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

PhD dissertation

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Čoahkkáigeassu sámegillii

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

Duogáš

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

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

Iskkadeapmi

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

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

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

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

Veahkehanárbevierut ovdal ja dál

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

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

Jearahallaniskkadeami guovddáš bohtosat

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

Árbevieruid ovttastupmi

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

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

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

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

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

Jurdagat integrerema hárrái – iešguđet perspektiivvat

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

Muhtun čoahkkáigeassi oainnut

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

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

Oppsummering på norsk

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

Bakgrunn

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

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

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

Studien

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

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

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

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

Hjelpertradisjon før og nå

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

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

Sentrale resultater i spørreundersøkelsen

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

Møtepunkter mellom tradisjoner

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

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

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

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

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

Tanker om integrering – ulike perspektiver

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

Noen oppsummerende betraktninger

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

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

FOREWORD

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

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

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

ACKNOWLEDGEMENTS

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

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

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ABSTRACT

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

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

LIST OF PAPERS

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

BACKGROUND

Traditional Healing

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

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

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

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

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

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

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

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

Nord-Troms and Finnmark

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

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

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

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

Some initial experiences in the area

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

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

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

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

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

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

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

Project development

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

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

AIMS

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

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

SPECIAL CONSIDERATIONS

Ethical aspects

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

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

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

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

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

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

Ethnicity

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

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

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

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

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

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

Considering the findings

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

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

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

METHOD QUALITATIVE PORTION

Field work and qualitative interviews

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

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

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

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

Participants

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

EMERGING PERSPECTIVES IN QUALITATIVE PORTION OF THE STUDY

Article 1. Healing in the Sámi North

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

METHOD QUANITITATIVE ARTICLES

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

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

Participants

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

Measures

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

Measures

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Statistical analysis

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

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

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

FINDINGS QUANTITATIVE PORTION

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

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

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

Defining cultural groups

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

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

Extent of use of traditional and complementary treatments

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

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

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

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

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

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

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

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

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

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

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

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

Patients' attitudes towards integration

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

Factors associated with a desire for integration of traditional healing

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

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

Verbatim item

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

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

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

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

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

DISCUSSION

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

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

Design, limitations and bias

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

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

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

Integration

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

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

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

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

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

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

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

Future perspectives

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

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

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

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

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ARTICLE 1

ARTICLE 2

ARTICLE 3

ARTICLE 4

ARTICLE 5