 Traditional healing

Myrvoll (2000) points out a distinction between three categories of Sámi healers that belong to different time periods and different religious contexts; the *noaidis*; the *traditional healers*; and the *neo-shamans*. She contends that the old *noaidis*, also called the Sámi shamans, do not exist anymore in the form they have been described in the old sources about Sámi pre-Christian religion, but that the *noaidi* tradition as a cultural phenomenon has adapted to religious change³. Even if the rites and the drum have gone out of use; the *noaidi*'s role as a healer, a prophet, an adviser and evictor of evil can be retrieved in the present day traditional healer. The modern day *traditional healer* is working in a Christianized society and Myrvoll argues that in the areas she is familiar with, the traditional healers have to choose if they are working for "God" or "the devil." She sees a continuity in the selection of the present day traditional healers and the old *noaidis*, where they both were appointed by others, and where the selected ones often showed resistance for their vocation.

Myrvoll further states that the Sámi *neo-shamans* or *healers* are influenced by neo-religiosity and are working in the field of alternative medicine. They are, however, also incorporating content, values, and traditions from the pre-Christian Sámi religion, and rituals and ritual objects connected to it. She argues that even if the tasks of the *noaidi* and the neo-shaman could be looked at as partly overlapping; the main difference might be in the management of the tasks and of the knowledge. While the knowledge of the *noaidis* and the traditional healers are held in secret and are esoteric, many neo-shamans are conveying their knowledge through workshops and courses. Further, she contends that the initiation of the neo-shamans is also different from the two other traditions, as neo-shamans hardly are appointed by an older person or by someone with similar qualities. On the contrary, they define their own position and legitimacy.

In this thesis I will employ the term *traditional medicine* with reference to the definition of the World Health Organization (WHO) and their division between traditional medicine,

³ Sámi religion and *noaidi* tradition will be elaborated on in chapter 4.

and complementary and alternative medicine (CAM). Their definition of traditional medicine is “the sum total of the knowledge, skills, and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in prevention, diagnosis, improvement or treatment of physical and mental” (WHO 2005). They define CAM as “a broad set of health care practices that are not part of a country’s own tradition and are not integrated into the dominant health care system” (ibid.). This implies that what is considered to be traditional medicine in one culture would become alternative if exported to another country or culture. Chinese medicine is, for instance, regarded as traditional in the country of its origin, but it becomes alternative in the Western countries. The definitions vary, and what is considered alternative medicine differs from country to country. It also seems like this is something that gradually changes when treatments are proven to be secure and effective, and thus included in the public health sector.

Even if it is not often differentiated between traditional medicine and CAM, I find it important to do so. According to Myrvoll’s (2000) categorization of Sámi healers I am making a differentiation between *traditional healers*, and *neo-shamans* or *healers* operating in the field of CAM. Not only because it is relevant for my topic, but also because most of my informants clearly expressed an understanding of a separation. In this thesis I am concerned with the traditional healers; those who are working in the local community, and who are functioning inside the local tradition with their own values and beliefs.

I will avoid using the term *healer* about those who practice traditional medicine, as the term has locally come to be associated with healers operating in the field of CAM. I am instead using the terms *reader* and the Sámi term *guvhllár* interchangeably with *traditional healer*. *Reader* is the literal translation for *lohkki* and *læser*, which are the Sámi and Norwegian terms for a traditional healer who is using formulas and prayers to heal. When using the term *reader*, I am specifically talking about traditional healers who are known for using this technique. I will also refer to this healing practice as *reading*, and it has to be underlined that my use of this term is not the same as in the field of CAM, where it means “reading” a person’s history and future.

When talking about Sámi medicine and Sámi traditional healers, I mean traditional medicine practiced and used by the Sámi⁴. This does not imply that methods, traditions and

⁴ The Sámi people are the indigenous people in Norway, Sweden, Finland and the Kola Peninsula of Russia.

convictions about traditional medicine are always particularly Sámi and only found among the Sámi. As I am doing my research in a Sámi area and with Sámi people, I consider the traditional medicine to be Sámi. It can also be useful to bear in mind that Sámi culture is not homogenous, and that there are geographical and cultural differences.

1.2.2 Knowledge management

Alavi and Leidner (2001) look at knowledge management as a process involving various activities, where the four basic processes are: creating, storing/retrieving, transferring and applying knowledge. When talking about knowledge management systems, they are foremost concerned with organizational knowledge which is managed in IT-based systems, but I want to generate it to also imply informal management systems. What I consider as the most important processes in the management system is gaining, using and transmitting knowledge.

When it comes to management of traditional healing knowledge, I also want to build on Myrvoll's (2000) distinction between neo-shamans on the one hand, and traditional healers and the *noaidis* on the other. She argues that the traditional healers and the *noaidis* manage their knowledge by holding it secret or esoteric. Myrvoll further claims that it is by accepting the use of a traditional healer that the local community gives legitimacy to their role, and this is also an argument I will expand on.

1.2.3 Transformation of knowledge

The stories about how Sámi traditional healers got their role or their ability to heal vary. From her case study of Sámi traditional healers in Porsanger in North Norway, anthropologist Barbara Helen Miller (2007) differentiates between four basic notions and practices concerning the transformation of the healing capacity. These are that (1) the previous healer chooses a successor guided by or finalized by "the spirit," (2) that the previous healer gives instructions to the successor, (3) that the gift is transmitted at the passing away of the former healer, and that (4) the gift is a special connection to God/ the Almighty Spirit (ibid. 243). It was not unusual that two or more of these practices were combined in the story of one

traditional healer. Several of Miller's informants had been chosen as a successor to a former traditional healer, where the decision in some cases was connected to some kind of supernatural spirits. Some of her informants had been through a period of instruction by an older traditional healer, while in other cases the gift of healing was received after the former traditional healer had passed away. The gift could, for instance, be received through a dream, by a specific object, or the traditional healer could gradually become aware that he or she began to see or experience things that were outside of the normal.

Stein R. Mathisen (2000) differs between two parallel kinds of explanations on how a traditional healer gets his or her role. Firstly it can be seen as a *vocation from the forces*, whereby it is referred to supernatural forces or beings in the worldview or folk belief system. He is, for instance, referring to stories about traditional healers who were taught by the underground people, who got a "sign" that they were chosen to do something special, or who got a vocation from God. In Christian language it is said that a person receives a "gift of grace." Secondly, there is an emphasis on *inheritance* and transformation of healing abilities. It is believed that the qualities to become a healer are inherited in particular families, or that a traditional healer can choose a successor themselves. Mathisen is, moreover, connecting this inheritance to the passing down of knowledge which is held to be esoteric.

These explanations can overlap and be combined, but when talking about transformation of traditional healing knowledge I am first and foremost occupied with those cases where the abilities or the knowledge can be connected to inheritance (cf. Mathisen 2000). With transformation of this knowledge I thus understand cases when traditional healing is taught to the *guvhllár* novices by an older *guvhllár*, inheritance of written instructions with healing methods, and where it is, for instance, received by a dream or after the death of the former *guvhllár*.

When I use the term *transformation* of knowledge, it is emphasized that the knowledge is not passed on or accepted as a complete set of information, but the knowledge is adapted and is gradually changing and developing from one generation to another. This can, for instance, be illustrated by an older traditional healer (13) who stated that even if he inherited a lot of texts from his predecessor, he is also using much of his own techniques. For instance, his predecessor practiced bloodletting, but he did not want to have that as he could not stand the sight of blood.

When it comes to the challenges of transformation, Myrvoll (2000:42) suggests continuity from the appointment of the pre-Christian *noaidi*, to the present day traditional

healer. She claims that when older people assert that Sámi traditional healing is dying out, it is because younger people do not want to take over. She believes that the reluctance to accept the healing ability is partly grounded in the knowledge of the serious responsibilities of a traditional healer, and that they have to give a promise of absolute silence. Her experience is also that traditional healers need to be “good Christians” or at least live a reasonable morally acceptable life.

This reluctance to accept the role can also be found in international literature on shamanism, where vocation has been seen as an essential process in the appointment of a shaman. Jens- Ivar Nergård (2006:166-171) has claimed that a precondition for the vocation of the *noaidis*, was that they had to be in a certain psychological or spiritual state, where in some sources it is described as symptoms of mental derangement. He rejects that the same can be claimed about the present day traditional healers, but he argues that going through a rough period in life is still central today.

Even if some researchers (Nergård 2006, Sexton and Buljo Stabbursvik 2009) have found that such a period was important for some traditional Sámi healers, I did not find any references to a similar process in my own data. Neither did I find anything that suggested this was an important reason for why people were unwilling to take on the role of a *guvhllár*. Since this was not relevant to my findings, I have chosen not to go into the broad literature on vocation, which is seen as an important part of the initiation of spiritual healers in the literature on circumpolar shamanism. Similarly, I have tried not to enter the academic debate about whether Sámi traditional healing is continuity from the pre-Christian Sámi religion, or if it is something that has roots in the Christian tradition. I will still give a brief presentation of relevant parts of Sámi religion as a background to understanding norms and values connected to traditional healing, and what they communicate about the expectations people have of traditional healers.

1.3 Thesis structure

In the next chapter I will give a brief presentation of the history and the people in Marka Sámi villages, and the methods I have chosen to conduct the research. Here I will also do some reflections about the challenges I met during field work, and my role as a researcher. In addition I will make some ethical considerations concerning the study. In *chapter 3* I will

look into how traditional healing knowledge can be argued to be knowledge, and the discussions about traditional knowledge and the preservation of it. A presentation of the religious context and of what Sámi traditional healing is will be provided in *chapter 4*. I will further elaborate on norms and values in traditional healing, and how they are influenced and explained by religion and world view. In *chapter 5* I will go into the discussion of how Sámi traditional healing knowledge is managed and transformed. *Chapter 6* will provide some conclusive remarks on what kind of management we can talk about in this context, and what are the main concerns for knowledge transformation. In the end I will reflect on the preservation of traditional healing knowledge and whether it is possible to preserve it.

CHAPTER 2: APPROACHING THE MARKA SÁMI VILLAGES

Traditional healing is not homogenous and the traditional medicine system in a society has been formed by a number of elements throughout history. The practices and beliefs in one community are not always similar to what can be found in others, and differences can also be found within a group of people. From my perspective, the local community is essential in the management of secret knowledge, so first of all I will give a brief presentation of the history of the Sámi in the area I have chosen to focus my research on.

When deciding the topic for this thesis, I expected that this could be a challenging subject to work with. Traditional healing is something that is surrounded by a lot of silence and privacy, and local people could find it troublesome to talk about it to outsiders. The possessors of traditional healing knowledge have most likely learned not to talk openly about this, and according to tradition they might also have given a promise of absolute silence when receiving it. Even if the interest of this thesis is not the knowledge itself, but in how it is managed and transformed in a local setting—I went to the field with expectations of meeting skepticism from people and challenges concerning collection of relevant data. In this chapter I will present how I have chosen to conduct my study and approach the topic. I will additionally discuss challenges and ethics, with special focus on the secrecy of traditional knowledge.

2.1 The Marka Sámi villages

According to Dikka Storm (2008:16), the Marka villages (*markebygdene* in Norwegian) are Sámi settlements in the outlying areas that emerged in the coastal areas in Troms and Nordland at the end of the 17th century. They are located in the forest and mountain areas on the big islands and the mainland. The people that lived and finally settled there are the Marka Sámi, who were (by the Norwegian state) held to be a group that differed from the coastal Sámi population and the reindeer herding Sámi that had their winter pastures on the Swedish side of the border, and migrated to the Norwegian side of the mountain ridge during the

summer (Evjen and Hansen 2009). It has been presumed that the Marka Sámi population, to some degree, was recruited from the Swedish reindeer herding Sámi who changed their livelihood to be sedentary, but later research has argued that the Marka Sámi settlement probably also have recruited from the coastal Sámi population (Hansen 1990).

The geographical area I have focused on in my research consists of several smaller villages in the outlying areas on Stuornjárga. Stuornjárga is the peninsula located between the fjords Ofotfjorden (Ofuohtta) and Astafjord (Ástavuotna), and the Marka villages in this area are located on the border between Troms and Nordland County, approximately 5 km from the coast. These villages belong to Skånland (Skánit) and Evenes (Evenášši) municipality, that had a population of 2,855 (Skånland) and 1,357 (Evenes) inhabitants in January 2010⁵ respectively.



Figure 1: Locality of the Marka villages

⁵ www.ssb.no, 10.07.2010.

The Marka Sámi on Stuornjårga have traditionally lived on a combination of agriculture, livestock husbandry, reindeer herding, fishing, and other use of the natural surroundings, for instance hunting, berry picking, felling. Reindeer herding got a less important role as a subsidiary source of income from the beginning of the 20th century, and the livelihoods increasingly adjusted towards agriculture (Andersen 2005). For a long time, agriculture remained the most important livelihood in the Marka villages, but over the last decades, public, social and private services have taken over this position (Gaski 1997: 27-28).

Minde (1997:66) claims that the Sámi population on Stuornjårga was highly concentrated compared to other areas in Northern Norway, and he illustrates this as “Sámi islands surrounded by a Norwegian ocean.” The size of the Sámi population in this area today is hard to tell as the last census that registered Sámi affinity was conducted in 1970. In the 1970 census 433 people (14.6% of the total population) in Skånland, and 154 persons (8.7% of total population) in Evenes reported that they regarded themselves as Sámi⁶ (Båkte 1978). It must, however, be taken into account that it is very likely that there has been an underreporting of Sámi affinity, not least because at this time having a Sámi background was a controversial and sensitive topic in the area. In the 1970 census 359 people (12.1% of the total population) in Skånland and 101 (5.7% of the total population) people in Evenes reported that they have Sámi as their first language (Båkte 1978).

After the Second World War, the effects of the Norwegianization policies increased, also among the Marka Sámi. In light of this, the younger generations at the time started working on reviving and revitalizing their language and culture in the 1970s and the 1980s (Elvebakk 2008:7). When anthropologist Lina Gaski studied Sámi identity in the Marka villages on Stuornjårga in 1997, she found a lot of complexity and dilemmas in the local discourse on ethnic identity. Not all of the Marka villagers were pleased about the new Sámi revival that was coming about, and Gaski describes two different strategies for handling Sámi identity. Some of the villagers were of the opinion that ethnicity belongs to the private sphere of the individual, and they did not want to communicate it publicly in any way. The other strategy was taken by those who consciously communicated Sáminess publicly, and worked for Sámi rights by demanding Sámi language in school, for instance. These contradictory

⁶ The Sámi census was conducted in connection with the population and housing census in Norway, where questions about Sámi language and identity were given in some pre-selected census tracts/ districts. These census tracts were chosen on the background of where it was likely to find a Sámi population, and in Skånland the Sámi census was only conducted in the Marka villages. This means that the Sámi who lived outside the Marka villages were not registered.

ways of handling Sámi identity were the root of conflicts between villagers, for instance, Gaski describes how families were also split when siblings had chosen two different positions regarding their Sámi background.

There has been a lot of development since then, and in the last decade there has been a strong cultural revival in the villages and a new acceptance and pride about having a Sámi background. Today the area is acknowledged as being Sámi by the state and Sáminess have become much more visible in the public sphere through the establishment of Sámi institutions like *Várdobáiki Sámi centre*, a Sámi kindergarten, and the Sámi cultural festival called *Márkomeannu*.

Traditional healing is something that remains strong in the Marka villages and a lot of people are occupied with it. Gaski (1997) became aware of this during her fieldwork, and Randi Nymo (2003) also described it in her master dissertation. Moreover, against the background of studies on folkloristic material, Mathisen (1983) found that the ethnic features that Norwegians in Southern Troms and Northern Nordland used to categorize the Sámi and themselves was partly grounded in religion and folk belief. They regarded the Sámi as being competent in sorcery (*gannja*⁷), and having connections with evil and harmful forces. It is likely that having extraordinary powers and being competent in traditional medicine and healing also became an aspect of the self-identity of the Sámi in the area. For instance, one of my informants (15) proudly stated: *My father used to say, “When nothing else helped, the people in Evenskjer⁸ turned to the Marka villages with their health problems”*.

2.2 Researching a field of secrecy

In this thesis I am interested in identifying peoples' own conceptions about traditional healing and the transformation of healing knowledge, and I am thus using qualitative methods. My data was collected altogether over four weeks in the period of August and September 2009. I conducted semi-structured interviews with fifteen individuals of whom three were traditional healers. Two of my older informants who are not considered to be traditional healers reported that they knew how to stop blood, which is considered to be one of the easiest tasks in traditional healing. I also interviewed a young man who had been granted written healing

⁷ *Gannja* will be explained further under 4.1.1.

⁸ The centre of the municipality in Skånland, situated at the coast. “The people in Evenskjer”, here refers to “the Norwegians.”

inscriptions, and two middle-aged women who had been offered the ability to heal earlier in their lives. All of my informants had some kind of relationship to traditional healing, and most of them also reported that they had been treated by a traditional healer. Many of my informants reported that they have, or that they have had, people in their family who could either read, cup or stop blood.⁹ There was only one person who did not report this. All of my informants are Sámi, ten of them are female and five are male. Five of them are over seventy years old, and can thus be in the age category of older people. Seven of them are between forty and seventy years old, while three of them are between twenty-five and forty years old.¹⁰

When I arrived to the field I asked around for people who could have something relevant to tell me about the use of traditional medicine. I emphasized that I wanted to interview men and women, and older, middle-aged and young people. According to Tove Thagaard (2003:53-54), this sample technique could be called a convenience sample as the informants are chosen strategically by qualities that are of relevance for the thesis and by their availability for the researcher. Thagaard argues that a problem with this method is that it can give an unbalanced sample, as the people who make themselves available for researchers tend to be confident with research and do not have anything against having their life situation studied.

This problem could be applicable for part of my sample, because I, for instance, could notice that some of my informants were used to being interviewed and likely have been used as informants for different kinds of projects. Another consequence this sample technique can have on my data is that those who agreed to be interviewed and talked about the topic may not be the ones who are most skeptical to talk openly about traditional healing. One of my young informants (1) said that I would never get one word out of a close relative of hers who is believed to “know a little more than others.” She explained: *He has such a respect for it. I must say, on a completely different level than we do*¹¹. I will later come back and discuss the question of why some traditional healers agreed to be interviewed, despite these issues.

The reliability of the information given about traditional healing can also be questioned, as Daniel Merkur (1985:6-9) reflects in his book about the initiation of Inuit shamans. He comments that as the initiation is an esoteric event, the sources available about the initiation are scarce and mainly of a verbal character and consist of generalizations, biographical

⁹ These methods within Sámi traditional medicine will be elaborated on in chapter 4.

¹⁰ See list of informants in Appendix.

¹¹ All quotes from the informants are my translations and mostly based on hand notes.

accounts, legends and myths. This presents a reliability problem because the information given is very selective and the verbal formulations of the shamans are influenced by esotericism and concealed secrets even when not directly talking about the matter. His experience is also that shamans use an esoteric language with metaphoric circumlocutions, and thus the stories and accounts given must not always be interpreted literally. Similar challenges are probably present in the written and oral sources available for my research as well, and I have to respect and accept that not all of the meanings given to events and actions are meant to be available for researchers and to be published.

During the interviews I took notes by hand, except for two interviews where I interviewed two and three people together; then I used a digital recorder. I believe it was easier for the informants to talk explicitly when I did not record the conversations. As the topic also might be of a nature that the community might not want to be talked about to outsiders, I considered it best not to use the recorder for the confidence of my informants.

2.2.1 Challenges and my role as a researcher

When choosing an area for field research, I strongly hesitated to do fieldwork in my home community of Kautokeino. Conducting research in a community where I might have several different statuses in relation to my informants could turn out to be troublesome, both for me and for them. I especially believe that when I am researching a field surrounded by secrecy and family matters, it could become difficult to get neighbors and acquaintances to talk openly with me about the topic. Coming to the Marka Sámi villages I did not have this problem, since very few had any other point of reference for me other than that I might have been a friend of someone they knew.

I believe one of the most valuable things I brought to the field was closeness and a general understanding of traditional healing. I grew up in a Sámi community and in a family where traditional healers are commonly used, so during interviews I could often bring in personal stories and examples. Several times I was asked questions like: *Are you superstitious?; Do you believe in this?; Where do you think we go when we die?*, before they continued telling about their experiences and convictions. I believe that when I first shared my own experiences connected to the topic, it was easier for them to tell me about their understanding and perceptions. One of the older women I interviewed (2) expressed it like

this: *I have never talked about this to anyone before and you should not bring this out. [...] This is not anything I could talk about to someone who does not believe in it. My husband for instance, he is rejecting everything.* In my thesis I will however stay out of the discussion of the validity of traditional healing, and will rather try to relate to it as something institutionalized in the Sámi society and in this particular Sámi area.

When studying human behavior in the social sciences it is common to distinguish between an emic and etic level of data or methods of analysis. While an emic model explains the ideology or behavior of members of a culture in terms of their own definitions, the etic model is analyzing it from criteria outside a particular culture. In other words, the emic model is seen as culture-specific, while the etic model is held to be universal (Barnard 2002:180).

Pelto and Pelto (1978:65-66) claim that most anthropologists are combining these two perspectives as they find some of the insider's categorizations useful, at the same time they also attempt to analyze them in relation to general theories. From my background as a member of a Sámi community where traditional healing has a relatively strong position, I recognize much of the actors' explanations on the emic level. Being confident with the concepts and the view of the insiders, my challenge is to look beyond them when lifting it up to an etic level of analysis.

When employing an emic model it is important to keep in mind that there might be intracultural variations in the cognitive maps of people. Making generalizations of the entire population can lead us to overlook important differences influenced by social and economic factors (Pelto and Pelto 1978:64-65). First and foremost, this means that I must take into account that concepts and explanations I am familiar with from Kautokeino might have a different content and meaning in the Marka villages. Being familiar with traditional healing from my home village, there is thus a risk that I might overlook important points and geographical variations about traditional healing. It is also likely that there are intracultural variations inside the Marka villages, for instance between Laestadians¹² and non-Laestadians. Laestadians probably have another way of understanding, for instance, how one becomes a traditional healer and where the healing abilities come from than people that are not professing Christians.

In two of my interviews there were two and three people participating together. Because this topic commonly is handled with silence, it is likely that some group compositions would

¹² Followers of the Christian movement "Laestadianism". Laestadianism will be explained in chapter 4.

lead to the participants holding back from answering and talking openly. When I suggested inviting another person to an interview with one of my young informants (10), she hesitated and asked who I had thought of. When I suggested a person, she replied that this person she could sit in with, because she was just as “alternative” as herself. I understood by this that she might have felt awkward about talking about all her convictions when someone who did not believe in this was present. Moreover, she said that if others would be present she would not be able to talk about a close relative of hers who is a traditional healer. For this reason I ended up interviewing her individually.

The two group interviews I conducted were at the suggestion of the participants. The first one was with three young, closely related individuals where I had made an appointment with two of them. The third person I did not know was going to be present as she was invited by the two others to come over to “drink coffee and check out how the house looked after they had redecorated.” She was initially only being an observer of the interview, but gradually she began to involve herself in the discussion. The other interview was also with two closely related people, where one of them indicated that she was nervous about doing it alone; she preferred to be interviewed together with another family member.

Both of these interviews worked very well as the participants knew each other well and seemed to have a very close and open relationship. Another important dimension was that as they were in close family, they related to the same experiences, people and events. They complemented each other, could help each other to remember and encouraged each other to tell particular stories. Not least, they were able to talk openly about family matters and traditional healers in their families.

The majority of my interviews were conducted in Norwegian, but some of the interviews were also in Sámi. Occasionally I felt that the Sámi language became a hindrance for me since my dialect is very different from the local dialect, and my informants and I now and then had problems understanding each other. Sometimes my informants said directly to me: *Speak Norwegian, it is so difficult to understand the Finnmark Sámi!* On other occasions I noticed that some of them did not say anything when they had problems understanding me. As it sometimes felt like there was an aspect of dignity connected to speaking Sámi with me, I believe we both would feel it was a defeat to switch to Norwegian.

I still believe it was an advantage for me that I speak Sámi. One of my older informants (4) asked on the phone if the interview was going to be in Norwegian or in Sámi, and added a story about how much easier it was to speak his mother tongue about these things, especially

since there are so many feelings involved. One of the *guvhllárs* (9) I interviewed also said that she felt much more confident speaking about this in Sámi and to another Sámi. The *guvhllár* said: *It is so much easier to talk about this in Sámi, like with you now. I do not think I would have told anything if a “lulli dáčča”¹³ would come to interview me.*

2.2.2 Ethical considerations

As I expected that traditional healers could be difficult to get to talk to about this topic, I was very pleased when I got the chance to interview three *guvhllárs*. I found it somewhat surprising that they were relatively open and easy to speak with, but I believe that as soon as they got it confirmed that I knew they were *guvhllárs*, they felt free to talk about it. As one of the traditional healer (13) said: *I have never in my life told about my ability to heal to anyone that does not already know it from before.* But I also experienced that people I had been told could read or stop blood, either strongly denied this when I called and presented my project, or did not mention this at all when I talked to them. In cases like this I tried to avoid pressing the informants to talk about something they did not want to talk about. There is a belief that healing power will get weaker if a *guvhllár* is announcing him or herself as a carrier of the power, and I had to be careful not to put pressure on him or her if they were not sure how much they could say. It was important to be aware of where the limits were for each informant and respect that there are things that should not be asked.

Moreover, out of respect for the local norms and values and for preventing the knowledge from being misused I have tried to avoid writing down information that is supposed to be kept esoteric. Even though I do not believe that the information shared with me during fieldwork contained secret knowledge, it is difficult for someone not initiated to know and be aware of which aspects of it belongs to the secret sphere, and which parts are more public. A possibility would be to ask my informants about how detailed and how much I can write about various things, but as with other kinds of traditional knowledge, it would be difficult to identify an authorized person to decide where the lines should be drawn. Battiste and Henderson (2000:140-141) also claim that a problem for researchers is that no individual holder of knowledge can be aware of all the cultural concerns that might exist in a community, and a range of different groups and people have to be consulted in order to

¹³ A Norwegian man from the South.

determine the importance of something. In relation to my fieldwork this could mean, for instance, that *guvhllárs* do not have insight to the content of each others' knowledge, and thus they cannot answer for each other what aspects are important when it comes to traditional healing, or what parts of their stories cannot be written down.

There are probably different opinions about this also among the traditional healers and among people in the community, which makes this topic difficult to write about in general. I will try to solve this by avoiding describing the traditional healing techniques any further than previous literature has done, and mainly recount individual experiences and the stories of people connected to these issues. I have also asked most of my informants for permission to publish direct citations of and references to them.

For many of my informants, anonymity was a pre-condition for participating in the research, as they were concerned about being identified by other villagers. In order to keep their privacy I will anonymize all of my informants, and have also chosen not to introduce my informants with too much detail. In my list of informants I only present them by age and gender. A problem with not presenting any background information about the informant in question is that the data can be presented as a generalization, without necessarily taking into consideration things like life situations and religion. I have also tried to say as little as possible about other people that are mentioned during the interviews, such as what kind of relation they have to my informants. I recognize that there is some interesting information that is left out that way but for the protection of my informants and their family members, I nevertheless still prefer to do it this way.

CHAPTER 3: TRADITIONAL HEALING AND THE CONCEPT OF TRADITIONAL KNOWLEDGE

Contemporary discussions regarding the preservation of traditional knowledge among the world's indigenous populations focuses heavily on connections between traditional ecological knowledge and subsistence activities. When knowledge of traditional medicine is mentioned, it is most often referred to the use of medicinal plants and what anthropologist Arthur Kleinman (1980), calls the *secular* component of folk medicine. Integral to folk medicine are two components, in addition to *secular*, the often under emphasized counterpart is what Kleinman calls the *sacred* part, where one finds sacred healing and ritual curing. A conceivable reason for this may be that the secular is tangible and thus easier to verify and recognize as knowledge and may easily fit into the Western scientific understanding of knowledge. In this chapter I will look at how one can understand traditional healing as knowledge, and present a part of the debate about the preservation and protection of traditional knowledge.

3.1 Different knowledge traditions

Heightened attention and focus on different knowledge traditions has been developing in recent years. Stemming from this increased attention is the argument that Western science does not have an exclusive right to define true and real knowledge. This can be seen as a critique of positivism and may be traced back to the phenomenological tradition which aims to bring out the individuals' own understanding of situations in their everyday life (Wallace and Wolf 2006:262-263). Peter Berger and Thomas Luckman have gained a central position within this tradition with their work *The Social Construction of Reality* (ibid. 285) where they explore how knowledge is socially accepted as reality. They describe this as a dialectical process where people become alienated from the original meaning of their activity, and thus it becomes institutionalized in the society as a reality (Berger and Luckman [1966] 2004). Feminist researcher Dorothy E. Smith has contributed to this debate by questioning from

whose experiences we generate knowledge and by placing attention on the asymmetrical power balance between women (and other individuals who often hold subordinate positions in their respective cultures); and the Caucasian, male minority who have authority to approve knowledge (Wallace and Wolf 2006:292-297).

According to Wallace and Wolf (2006:264) most of these works emerged at the same time as we witnessed “a period of social unrest” in the 1960s with the American Civil Rights Movement, the antiwar movement and the contemporary Women’s Movement. Indigenous scholars have followed this track by reclaiming the status of the indigenous “way of knowing,” and Linda T. Smith (1999) is among the scholars working to develop an indigenous methodology where indigenous worldviews and methods of gaining knowledge are recognized as being equal to the Western model.

When we talk about different knowledge traditions, the concepts of traditional knowledge, indigenous knowledge, local knowledge and folk knowledge are to a large extent used synonymously and used as counterparts to Western scientific knowledge. When I expand upon the knowledge tradition where we find traditional Sámi healing, I have chosen to use the term *traditional knowledge*.

3.1.1 The concept of traditional knowledge

There are multiple views on what characterizes traditional knowledge and how it differs from Western scientific knowledge. Agrawal (1995) identifies three main dimensions where the advocates of traditional (indigenous) knowledge are asserting that this tradition differs from Western scientific knowledge. The first is the *substantive* dimension. It is said that while traditional knowledge is largely occupied with activities connected to their livelihoods; Western knowledge is separated from the everyday life of people and is to a larger extent concerned with analytical and abstract ideas of the world. Secondly, it is argued that there are *methodological* and *epistemological* differences. While Western knowledge is characterized as open, systematic, objective and analytical system what build on previous results; traditional knowledge is regarded the exact opposition (ibid.). Traditional knowledge is often described as having a holistic worldview where humans are regarded as an integral part of nature, and where a connection may be found throughout all parts of the ecosystem (Kalland 2003). Finally, *contextual* differences are frequently discussed; considering traditional

knowledge to be embedded in the local community of the people who generated it. This implies that it exists within a cultural, social, political and moral context (Agrawal 1995).

The differences that I find most important are those of methodology and epistemology; that there are differences in the notions about what it takes before something is recognized as knowledge, in the transformation of knowledge, and in how it is distributed and received. While scientific knowledge is being taught in formal educational settings, traditional knowledge is passed down from generation to generation; often by participation in activities, by observation and storytelling.

This also implies that the norms and values that are looked upon as binding for scientists and researchers are not the same within other knowledge traditions. One of Robert K. Merton's (Gilje and Grimen 1993:232-235) principles that form the ethos of science is "communalism", which means that scientific theories and research results constitute communal ownership and belong to the research society as a whole. Because it is looked upon as a result of social cooperation there cannot be a private ownership to the results. The precondition for scientific progress is in this sense that the results (the knowledge) are published and made available for others, and secrecy is consequently not in line with the moral and methodological guidelines. Different epistemologies do however have diverse values, so what is ethically right in Western research tradition, is not necessarily right in other cultures. Within traditional knowledge it is accepted that some knowledge is held secret, for instance of religious reasons.

There is also a debate within anthropology about the meaning of the term *tradition* and Bjørn Bjerkli (1996) has argued that even if the term is often used as political legitimacy for indigenous rights and land claims, the content of it is seldom precisely defined. It has previously been maintained that traditions are invented as a political strategy, and Bjerkli regards the term *traditional* as something that has arisen in modern society as a contrast to modernity. This implies that the idea of the traditional did not exist before the development of modern society, and that traditions are reflecting an idea of the past and something that has changed (ibid.). Bjerkli claims that the anti-thesis to modernity is something stagnated, stationary, static and non-changing, and that this is often the comprehension people have of traditions and the traditional. Through the example of the *Svartskogen* case in North Norway, he shows that this approach to traditions did not correspond with the traditional use of the land in Svartskogen, where the type of use had shifted over time and no exact definition could be made over who was entitled to user rights and how the resource management was

conducted. He argues that in real life, flexibility and dynamics are crucial in, for instance, the “traditional” management of resources. However, if indigenous peoples feel that their rights are not recognized unless they live up to certain expectations, there is a risk that they will be forced to “invent” a fixed tradition. Documentation is a way of standardizing traditions, Bjerkli claims, as flexibility is not able to be caught in a prefixed pattern.

Concerning traditional knowledge, this is not a set of data repeated from generation to generation. That it is characterized as traditional does not mean that it is not changing; traditional knowledge is indeed adapting and evolving, and Battiste and Henderson (2000:45-46) argue that in each generation individuals make observations and compare them to what they have been taught. They are testing the validity of their knowledge and discussing their findings with others. Battiste and Henderson (ibid.) suggest that “what is traditional about traditional (ecological) knowledge is not its antiquity, but the way it is acquired and used”. Their understanding is that it is the social processes of learning and transformation of such knowledge that makes it traditional (ibid).

3.1.2 Focus on preserving traditional knowledge

The focus on preserving, protecting and promoting traditional knowledge and biological diversity has gradually been incorporated in international law, and today there are several agreements that are supposed to protect indigenous peoples’ right to their cultural heritage and their traditional knowledge. These protections are important to guarantee indigenous peoples’ control over how their traditional knowledge is going to be used, and guarantee a share of the benefits that might arise from the utilization of such knowledge. There have been several incidents where outsiders have taken patents on the knowledge of indigenous peoples, commercialized it and treated it as their property, for instance in cases where traditional knowledge of medicine plants is used in the medical industry (Joks 2009:13).

Documentation of traditional knowledge has been regarded as a vehicle for gaining increased recognition for indigenous peoples’ traditional practices and resource management, but also for preserving the knowledge. The critique against such documentation projects have been that *ex situ*¹⁴ storage of traditional knowledge will divorce it from its social and cultural

¹⁴ Off- site, removed from its natural environment.

context and thus it will lose its vigor and flexibility which is maintained by the people that use it in their everyday life. Agrawal argues (1995) that documenting knowledge with the aim of, for instance, storing it in archives is condemned to failure. This is because divorcing the knowledge from the people and their needs will possibly remove its vigor, and will stagnate and freeze the knowledge in time and space. Moreover, as traditional knowledge is claimed to have a very local character, it is not directly transferable to other areas and locations.

Documentation is, however, still a prioritized strategy for preserving traditional knowledge, and also Sámi institutions are discussing and trying to develop adequate methods that take care of the legal, ethical, methodological and technical considerations in the management of documented knowledge (Joks 2009).

3.2 Different medicine systems

Knowledge traditions and worldview constitute the context for the healthcare system of a society and define what kind of help we seek when we experience health problems.

Anthropologist Cecil G. Helman (2000:50) points out that in most societies there are several ways of helping oneself, or several places to seek assistance in case of physical and mental illness. The larger and more complex a society is, the more alternatives there are to choose from. In most societies there is a public health sector, but also smaller, alternative medicine systems. These can be local medicine traditions or traditions that have been introduced from elsewhere (ibid.).

According to Kleinman (1980), a healthcare system consists of patterns of how we explain illness; the norms determining what kind of treatment we seek and how we evaluate it: the socially-legitimated statuses, roles, power relationships, interaction settings, and institutions. He suggests three overlapping healthcare systems in every society that are often used in parallel, especially when the treatment in one sector does not seem to help. *The popular sector* is the most active and most used of all three sectors. This is where health problems are first detected and where healthcare is initiated. Self-medication and selfcare, advice from family and friends, selfhelp groups and the like, are found in this sector.

The second sector is *the professional sector* which includes the public healthcare in the society. In most societies it is dominated by Western scientific medicine, or what is also called allopathy, biomedicine or conventional medicine. This sector consists of different

kinds of organized, legal professions, such as general practitioners, nurses, psychologists, dentists, physiotherapists, midwives and pharmacists. Their titles are protected, so only those with an authorization, license, or special approval can use them (Helman 2000:58).

The *folk sector*, with a broad range of different non-organized, non-professional folk healers is an addition in most cultures. Many of these therapies are closely linked to the professional sector and are known as complementary and alternative medicine, but the majority of them are more closely related to the popular sector and traditional medicine. As mentioned before, it is often divided between *sacred* and *secular* parts of traditional medicine, even though these sections mostly overlap. The former is many times connected to religion and folk beliefs, while the latter could include, for instance, herbalism, traditional surgical and manipulative treatments (Kleinman 1980). This thesis is concerned with the sacred part of it.

In Norway, there have been restrictions in place denying those other than doctors and dentists to treat health problems until 2004, when the “Medical Quackery Act” (*Kvakksalver loven*) from 1936 was replaced by a new law about alternative treatment. The new law gives the public health sector exclusive right to treat serious diseases and illnesses, but it accepts alternative treatment in addition and allows individuals the choice when seeking treatment of less serious illness (Ot.prp. Nr. 27 (2002-2003)). The importance of research on alternative medicine is also emphasized in the act (NOU 1998), which can be interpreted to mean that it is still upheld that science is the reasonable means to obtain knowledge, and traditional medicine should be proven by scientific methods before it can be regarded as valid.

3.2.1 Explanatory models and choice of treatment

Western scientific medicine and traditional medicine are embedded in two different knowledge systems that differ in epistemology and worldview. There are different ways of understanding health problems, and differences in how people react to symptoms. Consequently, and people seek help when they experience health problems is much rooted in their cultural background. In medical anthropology it has been common to distinguish between two aspects of sickness. The concepts of *illness* and *disease* stand for the popular and the medical understanding of poor health, where *illness* stands for the patient’s experience of being sick, and the meaning they assign to it. *Disease* is the doctor’s or the

Western medicine's view of health problems, based on "objective," quantitative considerations (Helman 2000:79-85).

Mathisen (2000) presents different approaches to how illness can be explained within Sámi traditional medicine. Firstly, it can be seen as different forms of disharmony or *imbalance in relation to the forces*. These are forces of a supernatural character that can be found in the belief system in the community, an example may be found in the underground people or the deceased. To treat this problem one must identify which of the forces they have come in conflict with, and the cultural norms about how to relate to the powers must be examined. Disease can also be interpreted as *disharmony in relation to other people*; i.e. beliefs on witchcraft and people who could harm others by sorcery and evil. If one suspects that this is the cause of their health problems, one must contact a person who has the knowledge and ability to deal with these kinds of powers. The third way of looking at health problems is as *imbalance in the body*, where the body is looked upon as a kind of micro-cosmos comparable to the big cosmological system.

Alver and Selberg (1992:56) contend that in the Western countries, scientific medicine has an exclusive right in defining rational treatment of disease, and within the professional medicine sector there has been a belief that the use of traditional medicine can be dismissed with strengthened and improved health guidance on their premises and with their terminology. Alver and Selberg further claim that the strong position of the professional sector has pushed traditional medicine out of the public sphere. Through disregarding their explanatory models and by forbidding unauthorized therapists to treat disease, the universe of the folk sector can be considered a "hidden reality" which is not always easy to spot (ibid.). In the last decades, however, there has been an increasing interest in alternative and complementary medicine in Western countries and the number of practitioners and treatments available is only increasing. Studies reveal that approximately every fifth person in Norway has used alternative therapy at some time, and two thirds of those who have not used alternative medicine, would consider using it (NOU 1998).

Regarding Sámi patients, Sexton and Sørli (2008) claim that this patient group accesses and uses traditional and complementary medicine at significantly higher rates than Norwegian¹⁵ patients—both for physical and psychological problems. On the occasions when Sámi patients used healing it had a higher frequency of being connected to their spirituality

¹⁵ The category "Norwegians" in this study refers to the group of non-Sámi patients, since it primarily consisted of patients who were born in Norway and did not report any Sámi or Kven affiliation.

than among the Norwegians in the study. Sexton and Sørli's interpretation is that Sámi patients tend to continue to use healing of a traditional nature, while the use of alternative medicine among the Norwegians is following the patterns seen in studies from other Western countries.

3.3 Recognizing traditional healing as knowledge

Traditional healing stands in another knowledge tradition than Western scientific knowledge, with another epistemology and other methods for generating and obtaining knowledge. Traditional healing knowledge would probably not gain the recognition as knowledge within the professional medicine sector, where knowledge has to be validated through scientific testing. Within some research traditions, however, it is acknowledged that scientific knowledge does not have the exclusive right in defining true knowledge, and that there is no objective, rational criteria to determine the validity of knowledge (Hylland Eriksen 2001:316-320). Traditional medicine has its own explanatory models for illness, and the knowledge of diagnosing and treating bad health is passed down through generations of traditional healers where each generation is testing and adopting the knowledge to their own experiences. One of my informants (14) stated: *The question if we believe or not.. I must say that in our family we do not believe, we know! We have grown up with it, and we know that it is true.* In the family and the community where this woman grew up, traditional healing is regarded as valid and for that reason it can be regarded as knowledge.

Compared to traditional knowledge that is open for most people in a community, there are additional challenges when it comes to protection and preservation of Sámi traditional healing knowledge. Because it is held esoteric it will probably be difficult to obtain access to it with the aim of documenting and storing it in central archives or databases. If access is given by a holder of such knowledge, it could still be problematic for ethical reasons to publish it or to make it available to people whose access to it is not legitimized by the former holder. The management of traditional healing knowledge is different from knowledge that is not held in secret, but before going into this discussion, it can be useful to know more about what Sámi traditional healing is, and the norms and values connected to it.

CHAPTER 4: NORMS, VALUES AND WORLD VIEW REGARDING TRADITIONAL HEALING

A great deal of treatment and disease explanations in Sámi traditional medicine may be seen in relation to religion and worldviews, and religion in Sápmi provides an understanding of the cosmological context of traditional medicine practices. There is a debate about whether or not notions in Sámi traditional healing represent continuity from the pre-Christian religion as, for instance, Nergård (2006) and Miller (2007) are arguing. An opposite position could be represented by Annie M. Henriksen (2010), who rejects that there is a connection between reading and the *noaidi* tradition, and is contending that reading is a phenomenon that can have come to North Norway through economic, political and cultural contact with Christianized people long before the missionary work was intensified in the area.

In this thesis I will not debate the origin of traditional healing as we know it today, as I acknowledge this is a complicated question. I am more concerned with examining norms and values connected to traditional healing and what they communicate about the expectations people have of a traditional healer. In particular I am interested in norms and taboos connected to the degree of openness surrounding their healing practice, likewise, the management of healing knowledge, which I argue is subjected to a secrecy norm. From the emic point of view, these norms are often rationalized with reference to religion or worldview, and for that reason I believe some knowledge of the religious background is valuable to be able to understand these principles, but also Sámi healing in general. I will accordingly discuss some relevant features of Sámi religion and Sámi traditional medicine, and explain the significance religion has— and have had— on norms and values in Sámi traditional healing.

4.1 The complexity of Sámi religion

Religion, just like culture, cannot be looked upon as static and resistant to change. It has been argued that individualization, secularization and loss of the authority of religion are some of the characteristics of the modern society, and that this must be seen as the backdrop for an increasing religious individualization and pluralization of views of life (Henriksen 2003, Selberg 2003). It has been maintained that when people have more religious alternatives to choose from, individuals are continually challenged to reflect on and take a stand on their own convictions and consequently we get a very personal construction of religion (ibid.).

This situation where people seek and pick up ideas and elements from a range of different religions and cultures is often referred to as neo-religiosity or the New Age. Selberg (2003) argues that even if the New Age is associated with unfamiliar religious traditions from the outside world, it often also attempts to give a new ease of life to ancient religious thinking by bringing them together in a meaningful way with ideas from the present. The image about continuity from a long standing tradition can especially be found in neo-paganism, which is a designation for the various conceptions based on devotion of nature and older pre-Christian religious traditions. Neo-shamanism is one expression of this (ibid. 48).

Furseth and Repstad (2003:155-157) stress the importance of remembering that individuals are not creating their own worldview in a void. Religious individualization will always be embedded in a social context, as private religiosity is also communicated socially and built on the social experiences of the individual. According to Roald Kristiansen (2005:7), the concept of Sámi religion should be understood as a group naming for a variety of religious expressions that have gone through multiple changes.

The belief systems and worldview of the Sámi today is complex, and I will now present some of the most essential matters that have been forming and influencing religiosity in Sámi societies up to the present.

4.1.1 Traces from the pre-Christian religion

The belief system which dominated Sámi culture before Christianity was introduced is commonly been labeled the *pre-Christian Sámi religion*. Hansen and Olsen (2004:315-316) describe this belief system as *paganism* with *shamanistic* traits. There was an understanding that reality consisted of a visible, material dimension and an unseen, spiritual dimension. The Sámi also believed that everything in nature had a soul and thus needed to be treated with respect. Hansen and Olsen are further describing it as a *polytheistic* religion with a range of Gods and spirits whom it was important to gratify and stay in harmony with. These traits can also be found in religions in other parts of the world, and these religions or belief systems have commonly been categorized under the term *shamanism*. Townsend (1997 in Larsson 2000:15-16) underlines that shamanism itself is no religion, but a range of beliefs and convictions that can be a part of a religious culture.

Noaidis, who were the spiritual leaders of the Sámi communities, are often described as Sámi shamans. They had the ability to go into a trance, and to communicate with Gods and the spiritual world. Bäckman (1988) has summarized the responsibilities of the *noaidis* in light of texts written down by missionaries in the 18th century. She says that the *noaidis* had the tasks of getting information from distant places; to locate lost items or reindeer; and to engage deceased descendants for herding the reindeer. *Noaidis* could foresee the future; they could find which God demanded what kind of sacrifice; and they would act as a leader in sacrificing ceremonies. They also had the role of a doctor or a healer because they diagnosed and treated sick people. The missionary Jens Kildal, who worked in Salten and Ofoten in the first half of the 18th century, writes in *Afguderiets Dempelse* that when someone had become seriously ill it was believed that the spirit had left the person's body and was lost to the death world. The *noaidi* and the community members were then gathered for a healing ritual, where the *noaidi* had to travel there in a trance and negotiate with the *Jabme akka* (goddess of death/ the underworld) to get the spirit back (Kildal in Mebius 2003:163-164). In the sources written by missionaries in the 17th and the 18th century the *noaidis* are most often presented as men, but Mebius (2003:127-131) and Pollan (1993:97-103) are, nevertheless, referring to later sources where there are clear testimonies about female *noaidis*.

An important tool for the *noaidi*'s practices was a drum decorated with figures and symbols, and this drum (*goavddis* or *meavrresgárri*) was used to get into a trance and prophesize. The *noaidi* also had helping spirits with different tasks and assets, and these spirits have been known as the inhabitants of *sájva* or *bassevárri*. The *noaidi* had several other helping spirits in addition, and the *noaidegáccit* (the *noaidi*'s "followers"), have been described as the *noaidis* instructors, helpers and assistants (Bäckman 1975).

There is a belief that some people can affect others by the power of thought, and this phenomenon is widely known as *gand* in Norwegian, and *gannja* in the local Sámi dialect in the Marka villages. Nergård (2006) describes *gannja* as a potential tool for justice, and the one one *gannja* has been put on, has broken some social norms in the community. *Gannja* can, however, be misused for one's own purposes. A *noaidi* who had used *gannja* incorrectly or on innocent people could be corrected by another *noaidi*, and a *noaidi* who was consequently misusing *gannja* would eventually lose his or her powers (Miller 2007).

The phenomenon of *gannja* is something that remains in the consciousness of people in the Marka villages, and I was told stories where they, or people they knew, had *gannja* or evil put upon them, and that it either explained the strange behavior from animals, unexplainable incidents, accidents or diseases. Even if most of the stories were from the "old days," *gannja* was mentioned by both older and young people as a possible explanation for things that happened in the present too.

Testimonies from the missionaries Isaac Olsen, Hans Skanke and Nicolaus Lundius describe the initiation of the *noaidis* as something the future *noaidis* could experience as a vocation from their helping spirits (Mebius 2003:169), and the individuals who were chosen for the role often offered it resistance. According to Bäckman (1988), the resistance was due to the *noaidi*'s heavy burden of responsibility for the prosperity of the entire society, and also all the mental and physical pain they were forced through in their initiation period.

Isaac Olsen ([1717] 1910 in Pollan 1993:81-87) has described some stories about the selection of *noaidi* candidates in eastern Finnmark in the beginning of the 18th century, where it is told that the *noaidegáccit* were the ones who chose a person in a *noaidi* family to whom they offered their services. In these stories, the selected men refused to receive the knowledge, whereby the *noaidegáccit* threatened them with pain, torment and death if they did not take the gift that they were intended to inherit. In one of the stories, the chosen one refused because it was such a huge burden to be a *noaidi* and to "always travel around the villages and teach people," while another of them said that his head was too weak to be able

to handle and carry all those talents. Another young boy who was searched out by the *noaidegáccit* refused to learn the *noaidi* art because of all the worries and the dangers it brought with it. He had heard that some of his forefathers had been killed because of practicing *noaidi* tricks.

In the initiation period, the *noaidi* novices were instructed by older *noaidis*, and they had to go through a transitional period where they were afflicted by visual and auditory hallucinations. The priest Nicolaus Lundius ([1670]1905 in Bäckman 1988:66) also testified that during this period of a half year they acted like madmen and lived isolated in the woods with poor nutrition. According to Bäckman (1988), there are also accounts of initiation rites whereby the novices were approved as *noaidis* by the community, and she further contends that as the *noaidi* had an official role in the society, the community also had the ability to reject the *noaidi* if they did not acknowledge him or her.

4.1.2 Christianizing and missionary work

In some areas the Sámi people have been exposed to Christian influence from the end of the High Middle Ages, and in the 11th century two churches were built in Tromsø and Ofoten to support the missionary work among the Sámi (Kristiansen 2005:38). The attempt to Christianize the Sámi and to build churches on the coastline in North Norway was a strategy to secure political control over the Sámi areas, and in 1313 King Håkon V of Norway proclaimed a legal regulation which stated that Sámi people would be allowed reduced fines the first twenty years after being Christianized (Hansen and Olsen (2004:318).

Despite the early demands by the Norwegian and Swedish authorities pertaining to the Christianization of Sámi people, it was not until the 1680s that missionary work was intensified in Sweden and some 30-35 years later in Norway. This was initiated when the authorities realized that some Sámi still practiced their old religion and that in some areas they had developed techniques and rituals that enabled them to fulfill the minimum requirements of the church at the same time as they continued to practice their own religion (Hansen and Olsen 2004:327). These cultural practices had a “double communication”; where one meaning was available for the representatives of the church and the state, while there was another meaning which was only available for those who were familiar with the Sámi belief system. For instance, children were often first baptized in the church and given

an official Christian name, but when they arrived home they had another ceremony to “wash the name off” and give the child a name according to Sámi tradition (Rydving 1995).

The Copenhagen College of Missions was established in 1714 with the responsibility of the missionary work among “pagans” in Denmark-Norway. Thomas von Westen was given the responsibility to organize missionary work among the Sámi, and one of the measures of the College of Missions was to establish *Seminarium Scholasticum* with the aim of educating teachers fluent in the Sámi language. North Norway and the county of North Trønderlag were divided into thirteen missionary districts, where Ofoten, Lødingen and Tysfjord formed one of them (Steen 1954 in Hansen and Olsen 2004:329-330).

Under von Westen’s time it became increasingly dangerous for the Sámi to continue their religious practices. Rydving (1995:55-56) contends that missionaries in Norway and Sweden used punishment to force the Sámi to abandon their religion and convert to Christianity. Death penalty for Sámi sorcery was abolished in Norway in 1726, but the Sámi were given fines and corporal punishment for the use of drums and sacrificing. The missionaries were aiming particularly to Christianize the *noaidis*, confiscating drums and sacred objects, and destroying sacrificial places. Conflicts between the Sámi also arose as some of them cooperated with the missionaries and were reporting people who continued their old religious practices. They were also helping the missionaries to find sacrificial sites, and it is stated that in 1722 Jens Kildal destroyed forty sacrificial alters in his district (Rydving 1995:54-68).

Even if the Sámi people gradually adapted to the demands of the church and officially abandoned their religion, it is believed that in many areas they continued their own religious practices alongside the Christian practices. In the Lule Sámi area the decades around 1700 were known as “the period when one had to hide the drums” (Rydving 1995). It is known that the drum was still in use in the South Sámi area up to the late 19th century and the beginning of the 20th century, even if it seems like at this time the drum was mainly used for prophetic purposes and was more or less separated from the religious context (Vonheim 1997, Bjørklund 1997, Kalstad 1997). The Sámi were naturally enough skeptical to tell about their religion to the missionaries, and the missionary Isaac Olsen ([1717]9010:38-39) reported that the Sámi made up secret languages in order to prevent him from understanding what they were saying and then revealing their “dark deeds.”

4.1.3 Laestadianism as a “Sámi Christianity” and a symbolic opposition

It has been asserted that the Sámi people were not really Christianized before a Christian revival (later called Laestadianism) broke out in the 1840s in Karesuando in northern Sweden (Kristiansen 2005). Lars Levi Laestadius was a Swedish priest with Sámi ancestry and the founding father of this pietistic revival movement. A meeting with a Sámi woman in Årsele in 1844 has been described as the religious breakthrough for Laestadius. This woman, who has been called Maria, made a great impression on Laestadius as she told him about her experiences of seeking a “living faith.” After this meeting, Laestadius went back to Karesuando and started preaching against a “dead Christianity” and accused the congregation of living a sinful and immoral life. The teaching of Laestadius was based on spiritual rebirth and salvation, on sin and forgiveness; where mercy could only be obtained by repeated confessions in the congregation and by a clear conscience (Paine 1965:61-63). It was very common that during Laestadian meetings the converted broke out in ecstatic emotional expressions, *lihkadusat*, where they cried out in regret for their sins or in joy for having received forgiveness.

The revival spread to both North Norway and Finland and also to North America, Russia and some Baltic states. In the middle of the 19th century it came to southern Troms and northern Nordland through close contact between the Marka Sámi population and Swedish reindeer herding Sámi who had their summer pastures in this area. Here, Laestadianism was a pure Sámi movement up to 1869; when a new revival came to Ofoten and mobilized parts of the Norwegian population as well (Aadnanes 1986, Minde 1997, Kristiansen 2005). The Laestadian movement was gradually divided into a range of directions or fractions partly based on disagreements in teachings, competitive leaders and personal opposition. The direction which had the strongest influence in Ofoten and southern Troms are “the Firstborn,” who are regarded as rather conservative and restrictive when it comes to Laestadian law (Aadnanes 1986).

Laestadianism is often referred to as a Sámi form of Christianity, which is because Laestadianism has been the most common form of Christianity among the Sámi people. It is more important, however, to understand why the Laestadian set of beliefs became a Sámi and

Kven¹⁶ ideology which for a long time excluded the Norwegians in North Norway. Bjørklund (1978, 1985) argues that this exclusivity has to do with the aspect of Laestadianism as an oppositional ideology; by recodifying Sámi and Kven symbols and values, it excluded Norwegian language and values. This was at a time when Kven and especially Sámi culture, language, and ways of life were seen as primitive and inferior to the Norwegian, and where the Norwegian legislation and administration demanded more and more control over their lives. Both the Sámi and Kven were politically and economically repressed, but in Laestadianism they found support for turning around the demands from the Norwegian authorities. It was their language, clothing, livelihoods, and ways of teaching that were in line with their Christian conviction, and all new customs and instruments introduced by the Norwegians were rejected as the Devils work. Material (Norwegian) wealth became spiritual poverty and the poor of this world were to be the children of God (Bjørklund 1978, 1985). Laestadianism has moreover played an important role for the Sámi in a social aspect, as it strongly condemned the use of alcohol and thus helped the people out of the social problems that came with alcohol abuse (Aadnanes 1986:86-88).

4.2. Methods and practices in Sámi medicine

Sámi traditional medicine cannot easily be differentiated from other traditional medicine in the same region, and many of the healing practices and techniques found among the Sámi are also found among other ethnic groups and in distant cultures. Folk medicine in North Norway is formed by both the Sámi, Kven and Norwegian traditions, and Mathisen (2000) argues that the mutual influence they have had on each other comes from that folk medicine is an open system where anyone can seek help, regardless of their ethnicity and religious convictions.

The forms of treatment within Sámi medicine are varied and diverse, and traditional healers can make use of multiple techniques. It is told that in old days traditional healers specialized in different diseases or problems, and just as there were *noaidis* of different degrees of power, there were also *guvhllárs* of different degrees of power (Sexton and Buljo Stabbursvik 2009). Not all traditional medicine needed to be conducted by a *guvhllár*, for instance herbs and plants were open for anyone to make use of for healing or preventative purposes. Things that have been in use in Sámi traditional medicine are for instance wool,

¹⁶ Finnish speaking immigrants from northern parts of Sweden and Finland.

ash, bone, urine, spirits, tobacco, blood, feces, hair and other parts of animals (Steen 1961). Other methods include massage (*ruvven*) and bloodletting (*varra luoitin*) which are known to be used in other parts of the world as well. However, the majority of these practices have more or less disappeared today, and most young people have no or little personal relationship with their use. The dominant methods within Sámi traditional medicine today are *reading*, *laying on of hands* and *blood stopping*.

Explaining these medical practices is not the intention of this thesis, but I will try to give a short presentation of the methods that are most in use in the Marka villages today. As stated before, the techniques are multiple and every *guvhllár* has their own style of practice. The brief explanation given below must be seen as only a small part of the techniques, given the norm that deeper information about traditional healing is held to be esoteric.

4.2.1 Present day traditional healing practices

A traditional healer called a *reader* is healing by reading prayers or formulas, most often quietly in order to keep them esoteric. These consultations are most often done in the private home of the traditional healer, but a lot of *guvhllárs* are also reading from a distance when contacted by phone or mail. Nymo (2003) explains that the reader is supposed to hold their breath while reading, and then blow out after they finished, either against the problem area on the patient's body, or out in the air if the patient is not present. That is why readers are also called *blåsere* ("blower" in Norwegian) in some areas.

Blood stopping is also done by reading particular secret formulas and prayers, and there are many stories about people who have been bleeding hard from a gash and the like but from the moment a blood stopper has read a formula the cut whitens and stops bleeding. Blood stopping was quite common among the Sámi before, and while Myrvoll (2000:42) states that this was almost seen as common knowledge. A person who knows how to stop blood is not necessarily regarded as a *guvhllár*, as one of my older informants (2) uttered: *I do read a little bit myself, but that is just first aid. Stopping blood and the like. She adds: I do not read, but I have stopped blood twice.*

Mathisen (2000) aligns knowledge of blood stopping in a less esoteric category than other healing knowledge. As blood stopping can be life saving in emergencies, it was probably necessary that it was more widespread than other healing knowledge. Mathisen

(1986b:138) learned that there are often clear rules for transformation of blood stopping, for instance on how many one can teach. He found that in some areas it can only be taught to one person, in other areas it says three people, and in other areas there are no similar restrictions at all. Also, a clear rule that most of my informants referred to was that it could only be taught to a younger person.

Traditional healers often combined reading with laying their hands on the patient, and some healers who are described as having “warm” or “electric” hands. One description which was given Sexton and Buljo Stabbursvik (2009:12-13) is that these *guvhllárs* in a way are “pulling out” pain and illness from the patient and then shaking or washing it off themselves.

Something that is regarded as dying out in several Sámi areas is *cupping*, but in the Marka villages this has been in high use up to the present day. Cupping (*gohppen* in Sámi) is commonly used for revealing pain, and there has been an understanding that the old, tired blood needed to be removed in order to stimulate the production of new, active blood (Miller 2007:169-170, Skott 1997:124). During cupping the *guvhllár* inflicts lesions in the skin and then gathers blood in vacuum cups. However, in old days one used horns to suck the blood out.

One of the traditional healers (9) I interviewed claimed that one does not need to possess special abilities to learn cupping, but that it is an advantage if they see or hear more than others do. This is something Miller’s (2007:169-170) informant also seems to insinuate when she told her that she learned cupping from her parents, but that she had additionally received a “gift” from an elderly traditional healer, and she used this ability when analyzing the blood during cupping. It seems like some of those who perform cupping are combining it with reading, while others are merely practicing the “secular” part of it.

4.2.2 Other popular beliefs connected to traditional healing

A *guvhllár* can have knowledge beyond purely medical matters, even if some of it undoubtedly has indirect connections to physical and mental wellbeing. While working as a psychologist in a Sámi community, Torild Hanem (1999) often experienced that clients believed someone had inflicted evil (*neavrrit, riehttásiid bidjat* in local dialect) on them. It was not unusual that they visited traditional healers who could handle *neavrrit* both before and during therapy. Some *guvhllárs* can help finding lost things or persons, as well as making thieves immobile or

making them bring back what they have stolen. *Guvhllárs* are furthermore contacted for “cleaning” houses where spirits are believed to occupy (Sexton and Buljo Stabbursvik 2009:13).

A couple of my informants expressed that they were very occupied with dream interpretation, and that some times dreams could give notification about disease and accidents. A woman (8) told that she had learned from her grandmother that if someone was knocking on the door in the dream, one should never reply “yes,” because then you are letting in disease: *And I use to remember that when dreaming, that I should not say “come in.” Once I did answer “yes,” and then I woke up with vomiting and diarrhea.* Another of my older, female informants (2) said that after having several dreams about disease and the people she dreamed about, ended up dying, she finally said: *this is more than I can handle.* After this, it became quiet for a while. Notifications about disease and death could also be given in other ways, and the underground people (*ulddat*) were mentioned as being that kind of forerunners.

People in the Marka villages had many techniques for protecting themselves from bad spirits, and my informants mentioned different situations where they turned to both crossing God’s prayer and psalm book if they felt threatened by something out of this world. Some of them also told that they, for instance, always knocked on the door before they went into an old house, and after visiting the cemetery they were particular about closing the port and saying that “they” should not follow them home. Juniper and steel (for instance a knife, scissors etc.) seem to have been more in use as a protection against bad spirits one or two generation ago.

4.2.3 Diverse explanations of traditional healing

A great deal of the traditional healers refers to themselves as helpers or instruments for a greater power, by whom the healing is made. Some identify this force as God, while others refer to it as an unknown power. Mathisen (1986a) has gathered oral information about healers in Salten in North Norway who are using prayers and are addressing a higher power. He is referring to this group of healers as “religious healers,” but makes a distinction between them from another group of religious healers that are healing in public in front of a congregation. Mathisen suggests that the privacy in the healing situation is a distinctive feature for this group of religious healers that closely links them to the form of treatment in

the local traditional folk medicine. With this follows that the patients do not need to take a stand to the Christian profession and consequently the convictions from traditional folk medicine could be maintained.

Mathisen (ibid.) found that patients were putting their own meaning into the healing, and that the meaning people give it is influenced by a cultural filter where the narratives about the practice of a particular healer and the general worldview of people are of importance. The personal experiences from the healing situation and the outcome of the treatment will also have a say in how the healer is assessed. He found several more elements with the religious healers that must be seen in relation to the folk medicine practice in the area, as they can not be directly linked to official Christian ideology. For instance, he found that the healer was ascribed clairvoyance and warm hands and the treatment sometimes was described with an ecstatic element. He also argues that the understanding of inheritance of powers is in conflict with the Christian thinking of healing abilities as a gift of grace.

In contrast to Henriksen (2010), for instance, who claims that there is a strong emphasis on Laestadianism in connection to reading in her area of research in a coastal community in North Norway, I did not find the same focus on Christianity in the Marka villages. In my data I found different understandings of this kind of healing, and those of my informants who uttered that they went to Laestadian meetings and the like, were also those who strongly emphasized the Christian connection. The older male reader (13) was one of them, and he said; *I am looking at myself as an intermediary for God. I am convinced that it comes from there and I am only using the word of God and prayers.*

Most of my informants did, however, not emphasize this Christian aspect of healing, even if most of them could tell that they knew or that they had heard that the formulas that were used when reading had a Christian content or were taken from the Bible¹⁷. Most often religion was not a topic at all, and one of the other older traditional healers (11) I interviewed was of the opinion that it is the human itself that has the power:

I have no faith in that it comes from above. They use to say that I have warm hands. Some people believe too much about themselves, they start thinking about themselves as God. I do not believe that about myself, but I am helping as much as I am able to.

¹⁷ See Mathisen's (1986b) analysis of the content of blood stopping formulas in North Norway, where he is referring to a correlation between what is communicated in the Bible and the blood stopping formulas.

How people explain the phenomenon of traditional healing is different from area to area, from milieu to milieu, and not least from person to person. In one community, one will find different opinions on this, but from my data in the Marka villages I did not find that Christianity was emphasized as strong as it apparently is in some other areas in North Norway.

4.3 The traditional medicine system in the Marka villages today

Traditional medicine is something people in the Marka villages appeared to have a close and active relation to, including the younger generations. Young people very often get an early introduction to traditional healing, as it seems to be common to bring children to *guvhllárs*. Often it is the women in the family who contact traditional healers when it is necessary, either by their own initiative, or by request from someone else. A woman I spoke with (12) said that when it comes to herself she is very indifferent with reading or anything: *But when it comes to the children, then I am contacting someone right a way!*

Several of my older informants claimed that their children or young people they knew had no faith in traditional healing. They say that young people are used to first seek help in the professional health sector if they have health problems. But it was evident that younger generations also believe in traditional healing and are seeking help from *guvhllárs* when needed. A pattern which one of the traditional healers (13) had observed was that youth often ask someone else to contact the healer for them, if they did not know the healer themselves. He claimed that youth are often shy and have a much higher threshold for contacting a healer than older people. For that reason, youth often do not come to a healer before they have a serious problem, while older people can contact them for smaller concerns. Another of the traditional healers (9) confirmed that young people also came to be cupped, while the third (11) said that youth are more nervous about cupping and bloodletting because it leaves scars.

A lot of the villagers claimed that the number of healers is decreasing in the Marka villages, and consequently traditional healers from other areas are often used. From my fieldwork I experienced that the local *guvhllárs* are not commonly known to everyone in the villages, and people are referring to different individuals when talking about traditional healers they know about and use. The “publicity” of the *guvhllárs* varies, and while some of them are more or less “official” healers in the villages, others are very private and are not

known outside the family and their closest friends. The reasons for this can be many, but often it has to do with that they are not recognized as traditional healers by the community, or that they do not wish to take that role in the community because of what it brings along with it. A deeper discussion of this will follow in the next chapter.

Even if it would be true that the number of traditional healers is decreasing, it must be taken into consideration that the accounts of traditional healing are also decreasing. People are no longer as dependent on the traditional medicine system as they were earlier, and thus it is not used as often. Consequently, the narratives about traditional healing experiences are also brought up less often than before and fewer people hear about them in their everyday conversations.

It also seems like traditional healers were much more specialized before, as a lot of the people I have spoken to say that this-and-that person used to read against this and that problem; either they were good for infections, blood poisoning, toothache, pain or *slitta*¹⁸. Then there were also *guvhllárs* who cupped, practiced bloodletting or who primarily stopped blood. One of the traditional healers (9) I interviewed said that her mother used to read especially against *bostta*¹⁹. She claims that previously there used to be many specialists who read against different ailments. People knew where to go for different problems: *It does not seem like that is the case anymore. If they know about a guvhljár, then they go there for any problems they might have.* In my data I did not find that present day *guvhllárs* were referred to as having any special fields, except from those who cupped who were first and foremost referred to as cuppers.

4.4 Norms and values in traditional healing

A lot of norms and taboos are connected to the traditional medicine system, which first and foremost says something about which expectations there are of traditional healers. It is

¹⁸ Randi Nymo (2003:122) explains that *slitta* (*slett* in Norwegian) is a disease which most Sámi in this area are familiar with. It is something that can mean that you are worn out by for instance lifting, and this is felt in the stomach region. This is a condition which as far as she knows only can be treated by reading, and one of her informants says this is a condition that doctors and hospitals do not really understand.

¹⁹ *Bostta*, according to Skott, (1997:93-94) is a Sámi term for diseases that are believed to have been caused by soil, water, rock or air. The symptoms are sticking pain or an itching rash. When treating *bostta* one must find which element it came from, and send it back to it. The term can also mean something that has caused swelling (for instance insect or soil). Both *bostta* and *slitta* can be regarded as folk illnesses that are recognized mainly by members of a particular culture, and treated in a culturally specific way (cf. Helman 2000:86-87).

believed that if the knowledge that the traditional healer possesses is not used in accordance with those norms and values, the *guvhllár* will lose his or her ability to heal, or their ability could get weaker.

An elemental norm in the Marka villages was that traditional healers are not supposed to take payment for helping people, and healers that demanded payment were not believed to be “real” *guvhllárs*. One should never ask if a *guvhllár* wants payment, and one should not even thank them after the treatment. This must also be seen in connection with the belief that the healing ability is a gift given to them, and accordingly they should not use it for their own benefit. One of the *guvhllárs* (12) I spoke to said: *My motto is that for nothing I have received it, and for nothing I am giving it away*, which is a norm stated in the Bible. There are, however, also accounts that indicate that it is accepted to give the *guvhllárs* something, not necessarily money, even if they do not demand anything for helping. This indicates that the services of a traditional healer is part of the reciprocal relationships within the local communities, and that this is something that might change in the modern society where one is not that dependent on each other anymore.

What I find especially interesting is that traditional healing is surrounded by a myriad of secrecy and taboos. The secrecy norm seems to be relatively deeply internalized among the users of Sámi traditional healing, and most of my informants uttered that they did not believe in those who talked, advertised, or bragged about their abilities. It is said that a traditional healer will never say out loud that they practice healing, and when contacted by a patient a *guvhllár* would never answer “yes, I will help you,” but rather something like “I will try to do what I can.”

One of my informants (8) believed that it has something to do with not putting yourself in focus and to show humility for it, while one of the readers (13) I interviewed connected it to a norm of humbleness in the Sámi culture, that: *you should not make big waves*. He says:

I never talk about that I read and that I have been helping people. That is not anything you should brag about, and when you tell about it, it looks like you are bragging. But people are talking with one another, and they again are telling about it to others.

Showing humbleness for their healing abilities and their role as a traditional healer is important. Informant 12 also told that when her father, who was a *guvhllár*, saw a woman on the television talking about that she stopped blood, he said: *She will never stop blood again*. One of Miller’s informants also tells a story about a man who wanted to prove he could stop

blood, and cut a lamb to bleed. The lamb died, and he lost his ability. “To prove, is to lose it,” he said (Miller 2007:149).

According to Sámi tradition, the reason for holding traditional healing knowledge esoteric is that not everyone is strong enough to handle the knowledge, and that it could do much harm in the hands of wrong people. Mathisen (1995) compares the “magic experts” and their knowledge with scientists and the knowledge, for instance, of nuclear power. As the knowledge can be dangerous in the wrong hands, the relation between knowledge and morality becomes crucial. Traditional healers are expected to use their knowledge to do good things, and it is also said that everything you do you are getting back three times.

It is striking that in Sámi medicine it seems like it is mainly the “sacred” part that is held in secret, while things like the technical part of cupping is possible to teach to several people, as one of the healers (11) I interviewed claimed. Historically, this could partly be seen in relation to the missionary work that condemned and criminalized the pre-Christian Sámi religion and forced the Sámi to keep their practices within a small circle in order to stay out of trouble. The reasons for the silence around these matters are hardly the same today, even if there still are traditional healers who prefer to keep the awareness of their abilities within their closest family.

One of my informants (4) says that *guvhllárs* are often revealed in emergencies, something that was illustrated by a story told by another man (6) who said that he “found” his regular *guvhllár* when he suddenly got ill at a party where the *guvhllár* was present and rushed to help him. He also tells that people often ask him when they need to come in contact with traditional healers, but that he never reveals the name of traditional healers that have not come out as *guvhllárs* themselves; since he wants to protect the readers, he prefers to contact traditional healers on behalf of other people instead of giving them a name. One of the readers (13) I interviewed was, however, of the opinion that one should not keep it so hidden that people do not know about it, because: *If God has given you abilities, then you have to do as good as you can*. He said that he never says no if someone is asking him to help, but he understands if some *guvhllárs* are afraid of undesirable attention. He said that he is only happy if people were talking about him, especially if they told about him to others who needed help. He took it as a positive response that encouraged him to continue his work.

The norm of secrecy can be explained by different factors, and the emic explanations are much grounded in religion and the belief system. The history of the Sámi has, however, also played a part, as the missionary work that forced the pre-Christian religion underground, with

good help from the *Medical Quackery Act* and national laws that criminalized Sámi sorcery (Hansen and Olsen 2004:108). The colonial and assimilation history can also be relevant, and especially in areas exposed to harsh Norwegianization. Traditional healing has been regarded as backwards and primitive, and because it was part of the ethnic categorization between the Sámi and Norwegians (Mathisen 1983), there can also have been a stigma connected to the use of traditional medicine. In the next chapter I will discuss the role of the community in the shaping of these norms.

CHAPTER 5: THE MANAGEMENT AND TRANSFORMATION OF TRADITIONAL HEALING KNOWLEDGE

In the previous chapters I argued that the worldview, religion, and the history of the Sámi have formed the norms connected to traditional healing, and that the secrecy norm places traditional healing knowledge in a different situation than other traditional healing when it comes to knowledge management and transformation. With regard to the management of Sámi traditional knowledge, it has been referred to social institutions as the *siida* and *báikedoallu*²⁰ within reindeer herding, where knowledge is used and transmitted from generation to generation (Joks 2009:14). Secret knowledge is not open to the whole community and is only known by a line of chosen individuals. The management of the knowledge is, however, not restricted to the individual holders of knowledge, as the community is also playing an active part. Based on my data and comparable research in other areas, I will in this chapter examine how traditional healing knowledge is managed and transmitted in the Marka Sámi villages.

5.1 The management of traditional healing knowledge

During my fieldwork I experienced that some people who were believed to “know more than others,” hesitated to talk about traditional healing, and did not mention that they possessed any knowledge of such a phenomenon. On occasion, individuals who I had been previously informed about having the knowledge to read, either refused to tell this or avoided mentioning this during our conversation. One of these individuals gave me names of other

²⁰ Mikkel Nils Sara (2001:85) describes *báikedoallu* in reindeer herding as the operative part of the household (*báiki*), which again is responsible for obtaining the means for their own labor and to fulfill the work requirements in the *siida*. The reindeer herding *siida* is a group of households that are cooperating in herding (ibid. 94).

people I could talk to, because he “did not know so much about this.” Then he added that if I did not get anything out of it, I could call him again.

Another woman strongly denied that she could read when I presented my project to her over the phone, but still invited me for a chat. When I asked her if people who spoke about their healing abilities really would lose their power, she replied: *Yes, that is what my father told me.* As I had been informed that this woman actually did read, and also her husband very much indicated this during my visit, it could appear that she inherited the knowledge from her father, who also had instructed her not to talk about it. She eventually did not agree to be interviewed.

In his analyses of the *guru* and *conjurer*, Fredrik Barth (1994) presents two contradicting principles in the management of knowledge. The *gurus*, who are Muslim teachers in Bali, wish to share their knowledge with as many as possible, because this way the knowledge will be strengthened. The aim is to inspire their audience by spreading the word, explaining, instructing, and being a good role model for his successor. The *conjurer* knowledge which Barth found among priests in New Guinea, was enhanced when it is protected and shared only by a few. The *conjurers* are consequently keeping their knowledge esoteric and only displayed it during short revelations in smaller, closed assemblies. Barth views the *guru* and *conjurer* as social roles with completely different requirements for fulfillment, which are culturally constructed from their respective belief systems.

The knowledge management of the traditional healers in the Marka villages is comparable to the ways in which the conjurers are managing their knowledge, and the reasons for holding the knowledge as something esoteric can be diverse. In the terms of Berger and Luckmann ([1966] 2004), the underlying reason for secrecy is often unknown for people today, and this norm is something people experience as a preconceived objective reality and is not something they reflect on in their everyday life. The emic understanding of why healing knowledge is held in secret is that people with the wrong intentions should not gain access to it, as they could harm both themselves and others with the knowledge. Moreover, not all people have the psyche to handle knowing too much.

If we utilize etic explanations, scholars are inclined to analyze secrecy as a means to gain power. Georg Simmel (1950:332-333) maintains that when some people are excluded from knowing, this creates a strong feeling of possession for the insiders; concurrently as it also communicates to the outsiders that the secret is highly valuable. The ones which hold the secret are given an exceptional position, which only works as a socially determined

fascination. The content of the secret is not necessarily important, as the outsiders are not privy to such details, and the secret contents may, in fact, be fictitious or even non-existent.

The power that a traditional healer might hold in the community is connected to both respect and fear for what they—or the forces they are in contact with—have the ability to do. Clairvoyance can be seen as a source of anxiety, mainly due to the speculation of people about what a person with this gift knows about them or others. Not knowing exactly the content of the *guvhllár's* knowledge is reinforcing this effect, together with stories about traditional healers and the narratives of personal experiences with *guvhllárs*. Mathisen (1983) shows how vagrant, deprived Sámi in southern Troms and northern Nordland used to threaten with *gannja* if they were not given what they were begging for. These Sámi played on the ethnic categorization Norwegians had of them, as skilled in *gannja* and having connection to evil spirits, to force their will through.

Still, the power traditional healers might possess in the community in terms of their secret knowledge only has an effect on those who believe in traditional healing. Sociologist Max Weber (2005:79) differentiates between three types of social authorities, by which he means the power of effecting other peoples' actions by their will. The motivation people have to obey the authority can be based on that they are convinced of the correctness of the instruction; or that it is grounded in a feeling of obligation or fear, out of habit, or for personal benefits. He argues that every social authority must be justified by some rights to rule, and the position of a Sámi traditional healer in his terms would be legitimized by *charismatic authority*. This kind of authority is grounded in devotion to an individual person and his or her charisma—as magical powers; revelations or heroism; the power of the spirits, or of the word. These extraordinary capacities are recognized on the basis of demonstration of wonders, and the leader is only obeyed as long as he or she is acknowledged and ascribed these special qualities (ibid. 98-104). If the *guvhllár* loses them, or fails to prove them, then the authority is also lost.

Charismatic authority can also be transferred to a successor in that the carrier of charisma designates someone; that the successor is chosen by the disciples or followers; that he or she is chosen by special method; or by heredity in the belief that the charismatic capacities lie in the blood. What is important here is that the validity of the authority is legitimated by the fact that the followers are recognizing the individual person as qualified in terms of charisma. The authority of a traditional healer is only valid inside his or her group of followers and as long as the group recognizes the charisma as being real.

5.1.1 Sanctions for breaking the norms

The secrecy norm was, however, most clearly communicated by how people spoke about those who advertised and promulgated their healing abilities. The villagers seemed to clearly differentiate traditional healers they “believed in” from those who did not follow the local norms. These healers were called humbugs and quacks, and were held to only be interested in doing business. Someone who did not seem to have credibility in the Marka villages is a Sámi from the neighboring municipality, Eirik Myrhaug. Myrhaug presents himself publicly as a Sámi shaman and healer, and offers individual healing and courses in healing practices, drum journeys and group meditation from his firm in Oslo²¹. None of my informants used his services, but one of them (1) told that her uncle once had called him when he needed a *guvhllár*:

And the first thing he does is to state the number to his bank account. Then it was just like: Okay, you have no capacities, so I am hanging up. It just became wrong, because that is not how it is supposed to be. Just for your own profit..

Another of my informants (6) commented:

What I react to with Myrhaug and the others is that they are so very profited. Healers can certainly earn money, but then they should remove their Sámi dress and their family name. I think they are shaming us and the old religion. It is embarrassing to watch.

The consequence for a *guvhllár* who does not follow the local norms and values is a loss of respect among the group and eventually people stop using their services. People begin to doubt the *guvhllár* has the right motivations for practicing their gift, and discount their healing abilities.

I have previously explained that a part of those who were believed to possess healing knowledge were hesitant about speaking with me, but even so, there were some traditional healers who did not have misgivings about engaging in the project. Two of my older informants additionally stated that they had knowledge of stopping blood, even if there were few occasions where they had needed to. There are many other examples where traditional

²¹ www.livastreet.com or www.sjamanhealing.com, 05.06.2010.

healers have talked to both researchers and journalists about their healing practices, and an obvious question to ask then is that if the secrecy norm really is so important: Why do some traditional healers still agree to be interviewed?

When I questioned one of the traditional healers (13) why he chose to talk to me he answered that he would have turned me down if I was a journalist. He explained that he was quite occupied with the idea that people (including those outside the community) should be aware that scientific medicine is not the only alternative in healing. He also thought it was important to share his views with someone who was interested in it. As many of my informants told me that young people do not care about traditional healing or show a vested interest, they might have felt obligated to talk to me when I as a young Sámi showed my interest.

It also seemed like those of the traditional healers that agreed to talk to me, to a certain degree, were well-known *guvhllárs* and accordingly have recognition from the community as traditional healers. People who are well established and respected as traditional healers might have more confidence in their role and are relatively used to talking about traditional healing outside their closest circle. They perhaps have more self-assurance when it comes to determining how much they can say and to what extent they chose to go into detail. That their role as traditional healers already has been legitimized by the community is of importance when it comes to how much information they openly share.

*Snåsamannen*²² has been engaging the media about his healing practices, and this did not seem to influence how the people in the Marka villages assess his healing abilities. Some of my informants (1 and 6) were of the opinion that since he had been practicing as a traditional healer long before the media attention began, it is unlikely that he is actively trying to attract customers, rather his interest lies in the spreading of information. Informant 13, however, reacted negatively due to his media attention. It still does not seem to have affected the credibility of *Snåsamannen* in a larger extent, and none really doubted that he had healing abilities. One of the *guvhllárs* (9) was rather positive to the fact that *Snåsamannen* has been

²² *Snåsamannen* or *Snåsakailen* (“the man from Snåsa”) is a well-known traditional healer from Snåsa in Trøndelag, who is believed to have helped thousands of people through 50 years practice. The publishing of his biography in 2008 provoke a big media debate in Norway about traditional healing and alternative medicine, which turned out to be about the validity of traditional healing; if it worked and how it worked. The debate reached a new level when the Minister of Health and Care Services, Bjarne Håkon Hansen went out supporting *Snåsamannen* and affirmed that he had contacted the healer when his son suffered from colic (VG 26.01.09). Also some other highly placed politicians acknowledged traditional healing (Dagbladet 29.01.09).

so open about it, because it encourages others to speak freely about it too: *Just as I now dare to talk to you.*

This *guvhllár* (9) made a connection to the politics of assimilation which contributed to the stigmatizing and shaming of certain practices. It was nearly sinful to make use of Sámi healing tradition, people have been scared of admitting the use of traditional healing, and also healers have been fearful of punishment if word spreads. She said that she would not like to have that kind of media focus on herself because she does not think she is prepared to cope with the attention that might follow: *It would have been something else if I had my own firm and it would have been my living; because then it would have been promotion for my services.* She said she preferred to keep it low-key, and as treating people takes a considerable amount of time, the commitments of her family life and fulltime job are too taxing. She said that a possible solution could be to decide upon receiving hours; as she is aware that some healers are doing.

I believe that an important factor for why *Snåsamannen* is still recognized among the Marka villagers is that his role was legitimized long before he entered the media spotlight, and his healing abilities were also widely known and credibly demonstrated by that time. He has also repeatedly claimed that he does not take payment for what he does, because he accordingly would lose his healing abilities (VG Nett 20.11.2008), and in this respect he has demonstrated that he holds the same values that are important to the Marka villagers. For this reason, he can take the liberty to say more than those who do not occupy such a solid position in the community and command such respect, as his capacities and intentions have already been proven.

5.1.2 Protecting the secret

According to Simmel (1950), the secret is always surrounded by the possibility and temptation of being revealed, which will be the climax in the development of the secret. What he regards as most interesting pertaining to the secret, from a sociological aspect, is the individual's capacity or inclination to keep it to themselves, which is influenced by the relationship of preserving and yielding energies in a human relation. He argues that a feeling of superiority lies in the secret itself, and this feeling is only fully actualized in the moment of revelation.

When it comes to the knowledge of a traditional Sámi healer, there does not seem to be the same kind of importance and temptation connected to the revelation of the secret. Most people I talked to in the Marka villages seemed to respect the reasons given for why the knowledge needed to be secret, and they also understood that receiving the knowledge is something that comes with clear obligations, and that it is not something people should take too lightly. The belief that one could lose the healing powers if speaking publicly about the knowledge is also important in keeping it concealed.

Anthropologists Beryl L. Bellman (1984) and R. Elise B. Johansen (1996) have both found that the secret is not necessarily completely unknown for uninitiated people of the community, but there are still ways of protecting the knowledge secret after it has been exposed to people who are not obligated to know. Johansen (1996:201) argues that to be taken seriously, one must have a legitimate right to the secret knowledge held by Makonder men and women in Tanzania, Africa. She argues that a certain leakage can strengthen the secret, as the threat of punishment for revealing the secret is clearly marking the borderline between open and concealed knowledge. But one can never know if one has insight into the whole secret, and thus it seems impossible to penetrate these boundaries.

This corresponds with my findings in the Marka villages where I found the borders rather flexible between what could be shared and not shared with uninitiated people. If any part of the traditional healing knowledge would come out to people who were not supposed to have access, there is still a way of protecting the status of the knowledge as secret. A woman (1) recounted, for instance, that she once heard a healing formula when she was taken to a *guvhllár* as a child. She told:

When I was about 7 or 8 years, my mom and I went to a reader. She had to wait outside, while I and the reader went to the kitchen. We talked a bit before he tapped a glass of water from the spring, held his hand over the glass and read something. And I was thinking that when I get out I am going to tell mom what he read, because those were just regular words; it was not anything mystical. But the words were blown away from the minute I walked out the kitchen door. I did not remember a word, not one!

Another of the individuals (5) present at the interview concluded: *If you hear those words, they are supposed to be forgotten. They are not intended to be remembered.*

There is a belief that if the written healing instructions would come in the hands of the wrong people, they cannot read it or use it. This was illustrated in the story in the beginning of the woman (15) who found her father's healing ascriptions, and was prevented from

reading them by a force she interpreted was her deceased farther. These written healing instructions were later lost and there are different theories in the family about where they disappeared. They were, nonetheless, not worried that they had come into the hands of the wrong people because it is believed that the inscriptions cannot be used by people that had not been taught the knowledge.

The healing power of the knowledge is accordingly connected to a special approval for using it, and knowledge which is revealed without authorization loses its status. This is a way of discounting the status of secret knowledge that is exposed, which was also found by Bellman (1984:48-49) in secret societies in West Africa. Bellman describes that the medicine knowledge of the Zo is connected to an inherited ability or right to know, which also prevents it from being stolen. When a new person is going to be initiated into the Zo medicine knowledge, important medicine leaves have to be informed that this person has the right to know and that they must work for him, before he is taught particular rituals for picking the leaves.

5.2 The transformation of traditional healing knowledge

As described in the first chapter, there are several ways a traditional healer can have received his or her healing abilities, and a dominating thought in the Marka villages was that it is inherited from an older *guvhllár* and often from someone in the family. Some *guvhllárs* also have their knowledge from more than one traditional healer, as the case was with one of the *guvhllár* (9) I talked to, who said:

It was my mother who first taught me, but I have also met several other guvhllárs in my life whom I have gotten additional instruction from. For instance a man from the coast who gave me his cupping instruments and some other objects, and then I also asked another guvhllár to teach me how to use them.

On the question if one can ask to be instructed, she replied: *You have to feel if the guvhllár wants to teach; you can easily tell if it feels right to ask. I have a strong intuition, and my mother has taught me how to use it as guidance in life.*

The general idea is that healing knowledge cannot be taught to an older person, and that there can only be one inheritor to the knowledge. One of Miller's (2007:128-129) informants was of the understanding that when the gift is passed on, the person who transferred it will no longer have it. An older female traditional healer (11) I interviewed was, however, of the

opinion that it was possible to teach it to several people, but that the healing power would get weaker for each time. For that reason it was not desirable to teach it to too many people. She had herself taught part of the knowledge to another person already, and had plans to teach the rest to an appointed relative. It could seem like handing over the written healing instructions was central in the transformation of knowledge, but it was also claimed that only those who are instructed in how to use these inscriptions are able to use them. The transformation of healing knowledge could go through several stages, and Miller (2007:213-214) tells of a female *guvhllár* who trained her son over a period of two years. Some years before she died, she set up a ritual for his initiation and three days before her death her son had a dream where she blew into his eyes, and apparently completed the transformation of the gift by giving him clairvoyance.

When interviewing Sámi traditional healers in Finnmark, Sexton and Buljo Stabbursvik (2009:11-12) heard different stories about how the *guvhllárs* had begun their practice. All of them reported that they had traditional healers in their family and linked their own talent to a family member. One of them, however, understood that he inherited it from a man he apparently met by chance, and that after the death of this older *guvhllár*, he became aware that he had capacity to heal and to understand others. One of the *guvhllárs* Miller (2007:128-129) interviewed also stated that if the *noaidi* died before he or she had passed on the gift, it could be passed on by an object belonging to him or her.

The older, male traditional healer (13) I interviewed had taken over the healing from his deceased brother, despite that his brother had never prepared him for this. He says that he started to feel his way himself, before he got it from his brother. The brother had instructed his wife to give his “things” and written healing instructions to him after his death, and the *guvhllár* (13) believed it had been decided long before his brother passed away, that he was the one who was going to inherit his healing abilities.

The most common story Sexton and Buljo Stabbursvik (2009) were told was that the *guvhllárs* had begun their healing activities later in their life; some after going through some kind of personal difficulties in health, work or family life. Some of the *guvhllárs* also described being through a phase of transition where they gradually became conscious of and content with their skills, at the same time as their talent was acknowledged by others. Jens-Ivar Nergård (2006:166-171) views these kinds of vocations as a continuation from the vocation of the pre-Christian *noaidis*. He claims that a precondition for vocation was a certain psychological or spiritual state, where in some sources it is described as symptoms of mental

derangement. Nergård further suggests the vocation is an expression of awakening painful experiences in a community, where only the *noaidi* candidate had the capacity to see the pain, and is the one who has to carry it on behalf of the family or the community. This responsibility and the self-sacrifice that follows are the main reasons for why the candidates are showing a refusal for the vocation (ibid 189-199).

Nergård argues that the dramatic vocation with psychosis has mainly disappeared today, but a central feature in the vocation of present day traditional healers is to be a weathered person, as he describes one of his *guvhllár* informants. This *guvhllár* experienced a lot of dramatic things in her life, with several unexpected deaths in her closest family. During the crises in her family she was the one who remained strong and comforted others (ibid. 175). He sees this as an example of a vocation period that mobilizes the fellowship to become conscious on and to think about how to deal with the problems in the community.

When Nergård looks into the initiation of present day helpers, I have some difficulties seeing what sources he has based his findings. I follow his thought when it comes to that the modern day “helper” or traditional healer is not only giving pure physical help to those who see him or her, but that the psychological part is just as important. I also recognize that social and relational problems can often be transformed into physical symptoms and consulting traditional healers who are familiar with local belief systems and the local community could sometimes be an effective therapy. This is something psychologist Hanem (1999) experienced with her Sámi patients who suspected that the root of their mental problems was that someone had put evil (*neavrrit*) on them.

The strong emphasis Nergård puts on the vocation and the vocation as a community matter is not something that I can verify with my data. I did not find any references to a process of vocation at all, something I believe is either because it is not considered too important in the transformation of healing knowledge in the contemporary Marka villages, or that this is something that belongs to the privacy of the *guvhllár*. The collective experience of the vocation of the modern day “helper” or traditional healer is a theory I believe might have more support in the historical descriptions of the *noaidis*, than in empirical data on present day traditional healers.

5.2.1 The qualifications of a rightful successor

When it comes to the transformation of healing knowledge, it is the individual carrier of the knowledge that makes the decision as to whom it should be assigned to. They have their own considerations of what kind of qualities their successor should have, and who would be able to fill the role and handle the knowledge in an adequate way. The older male *guvhllár* (13) explained that you can feel who in a crowd of children you can transmit it to. He holds that if they show interest for it, then he believes that they have it in them, because this means they have a spiritual side and want to help people. He explained that he had singled out one of his descendants who is very similar to himself in many ways, and believes that even if he would not transmit it to this person, the concerned would take over in any case by finding his or her own style of practice. When asked what he is looking for in a successor, he replied:

I am looking at dispositions. I do not really know what it is, it just hits you. You feel that maybe there is a potential here... The person also has to be sociable and modest; one should not brag and tell around about what you can do and what you have done.

Another of the traditional healers (9) considered that it has to be a person that does not tell and reveal everything, and they have to know the difference between good and bad. She further contains that for cupping and reading one does not need to have special abilities, but it is an advantage if the person sees and hears more than others. Having extraordinary capacities was a recurring response when asked about what qualities a *guvhllár* candidate should have, and capacities could, as mentioned here, be manifested through being sensitive to supernatural phenomenon. The same *guvhllár* (9) also mentioned that one can test the ability of children by, for instance, challenging them to make decisions from their intuition to see if they can sense anything special. But as she also contends, the candidate needs to have the psyche to handle it, as a lot of people are intentionally or unconsciously closing themselves off from getting in contact with this part of them.

Informant 11 also told that she had someone she would like to continue after her. She said that she has some other relatives too, but they are not taking it seriously: *They say 'Oh, I would like to know how to do that,' but this is not a game.* A candidate must really understand the implications of being a *guvhllár*, and she also emphasized that it has to be someone who

will maintain it and use the knowledge, not just keep it passive. It could seem like she is of the opinion that showing general interest is not enough, but the candidate must show a deeper understanding for it and be prepared to accept the role.

The villagers I interviewed also had an understanding of what kind of qualities a *guvhllár* candidate should have and a trait that was often emphasized was that it has to be a “good” person who would not do “bad” things with the knowledge. As one of the villagers (12) stated: *One cannot be evil, because then you can put gannja on others. We had a woman here, before our time. She was evil, and she used to put gannja on everyone if she did not get it like she wanted.* One of the informants (4) was also of the opinion that a reader needed to be a good Christian, while informant 7, however, says that it does not seem to be any logic in who inherits the knowledge, and that the one he got it from was not a “typical” reader type. People have different views on what it takes to be a *guvhllár* candidate, and traditional healers also have an eye for various characteristics. It is, however, not always so easy to find a person who is able to fulfill the role and who is willing to take over.

5.2.2 Transformation failed?

All of the traditional healers I talked to wished to transmit their knowledge, and had more or less an understanding of whom they wanted to transfer their knowledge to. However, several of my informants claimed that young people do not have an interest in traditional healing which makes the number of candidates limited. One of the persons (4) who said he had the ability of stopping blood said he would like to transmit it if there was anyone who showed interest in it. He claimed that none of his own children had the interest or belief in it. He also added that in the old days, people read more in the Bible and had much more trust in it than today. One of the traditional healers (9) said:

I hardly believe that young people are taught; they do not have the interest for it. I believe it is very important for children to listen to the sounds in nature. I am sometimes sitting in the forest just listening to what sounds I can hear; listening to whatever I am supposed to hear. Nowadays it is so hard to get children and youth out in the woods with you. They rather sit in front of the TV or computer, and they do not have time to listen.

Regardless of if young people really lack the interest for traditional healing, or if this is a prejudgment from the older generation cannot be addressed in this study. One objection could

be that it is not easy to show an interest for something that is not supposed to be talked about. A general observation is that along with the rise of modernity and development among the parent generation of the youth today there came rejection of traditional knowledge, but this is currently in the process of changing. Tariq Banuri (1990:29-32) explains the increasing focus in traditional knowledge is in part due to major social engineering projects in developing nations after the Second World War, which has been substantiated by the idea of the superiority of Western economic and political institutions and values. Banuri claims that industrialization, modernization, and development were supposed to bring about a better life for indigenous people, but the blind faith in this idea has been fading since the second half of the 1970s, as modernization did not live up to those expectations. An informant (8) illustrates this point. She had been asked by an older relative to take over the healing in her youth, and tells about it:

Once he told me to come and visit him, because he was going to give me something. But it never came to happen. Maybe it had if he had told me to come right away, but it ended with that we only laughed it away. It was probably also because I had started my nursery education, and I was then more focused on school medicine. Today we know that school medicine and traditional medicine go hand in hand, but at that time it was not like that. So I did not think more of it.

She believed that if she had been asked today, however, she would have accepted it: *It is not easy to say. It is not certain I am in a sphere where I can receive it. But if I am in a phase where I am ready, I do not have any reservations for it.* One can also see that even if young people have other priorities and might not be in the sphere of life where spiritual life is important this could change when they grow older. It is not unusual that people receive the healing knowledge later in life.

However, a recurring story was that the healer died before he or she had the chance to transmit the knowledge, because they for instance were: *just waiting for the child to grow older* (informant 5). In these cases there is, as mentioned earlier, a belief that a descendant could be given the healing capacities in other ways, like through an item. But often the gifts were left unpassed, and the written instructions after a deceased *guvhllár* could end up unused in the closet with one of the descendants. In cases like this, some people seemed to be of the understanding that if someone is “sitting on the written instructions,” not using them or not being able to use them, they should be handed over to someone else in the family who might be capable of using them. Informant 2 says that one of her siblings has the written instructions after her mother, but since nobody in that family has abilities to use them, she is

considering asking for them. She believes there are greater chances for being able to use them in her family, and if no one is using the instructions where they are now, then they could rather be handed over to someone else.

The same informant (2) explained that she knew how to stop blood, and when asked if she had thought of teaching it to anyone it seemed to me like this was something that had never come to her mind before. When I encouraged her to do that, she got very excited about the thought and said: *You know, I am certainly going to do that!* I asked if she had not thought about that before, and she said: *No, I am still so young.* Considering that she was one of my older informants, this is something that should be alarming as this could mean that older possessors of healing knowledge are not transforming their knowledge to younger generations. When people are not as dependent on the traditional health system anymore, both the younger and also the older generations might connect traditional healing to something that belongs to the past, and is not valuable in the modern world.

It could also seem like the knowledge is gradually decreasing, as some parts of the knowledge is left behind, cf. the reader (13) who said he had rejected receiving the instruments for bloodletting. Also informant 4 said that his father used to cup and had told informant 4 that this is something he could learn as well. He had received some cups and had tried to cup, but since he found it unpleasant to practice he returned the cupping instruments. The general development seems to be that the sacred part of medicine knowledge is to a certain degree made sure to be transmitted, while knowledge on the use of herbs and such seem to have been replaced with biomedicine. Another way of looking at this is that the esoteric knowledge is generally followed up, while knowledge that is open for everyone has been more exposed to rejection and lost. If this is the case, one can question if silence always is an evil when it comes to preserving knowledge.

5.2.3 When knowledge is a burden

Rejecting traditional healing knowledge is, however, not only grounded in lack of interest, because this is the kind of knowledge that is not always easy to possess. Informant 7, who had received healing written instructions from an older relative, put it this way: *I am not sure I would have dared to use the knowledge. We are brought up with beliefs of what it brings along. You have to stand knowing and experiencing things. It is not positive to know when*

people are going to die and things like that. A story about a woman in one of the neighboring villages who had that kind of knowledge, could also illustrate that this knowledge was hard to carry:

She lived a little up in the hill, where everyone could see her house. And when she knew there was coming death in the village, she hung out a white scarf. The villagers used to be so scared, because they knew what that meant. And it used to be correct. She was scary like that. But she was Christian; she did not put gannja nor did any bad things. (Informant 12)

Even if the general norm is that for ethical reasons one should not say anything if one can predict those kinds of things, it could be understood that she was dealing with the strain by “warning” the villagers of a forthcoming accident or death. It could be argued that this woman demonstrated certain power by spreading fear in the community, but this could also reflect the burden it must have been for the woman to have the knowledge and not be able to do anything about it.

My informants also communicated great respect for the forces connected to the knowledge, and informant 12 said that her father once was attempting to teach her, but she was too scared:

He was going to show me the snuffbox, but I did not dare to see it. He said to me ‘come and look in this box,’ but I did not dare. I was horrified and ran down from his room. (...) I do not know why I got so scared. I believed whatever was in the box, was alive! Or, I felt it was alive!

Further, it is evident that it is not merely the forces connected to the knowledge that are connected with fear, but also what one is capable of doing with it. One of my young informants (1) said that she thinks young people are afraid of the knowledge because: *It is said that those who can do the good things, also know how to do the bad things. I would not have liked to learn, because I would have misused the knowledge if someone, for instance, insulted me.* There were some youth, however, who did not have any hesitations about learning, and two of my young informants said that they actually would like to learn. One of them (10) has a mother who is a healer, and she utters: *I do not have any hesitations about learning; I would actually like to do that. But I would not ask if she could teach me, because it is her decision if, and to whom, she would like to teach it.*

5.2.4 Acceptance and credibility in the role as a traditional healer

The reluctance to receiving the knowledge may partly be grounded in a fear of being socially isolated as a consequence of knowing, but in addition to the hesitations for the knowledge itself, *guvhllár* candidates can also feel reluctance to stepping into the social role of a traditional healer. Informant 13 believes that the reason for why some people do not want the knowledge could be that they are afraid that it can be a struggle, something he admits it can be. He says that it can sometimes be exhausting when people call, and if he is not feeling rested, he often will wait till the next day before reading: *Not if it is an emergency case, but if it is something that can wait. I have experienced that it is most effective when I am refreshed.* He says that not all people want to spend their time and energy on this, while others maybe do not feel they have the capacities for it, or they could be worried about getting in the public spotlight.

There are accounts of “great” or strong traditional healers who constantly are sought out by patients for help, and who usually have a line of people waiting outside their house. As traditional healers often feel obligated to help when people are asking, there seem to be norms or expectations for those who use traditional healers. Informant 6 states: *One should not contact a big reader with small worries, things that one just as well can go to a nurse with. One should not bother the reader too much.* Informant 14 is of the same opinion, and says: *One does not seek a reader if one has pain in an arm. It takes a little more.* I would think this is very dependent on whether or not the *guvhllár* is someone they know well, or if it is someone they have heard about from others.

Informant 6 tells about two others in the family who were well-known readers and had gone into the role of a traditional healer, but he claims that not everyone is interested in that role, and he believes people are thinking it over thoroughly before they accept it. He explains that there is a responsibility when one has special capacities and there can be people who do not have self-confidence enough for the role: *People have certain expectations of a reader, and one needs to be able to withstand it.*

Informant 7 has received healing instructions from a relative, but he was never instructed in how to use them. He explains his situation:

He once told me to come to him because he has something for me. And then he gave me the book. But I do not think that I am competent to use it, I do not feel that I have the capacity for it. So I would probably not dare to try to read. The one I got it from was neither a pronounced reader, and I believe that he also doubted his abilities.

This person thought it was an honor to receive the book, but he doubted that he was the right one to have it. He had, however, heard that one should not believe that the healing ability is something that comes right after the transformation; it could take ten years or more before one gets the ability to use them. Doubting their own capacities is perhaps a reason for why a lot of people hold it in their close circle, fretting the fear of being categorized in the humbug group if they fail to demonstrate their powers. Thus, reliability among the villagers is, important and this can be proven by showing the right objectives for practicing and by living up to the expectations and norms for a *guvhllár*.

On the question if informant 7 could think of going into the role as a traditional healer, he answers:

No, I do not believe so, I cannot really picture that. To receive phone calls in the middle of the night, and... Besides, I do not think I would have the credibility as a reader among the villagers. It would probably have been seen as some kind of cultural revitalization project of mine. I think that when a person with a strong Sámi identity starts reading, there is a risk that it is understood as an identity—or revitalization use. Kind of proving that because they read—then they are definitely Sámi. I think it would have been regarded like that if I were to start reading.

This statement must be seen in relationship with the history of Norwegianization and cultural revival in the Marka villages, and the contradicting strategies for handling Sámi identity (cf. Gaski 1997). This person is afraid that if he would begin reading it would not be taken seriously, but as a way of communicating and showing himself as being more Sámi. As mentioned in chapter 2; in this area healing abilities has been regarded as an ethnic trait of the Sámi. Again, it is seen as important to have the right intentions for practicing traditional medicine, which is to help others without any self-interest involved. Informant 11 also insinuated that *dáža* (non-Sámi Norwegians) do not have the same understanding of traditional healing as the Sámi do, and thus she sees the Norwegian culture as a kind of threat against the interests and the survival of traditional healing.

The recognition of the villagers is easier gained if there is an understanding of where the healing knowledge comes from; if the position is legitimized by a gift of grace or if there is an understanding of from whom the person has inherited the knowledge from. Barth

(1994:164) found the same pattern among the Mahayana Tibetan monastery life in Bhutan, where older *lamas* had to give their blessing to all new apprentices before the studies were morally earned. The students also needed to know the line of teachers that their knowledge was passed through, in order to legitimize their possession of the knowledge and to confirm the authenticity of it.

Traditional healers must, however, also demonstrate their special abilities in other ways. Informant 13 tells how he started reading: *I started by helping the family, but it works like waves in water: they go outwards. Today I receive phone calls from Sweden and from abroad.* One has to be able to convince people that they actually have healing capacities, and since the treatment is done in private surroundings, the patients' narrative of personal experiences about the outcome of healing is important in the recognition of traditional healers.

5.3 Community control over knowledge of the individual

Often when secret knowledge is addressed in ethnographical and anthropological studies, it is talked about knowledge being held in esoteric groups called secret societies (Johansen 1996, Piot 1993, Bellman 1984). Simmel (1950:355-356) maintains that secret societies have the substance of a secret doctrine, some theoretical, mystical or religious knowledge, are formed in order to hold knowledge in secret. By forming a community where the initiated ones guarantee secrecy for one another, they are supporting one another psychologically against revealing the secret.

A secret society is a system for management of secret knowledge that is not corresponding with the way Sámi traditional healing knowledge is managed. Sámi *guvhllárs* are not forming a secret society, and on the contrary, it has been indicated that *guvhllárs* and *noaidis* could feel isolated and lonely in the community. The man in Miller's (2007:213) work, for instance, was reluctant for receiving "the gift" from his mother because he was afraid of being ostracized and that people would start looking at him differently if he accepted the inheritance.

The management system that controls traditional Sámi healing knowledge differentiates also from other systems where Sámi traditional knowledge is managed. The knowledge is used and transmitted in a group of people, but only a part of the practice is displayed in

public. The possessor hides the content of the knowledge, and only shares this with the chosen successor or successors. Even if it is the individual holder of knowledge who chooses who he or she will initiate to it, it is not appropriate to talk about individual management of knowledge. The secrecy is to a large extent maintained by the community, as they are in the position to define the role of a traditional healer and also to recognize a particular person in the position by using him or her. The community can also discount a traditional healer if they feel that the person does not live up to the expectations of the role. A traditional healer who is breaking the norms connected to his or her position is sanctioned by the community by disapproving of their healing abilities or by stopping to use him or her. Traditional healers are thus dependent on the users for the healing institution to survive—the community defines and gives the *guvhllár* authority within the traditional medicine institution, and they hold this authority just as long as users are recognizing their position and their healing capacities.

Regarding legal discussions on Sámi traditional knowledge, Sámi lawyer Laila Susanne Vars (2008) describes how knowledge is managed in a knowledge system where some knowledge is the property of the Sámi as a collective; some belong to the different Sámi groups; and others belong to smaller entities like the *sohka* (the clan or tribe and relatives) and the *bearaš* (extended family). She further describes that designated knowledge holders have been the main actors in this multilayered management system, and that Sámi knowledge is considered to be collective in the community or in groups within it, and not for private businesses or Sámi individuals.

When it comes to traditional healing knowledge, it must be emphasized that the knowledge is formed and developed through generations of *guvhllárs*, and the users and community around have indeed been, and still are, part of this process. Consequently, not one individual *guvhllár* holds private ownership to the knowledge, even if they might be the only ones to hold the particular knowledge at the time. It is still considered to be common property, and this means that an individual *guvhllár* has no right to sell the knowledge and neither are they in the position to give a newspaper permission to publish it²³.

²³ There were examples of this during the media debate in 2008-2009, where the newspaper Nordlys printed a blood stopping formula on the front page (Nordlys 31.01.09).

CHAPTER 6: SOME CURRENT CHALLENGES AND CONCLUSIVE REMARKS

My point of departure for this thesis was a general concern for maintaining Sámi traditional knowledge, which made me question the status of the kind of traditional knowledge which is surrounded by secrecy, in particular traditional healing knowledge. In this thesis I have questioned how traditional healing knowledge is managed, and which challenges concerning transformation of the knowledge exists. I have chosen to focus my research on the Marka villages in Southern Troms and Northern Nordland, which are local Sámi communities where traditional healing has a strong position. To answer these questions, I have done qualitative interviews with both possessors of knowledge and users of traditional healing, in addition to comparative data and research from other Sámi areas and other cultures. In particular, I have looked into traditional healing as a kind of traditional knowledge with a different epistemology and methodology than Western scientific knowledge. I have also examined how the norms and values connected to traditional healing are influenced and explained by religion, how the community and the users are managing the knowledge by upholding norms and by legitimizing the knowledge of the possessors. Then I have looked upon how possessors of traditional healing knowledge are thinking about passing on the knowledge, and the thoughts that younger generations have about receiving it. Based on my research, I will now present some conclusions and reflections about the management and transformation of traditional healing knowledge in the Marka Sámi villages.

6.1 The role of the users in the management of secret knowledge

Often when talking about knowledge management, the knowledge which is talked about is managed in institutions, organizations and IT-based systems (Alavi and Leidner 2001). In this thesis I look at traditional healing knowledge as part of an informal management system, where I consider the most important processes to be how knowledge is obtained, used and transformed.

The management of traditional healing knowledge is different from other traditional knowledge in that it is characterized by a secrecy norm, which means that it is kept as a form of esoteric knowledge and transmitted only to one or a few chosen individuals. The surrounding society might be aware of the knowledge and they might know the character of it, but the exact content of this knowledge is only known by a line of traditional healers. One cannot talk about individual management of this knowledge, however, because even if the people around do not have insight into the secret, they still have a say in how the knowledge is used, transmitted and obtained. This is because traditional healers do not exist in isolation. As Myrvoll (2000) also points out, they have their position because they are recognized in the role of a traditional healer, and it is the users and the people in the community who legitimize their healing abilities and their healing knowledge by seeking them out. A traditional healer can be deprived of the role if they are not following the local norms connected to a *guvhllár*. These norms are from an emic point of view often justified and explained by religious beliefs and worldview.

It is not sufficient to say, however, that it is the local community who has the power of definition and who are legitimizing the individual traditional healer. With reference to what Weber (2005:91-104) says about charismatic authority, one can say that traditional healers only have their authority or position within the group of people who believe that some individuals have extraordinary capacities, and they have this position only as long as they can demonstrate such abilities. Not everyone in the local community believes in traditional healing, and not everyone is necessarily familiar with traditional healing or the individual traditional healer in question. It is merely the people who use him or her, or who have heard about his or her asserted healing abilities, that are forming a public opinion about a person. This point was something an older traditional healer (13) I talked to in the Marka villages seemed to be aware of, as he stated that the best response he could get for what he was doing was that people talked about him to others and recommend others to seek him out. When new people were contacting him, he interpreted it as him having managed to help people, which again encourages him to continue his work.

Furthermore, it must be underlined that the users of traditional healers and therefore also the management of traditional healing knowledge are not restricted to the local community. Traditional healers are often consulted by people from other places, but the local community is, however, still important in forming the public opinion of the expectations for a *guvhllár*

and by forming norms and values through discussing former and present day traditional healers.

Because it is the users who are important in the management of traditional healing knowledge, it appeared to be an appropriate methodological decision to not only interview the knowledge holders about these matters. It was just as important to consider how the users, or the people in the villages, were talking about particular traditional healers and their thoughts and opinions about these matters. Likewise, it turned out to be beneficial to focus the research on a particular geographical area, as the traditions, belief systems, norms and values in one area might not be the same in another.

6.1.1 Flexible borders between the secret and the open

Including a reference to Barth's (1994) theory about the *guru* and the *conjurer*, anthropologist Simon Harrison (1995) presents two contradictory models for managing knowledge with two different ideas about what gives knowledge and information value. One of the models seeks to restrict the distribution of ideas and information, because they are of the opinion that this is what enhances its value. The other management model aims to promote circulation of knowledge, as they see that the value of knowledge increases when it is well-known. Harrison argues that in practice, these two strategies are combined, so in his view knowledge management is the complicated task of operating within both of these approaches at the same time.

Harrison further argues that knowledge management is about balancing restriction and circulation, as both too much and too little openness around knowledge would be destructive to the value of it. Among the Manambu people in New Guinea, he found that religious knowledge was generally held to be esoteric knowledge because the knowledge was significant for justifying their land rights, and if other clans would get insight into it they could use it to claim title over Manambu land. The knowledge could still not be held too secret, as outsiders would have to know at least part of it to be able to acknowledge it as a legitimate basis for claiming rights. The knowledge also had to be shared with a few outsiders in order to prevent it from being lost in case the older possessors of the knowledge passed away.

I have similar experiences with Sámi traditional healing knowledge. The border between what is held in secret and what uninitiated people get insight into is not fixed, as I was given different responses when asking holders of traditional healing knowledge to be interviewed. Even if there is a general norm against claiming to have healing abilities, there are researchers and journalists who have actually gotten insight into relatively deep information about traditional healing practices. This line between the secret and the open can be stretched both ways and how much the knowledge holders are willing to reveal about these things seems to be dependent on, among other things: the local tradition, who is asking, and the person who is asked. The existence of geographical differences seems to be evident when I have discussed this with Sámi people from other areas, and with other researchers who have studied traditional healing. I believe that the local tradition for this is shaped by a range of factors, including religion, the history of the area, contact between different ethnic groups, and so on. Different individuals would probably also be met differently, depending on their intentions for asking, if the person is considered a reliable person, and whether they were an insider or an outsider.

What I found interesting during my fieldwork, however, was that individual possessors of knowledge also responded in different ways to me as a researcher, and seemed to have different limits for openness around these matters. Some of them were talking relatively openly about their practice and convictions, while others were not willing to indicate anything about their healing abilities. There are different reasons for why some people choose to keep their healing capacities hidden, like fear of the potential strain it could be if the rumor got around and people would start contacting them for help. For others, the reason was rather that they did not have confidence in their own abilities, and were afraid of being ridiculed and rejected if they would allow it to get around and were not able to convince people about their healing abilities. It seems, however, like it could be tolerated more from those traditional healers whose position was widely recognized and who had clearly proven themselves worthy of the status from before. With a stable position as a traditional healer they can allow themselves to stretch the rules longer before the users start questioning their motives for it. They probably also have more self-confidence in knowing how much they can allow themselves to say, and also the users have more confidence in that they are able to evaluate how much it is acceptable to reveal.

Mathisen (2000) suggests that these old norms connected to folk medicine are gradually changing as the folk medicine system is adapting to the modern society, where the media and

communication play an important role. He observes that some therapists of folk medicine are to a greater degree promoting their services in the newspaper and doing interviews about their practices in the media. He looks upon this new form of publicity as continuity from how the “great” traditional healers were widely renowned from the oral narratives about them. He warns against creating an image of an “authentic” and static folk medicine, and argues that the values that folk medicine builds on have to be adapted to the contemporary reality. In the Marka villages, I found that the secrecy norm was still highly relevant and that traditional healing is still surrounded by a lot of taboos regarding how a *guvhllár* should behave and how they should relate to the special knowledge they have been initiated into. The beliefs about the consequences of breaking these rules are still there, and the knowledge is still seen as being of such a character that not everyone can handle it.

People I spoke to in the Marka villages still hold these values handed down by previous generations, but very likely not everyone in the villages are socialized into the same norms and values connected to traditional healing. However, the taboos seemed to be vaguer when it comes to alternative medicine. Even if some of my informants rejected alternative treatment as “humbug,” there were also informants of all ages who were open for alternative treatment like acupuncture, homeopathy and reiki healing. The growing popularity and recognition of alternative medicine in society can also be mirrored in the Marka villages. People are open to trying new treatment methods and those who are using them, seem to recognize that there are other rules in this sector than in the local tradition. To some degree, the norms and values concerning traditional healing are coloring how people look upon alternative therapists, but these therapists might, nevertheless, be on more neutral ground as they represent a tradition from the outside. How this will be experienced in the future is also yet to see, and it is likely that the values in alternative medicine will also have an increasing influence on traditional healing.

6.2 Challenges of transformation

The transformation of traditional healing knowledge is also held to be esoteric, as the possessors of knowledge are most often choosing one person to teach it to. Myrvoll (2000) argues there is continuity in appointment from the pre-Christian *noaidi* to the present day traditional healer, where she refers to the opposition to accept the role in both traditions. In

my research I also found reluctance to accepting the knowledge and the role of a traditional healer, but in the Marka villages I did not get the impression that this was connected in any particular way to the idea of vocation as Nergård (2006) had suggested.

Even if the users also have opinions and expectations for what qualities a traditional healer candidate should have, the *guvhllár* candidates are picked out by the possessor of knowledge, who themselves decides what they are emphasizing when looking for a successor. In my data I did not find any pronounced expectations regarding vocation on behalf of the candidates, even though it was expected that the candidates should take it seriously and that their motivations for accepting the knowledge should come from a deeper personal level. It often happens that the possessors of knowledge do not have the chance to teach it to anyone before they pass away, which might have to do with the fact that they have not found someone who they think is a rightful successor, or that they have not yet had the chance to teach the one they had settled on.

It is often claimed by the older generation that young people do not have an interest in traditional healing, something that might be a presumption that have roots in the attitudes young people had about traditional healing in the context of the development of modernity and secularization in the second half of the 20th century. In this period, the general tendency was that traditional knowledge was discounted as irrational and backwards, and had to step aside for more “rational” scientific knowledge. Today, traditional medicine, as traditional knowledge generally, is gaining more awareness and recognition, and I believe that even if young people might have been less interested in traditional healing before, it is increasing in value again among the younger generations today. However, the rejection of traditional medicine and healing might have influenced older people to discount their knowledge as irrelevant in modern society, with the consequence of people not wanting to, or not being concerned with, looking for a successor.

But even when traditional healers wish to transmit the knowledge, it might be that the *guvhllár* candidates are reluctant to accept it. This is grounded in both the burden it can be to have the knowledge, and in what the role of a traditional healer can imply. People in the Marka villages expressed deep respect for the knowledge and the forces behind it, and they considered it to be something not everyone has the strength, psyche or the personality to handle in a way that would not be harmful to themselves or others.

When it comes to accepting the social role as a traditional healer, the younger generations expressed reluctance for the attention a well-known traditional healer can get,

and the role also implies a responsibility that not everyone desires for themselves. Some people are, moreover, afraid that the role or the knowledge could make people behave differently towards them, whether it is out of respect or anxiety, or because people reject what they do as nonsense. A traditional healer needs credibility in their role, and some people believe that they would not get the recognition among the villagers or the users, and are afraid of being ridiculed or even looked upon as a quack.

Based on my fieldwork experiences, I believe traditional healing is still passed on from generation to generation in the Marka villages, but I also think that much knowledge is lost and that the number of traditional healers is decreasing.

6.3 Can traditional healing knowledge be preserved?

Agrawal (1995) questions if it is possible to preserve traditional (indigenous) knowledge in a modern, Western society. He is of the opinion that there is a natural reason for why traditional knowledge is disappearing, and that it is its fate to do so in light of modernization and cultural homogenization. Agrawal, among others, is criticizing the idea of *ex situ* conservation of traditional knowledge, as removing it from the social and cultural context will make it irrelevant over time.

It is natural that some traditional knowledge disappears as livelihoods and ways of life change, as for instance the knowledge of how to make a turf hut. When turf huts are no longer used by the present day Sámi, it could seem meaningless to arrange courses in this building technique, and the purpose of doing this could be seen purely as an ethno political character²⁴. A part of traditional healing knowledge will also naturally disappear as the demand of certain traditional healing and medical treatment decreases. This can, for instance, be the case for the use of medicinal plants in Sámi culture, as people today generally seem to prefer going to the pharmacist for medicine. Other parts of traditional medicine, like traditional healing, are still well used and are an in demand treatment, as stated in the study of

²⁴ Cf. Thuen (1995) who is discussing indigenous cultures as something constructed, and that the struggle for “cultural survival” is an attempt to preserve special cultural expression that can justify minority-governmental negotiations. That means that the attempt to cultural protection is a political strategy for getting self-determination. Thuen (ibid. 184) also asserts that to secure legal and political achievements indigenous peoples have to live up to the stereotypes of them in order to fit into the majority people’s codification. Accordingly the stereotypical parts of their culture become the focus of the cultural protection and revitalizing work.

Sexton and Sørli (2008). Sexton and Sørli (ibid.) found that the use of traditional healing among Sámi patients was highly connected to spirituality, something that could indicate that the explanatory models in Sámi traditional healing sometimes correspond better with the patient's experience of illness. As long as traditional healing can provide an alternative that is not found in the public health system, there will still be a need for traditional healing in the modern society.

All loss of traditional knowledge cannot be explained by that it becomes irrelevant in modern society. A major reason for a break in the transformation of traditional knowledge is that the educational systems have changed, and consequently the younger generations are not in the same position as the older carriers of traditional knowledge. Being in school and away from home, many young people are no longer present in the natural arena for learning traditional knowledge. This might not present a problem as long as the older knowledge holders are still there, but the younger generation is risking being unskilled and helpless the day the older people have disappeared and it is their turn to be in charge and be the advisors. Some traditional knowledge would be replaced by new technology and new ways of doing things, but there is also valuable knowledge which cannot be fully replaced by scientific knowledge.

Traditional knowledge will always develop and adapt to the needs of those who use it, and taking new technology into use is a part of this. An example of this from my field work is, for instance, that vacuum cups are used today when cupping, instead of the horns that were used in the old days. This does not mean that the knowledge of cupping is not traditional anymore, but that it has adapted to new needs. People will always adopt and develop traditional knowledge to new technology and new techniques, and as Bjerkli (1996) claims, in the real life it is important that knowledge remains flexible. It is only in this way that it has the ability to stay useful and relevant for new generations.

6.3.1 Prospects for preservation

Documenting and making knowledge available in an open database seem to be one of the main strategies for preserving Sámi traditional knowledge (cf. Jøks 2009). This method has faced a lot of critique, and in addition to the argument that *ex situ* storage will not give it the possibility to change with the culture and the social system, it has also been claimed that

traditional knowledge loses its meaning when removed from its natural surroundings and from its social and environmental context (Agrawal 1995). Regarding the important role the users and the local community have in the management of traditional healing knowledge, this argument would be particularly relevant.

Traditional healing is linked to a cultural and social context, and maintaining its contact with the local community is important in securing the survival of this health system. For this reason it could be a defect strategy to store traditional healing knowledge *ex situ*, as the knowledge does not have the same value or validity when taken out of its context. This was, for instance, demonstrated by how my informants in the Marka villages did not ascribe the written healing inscriptions value in isolation, but along with individual teaching or by an individual's permission for using them. As traditional healing knowledge is held to be esoteric knowledge, it could, as mentioned before, be difficult to document it for practical and ethical reasons.

The University of Alberta in Canada has chosen a new alternative strategy for attempting to preserve and promote traditional Aboriginal medical knowledge. They have proposed to establish an academic institute (*the Canadian Centre for Traditional Medical Knowledge*, as it is labeled in the proposal) for traditional medical knowledge, where the aim is to develop and incorporate Aboriginal medicine into the education, research and development of medical training in Canada (Marrie, Waugh and Cardinal 2009). To preserve and to increase the value of it, the holders of traditional medical knowledge are given the opportunity to write down their knowledge, or to allow others to document their knowledge that will be stored in a database and possibly also accessible for researchers. The idea is that this knowledge should be controlled by a committee consisting of, among others, recognized Aboriginal traditional healers who will determine who will get access to it. One of the planned committees has the responsibility for protecting sacred knowledge, and to guarantee the indigenous healer the control and ownership over his or her knowledge. Another goal of this project is to deal with the health problems in Aboriginal communities by including traditional medicine in the public health systems, among other things, through educating Aboriginal students in traditional medicine practices in "healing schools" and through courses where traditional medical knowledge is taught (*ibid.*).

Some aspects of this project could be relevant for lifting the status of Sámi traditional healing as well, for instance, when it comes to developing a closer cooperation between traditional healers and public healthcare. I do not believe, however, that documenting and

teaching traditional healing knowledge in formal educational systems is the best approach in a Sámi context. Implementing traditional knowledge in educational systems is possible to a certain degree; to raise awareness of the knowledge that exists and to bring the students to an understanding of what this is about. But moving the teaching of traditional healers into an educational institution is to remove the healing practice from the social and cultural environment in which it is embedded. There is, for instance, a risk that this would generalize and fix the knowledge, and also value the knowledge of one traditional healer, or the tradition of one Sámi area over another. It could also be problematic that a committee composed of chosen individuals should make decisions about knowledge belonging to other groups, other communities and other traditional healers.

In contrast to the proposal from the University of Alberta, I do not think that it should be necessary to formalize and force Sámi traditional healing knowledge into a Western style management system or educational institution to enhance its value and recognition. Rather, we should first make an effort to utilize the existing, indigenous knowledge management system in doing so *in situ*²⁵. Concerning preservation of traditional knowledge in general, I would recommend that the individual who wishes to preserve traditional knowledge, not first and foremost focus on documentation of knowledge, but simply make efforts in practical learning and doing. Only then one can learn to handle the dynamics of traditional knowledge in real life. One way of doing this could be to seek the natural learning environment, or to participate in new arenas for teaching traditional knowledge, as for instance in courses. Both of these strategies could be challenging, however, when it comes to knowledge that is held to be esoteric, because it is generally held that it is the knowledge possessor who has to choose a successor.

When one does not have insight into what the transformation of traditional healing knowledge and healing abilities involve, it can be hard to give concrete recommendations for strategies to preserve traditional healing knowledge. What can be done, however, is to raise the awareness that this is knowledge still is valuable in the modern society—despite the availability of the public health sector. Both the possessors of knowledge and the younger generations must be made aware of the importance of teaching and accepting knowledge, because there is a possibility that in the future there will not be traditional healers left who are taught traditional healing. A rising acceptance and recognition of traditional healing could,

²⁵ In its original and natural place or site.

however, be observed in the support *Snåsamannen* received from both the Minister of Health and Care Services, and other highly placed politicians in the media debate in 2008-2009. It is likely that in some regard this also makes it easier and more desirable to go into the role of a traditional healer. There is, nevertheless, a tension between the norm of secrecy and that the strategies for preservation of traditional knowledge include openness and communication. This is a paradox one needs to find a solution to if aiming to put any effort into the work of preserving traditional healing knowledge.

Appendix: List of informants

Informant 1: Young woman

Informant 2: Older woman

Informant 3: Middle-aged man

Informant 4: Older man

Informant 5: Young woman

Informant 6: Middle-aged man

Informant 7: Young man

Informant 8: Middle-aged woman

Informant 9: Middle-aged woman, traditional healer

Informant 10: Young woman

Informant 11: Older woman, traditional healer

Informant 12: Middle-aged woman

Informant 13: Older man, traditional healer

Informant 14: Young woman

Informant 15: Middle-aged woman

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