

Running head: : INTERFACES AND INTEGRATION OF TRADITIONAL HEALING

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

Randall Sexton, MD^a

&

Tore Sørlie, MD, PhD^{a,b}

^aDepartment of Clinical Psychiatry

Institute of Clinical Medicine

University of Tromsø

Postbox 6124

N-9291 Tromsø

Norway

^bDepartment of Specialised Psychiatric Services

University Hospital of North Norway

Norway

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

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

ABSTRACT

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

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

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

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

Key words: Sámi Traditional Healing Integration Indigenous Psychiatric Mental

INTRODUCTION

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

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

Background

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

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

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

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

METHOD

Theoretical perspective

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

Participants and interview approach

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

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

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

Analysis

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

RESULTS

Quote from therapist:

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

Does an integration exist today?

Relating to the use of healing

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

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

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

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

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

Unclear guidelines on relating to healers

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

Patients- Reservations towards being open about traditional practices and views

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

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

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

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

Sámi therapists bridging tradition

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

Views towards integration

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

Western approaches and traditional practices can supplement each other

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

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

Importance of “serious” healers

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

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

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

The importance of context

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

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

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

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

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

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

Need to first develop respect and mutual understanding

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

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

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

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

DISCUSSION

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

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

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

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

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

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

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

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

REFERENCES

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

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

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