

CULTURE, TRADITION AND MENTAL HEALTH – APPROACHES OF LOCAL
THERAPISTS IN SÁMI AREAS OF NORTHERN NORWAY

Randall Sexton, MD

Department of Clinical Psychiatry

Institute of Clinical Medicine

University of Tromsø

Postbox 6124

9291 Tromsø

Norway

Corresponding author Randall Sexton, e-mail: randallno@yahoo.com
Phone number: mob. +47 95808049; Fax number: +47 77627806

Abstract

This study looks at ways in which Western educated health providers, with a Sámi or local background in the region of Northern Norway, use their knowledge of culture in their meetings with patients. The study is based on conversations with seven therapists about their approach. A number of ways in which they adapt psychiatry to the local needs as well as ways in which they work from within the Sámi world-view in their meeting with patients are illustrated. The article draws attention to the need for expanding the treatment paradigm to include local world-view and knowledge as a complementary pillar to the western psychiatric paradigm in the treatment approach.

Introduction

Though there is an increasing literature on the importance of integrating local healing traditions within health services to non-western and indigenous people, there is little literature on the role and approaches of western educated health professionals working within their own indigenous or non-western contexts. The literature that does exist has mostly focused on local mental health workers without a prior western medical education (Giblin 1989; LaFromboise, et al. 1990). Yet, a recent study among native counselors in Canada has pointed out the value they place on community, interdependence, cultural identity and holistic approaches (Stewart 2008), indicating that such counselors function as cultural mediators within the health services.

This article comes from the Sámi and multicultural areas of Northern Norway. It has been a part of a project looking at the possibility of including traditional healers within the mental health services in Finnmark and Nord-Troms, the two most northerly districts of Norway. Part of exploring the potential role of traditional healers has included discussions and interviews with therapists within the mental health services on their own perspectives towards an integration of local healing tradition, as well as their own approaches to therapy. The theme of traditional healing is explored in another article, while the approaches of the therapists coming from the local culture is looked at here.

Background

The Sámi are an indigenous people believed to have come from the Volga-Ural region and arriving in this northern region of Scandinavia around nine-thousand years ago with the receding of the ice cap at the end of the last glacial period (Ingman and Gyllensten 2007). Today there is a total population of between 50 and 100 thousand Sámi dispersed in the northern areas of Norway, Finland, Sweden and Northwest Russia, with 70 percent residing in Norway. There are several similar Finno-Ugric languages used among the Sámi, which though related to Finnish, are very different from Norwegian and the other indo-European languages used throughout most of Europe. Paralleling this difference in language is the distinction of the Sámi culture and unique position held by the Sámi as an indigenous group living in Western Europe today.

Most Sámi have until quite recently lived a subsistence lifestyle. The culture of reindeer herding is what is most often known and associated with the Sámi people, yet, some groups

of Sámi had other livelihoods, especially along the coast where a culture of fishing and small-scale animal husbandry has been central. Up until the second world war, most lived a very simple life, and sod houses were common throughout the area. As a part of the assimilation policies in the beginning of the 20th century, the Sámi could not own land, and many along the coast took Norwegian names and hid their own background. Children often entered the first grade without knowing Norwegian, and were punished when using their own language (Lie 2003). Many were also sent to boarding schools, only seeing their parents a few times a year. Such boarding schools were common until the nineteen-sixties, and many of those who attended them carry painful memories of this time (Kuokkanen 2003). Today, due to these assimilation policies, intermarriage and close approximation with Norwegian and Kven (Finnish immigrant) communities, much of this area of Northern Norway is a blend of several cultures. At the same time the Sámi are now emerging with a renewed vitality and cultural awareness. This has included a special focus on improving the quality of the health service to the communities and its resonance with local culture and needs, as well as a deepened understanding among health professionals of the cultural background of patients, and the historic context of the area today.

The *Noaidi* (a Sámi shaman) played an important role as an intermediary between man, nature and a spiritual dimension in traditional society (Pollan 1993). Noaidi were persecuted already during the inquisition, as well as during the seventeenth and eighteenth centuries with the extensive missionary activities carried out in the region (Bergman, et al. 2008) (Keski-Säntti, et al. 2003) (Kuokkanen 2003). A few shamanic drums from the pre-Christian era are still in existence (Pollan 1993), and a rich iconography on these drums has granted some understanding of traditional Sámi world-view (Keski-Säntti, et al. 2003). Here are clear similarities with traditions among Siberian, North-American and Eskimo peoples (Price 2001). Though the shamanic practices in their original form seemed to have died out, the world-view underlying these practices has lived on (Bergman, et al. 2008)(13), and forms a part of the literature, theatrical presentations and films that have come out in recent years from within the Sámi community.

Though local healing and curative traditions are still alive and important throughout the area, very little is written in the academic literature about these traditions, how they interface with official western-oriented health services, or on how therapists within the health services accommodate to multicultural and Sámi patients from the area. One study from the University Hospital in Northern Norway has shown that Sámi patients are less satisfied with the psychiatric services (Sørli and Nergaard 2005), and that therapists working within the

hospital system are in many cases unaware of their own patients use of local healers. Other research from the area has shown that those therapists that do have a Sámi background, mostly a minority within the clinics, are more in tune with their patients experience of the therapeutic encounter than those who do not have Sámi background (Møllersen, et al. 2009).

The study and setting

Conceptual framework

The conceptual framework of this study draws on reflexive (Davies 1999) (Alvesson 2003) and social constructivist perspectives (Gergen 1999), as well as on the narrative tradition of the area, and emphasizes the importance of context in the meetings and interviews which form the basis for the study. A similar framework and approach has also been utilized within the study mentioned from Canada (Stewart 2008). The constructivist perspective recognizes that the idea or concept of “therapy” is, at least to a degree, a social construction and common foundation that guides the interview from the outset. This common foundation is in part one shared between myself and the therapists in this study, having both worked within the local health services – I have spent around three years in the area working as a physician in different rolls within general and mental health care in the region before starting this study. The therapists here differ from myself in their background from within the local culture and long term experience in the area, giving the opportunity to expand upon this idea of therapy based on their experiences and own approach.

Participants

Sámi and local therapists from the area are in minority, and mental health facilities have often been fraught by instability, with health workers from other areas of Norway or other countries only staying for shorter periods of time. However, this situation differs substantially from center to center, with a few having a stable team of knowledgeable local and Sámi speaking therapists. Most therapists that are from the area are psychiatric nurses or social workers, and some of these speak Sámi. Though Sámi speaking therapists are in shortage, their presence is fairly unique within the mental health services relative to other types of health services.

An effort was made to include local therapists with long-term experience in the area. These were found while carrying out a parallel study on patients’ use of traditional medicine at several mental health clinics throughout Finnmark and Nord-Troms, two regions that cover a

large area and are sparsely populated. The nine therapists interviewed here had all grown up in the region; seven were Sámi, one had Sámi and Kven background and one was a Norwegian who had grown up in the multicultural region. Six therapists were psychiatric nurses, one a psychiatric nurse aid, one a psychologist and one a social worker. All but one of the therapists worked in outpatient clinics. Few Sámi men work as therapists, and all but one of the therapists in this study were women. All are here referred to as she for anonymity.

Interviews and methods

The study gained approval from the regional ethical committee, and the interviews were carried out between February 2006 and April 2007 at the clinics where the therapists worked. The interviews were open and focused on the narratives of therapists' experiences within psychiatry, therapeutic approach and experiences in the interface between western and the local medical systems.

Seven of the interviews were recorded. Two therapists preferred not to be recorded, and audio notes were taken immediately after the interview. In search for underlying topics and themes within the interviews, they were listened to a number of times, transcribed, reread and discussed with colleagues who had worked in the area or done anthropological field work there. A preliminary write up was then sent back to the participants for comments that were worked into the article.

Findings

Local reality within the consulting room

I would like to start with an example one therapist told of a young woman who heard voices.

“I had a young woman who told me she heard voices. So I asked her if she could tell me if it was different voices she heard, or just one. No, it was just one voice. And I asked her if she knew who it was, or if it was the voice of a stranger. No, not a stranger, it was her grandfather she heard. (So I asked her) If she experienced that there was something special he wanted to say to her or what it was he said? Yes, then it came out. That was it. He wanted to give her advice about things. He told what she should not do, and that she should watch out for certain things. Then I asked if there were any others in her family who had this same ability, and it turned out that her father had. I didn't feel that this was a hallucination, that she was sick. So how can I

use it in therapy? Because you might say, you have to talk to someone else (such as a healer) about this, because this is therapy, right? But you can use it. What is he trying to tell you? ...That's how I used it with her. To take his words, and in a way, discuss with her why the grandfather said just those things to her. And a lot (of what was said by the grandfather) was in relation to school and social problems, to put it that way. The grandfather came to help her by giving her advice, right. (I tried to help) To get her to reflect on it, and look at how she could further use it...How can you bring out his voice when you really need it, when you are standing there and things are really difficult? Can he then stand by your side so you can feel you are not alone? The way I look at it is that you get an extra tool as a therapist, if you dare to use it....And I think, as a therapist, you have to ask. It's your job to open up and say; I can listen to this.”

This example contains several elements that illustrate facets of the interface between Sámi culture and psychiatry looked at in this article. Two most obvious here are the importance of family and of reframing what might be thought of as a symptom in a positive light.

This therapist met the patient from within Sámi reality. Though she considered the possibility of the voices being a symptom of psychosis, she did not find that the girl had a serious mental illness, and used the voice as an important tool in the ensuing therapy. She referred to the experience of this patient who was hearing voices as an ability, and asked if anyone else in the family had the same ability. Other therapists also looked at similar types of experiences as abilities or gifts, and said they were traditionally seen as such from within a Sámi perspective. However, they were also clear that some of the people with such abilities or gifts were especially sensitive individuals who might be more inclined to have psychological problems, especially at certain periods of their life. This understanding was also said to be a part of the culture, and therapists called for guidelines to help them acknowledge what constitutes a cultural specific experience, and when similar experiences are signs of mental illness or psychosis, explaining that such guidelines were not available in the services today. Interviews I have carried out with Sámi patients in a parallel study support these same themes. One patient explicitly expressed how important it had been for her that her therapist had helped her in dealing with contact she had had with a deceased grandfather (this was a patient of another therapist than the above example). Another patient, who was hearing voices, said that from a Norwegian perspective, this was an illness, from a Sámi

perspective, a gift. When asked what it was for him, he responded that it was both an illness and a gift.

A similar example was given of a Sámi reindeer herder who heard a crying baby every time he passed a certain place where a child had died before it was baptized. In local tradition, the babies can remain on earth if having died without being baptized. The therapist told of a discussion between her and a psychologist, who was not aware of this aspect of Sámi culture, and how they would have approached the patients' problems differently, one as a cultural expression and the other as a delusional symptom.

Therapists backgrounds and experiences within the mental health services

Knowledge of local tradition and history

All therapists had lived and grown up during a period in which the living circumstances had undergone much change - with for example the boarding schools first disappearing in the nineteen-sixties and the revitalization of Sámi culture during the nineteen-eighties. During their experience within psychiatry, some therapists had seen situations where Sámi patients had received poor treatment, especially before, and at larger central institutions. Some felt that this had inspired them to do work in bettering the circumstances for Sámi patients.

"I have experienced, with respect to the Sámi, very many difficult sensitive situations where Sámi patients did not get the help they needed, and in some cases received what I thought was degrading and poor treatment... The weakest could experience things that were unfortunate. Especially during my education I saw great lacks with respect to the treatment of Sámi patients."

Therapists seemed to generally agree that the situation for Sámi patients was improving, but that there was still much ground to cover in order to reach the goal of a mental health service more in tune with the needs of patients from this Sámi and multicultural area.

The therapists in this study were also accustomed with traditional approaches to dealing with health problems, and some had close relatives who had been healers:

"And when I grew up, it was hard to get to a hospital. I was used to people using traditional medicine, helpers and healers; for toothache, for headache, it was used for everything. Mostly healers (those who used the laying on of hands) were used, but also herbs." (Continues giving examples of a number of herbs

and how they were used as well as a number of other treatment forms used locally).

Widening the framework

Some therapists found aspects of the mental health services, such as the diagnostic system, as confining:

“I feel quite pressed into a system.... you have to give a diagnosis, and I don't think it's easy. I think it's very difficult to give a diagnosis to everyone who comes here. It bothers me a lot.... It can be very wrong, because you give it from a system, you categorize people, and it becomes a tool of power. That is what is the most difficult for me. It becomes power and can have serious consequences for people.”

On a practical level, one of the limitations experienced at most of the clinics, who did not have an acute team, was the limited possibility of meeting clients outside of the office context and trying to offer the kind of help the patients themselves desired:

“There are in fact people who, for a variety of reasons, do not dare to come into a building such as this (the polyclinic), and meet a psychiatric nurse or psychologist. They are very afraid of it...So it would be my wish that we could go out to people much more often, and be more focused on their everyday life, and less with diagnostics. What is it that concerns them, what do they want to talk about, what kind of help do they want?”

Several of the therapists pointed out the importance of widening the framework within the mental health services both from a conceptual and practical standpoint:

“I believe that the wider the framework of understanding that we have, the more we can manage to include in it, and the more flexible we are, the greater the ability we will have to meet the patient. If we have a limited understanding, I think something happens with the communication with the patient. We are within a small radius....The health system has its own definitional framework,

and I think we have forgotten to ask people: How do you understand what is happening right now.?”

"I do evaluations, and I feel I work with a western orientation, because I am part of the system. But then I have some therapies, like I am talking about now, where I go out of the western system, and these are maybe more difficult to explain."

As seen here, some of the therapists clearly distinguished the western system and another perspective that was sometimes less easy to define. There seemed to be a general idea of “the system” made up of the perspectives emphasized within the health services, and a perspective and approach that was defined as outside the system yet integral to the culture.

Modern life

While Sámi identity is still quite strong in more isolated inland areas, it is generally weaker along the coast where there has been a greater degree of intermarriage and greater pressure of assimilation policies. Today, the lifestyle is to a large degree interwoven with modern life in Norway, and most people with a Sámi background consider themselves both Sámi and Norwegian (Sørli and Nergaard 2005). Some are from families where Sámi background was not openly acknowledged and others from families where some siblings of the same parents consider themselves Sámi and some Norwegian. The modern Sámi culture is not uniform. It takes diverse forms playing on different streams of cultural influences such as traditional Sámi as well as modern and Christian influences. One example of where this is seen most clearly is within modern Sámi music of which there are many expressions. Today there is also a common Northern Norwegian identity and culture that has been influenced by all cultures and people in the area.

Identity and belonging in times of change

Most therapists mentioned the personal importance their own sense of cultural identity had meant for them, and at the same time emphasized that the issue of identity in the area is not always easy. While patients from inland areas, especially those connected with the traditional livelihood of reindeer-herding were described by therapists as having a strong Sámi cultural identity, identity was said to be an critical issue for the patients of those therapists working along the coast where the assimilation policies have been the strongest:

“It is about asking who one is, an experience of belonging, and I often here people searching for whether they are acceptable enough, worthy, and I think it is about the communication that has gone on at home. The last generation had a lot of problems with not being defined as good enough. They were not good enough Sámis and not good enough Norwegians. My generation and the one after have toiled a lot with acceptance of themselves. My thoughts are, that for many, this is a painful process, and also a process that has not been ok to talk about in ones own family.... In some families you can say that the mother, father and one of the children are Norwegian, but three of the children define themselves as Sámi and I can just feel how it is to communicate about it, my thoughts are that it is pretty difficult.”

In inland areas, the rapid change of society during the last generation, with the reduction in the number of reindeer-herders has also, according to therapists, given major challenges for parents and child raising. While before people did not get a longer education, and youth were expected to begin working from an early age, they were now dependent on their parents for longer periods of time. Another issue important in the generation gap and transition to modern era is the difference in knowledge of the youth and the grown up generation - The youth today being far more familiar with modern society and culture than their parents, sometimes creating tension within the families.

Revitalization

The damming of the Alta-Kautokeino watershed, an area that had traditionally been used by reindeer-herders, was of special importance in spurring the revitalization of Sámi culture. It was a damming project met by strong resistance from many Sámi during the late 1970s, and from this time onward there has been increasing political recognition and development of Sámi institutions such as the Sámi parliament as well as educational and health facilities. Special guidelines have also been framed in developing culturally attuned health services to the Sámi people, and today, in some areas known as “core Sámi areas”, the Sámi and Norwegian languages have been given equal status as official languages.

To some extent this revitalization has had its parallels within the health services which now are giving increased focus on Sámi culture. In 1995, guidelines for health and social services

to the Sámi people were laid down in a governmental document which has been followed up by several documents and initiatives since then.

One therapist gave an example of how revitalization is an issue at the clinic. She told of “Ridu Ridu”, a yearly indigenous music festival started recently by local youth in a coastal area of Nord-Troms that has become an important symbol of Sámi revitalization. The festival gathers indigenous musicians from around the world. One consequence has been that some of the generation of parents who had not acknowledged Sámi heritage suddenly had to confront their own backgrounds when their own children were active in arranging the Sámi festival:

“It was a very quick transition, the adult generation did not have time to think through the consequences. Suddenly the youth were on the barricades, so it has been a very difficult process for many...to be said you are something (Sámi) you have never acknowledged yourself. Because that's what happened.”

Despite this revitalization, therapists pointed out that the knowledge of local culture has still been far from fully integrated into the mental health services in a flexible and applicable way. One therapist put it this way:

“If you don't have knowledge of the culture, you will have difficulties meeting a part of the group of patients we meet here, so we just can't continue like this.....I think the first step is education. One needs a cultural and historic perspective, and this should be made a priority. When patients are referred here, it should be just as natural to ask about Sámi ancestry, or something related to it, as symptoms of anxiety.... and I think we need training in talking about these things just as we need training for other types of conversations.”

Treatments

Space, an open ear, the non-verbal

Therapists felt that patients often might hold back their important personal experiences within the health services, or even be misdiagnosed within the mental health system when they shared experiences that are related to Sámi culture and world-view. They stressed the importance of giving patients time, and being aware of a different set of codes. Several spoke of how people may experience some form of contact with deceased relatives as illustrated in

the initial case. The importance of creating space for patients to share such experiences and beliefs that they might otherwise have been reluctant to talk about within the medical system was highly emphasized by nearly all therapists. Such stories and experiences were often those of a more visionary or spiritual nature in the tradition of local stories of encounters with non-material realms or phenomena. Creating such space was one general and non-verbal facet of the treatment that was inherent in the narratives of therapists yet sometimes difficult for them to explain. As said by one:

"It is pretty difficult to explain what you do in a therapy situation. That you might not necessarily say so much, are not so verbal. It is just felt that it's good for patients to be there, and one understands that that is part of the therapy."

Therapists felt that having been raised in close contact with the Sámi culture had helped them become open for such stories and experiences, and understand them in light of the culture. As one put it, "I don't think I'm so afraid of it, when people tell about these things. Because I have heard about such things in my childhood, even though it was called superstition at that time. Those were the words they put on it".

Several of the therapists said they gave special awareness to the positive abilities of the patient, and less to the presenting symptom or problem. Though keeping an awareness on the disease model, and when a more serious illness might be indicated, they would often look at what might be thought to be a symptom as a positive potential. This mirrors a theme also found in talks I have had with helpers and healers working outside the health services who emphasized that the symptom itself contains a path to greater health.

Dream, body and an experiential approach

Beyond the emphasis on providing an open space and ear for patients to share their stories and experiences, therapists used different approaches that were more experiential and less verbal in form. Two therapists used deep relaxation techniques and guided visualization in their work with clients, explaining that they felt that these tools were especially useful with Sámi patients as they are based on felt experience and not necessarily requiring a lot of talk. The visualization approach was a form of guided imagery where the patient, if open for it, and after a relaxation exercise, was guided through some of the difficult situations he or she had experienced as a way of clearing difficult emotions that might be associated with it.

Another therapist with a Jungian perspective worked actively with clients' dreams in addition to relaxation and visualization. Parallel to these approaches was the use of a body-oriented therapy by therapists working at a local ward connected to the polyclinic. These approaches were, however, not very acknowledged at the clinic. Though I had worked earlier at the same center as one of these therapists, I had not been aware of their body-oriented approach.

Family, social network and the reflecting team

Therapists emphasized that they actively tried to include patients' network and extended family in a wider treatment approach. They also emphasized the importance of meeting patients in their own home, and providing an opening for patients to bring family members to sessions:

"I think people wish to be more with their family and friends when they come here. When you come alone, you go out of your system, and it becomes in a way individual. And I think if we had asked people; who do you want to bring, who do you want to meet, and where do you want to meet. We could get to know a lot. It would be great if we could ask people what they want, and to be open for it, and meet them there."

One therapist also mentioned that the experience people could have of contact with deceased family members could possibly reflect the role of family in the area.

One of the therapists had worked within the "reflecting team", at a special acute unit that could travel out to patients and their family on short notice, a service quite unique within the mental health services in Norway. Here two therapists would travel out to patients, a distance of up to five hours away, and work together with the patient and family in a form of reflective dialogue. Therapists would trade rolls of being active in the dialogue with the family and listening and reflecting back to the group at intervals. This approach developed as a part of the systemic therapy by Tom Andersen (Anderson, et al. 2007), and is thought to be especially relevant to patients in the area. It is popular with a number of therapists throughout the area as is the network perspective in general. The approach however was controversial at the clinic, in part due to its cost and use of resources, and the unit was closed down. At the time of this writing, it has re-started and several teams are now working in a similar way at different clinics in the area. This is one initiative central to the work of the Sámi National Center for Mental Health.

Language, metaphor and song

Two therapists used metaphors in their work with patients. Metaphors are an integral and colorful part of the language and dialect of the north, both in Sámi and the local colloquial Norwegian. A way in which one therapist used this was through asking clients to explore and explain what they really meant when they used a particular metaphor such as "to wade in a swamp". The other therapist, an active outdoors-person, consciously used examples and metaphors from nature in conversations with patients.

Two therapists were hoping to research and integrate Sámi Yoik in therapy. Yoik is a form of song that is both important in the area and characteristic of the Sámi culture. It is comparable to the chanting of some Native American cultures, and was also used in earlier times during shamanic healing sessions. It uses sounds in addition to words and is partially improvised. In the tradition of Yoik, one speaks of yoiking a situation, person or an animal, not only singing about them. Though strongly repressed by missionaries and during the period of assimilation policies, it has undergone revival during the last years, and has been said by some people in the area to have been an important part of their own personal healing.

Healers, religion and spirituality within mental health services

Several therapists spoke of the importance of patients' beliefs in giving them extra strength to deal with the challenges of life; not only beliefs coming from belonging to an organized religious group, but also those of a deep religious or spiritual world view independent of organized religion. At the same time, the area also has many who are involved in the Læstadian Christian movement which was started in the eighteen-hundreds, and has been thought to conserve some of the traditional Sami culture.

"Læstadianism is strong here, and it has been thought that it is strongest among the elderly, but in fact many youth today are strongly connected to Læstadianism. There is a vital youth group. So it is something that has given a sense of group worth that has been important for Coastal Sámi who have been through such a tough Norwegianization process."

Importance of healers

Most therapists saw it as important for some clients to have contact with both western and local tradition and some openly supported this. However, they pointed out that the landscape of traditional healing, religion and spirituality though highly significant for many in the area, has been considered a terrain one generally does not enter within the health services. Expressed here by two therapists:

“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.”

“Use of traditional healing was very common where I was working, and I felt that when patients within psychiatry used this, it was not accepted. It was looked at as humbug, and people just could not talk about it. It was not o.k. It was more respected in somatic treatment.”

One therapist expressed that she felt that this subject of traditional healing was particularly difficult for those working within the health system to recognize:

“I think the tension is within the health system, least among the users. The patients have learned about healers, maybe since they were small. But I think it is with us where the difficult processes lie.”

Discussion

The diversity of culture, the nuances of history and the dynamics of change in the area all provide a special and challenging framework for the work of these therapists, who themselves come from the region and local culture. Illustrated within these interviews is that their presence helps to insure a culturally attuned service informed by the personal knowledge and experience of those coming from the region.

Most of the therapists in this study are from the indigenous Sámi minority. As most Sámi today, they live in a world where two cultures meet and interconnect in a great variety of ways that has impacted each family, and even each person differently. The history of the region illustrates that this meeting has in many ways been fraught by difficulties, pain and hardship for the Sámi, who today are emerging out of this history with a renewed force and revitalized culture. Still, this history, the cultural setting, and the demands of finding ones place somewhere within modern Norway and the emerging cultural renewal is indeed a special challenge for those with a Sámi background. A challenge that therapists emphasize accompanies many of the patients who seek help from within the mental health service in this area.

The mental health clinics nested throughout the rural areas of Finnmark and Nord-Troms are a setting where the interfaces of culture become particularly highlighted. Integral to the narratives of the therapists in this study is that these clinics are a part of the “official” Norway, reflecting the administrative systems, thinking and western orientation of health services throughout the country. Though a cultural focus has during the last years been highlighted within the mental health services, there is here, as in any meeting of two cultures, a potential of conflicting values and perspectives. Only one of the clinics was located in the inland areas where Sámi cultural identity is strong, and where it may be more natural for the clinic to reflect this culture in its outward features and approach. Along the coast, the clinics are more embedded in a multicultural setting, and some of the tensions that accompany the history of the area are most readily felt here. It is within the context of these tensions that the work of the therapists in this article should be seen.

Though multicultural, this is also an indigenous region, which shares many similarities with that of other indigenous people, and its placement within an industrialized western country parallels the situation of for example Native Americans. A study among native therapists from Canada was referred to at the outset of this article (Stewart 2008), and was the only study I have found on the approaches of western therapists with an indigenous background. Here, native identity was emphasized as an important part of “attaining and maintaining” mental health, and parallels the importance of belonging and identity in the present study. However, a special challenge in the multicultural area of Norway exists where the mix of Sámi, Norwegian and Kven (Finnish immigrants) people and culture implies a need to unite several identities. In one sense, the therapists in this study may be thought to be people who have managed to navigate through this challenge, uniting several streams of culture within

themselves, one result being seen in their own therapeutic approaches. At the same time, those therapists with strong Sámi roots have also continued to hold a strong Sámi identity.

Though the approaches of therapists in this study are not necessarily unique, and many might recognize similarities with their own practice, their focus does differ from that in the common discourse on therapy within the mental health services of this area today. This discourse is often based on cognitive therapies and pharmacological treatment. The focus here on listening, the body, dream, language and experiential approaches also mirrors the holistic approaches emphasized by native counselors in Canada. However, the counselors in Canada included spiritual practices such as prayer and ceremony in their work. These were not used by therapists in this study, spiritual work being reserved for the role of healers outside the clinic. This may possibly reflect the strong secular nature of the official health services in Norway. Spiritual approaches and discussions have also been surrounded by taboo within the health services as mentioned by some of the therapists here.

Some therapists in this study spoke of feeling restricted within the mental health system, others spoke of needing to “widen the framework”. Themes again mirrored in the study from Canada and other literature on indigenous health services in the North America (Duran and Duran 1995; Stewart 2008). Of special interest are articles from Duran and Gone. Duran looks at the need of moving towards a new paradigm that would “accept knowledge from different cosmologies as valid in their own right”, referring to this as a “post colonial paradigm”(Duran and Duran 1995). Gone emphasizes that in health facilities in indigenous areas there is often a despairing difference between the “culture of the clinic and the culture of the community” (Gone 2004; Gone 2007). Widening the framework for therapists in this study seems to include these issues. Implicit in the narratives is the need for a less exclusive focus on disease, illness and crisis and a greater focus on the positive potential within the clients, as well as an understanding of psychology from within the framework of the culture.

Some aspects of such a local framework or paradigm are gleamed in the initial case of the young woman hearing the voice of her grandfather. The therapist did not diagnose a psychosis (also in tune with the latest version of the DSM which requires the symptom to be not normal within the culture), and referred to the patients experience of her grandfathers voice as an ability, an understanding grounded in Sámi history and culture, and similar to what is known from some other cultures (Peters 1987). Yet, the need for integrating this perspective with that of psychiatry was emphasized.

This project has emerged out of the question of including traditional healers and traditional perspectives within the health system. One might consider the approaches of local therapists as a form of convergence of western and traditional perspectives and approaches. This is most clearly seen in including the body in therapy and in the experiential work of imagery and visualization. This convergence is both interesting and gives exciting perspectives on new ways to understand therapeutic work in the region. It is also in line with the literature on mental health services to non-western cultures (Kirmayer 2000; Kleinman, et al. 2006; Moodley and West 2005).

A "Sámi psychiatry" seems to be available through the therapists in this study, but this is still given within a Western system of diagnosis and pharmacological treatment that some of the therapists find inappropriate and are uncomfortable being a part of. However it also seems clear that a process of emergence of a more flexible culturally attuned psychiatry is underway. Increased focus on patients use of traditional healing and a better understanding of the Sámi vision of reality, greater availability of Sámi speaking therapists and seminars about culture at the polyclinics were all mentioned as important changes and initiatives now underway at the psychiatric centers.

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