

# Exploring views among Norwegian Sámi regarding gambling and gambling treatment

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## Abstract

**Aim:** To explore gambling in the indigenous Sámi culture by studying thoughts, ideas and attitudes towards gambling among Sámi and people living in majority Sámi areas with knowledge of the culture. **Methods:** The topic was investigated in an inductive thematic analysis of semi-structured interviews with 14 people (n = 13 self-reported Sámi ethnicity). **Results:** The majority of the informants knew of superstitious practices that were specific to the Sámi culture, though most did not believe that these could influence gambling outcomes. Several features of the Sámi culture, including religious commitment (Laestadianism), family-oriented societies, non-materialistic ideals and self-sufficiency ideals, were presumed to protect against developing gambling issues. There were reports of reduced trust in the Norwegian healthcare system and a lack of treatment services with sufficient knowledge about Sámi culture. **Conclusion:** Culture-specific factors protecting against development of gambling problems could be a factor in maintaining established gambling problems by increasing associated shame and stigma, resulting in a higher threshold for help-seeking among Sámi. The findings and their potential implications with regards to the existing literature are discussed.

## Keywords

gambling, help-seeking, indigenous, problem gambling, Sámi culture

Gambling can be defined as the act of staking money or other possessions of worth on an outcome that completely or partly is determined by chance, and where one can win money or other items of value (Bolen & Boyd, 1968). Participating in gambling is a popular activity across many cultures and has become more accessible in recent decades due to an increase in internet gambling (Pallesen et al., 2021). The majority of players gamble recreationally without experiencing negative impacts (Pallesen et al., 2020). Some players, however, may develop problems with the games due to addictive game elements, possibly in combination with psychological and biological vulnerability (Nower et al., 2022). Problems will typically manifest as loss of control over the gambling, which has further negative consequences in relations to finances, relationships, well-being, health, cultural participation, profession/school and/or obedience to the law (Langham et al., 2016).

When looking at gambling from a historical perspective it is clear that, contrary to popular beliefs, it does not stand out as a universal phenomenon. Historical accounts of gambling suggest that gambling occurred among the indigenous people of North-America, Europe, western Africa and

eastern Asia, but that it, by and large, was unknown in much of South-America, sub-Saharan Africa and Oceania (Binde, 2005). When it did occur, it was usually embedded in cultural and religious rituals and activities. Hence, gambling was a common feature in ceremonies associated with securing a good harvest or hunt, producing rain, marking shifts in the seasons, curing illness or to carry out exorcisms (Williams et al., 2011). In addition, gambling was used as a key interaction activity between different tribes, initiating both violent and non-violent competitions, as well as opportunities for socialising and trading (Belanger, 2006; Binde, 2005; Williams et al., 2011).

According to Binde (2005), there are certain factors that influenced the existence of gambling in various previous societies. One was the presence of money, which seemed to facilitate gambling as redistribution of wealth became easier. Social inequality also encouraged gambling, some seeing it as a mean to advance economically. Further, plurality of sociocultural environments was believed to increase the probability of gambling occurrence, because it increased the likelihood that at least some of the environments (due to their share number) would

favour gambling. Gambling was historically rare in nomadic societies due to the special negative effects of losses (for nomads it would be particularly dangerous to go below a certain level of wealth) and the limited gains of winning (unpractical due to moving). Furthermore, polytheistic religions tended to encourage gambling seeing that the religion shared some features with gambling (e.g., mystery, fate, rituals and even gambling gods), whereas monotheistic religions, typically claiming monopoly on such matters, denounced gambling (Binde, 2005).

Through the process of colonisation, many ethnic groups around the world, who initially did not gamble, were introduced to gambling (Breen & Gainsbury, 2013). Colonisation would often imply land dispossession, reduction in connections to land, ancestors and spiritual beliefs, and extensive changes in ways of living, resulting in impaired health and well-being, as well as socioeconomical deprivation (Zambas & Wright, 2016). To this day, most indigenous groups have lower income and socioeconomic status, in addition to higher unemployment rates, compared with the majority group. Low income and low socioeconomic status are factors associated with an increased risk of developing gambling problems (Oei et al., 2019), possibly because some consider gambling as an opportunity to improve their financial situation (Bol et al., 2014). Stress and mental health issues associated with challenging lifestyles, tend to be more common among indigenous groups than their majority peers, and for some gambling may be a way of trying to escape from or cope with such dysphoric states (Breen & Gainsbury, 2013). Despite a higher problem gambling prevalence, fewer individuals from ethnic minorities and indigenous groups appear to seek healthcare and treatment for gambling disorders (Braun et al., 2014; Gainsbury et al., 2014). This may reflect cultural barriers that can be partly explained by the fact that mental illness is associated with a high degree of shame and stigma (Dhillon et al., 2011). In addition, poor integration into the majority culture could hinder help-

seeking due to language barriers or lack of information about available healthcare services (Kim, 2012). In some cultures, it is also more common to seek help from family or local communities rather than from professional healthcare (Kim, 2012). When gambling has got a foothold in an ethnic group, members are often socialised into gambling, even as children (Breen & Gainsbury, 2013). In addition, in low socioeconomic areas, where indigenous people often live, gambling advertisement (often related to prizes) and gambling opportunities are more frequent than in other areas (Tse et al., 2012).

Currently, indigenous people in some countries, such as the USA, New Zealand and Australia, are increasingly involved in the operation of casinos and other gambling facilities in their own communities (Dyall, 2010). Although the gambling industry may provide some economic benefits to these communities, close contact with, acceptance and normalisation of gambling, in addition to other sociocultural factors (e.g., cultural assumptions and socioeconomic factors, as previously mentioned) may, create gambling-related problems (Dyall, 2010). In summary, Zitzow (1996 in Haugli & Spein, 2010) has pointed out four cultural features associated with gambling based on his study on Native American youth and non-indigenous peers: first, (low) socioeconomic status of indigenous people as described above; second, cultural factors such as greater acceptance and belief in mysticism and magical thinking, and thus generally a sweeter chance to try one's luck; third, both high exposure as having more family members with gambling problems (Volberg & Abbott, 1997), but also higher availability of games and gambling, as certain reserves have casinos and bingo rooms; and finally, having a minority status and experiencing prejudice, which often is associated with dysphoric feelings such as lack of control over one's own destiny. The abovementioned factors likely put aboriginals around the world in a vulnerable position in terms of development of gambling problems. Accordingly,

several studies attest to a high incidence of gambling problems among indigenous people from several cultures, such as indigenous people in Canada (Williams et al., 2022), Australia (Hing et al., 2014) and New Zealand (Volberg & Abbott, 1997), as well as among the Inuit population in Greenland (Larsen et al., 2013). However, the topic has not received the same scientific research interest among the Sámi people – the indigenous people of Northern Scandinavia and the Russian Kola Peninsula.

The present paper presents attitudes on gambling among Sámi, whose status is that of an indigenous group in Norway (FN-sambandet, 2022), and currently the only recognised indigenous people within the European Union (Lamframboise, 2022). The Sámi have an estimated population of 70,000–80,000 and reside in a territory spanning areas in Norway, Sweden, Finland and the Russian Kola Peninsula (Lantto, 2010), collectively known as the Sápmi region or Fenno-Scandia. Settlement within this region has existed for approximately 10,000 years, and approximately 5000 years ago a distinct, nomadic people with their own unique culture, settled across most of Fenno-Scandia. This nomadic people, the ancestors of the present day indigenous Sámi, survived by hunting (especially reindeer) and fishing (Hourly History, 2023), traditionally endorsing a barter economy (Riseth, 2006). Historically the Sámi people lived in small kin groups (called *siida*) moving among specific small settlements according to the season (Hætta, 1996). Today, only a minority of Sámi are connected to traditional semi-nomadic reindeer herding (approximately 10%), while others are farmers and fishermen, along with modern occupations (Spein et al., 2012). The Sámi language belongs to the Finno-Uralic family and includes three major dialects. During the Norwegisation period (assimilation), many language shifts to Norwegian occurred. Sámi has been an official language in Norway since 1992, and there has been a revitalisation of the Sámi languages in recent decades (Hætta, 1996).

In the 17th century, the Sámi were pushed north by settlers in the south, and the territories originally inhabited by the Sámi eventually came to the possession of the Nordic countries as part of a long colonisation process (Lehtola, 2015). This process also included gradually forcing the Sámi to pay tax, as well as an intensified effort to get the Sámi people Christianised, removing them from the traditional Shamanistic religion. At the beginning of the 1800s, the Fenno-Scandia area was divided between four nations (Norway, Sweden, Finland and Russia), establishing borders that put restrictions on the movements of the Sámi. The Sámi culture, with little emphasis on personal wealth, property and power, were looked upon as inferior. This kind of ethnocentric worldview, built on the assumption of cultural hierarchies, dominated the status quo in the 19th and 20th centuries, and as a result, increased pressure was applied to assimilate the Sámi in terms of language, education, culture and religion (Lehtola, 2015). In the 1840s, one Lutheran sect, the Laestadianism, made notable progress in converting Sámi people to Christianity. This movement greatly influenced the Sámi culture, particularly in the area of Ofoten/Lofoten, northern Troms and western Finmark (Alta movement), where, to this day, there are still large Laestadian communities (Senter for nordlige folk, 2016).

The postcolonial movements, rising after World War II, significantly altered the relationship between colonial powers and colonised populations all over the world (McGuire, 2022). This also included recognising the rights of the Sámi, resulting in measures of independence (e.g., establishment of Sámi Parliaments) as well as international acknowledgement of their culture and way of living (Hourly History, 2023). Despite the revitalisation of Sámi culture and language during the last decades, the former assimilation policy in Norway has led to shift of ethnic identity, loss of language and culture. Today this is reflected in the fact that the majority of Sámi have Norwegian as their mother tongue and a self-

reported Norwegian ethnicity (Minde, 2003). To be given a Sámi citizenship (the right to vote for the Sámi Parliament), one must be aged 18 years or over, declare that one identifies as Sámi, and the voter, or one of his or her parents, grandparents or great-grandparents, must have used Sámi as a home language. Alternatively, one of the parents must be (or have been) registered on the electoral roll (Bergh et al., 2018). Before the colonisation of the Fenno-Scandia, the Sámi culture seems to have had few or no gambling traditions (Binde, 2005), likely due to the barter economy, nomadic lifestyle and the small emphasis on material wealth found in these communities.

There is currently little empirical knowledge on gambling among indigenous Sámi, although the topic has been extensively researched in the general Norwegian population (e.g., Bakken et al., 2009; Molde et al., 2009; Pallesen et al., 2020, 2021). A recent paper by Kiærbech et al. (2023) on religiousness and mental health service use indicated no significant ethnic differences in problematic gambling behaviour measured/tapped by the Lie Bet Questionnaire among Sámi (7.6%) and non-Sámi (5.5%) adults (aged >18 years) based on epidemiological data from the 2013 Sáminor II study. However, data from the Sáminor I study conducted in 2003–2004, comparing Sámi and non-Sámi in a subsample (residents of Finnmark County), found that Sámi men, whose parents were both Sámi-speaking (e.g., more “traditional”), gambled more frequently and with more money than their Sámi and Norwegian peers (Spein et al., 2012).

Although the quantitative data on problematic gambling are sparse among Sámi, the topic has been of clinical interest among mental health workers. Clinical data from the Sámi Norwegian National Advisory Unit for Mental Health and Substance Use (SANKS), at the Finnmark Hospital in Norway, indicated that gambling disorders (GD) were not unusual among patients of indigenous backgrounds who had Sámi as their mother tongue and/or among Norwegian-speaking patients with a Sámi ancestry residing in Finnmark

county, in accordance with findings from other indigenous groups (Haugli & Spein, 2010). Clinical experience from SANKS further suggests that this issue is taboo in Sámi communities, a factor that potentially can obstruct professional help-seeking. Moreover, it is reported that among the Sámi there is a tradition to manage such problems within the family or kin, instead of seeking professional treatment (Spein et al., 2012).

Previous studies investigating Sámi individuals’ behaviour and attitudes towards alcohol use suggest that Sámi ethnicity may act as a protective factor against high alcohol consumption, partly due to influences from the religious movement Laestadianism, which has strong anti-alcohol norms (Kristiansen, 2005; Larsen, 1993; Spein et al., 2011). In the general population, there is a well-documented comorbidity between addictive disorders, such as GD and alcohol use disorders. Individuals with GD are approximately 7.2 times more likely to drink and 3.3 times more likely to have an alcohol use disorder compared to non-problematic gamblers (Cunningham-Williams et al., 1998; Tackett et al., 2017). This is in accordance with clinical data among (Sámi and non-Sámi) patients receiving treatment for gambling problems in SANKS where half reported either current or prior treatment for alcohol dependency (Haugli & Spein, 2010). Consequently, one could theorise that there are common factors influencing the development of both disorders. It is then plausible to assume that cultural factors protecting the Sámi against alcohol use may also offer some defence against problematic gambling behaviour. However, a recent finding does not support this theory with regard to religious influence as religious attendance, religious importance and view of life were associated with less problematic drinking, but it did not significantly influence problematic gambling (Kiærbech et al., 2023).

Against this backdrop we conducted a qualitative study to enhance knowledge of the relationship between Sámi culture and gambling, a topic that so far has received little scientific research. The present study was guided by the

following research question: How do individuals with knowledge or affiliation to the Sámi culture view the potential influence of Sámi culture on gambling and chance, problem gambling and treatment of problem gambling?

## Methods

### Participants

In total, 14 individuals (seven women and seven men) with knowledge and/or affiliation to Sámi culture were recruited for semi-structured interviews about Sámi culture and gambling. The age range of participants was 21–70 years. A total of 13 participants self-identified as Sámi, of whom the majority were registered in the Sámi parliamentary electoral roll ( $n = 11$ ). One participant was non-Sámi but resided in a Sámi-majority ethnic context. It was not a requirement for participants to have experiences with gambling themselves, and none of the informants acknowledged problematic gambling in the past. Recruitment occurred by contacting people linked to Sámi/political organisations and through advertising in a Sámi newspaper ([www.sagat.no](http://www.sagat.no)). The interviews were conducted face-to-face ( $n = 3$ ) or via Zoom/Teams or telephone ( $n = 11$ ).

### Procedure

A semi-structured interview guide was prepared by staff at the National Competence Centre for Gambling Research at the University of Bergen and Centre for Sámi Health Research at the Arctic University of Norway, Tromsø. The interview guide was quality assured and adjusted based on input from a user representative with Sámi background of the Gambling Addiction Norway.

The participants were initially asked questions aimed at mapping their affiliation to and knowledge of the Sámi culture. Subsequently, questions were asked about (1) specific views on coincidence, misfortune and luck in Sámi culture, (2) attitudes and views on gambling,

and whether aspects of Sámi culture might promote or inhibit the development of gambling problems, and finally (3) treatment of gambling problems in a Sámi context. Before the interviews, participants were sent a consent form outlining the research projects' purpose, practical information about interview participation, compensation, rights and privacy protection, along with contact information. All informants gave verbal consent to participate.

The interviews were conducted and transcribed individually by the authors during March and April 2023. Interview lengths varied from about 20 minutes up to an hour. All participants were compensated with a gift card worth NOK 500. The audio recordings were transferred to a secure (SAFE) server at the University of Bergen and transcribed before the audio files were permanently deleted. After transcription, the interviews were considered anonymous. We adhered to ethical guidelines regarding indigenous research (Cocq, 2023), and the project was approved by the Expert Ethical Committee for Sámi Health Research in Norway (ref. 1092629).

### Data analysis

Thematic analysis (TA) was used to analyse the data (Braun & Clarke, 2006). TA can be used to identify patterns of meaning, or themes, by employing either a theoretical approach, where the analysis is based on a predetermined focus and existing theories, or an inductive approach, where the analysis is based solely on the data. Given the limited pre-existing knowledge on this topic the current study used an inductive approach.

Another dimension of TA relates to the level of data analysis. A semantic approach implies that the identification of themes is based on explicit statements of the informants, while with a latent analysis one also aims to identify underlying assumptions and conceptual perceptions behind the explicit expressions. A third dimension concerns the distinction between an essentialist and a constructivist approach. The former emphasises the informants' direct

experiences and comprehension, while a constructivist methodology also interprets the informants' expressions as reflections of current societal discourses (Braun & Clarke, 2022). Usually, inductive, semantic and essentialist approaches on one hand, and theoretical, latent and constructivist approaches on the other, will covary. In this study, an inductive, semantic and essentialist approach was used.

Data analysis and theme identification were done by following Braun and Clarke's (2006) step-by-step description of TA: (1) familiarisation with the data (transcribing and re-reading the interviews); (2) coding (systematically identifying initial ideas/themes providing meaningful descriptions of the data); (3) gathering codes to find potential themes and sub-themes in the material; (4) critically re-evaluating themes (going back to the material to verify that codes and themes correspond and make sense in the material); (5) defining, redefining and naming themes; and (6) writing the report.

The data analysis began by reviewing the material. The interviews, which were recorded on audio tape, were transcribed verbatim, excluding details such as paralinguistic features. Non-verbal cues were omitted, except for some prominent instances like laughter or ironic tone relevant to the expressed meaning. When transcribing and reviewing the interviews, initial notes were made concerning the meaning of the material.

To register initial codes, the software program Nvivo version 12 was used. In line with an inductive thematic approach, open coding was utilised, meaning that the codes were not predetermined, but rather developed and modified during the coding process. Initial coding was done individually, before being discussed and modified in the group.

Identification of potential themes and sub-themes was done by collecting and organising clusters of codes. Codes that expressed a coherent idea or concept were merged together – resulting in themes. Furthermore, subthemes were created that captured a specific essence or a distinct pattern of meaning within the main theme.

In the next stage of the analytic process, themes and sub-themes were reviewed and revised. This involved two steps. In the first phase, a review of all the material coded under one theme was carried out to ensure the content was adequately represented in the overarching theme. In the second phase, the entire material (i.e., all the interviews) was reviewed to ensure that the themes collectively covered all codes that were relevant to the subject matter.

The names of themes and sub-themes were further adjusted and revised with the goal of expressing the concept/idea behind them in the most precise and truthful way. In addition, definitions were made for each theme and sub-theme so that their meaning was clearly explained and communicated.

Finally, a unified report was created presenting key themes and sub-themes found in the data. In assessing themes, two aspects were considered: (1) whether they represented content important for the research questions; and (2) their frequency in the data material. Point 1 was prioritised over point 2, as we wished to showcase the diversity in the participants' responses. Nevertheless, frequency was deemed significant to take into consideration as it indicated a certain agreement regarding the content of meaning among the informants.

## Results

### *Superstitious views*

*Care for nature and good fortune.* Nature is described by all participants as an important part of the Sámi culture, with both a spiritual and an existential function. One informant points out; “*if we don't take care of nature and the animals and the entirety that we call our life, then it will go badly for both nature, animals, culture and everything*”. Therefore, one must treat nature and animals with great respect. Another participant expresses that “*nature gives and nature takes, and then we must give back*”. This is illustrated, for

example, with rituals where one sacrifices something to nature at sacrificial stones. In this way, one shows gratitude towards nature, which according to the informants, increases the chance of good fortune and happiness.

Other nature-signs have a more distinct superstitious effect, such as seeing a white reindeer. According to one informant, this can lead to good fortune or be a sign that one has done something good or that one will experience something positive in near future.

The intimate and close relationship with nature described by our interviewees is seen across most indigenous populations. Often being described as the people of nature, almost all indigenous people show signs of “indigenous spirituality”, where nature is placed in a spiritual context (Kraft, 2009). A qualitative study among Sámi school children and high school students revealed that land (nature) was a place where the participant experienced a feeling of freedom, and both an arena for recreation and therapy (Nystad et al., 2014).

*Nothing is coincidental.* A recurring theme in our sample can be described as having little belief in coincidences. One informant claimed that “*there is not much that is coincidental in a Sámi context*”. This is confirmed by several of the informants. Furthermore, participants refer to the term “fate” as a link between one’s fate and one’s moral behaviour, claiming that “*what you do creates your fate in this life*”. This refers to how moral and immoral actions, especially in relation to people and nature, lead to good and bad consequences for the individual, respectively.

Although most informants believe that gambling is solely based on luck, a minority claims that the belief in a destined fate can act as a promoting and/or inhibiting factor in relation to gambling. If one develops a gambling problem, it might be thought of as a result of past actions. One informant points out: “*It must have been this belief in fate that exists – that what happens, happens. I can play a bit here, but what happens, happens. It can reinforce it, that is, the belief in fate can work both ways*”.

Some informants spoke of the superstitious phenomenon concerning the ability to “cast evil” (known as “gand”) onto other people. This is thought to bring misfortune on the individual and can only be taken away by counter magic. The idea originates from folklore. One informant says that some types of gand can have a direct association with the dead, and that the idea of gand today is manifested as a cultural taboo around the topic of death.

Some participants expressed that there is a tradition of board and card games in Sámi culture, especially highlighting the board game Sáhkkhu. Sáhkkhu is an old Sámi game traditionally used for entertainment, that contains superstitious elements. The king piece is thought to bring luck, and its design is reminiscent of a sieidi – a type of Sámi sacrificial stone. One informant claimed that Sáhkkhu has been used to gamble with money and that this, combined with the game’s superstitious elements, led to Sáhkkhu being condemned in strict religious, Laestadian milieus.

### *Factors promoting and inhibiting problem gambling*

This theme addresses elements of Sámi culture which, according to participants, might influence the development and/or maintenance of gambling problems. A recurring tendency is that various elements (e.g., Laestadianism, non-materialistic society, family-oriented society and the ideal of self-sufficiency) in many cases appear to protect against the development of gambling problems, because the act of spending money on gambling in itself was described as norm-breaking. However, the informants also pointed out that these elements could promote the persistence of already established gambling problems by increasing associated shame, thus making it more difficult to seek help.

*Normative role of Laestadianism.* Participants with a religious affiliation or knowledge of



Laestadianism stated that these milieus have negative attitudes towards gambling, but also towards games in general, including card games: *“In the milieu I grew up in, card games are forbidden because they are associated with gambling and poker”*. Another informant describes gambling as sinful; *“It’s a sin in a way, if you gamble money, you side with the devil”*. These findings are consistent with the pietistic nature of the Laestadian movement, where the alteration of behaviour in accordance with the church norm is an important feature. Accordingly, as a member of the Laestadian church, one is expected to follow certain conservative ideals for both faith and way of life. An example of this is the idealisation of frugality and simplicity, where not having more than one need is seen as the correct lifestyle (Kristiansen, 2005; Larsen, 1993). Consequently, striving for wealth and luxury (which is often a motivating factor for engaging in gambling) is strongly discouraged and may even be considered sinful in some Laestadian communities. In this way, traditional Laestadianism may inhibit the development of gambling problems, seeing as such activities violate important norms set by the church.

At the same time, several participants who were either non-religious or held less conservative beliefs, stated that there is no specific view on gambling in the Sámi culture. In relation to gambling problems, one participant says:

*“When we talk about problem gambling, it is a personal problem, and I think that it has nothing to do with Sámi culture, I think that here we are influenced by mainstream society and not the Sámi culture”*.

Two informants expressed that there is a double standard within the culture regarding acceptance, seeing that some forms of gambling are considered sinful, but not others, such as lotto and lotteries where you also win prizes in the form of money or other goods: *“None of the elders play cards anyway, they don’t play*

*“idiot” or anything because it’s associated with gambling, but scratch tickets are somehow okay”*.

**Representing more than oneself.** All participants highlighted that family and kin, as well as the local community, are of great importance in Sámi cultures. Several participants described Sámi societies as collectivistic, rather than individualistic, leading to a higher degree of conformity within the family and the social milieu. The fact that many Sámi live in smaller communities, where *“everyone knows everyone”*, may also contribute to this effect. Most participants pointed out the tendency of problems being kept and solved within the family or in the local Sámi community. The collectivist mindset also entails that personal problems at the individual level often are transferred to the group level: *“your actions does not only reflect on yourself, but it also reflects back on your family”*. Thus, some believe that the focus on family can act as a protective factor against developing gambling problems because one knows that such “immoral” behaviour can affect not only one’s own, but also the family’s reputation.

However, others argue that the collectivist view on family can act as a promoting factor in terms of maintaining already established gambling problems. This is explained by the fact that the threshold for being open about problems and seeking help from outside of the family is high, partly because one does not want to cause shame on other family members.

In terms of help-seeking behaviour, Sámi individuals are, according to participants, additionally influenced by the fear of generalisation from outside society. As well as being a representative of one’s own family, one is also considered a representative of the Sámi community as a whole. During the interviews, several of the participants expressed that generalisations and stereotypes associated with the Sámi identity are common. It was pointed out that this may contribute to the fact that Sámi people would not seek help for gambling problems, fearing that openness around individual problems would be seen as

evidence of a broader problem within the group. When a participant was asked to reflect on how they thought Sámi people would perceive other Sámis with gambling problems, this theme became apparent: “*You find it difficult because it reflects back on the Sámi culture, and it reflects back on the community you live in.*”

Another participant provided this perspective on the matter:

“Yes, there is a collective view on most things, whether it is activists on Fosen or whatever, we are all cut from the same cloth [...] It is not because we are Sámi that it is shameful, but once again we might get a new view of what Sámi are, so this is something we work on all the time. I think that’s very exhausting for a lot of people.”

**Culture of silence.** Several of the participants claimed that it is taboo to talk about mental health problems in Sámi communities, seeing as it is associated with shame, and described how Sápmi is characterised by a “culture of silence”. One participant illustrates the culture of silence as follows:

“It is very shameful to have a problem in Sámi societies. So if you do have a problem, let’s say that there has been something severe like a rape, you’ve been subjected to an assault, there is a culture of not talking about it. The same applies if you have a gambling problem, where you have gambled away your house and home and everything you have, then you do not dare to speak of it.”

According to some participants, this culture of silence can act as a promoting factor for maintaining gambling problems, seeing as problematic issues are not addressed and thus help will not be offered. Participants generally expressed that the threshold for seeking help is higher among the Sámi population than among the Norwegian majority population, and that the culture of silence may be one reason for this tendency. In addition, some of the participants pointed out that the norm of

not talking about mental health issues may promote the development of gambling problems by serving as a mechanism for coping with emotional distress.

On the other hand, two of the participants believe that the culture of silence is not representative of most Sámi communities and claim that the perceived silence rather is a reflection of mistrust towards healthcare services or, in some cases, represent a prejudice stemming from the mainstream society. On this topic, a participant says the following:

“I don’t find it taboo, but I know that the larger society around, the Norwegian way of seeing it, believes that there is a culture of silence in Sápmi. And I, who live in Sápmi, do not experience this culture of silence, but I do experience that there is no trust in a support system, which means that you do not talk about it externally because that is not where you expect to get help.”

**Non-materialistic society.** The study’s focus on gambling, where one has the opportunity to win money, led several of the participants to emphasise that in Sámi society, there is initially little interest in material goods. One participant explains that “*it was a self-sufficiency system and an exchange system that we used until there was contact with the Norwegian system, it was only then that you started to use money*”, which refers to the fact that Sámi communities traditionally have been utilising a so-called subsistence economy. This means that the economy is oriented towards the coverage of basic needs rather than on creating profit (Pariona, 2017). Several informants hold strong ideals about not wasting money and working hard for obtaining goods. These ideas may act as a protective element for developing gambling problems, based on the assumption that engaging in gambling is seen as a desire for wealth, and that such materialism is, to a certain extent, frowned upon in the Sámi culture. In the book *Man, Play and Games*, Roger Caillois (2001) explains how the very

attraction of gambling is the opportunity for sudden wealth, leisure and luxury, claiming that “play mocks at work”. Along the same lines, Théodule Ribot explains the popularity of games of chance as “the fascination of acquiring a lot of money all at once, and without effort”. In other words, gambling can be said to represent the exact opposite ideals of that of a non-materialistic society, and engaging in such behaviour may be thought of as immoral or “sinful”. This coalition between Sámi values and gambling is further demonstrated in the following quote:

“[...] In a Sámi culture, the moral of doing a day’s labour is what works, one closely follows the principle of working hard in order to enjoy the benefits of said work. And also, how you should be satisfied with what you have.”

Another participant expressed the value system in this way:

“[...] We view money negatively in the first place, because it has a value that is not human. So as soon as you start mixing in money it’s negative, a bit superior and derogatory, because we see the value in things you have, for example in a reindeer herd.”

*Self-sufficiency ideal.* This subtheme refers to the ideal of self-sufficiency, which several participants highlighted as an important aspect of Sámi culture. Two participants used the Sámi expression “ieš birget”, which can be understood as “managing” both on an individual level, but also in such a way that one can contribute to the community and be a resource to the family. One of the participants describes it as follows:

“There is a very important pillar called birget, that is, being able to manage. It is a cultural value, being able to manage in different situations. It is important, being independent, being able to manage, contributing to the community [...]”

In relation to gambling problems, “ieš birget” can serve as a protective factor because it idealises working for what you earn and handling these earnings in a sensible way so that one can contribute to the local community and family. This work ethic is illustrated in the following quote:

“You have to pull yourself up by the scruff of the neck, and do the work, not whine, work hard and handle what you earn of the job with cleverness and respect and be able to manage on your own. There’s a lot about that sort of philosophy that I think is kind of good.”

At the same time, the ideal of self-sufficiency implies that one should not be a burden to others or impose work on others. This, in turn, can lead to people being less open about perceived difficulties and problems. It is explained that many would find it shameful to admit to a problem and confess to oneself and others that one needs help, consequently resulting in a higher threshold for engaging in help-seeking behaviour. One participant illustrated this issue as follows:

“One is very concerned that one should be self-sufficient, one should not be a bother. That’s strongly ingrained from a young age, so things have to progress quite far before you seek help, so if a Sámi seeks help, then you know that it is serious.”

The duality of the concept in relation to mental health is described in the following way by another participant “[...] *how the [‘Birget’] philosophy can be good if you manage to be strong and how it can be a disaster if you are suddenly made weak*”.

These descriptions are in line with the qualitative work of Dagsvold et al. (2020) where it was found that mental illness was associated with shame and weakness in Sámi communities. Participants in that study also explained that most people would prefer to manage on

their own (ieš birget) and consequently avoid seeking help at mental health services.

*Reduced trust in the Norwegian authorities and healthcare system.* According to the majority of the participants, many Sámi people do not believe that an ethnic Norwegian psychologist/therapist, at a Norwegian institution, would be able to help them as they lack sufficient knowledge of the Sámi culture and society. Knowledge about family structures, responsibilities and roles in Sámi societies is highlighted as particularly important. Several participants also mention the culture clash that can occur between a Sámi patient and a Norwegian therapist, based on different norms relating to communication and politeness. This contributes, according to the participants, to many Sámi not feeling sufficiently taken care of in a Norwegian setting:

“It’s about how we show each other respect. Something as simple as how we greet each other, how we sit down, how we use gaze and communication in a trauma experience, it is very different from that of Norwegian culture.”

Furthermore, lack of trust in the Norwegian healthcare system was highlighted as a possible inhibiting factor in relation to seeking professional help for gambling problems and other health-related issues. In fact, most of the interviewees displayed a general scepticism towards the Norwegian authorities and mainstream society, where one participant expressed: “*One does not have a history of trusting the outside, larger society*”. Taking into account the history of colonisation of the Sámis, their territories and resources by the state (Lehtola, 2015), it may be understandable that involvement from the Norwegian government is often met with mistrust, as illustrated in the following quote:

“I also think there are many from the older generation who do not want to seek help

because of all the harm the state has done to them. There are people now who are 60/70 years old who have experienced it first hand, being sent to a boarding school for example, and systematically being treated poorly from the state. It is so close to them that – ‘who are those people from the municipality, or who is going to come here to help me?’”

*Importance of culturally sensitive treatment.*

When asked about treatment, the most prominent preference was to have a therapist with good knowledge of the Sámi culture and the Sámi language. In response to a question about the ethnicity of the therapist, 13 of 14 participants expressed that they would prefer a Sámi therapist over a therapist who was of Norwegian ethnicity. The participants justified this differently, but the recurring arguments were that familiarity with the culture and a high degree of cultural understanding would enhance the quality and efficiency of treatment. At the same time, several participants emphasised that the Sámi culture is diverse, and therefore it is knowledge about common, fundamental values that is important:

“[...]It is a bit dangerous to use ethnicity as a term, that is, to use that word, because what we are really talking about here is someone who knows and understands important things in the Sámi culture or at least understands enough to know when to ask about things, when to be careful making assertions. [...] Sámi culture is so diverse that you can’t expect, if you go to a Sámi therapist, to meet someone who thinks exactly like you.”

It is, as the above quote states, of great importance – as earlier reported by Sámi patients receiving treatment for problematic gambling at SANKS – that therapists have knowledge of non-verbal Sámi cultural codes, making the patient and therapist able to communicate on a deeper level (Haugli & Spein, 2010).

The majority of interviewees also believe that being able to speak in the native language would enhance treatment, making communication

easier and possibly resulting in more Sámi being comfortable seeking therapy. This is supported by earlier clinical research that found that Sámi patients getting treated for gambling problems in their Sámi mother tongue were generally more satisfied and, for example, reported “*we don’t need to explain that much*” (Haugli & Spein, 2010, p. 175). Patients’ feedback regarding both individual and group therapy was that using one’s native language both led to greater openness and the opportunity to convey a more nuanced picture of their gambling problems (Haugli & Spein, 2010).

Given that Sámi communities often exist in smaller local societies where “*everyone knows everyone*”, some participants conveyed that a potential problem in seeking out a Sámi therapist is the risk of knowing each other or at least knowing of each other’s families. Gossip and rumour spreading across families are reportedly not uncommon, and some informants expressed that this could potentially be an inhibiting factor in relation to seeking treatment at a local institution.

## Discussion

This study was conducted with the aim of providing an insight into the views and attitudes that Sámi individuals have on topics related to gambling. The results showed that participants had diverse experiences and views on all aspects of this issue, including subtopics such as chance, misfortune, luck, gambling, gambling problems and treatment of gambling problems. The majority of the informants expressed that there are superstitious elements and rituals, especially related to nature, that are specific to Sámi culture. There was also a tendency to believe in some form of fate, where the general idea was that by doing something good/right, you will get good things in return, and conversely, if you do something bad/wrong, this will result in negative consequences. Nevertheless, the vast majority of informants claimed that such superstitious elements are not applied to, and thus cannot influence, outcomes in gambling. Still,

it could be argued that most gamblers (independent of ethnicity) in general holds some superstitious views/cognitive distortion related to winning chances and the ability to influence outcome (Jackobsen et al., 2007).

Within the theme of factors promoting and inhibiting gambling problems, one of the main findings was that gambling was associated with negative emotions, such as shame, with informants pointing out that these negative associations are likely to be stronger in Sámi communities than in Norwegian society at large. A possible explanation for this is that Sámi communities are often characterised by collectivistic rather than individualistic structures, meaning that the individual represents a larger unit, such as their family or their local community. Corresponding with clinical experiences from SANKS, as reported by Spein et al. (2012), we found that shame related to gambling problems was reinforced by mental health issues being taboo in several Sámi milieus. This is described as an additional barrier to seeking help by informants.

Protective factors for the development of gambling problems were, among other things, engagement in Laestadianism or other religious movements where there are anti-gambling norms (Kristiansen, 2005; Larsen, 1993; Spein et al., 2011). Gambling problems may be considered an expression of moral decay as a result of strong religious influence, e.g., Laestadianism, in contrast to professional therapists and practitioners whose aetiologic view typically is more in line with that of science (Spein et al., 2012). A higher degree of religious involvement among Sámi has in previous studies been associated with lower self-reported alcohol intake and higher abstinence (Spein et al., 2006). It is therefore plausible to assume that religion has a strong influence in terms of reducing behaviour considered immoral or sinful. Interestingly, some of the interviewees mentioned lotteries as less sinful than other games. This is in line with the hypothesis by Beyerlein and Sallaz (2017) implying that lotteries from a religious point of view would be less condemned than other games as they are quick and

hence do not steal time from religious activities. Furthermore, partaking in lotteries often reflects an impulsive act, in contrast to destination gambling like bingo, which implies more planning and premediated actions, hence the former is more forgivable than the latter (Beyerlein & Sallaz, 2017). It is also possible that games with a strong connection to the state and with a long historical presence, like lotteries, are regarded as more religiously acceptable than other games (Beyerlein & Sallaz, 2017).

Working hard and being economical with what you earn (not having unnecessary expenses) was an ideal that may prevent the Sámi from gambling participation and development of gambling problems. This view is in line with the Protestant working ethos implying that an individual should always receive a fair/just compensation or acknowledgement for his/her work. Gambling, implying that some may win a lot, and some may lose a lot, in spite both doing their best, is thus in opposition to the Protestant working ethos (Palomäki et al., 2013), and may further explain the negative attitudes towards gambling.

The family-oriented society, self-sufficiency ideals (*ieš birget*) and the fact that Sámi culture is described as non-materialistic were also highlighted as protective factors. In different ways, all these factors express relatively strong norms within the Sámi culture. Such norms may help individuals to adjust themselves, so that the likelihood of developing gambling problems is presumably lower. At the same time, it is plausible to assume that if one does break the norm, the individual will experience greater negative consequences, both for themselves and their family, than from norm violations within the Norwegian majority culture. One can further assume that this negatively influences the degree of openness and honesty in relation to difficulties, problems and mental health, and contributes to the so-called “culture of silence” that, according to some participants, may be found in certain Sámi communities.

In terms of help-seeking behaviour, the main finding was that the threshold for seeking help for mental health problems was reported to be higher in Sámi milieus, as the majority of participants believe that most Sámi would not seek help for gambling problems. We primarily found two reasons for this. The first obstacle is concerned with internal factors, such as shame and stigma associated with gambling problems. Although many of the participants believed that gambling problems to a greater extent are associated with shame and taboo in Sámi communities, it is worth noting that this mental health issue is associated with strong negative feelings and attitudes in most cultures. This is reflected in the fact that the proportion seeking professional help among people with gambling problems is significantly lower (less than 10%) than what is found in populations with other mental disorders (Braun et al., 2014). The second obstacle involves treatment options, which are primarily based on a Norwegian cultural understanding, meaning that there often is a lack of knowledge of Sámi society, culture and values among treatment providers. The informants' understanding was that there existed no organised treatment services aimed specifically at Sámi with gambling problems. Previous studies have shown that the likelihood of seeking help for gambling problems is reduced if one belongs to an ethnic minority (Braun et al., 2014; Gainsbury et al., 2014). This is thus in line with our findings, and lack of available treatment services that have cultural competence beyond the majority perspective could be a possible reason for this. In addition, it has been made clear that difficult feelings, such as addiction problems (e.g., gambling), are more easily expressed through the use of the mother tongue (Spein et al., 2012). Even though there has been little focus on Sámi gambling addiction among therapists and clinicians, it is worth noting that both individual and group treatment were provided to Sámi problem gamblers in the 2000s (Haugli & Spein, 2010).

### *Implications for treatment*

It is well known that colonisation has a negative impact on the health and well-being of indigenous people (Griffiths et al., 2016). However, in terms of the Sámi population, they seem to overall have mortality rates and life expectancy similar to those of the non-Sámi population (Mienna & Axelsson, 2019). Still, the majority of existing literature indicates that Sámi have poorer mental health than the ethnic majority and are underrepresented among users of mental health services in northern Norway (Kiærbech et al., 2023). This may reflect, among others, being influenced by Sámi cultural norms, which could discourage openness regarding mental health issues, as well as language barriers in terms of treatment services (Dagsvold et al., 2015). However, it is worth noting that a recent paper by Kiærbech et al. (2023) based on data from the SÁMINOR 2 study reported no significant differences in the distribution of mental health problems and treatment service utilisation between Sámi and non-Sámi participants.

Studies exploring help-seeking behaviour among indigenous people with gambling problems in Australia show a clear preference for local aboriginal services rather than non-Aboriginal gambling counselling services (Breen et al., 2013; Hing et al., 2014). Furthermore, studies on indigenous gambling in both Australia (Hing et al., 2014) and New Zealand (Bellringer et al., 2008) identifies lack of indigenous counsellors as a barrier to help-seeking. These findings are consistent with the views on gambling treatment among participants in the present study. In terms of practical implications, the study therefore further indicates that there is a need for treatment institutions and practitioners with a Sámi cultural perspective. Health services with Sámi cultural competence will help contribute to the quality and efficiency of treatment for mental health issues, including gambling problems, for Sámi individuals. In addition, greater accessibility to Sámi practitioners will likely increase the amount of Sámi people making use of treatment services, seeing as it may evoke trust and encourage

openness. In the case of the Sámi people in Norway, a culture sensitive treatment option has been available at the Sámi Norwegian National Advisory Unit on Mental Health and Substance Use. However, there may be a lack of knowledge about this treatment option as well as user limitations regarding treatment locations. Reports from the 2003–2004 SÁMINOR 1 study also showed that Sámi-speaking patients were less satisfied with municipal health services than Norwegian-speaking patients in the same areas. Interestingly, no such difference was found in the next SÁMINOR 2 study, which was conducted between 2012 and 2014. This may reflect improvements in terms of socioeconomic equality, as well as heightened competence and awareness of Sámi culture in mental health services in recent years (Kiærbech et al., 2023).

### *Limitations, strengths and further research*

Several participants highlighted the great diversity in Sámi culture and problematised the idea that all of Sápmi can be united as a single, homogenous culture. This can be seen as a limitation of the study's generalisability. Our informants represented the North and South Sámi subgroup (not including Lule and Eastern Sámi), who historically has different affiliations with regard to religion, as the Laestadian revival had strong impact on many North Sámi communities, as well as the Lule Sámi subgroup (Kristiansen, 2005). However, Collingridge and Gantt (2008) emphasise a proximal similarity model where the generalisability of the study to another context depends on the degree of similarity between the two contexts. Thus, the findings in the study are more likely to be generalisable to Norwegian rather than Finnish Sámi, for example.

It could further be thought that the aforementioned taboo effect may have hindered the informants to be honest and open. The tendency not to talk about mental health problems or difficult topics could have led to the interviews not being as open as intended. It may also have influenced our sample by preventing people with a lot of knowledge and/or experience with gambling

to participate. It also proved to be more difficult than anticipated to recruit suitable informants for research interviews via newspapers, Sámi organisations, local communities and so on. This probably reflects the sensitivity of the topic, and the fact that the interviewers themselves did not have a Sámi background. However, one of the authors (ARS) has a Sámi background and was as such able to provide a Sámi cultural perspective on the writing. As previously mentioned, our interviewees belonged to two different Sámi subgroups (North and South Sámi); however, in the recruitment process and analysis, we did not (due to low number of informants) take this into consideration. Hence, future studies should explore more in detail whether different groups of Sámi hold different views on gambling.

Steps were taken to promote the quality of the data analysis and resulting findings. First, involvement of individuals with Sámi background and knowledge of Sámi culture in the development of the interview guide helped ensure that the questions were fit for the study participants and the study aim. Second, we aimed to identify themes that could unite diverse and sometimes conflicting statements under shared meaning, that is, develop themes that made sense of, rather than superficially summarised, statements. Researchers' subjective experiences, expectations and interpretations can influence the data analysis. This does not necessarily decrease the validity of the results, although the resulting findings should be interpreted within the research context (Braun & Clarke, 2022). Most of the data material was coded by MPI, PB and MRD, although coding and theme development also occurred through discussion with others to ensure that the data material was analysed in a complete fashion.

Based on the available literature, our research project is one of very few studies to address a Sámi perspective on gambling. In this way, the research project could serve as a springboard for further research. For example, it could be interesting to conduct similar qualitative

studies, but where the population is more delimited (such as Sámi, Laestadian communities). We also suggest a triangulation of methods where qualitative data could form the groundwork for a larger quantitative survey further exploring Sámi culture and gambling problems.

## **Conclusion**

Due to the qualitative design of our study, we neither can nor wish to comment on the prevalence of gambling problems among the Sámi. The purpose of the study, however, has been to generate knowledge about attitudes and views on gambling, gambling problems and treatment from a Sámi perspective. We found that there were several culture specific features in Sámi communities that could affect the prevalence, development and treatment of gambling problems. The findings indicate that religious/spiritual beliefs, family-structured communities, less focus on material wealth and the traditional cultural values of "ieš birget", supporting the idea of "managing on your own", may contribute to a particular negative view on gambling within Sámi communities, thus acting as a buffer against the prevalence and development of gambling problems. On the other hand, the same features, as well as the aforementioned "culture of silence" are likely increasing the stigmatisation of Sámi problem gamblers, and consequently reducing help-seeking behaviour. Part of our sample further demonstrates mistrust, primarily based on historical and ongoing oppression of the Sámi, and dissatisfaction in terms of available healthcare services. These findings may indicate that the importance of cultural knowledge in dealing with Sámi patients has likely been underestimated or deprioritised.

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