Running head: : INTEGRATION OF SÁMI TRADITIONAL HEALING

Should Traditional healing be integrated within the Mental Health Services in Sámi areas of Northern Norway? Patient views and related factors.

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ABSTRACT

Objectives. The purpose of this study was to evaluate whether including traditional healing within mental health services is desirable among users of the these services in Northern Norway.

Study Design. A cross-sectional questionnaire based survey among users of the mental health services in Finnmark and Nord-Troms Norway.

Results. A total of 186 users responded to the survey, of which 72 reported some degree of Sámi cultural affiliation. Forty-eight had Sámi speaking grandparents on both sides of the family. 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 and 75% of those with any degree of Sámi cultural affiliation. Sámi cultural affiliation and the fact of having used traditional healing forms were both independent predictors of a desire for an integration of traditional healing within the health services.

Conclusion. The integration of traditional healing within health services has been suggested both by the World Health Organization, and is used in a number of services to indigenous populations in Western countries. This study shows that such an integration is desirable among Sámi users of the mental health services in Norway.

Key words: Sámi Traditional Healing Integration Indigenous Psychiatric

INTRODUCTION

Today, there is internationally a strong emphasis on integrating local healing traditions within the health services to those who have such traditions (1). These traditions seem to "address some of the many shortcomings of conventional medicine and health care" (2), and have been given special emphasis within mental health services as Western psychotherapies may be experienced as foreign in cultural frameworks where entirely different approaches have been used for generations (2).

This article comes from Finnmark and Nord-Troms Norway. These lie at approximately 70 degrees North and 30 degrees East, or as far north as the most northerly regions of Alaska, and as far east as Istanbul. This is an area which is considered a cross roads between three cultures, the Sámi, Norwegian and Kven, finnish immigrants from the seventeen-hundreds. It focuses primarily on the Sámi who are an indigenous people (3), and have lived in Norway, Sweden, Finland and Northwest Russia for thousands of years (4). The three groups in the area are today to a great degree interwoven through close proximity, intermarriage and common participation in modern life. However, the Sami have played an important part in the formation of the collective culture of the area, and are still very visible and particularly characteristic in inland areas of Finnmark where the Sámi language is still in daily use.

The Sami have suffered a number of cultural losses and repressions. First, of the traditional nature based religion which was practiced widely until around the seventeen hundreds, and later of much of their culture and language through forceful assimilation policies which were particularly strong from the middle of the eighteen-hundreds (7). Though the area has undergone major changes, local healing traditions are still very alive (8). Though it is unclear to what degree traditional healing among the Sámi today has its roots back to the nomadic era when the Shaman was a central figure (9), it would be hard to consider these traditions as isolated from other traditional and indigenous aspects of the Sámi culture such as the language, handiwork and continuing use of natural

resources.

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. Healers are also contacted by phone and many practice a form of distance healing that is often called “reading”, a practice where special verses are "read" for the patient (10). Intuitive forms of knowledge and clairvoyance seem to be integral to the tradition, and helpers are contacted to help find lost or stolen articles, and today sometimes as counsellors.

In a recent study carried out at the regional University mental hospital, it was found that an awareness of patients’ cultural heritage was lacking within the treatment context of the hospital. Sámi patients tended to repress their own cultural identity within this context, and therapists were to a large degree unaware of patients use of traditional healing (20). A cooperation between healers and health professionals was suggested. An integration has also been suggested in an early document framing guidelines for health services to the Sámi population in Norway (16), but has not been followed up in practice.

American Indians and Alaska Natives have preserved and revitalized a number of traditional healing practices, and the official medical services in both the U.S and Canada have also integrated traditional medicine within the health services (11-14).
Such an integration of traditional healing within the public health services has been suggested for many years by the World Health Organization which has also emphasized peoples “right and duty to participate individually and collectively in the planning and implementation of their health care” (15).

A number of articles on traditional medicine and medical services from throughout the world have also suggested creating or described nascent centres of cooperation (13, 17-19). However, we have not found any studies examining users’ views on integrating traditional healing within health systems or outcome studies from existing integrative programs.

The present article is based on a survey carried out within the local mental health services of the counties of Finnmark and Nord-Troms in which we found that traditional healing approaches were the most commonly used of both traditional and complementary modalities. There was a correlation between this use and lower satisfaction with the

official mental health services. Use was highest among Sámi patients and highly associated with the importance of spirituality (21). In the present article, we examine patient views towards an integration of traditional healing. In keeping with the suggestions of the World Health Organization with respect to traditional healing, and the local work on developing services to the Sámi population, other complementary modalities such as acupuncture and massage are not considered here.

Though we hypothesized that Sámi patients might be particularly favourable to an integration, their use of traditional healing modalities might not necessarily translate into a desire to have these included within the health services as the two paradigms are very different. A desire for an integration even be more associated with other factors such spirituality, satisfaction with the health services, and views on what influences ones health. These potentially associated factors are also explored in this article.

MATERIAL AND METHODS

This was a cross-sectional study throughout a three-month period between February and April of 2006. It was carried out among patients at nine different treatment centres throughout Finnmark and Nord-Troms, the two northernmost counties in Norway. These treatment centres included five psychiatric outpatient clinics, two local inpatient wards, one private psychologist, and two hospital wards at the University of Tromsø. All the treatment centres served patients from rural areas, and with the exception of the University hospital in Tromsø, were located in small rural towns. All participants were, before being invited to participate, evaluated by their therapists as capable of understanding the implications of informed consent, and had recovered from any acute psychiatric crises.

Information about the study was made available through brochures and posters at each treatment center. All patients in a stable phase and evaluated as able to understand the implications of informed consent were invited to participate in the study. Their primary psychiatric therapist who informed them briefly about it and gave them a packet with more information on the survey as well as the questionnaire.

Development of Questionnaire

The questionnaire was developed in cooperation with 4 of the study centres and the National Research Centre on Complementary and Alternative Medicine (NAFKAM). While a number of the items have been used in earlier studies, the items relating to patient perspectives towards integration of traditional medicine were developed for this study. This was necessary as few similar studies have been carried out on this subject, and the local situation and goals of the study required more locally developed questions. In this process, we had initial discussions with patients and therapists about the local use of treatments outside the official health services. An earlier version of the questionnaire was tried among a small group of patients. Improvements were thereafter made in questions until the final version was as clear and precise as possible. The questionnaire was made available in both Sámi and Norwegian. The study was approved by the regional ethical committee and the national centre for electronic storage of personal data (NSD).

The following measures were assessed through the questionnaire:

Patients' attitudes towards integration

We asked participants which treatment modalities they had used and which they would like to see included within the health services. The questions included Prayer, Healing/The laying on of hands, Reading, Herbal medicine, Conversations with a clairvoyant, Shamanism, A list of other complementary methods and Other (with space to specify). In this article, we have chosen to look specifically at Healing, Reading and Conversations with clairvoyant which are the methods strongest related to local healing traditions today. Herbal medicine and prayer are very unspecific as they are used in many forms of complementary medicine and religious contexts. Shamanism is not a term frequently used in the north today, but is growing more specifically in urban centres in the form of neo-shamanic practices.

Potential predictors of attitudes towards integration

General demographic factors

Age, gender, marital status and years of education.

Cultural affiliation

We used items from an earlier questionnaire (22) assessing different aspects of cultural affiliation. In this study, we have used two different measures of Sámi cultural affiliation and background:

a) The self-defined cultural affiliation. This has been shown to be a valid measure of ethnicity in an earlier study among psychiatric patients (20). It was evaluated through five questions in which patients were asked about their own sense of cultural affiliation with Norwegian, Sámi, Finn, Kven or other cultural backgrounds. These were scored on a five point scale ranging from not at all to very much with respect to each affiliation.
b) Having Sámi speaking grandparents on both (mothers and fathers) side of the family.

The Norwegian group which is used here as a comparison to the Sámi group are those with no Sámi, Kven or Finn background.

Spirituality and Religious mindedness

A three item scale addressing the degree to which patients had used prayer for healing or guidance, sought help from a spiritual force or felt that their inner belief was important for them during illness (23). (three items, scoring range 3-15, Alpha = 0.68,).

Emotional symptoms

The SCL-5 version of the Hopkins Symptom Checklist (24) was used in evaluating emotional symptoms (five items, scoring range 5-25, Alpha = 0.87).

Multidimensional Health Locus of Control (MHLC, form A)

The MHLC (25) is an 18-item measure evaluating the expected relationship between ones own behavior and its consequences to personal health. It includes questions rating ones belief in the importance of personal factors such as lifestyle, or outer factors such as the importance of family or therapists in preventing illness. The instrument has been shown to have three sub-scales corresponding to internal, powerful others and chance control. For the present study we used the internality and powerful others sub-scales.. (6 items, scoring range 1-30 for each subscale , Alpha = 0.76 for the internal control scale and 0.63 for the powerful others control scale

Global satisfaction with treatment and treatment type.

Global satisfaction with treatment was assessed through a single Likert scaled question in which patients were asked how satisfied they were with all treatments received within the mental health services (single item, scoring range 1-5). Participants were also asked in a single yes or no question whether or not they had been treated with medicine for their psychological problems.

Verbatim item

A generous amount of space was included at the end of the questionnaire where patients were asked to write down additional perspectives on how to improve the psychiatric services and a potential integration of Traditional healing.

Statistical analysis

Missing answers ranged between 0 and 10 percent. Missing values in the variables used in the uni- and multivariate logistic analysis were replaced by the mean value found in the user or non-user group of which each patient belonged to. The most frequent answer in the user or non-user group was used for dichotomous values.

Univariate logistic regression analyses were performed with respect to potential factors associated with a desire for integration. Those variables that were significant or trended to significance ($p< 0.1$) in the univariate analysis were included in this analysis. The strength of the associations are expressed as odds ratios (ORs) within 95% confidence

intervals (95% CI). All statistical tests were two-tailed, $p < 0.05$. We used SPSS for Macintosh 16.0 for all statistical analyses.

RESULTS

186 patients responded to the survey. The calculation of a response rate of 48% is a calculation of a minimum response rate. The original design of the study intended the response rate to be calculated based on therapists noting the number of patients receiving a study packet. However, this was not followed by all therapists. We decided therefore at the end of the study to ask the participating centers 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. 72 (39%) of the patients had some degree of affiliation with Sámi culture, 48 had Sámi speaking grandparents on both sides of the family. 156 (83%) of the patients were being treated as outpatients at the time of the survey, while 30 (17%) were currently being treated at a psychiatric hospital.

Use of traditional healing

Within the group with Sami grandparents on both sides of the family, 48% (23 of 48) reported to have ever used a healer for physical or psychological problems, while 40% (29 of 72) with any degree of Sámi affiliation and 31% (33 of 106) reported to have used healers. In interviews we had with some patients after their filling out the questionnaire, we found a considerable underreporting of the use of healers.

Patients' attitudes towards integration

Those with a strong Sámi family background, having Sámi grandparents on both sides of the family showed the highest degree of desire for including traditional healing within the health services. Here, 81 % (39 of the 48) desired such integration (TABLE I). 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. 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.

As mentioned earlier, we have tried to find a definition of traditional healing that is most specific for the traditional approaches, and less likely to cover complementary approaches. For this reason, we have not included plant medicines in our definition of traditional healing. However, plants are used by some healers, and had we included these, the support for an integration would have been even higher among all patients, with 71% of all patients desiring an integration. More specifically, including the use of plants in our definition, we find that 85% (41) of those with Sami grandparents on both sides of the family, 82% (69) of those with any degree Sami affiliation and 63% (67) of the Norwegian group desired an integration.

TABLE I HERE

Factors associated with a desire for integration of traditional healing

In the univariate analysis, 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 level of symptoms ($p<.06$) (TABLE II). The other demographic factors of sex, age, marital status and education did not show any relationship to a desire for integration - neither did locus of control, having been treated with psychopharmaca or the global satisfaction with treatment within the mental health services.

TABLE II HERE

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). (Having Sámi grandparents was not included in the multivariate analysis due to a high correlation between this and Sámi affiliation - 82% of those with any degree of Sami affiliation had one or more grandparents who were Sami).

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

Patients with a Sámi background were found to be clearly favourable to an integration of traditional healing within the mental health services. This was most clear for those with Sámi grandparents on both sides of the family. Within this group, over 80 % desired an integration, and those with any degree of Sámi background had a five times higher odds of supporting an integration of traditional healing than others. The regression analyses also indicates that Sámi patients are more favourable to an integration even after taking into account their higher use of traditional healers.

Questionnaire studies have a negative reputation in this area and some patients may not have wished to participate for this reason, possibly contributing to the somewhat low response rate. Though a selection bias of patients more favourable towards an integration is conceivable, it might equally be that some patients with a high use of traditional healers, and positive attitudes towards them, did not wish to participate in the study as they might fear it would reveal their use of healers. It is also possible that those patients with the most symptoms may have found the study too taxing and therefore not participated. Patients with stronger symptoms have been shown to have a higher use of healers, and in line with the findings here might therefore also be more favourable to an integration, resulting in a possible selection bias against integration.

Though there are clear limitations to this study, the relatively high support for integration among the Sami found here indicates that an integration should be given more consideration than it has up to this point. Taking into account the perspective of Sámi patients may also be particularly important when considering the historical repression of tradition in the area.

Spirituality was found to be associated with a desire for an integration of traditional healers in the univariate analysis. Though it fell out of the multivariate model, probably due to it being an aspect of Sámi identity, it is an important facet of the holistic perspective of traditional healing. This desire for a more integrative and holistic

perspective was also reflected in a number of the comments received from patients in the verbatim item.

The support for traditional healing was most clear for "healing" and the laying on of hands. Traditional healing within the Sámi perspective, as well as in other indigenous traditions, is not a set of different treatment modalities, and separating them as we have for the sake of the study is artificial. Healers will generally integrate several approaches in their work. When participants have answered that they want "healing" included within the health service, "healing" may for them also include other tools besides the laying on of hands. However, the fact that participants were less favourable to including reading and clairvoyants, despite these being commonly used in the area, may have something to do with them being seen as less likely to fit within the Western treatment model. Though the laying on of hands is not a part of Western medical tradition, it does not necessarily challenge the paradigm to the same degree as reading and clairvoyance might.

Though there was a high degree of support for including traditional healing within the health services, between 20 and 25% of the Sámi participants did not desire any of the three modalities which we have defined as traditional healing. The perspectives of these participants is hard to know, yet from discussions we have had with a number of people on this subject, it seems that some who do use traditional healers would not make use of healers within the health services. Some feel that this is a private matter that they would prefer to keep it within their private activities. Others feel that the context of traditional healing would suffer within health services.

Within Sámi tradition, healers have customarily not taken money for their services, and often wished to remain anonymous. Bringing this tradition into the public health service where accreditation and regulations of practice are in high focus, might be hard to realize, and place traditional healing at a risk of loosing some of its' essential elements. This is a concern that local therapists within the mental health services have voiced in conversations we have had with them on the subject.

Another challenge relates to the argument that traditional healing, like many complementary treatments, is viewed as "unscientific". Evidence based medicine is an underlying principle in the discourse on medical services in Norway. However, in the context of the mental health services, it is important to keep in mind that conventional

psychotherapies as well as pharmacological treatments often do not have local documentation. The efficacy studies these are based on generally comes from patient groups selected in large urban centres with an optimal fit between target complaint and treatment form. Their validity in an area such as Northern Norway where there is a strong history and presence of an indigenous culture can and should be questioned.

From this perspective, there is a need for local research on both treatments already practiced within the mental health services as well as those representative of local tradition. With respect to local tradition however, we believe it would initially be possible to introduce this within the health services based on the argument that they have substantial experiential based evidence from years of practice within the area and a cultural congruence with the population. The lack of evidence-based research has not hindered other public health services in indigenous areas from including traditional healing. Such integration seems to be founded on a reasoning based on the inherent value of local tradition which reflects local belief and understanding of reality. Patients meeting health services that in this way reflect local tradition may also find it easier to be open with their own their identity within the services.

There is today a strong movement within the population as a whole favouring holistic attitudes towards health. An integration might contribute towards shifting attitudes towards the mental health services in Norway which today are viewed by many as a part of a conservative medical establishment. It is hard to see that an integration would compromise the respect for medical and psychological competence which would continue to have a clear presence in the services.

As an integration seems to be supported by the participants in this study, looking further into this question from a more qualitative perspective is warranted. We have carried out an inteview study among patients, therapists and healers on this topic and will follow up the present article with a qualitative one. Other approaches in shedding more light on this topic might be to initiate meetings between healers and health workers within the health services in order to discuss aspects of this topic, or start a pilot study on a small scale in which healers, therapists and counsellors work together.

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TABLE I

The types of traditional healing approaches desired in the two Sámi and the Norwegian comparison groups

	Any form of traditional healing	Healing	Reading	Clairvoyant
One or more Sámi grandparents on both sides (N=48)	39 (81%)	30 (63%)	12 (25%)	9 (19%)
Any Sámi affiliation (N=72)	54 (75%)	41 (57%)	17 (24%)	16 (22%)
Norwegian (N=106)	39 (37%)	30 (28%)	13 (12%)	22 (21%)
All (N=186)	97 (52%)	75 (40 %)	30 (16%)	40 (22%)

TABLE II

Variables found to be significantly related to a desire for an integration of traditional healing in the univariate analysis (N=186)

	df	OR	Lower CI	Upper CI	p
Sámi affiliation	1	4.95	2.58	9.53	<.001
Religious mindedness	1	1.12	1.03	1.22	<.01
Used Traditional Healing	1	4.66	2.38	9.12	<.001
A Sámi grandparent on both sides	1	5.44	2.36	12.59	<.001
Symptoms	1	.95	.89	1.00	.061

Variables tested, but not found to be significant were age, gender, education, marital status, locus of control, level of emotional symptoms, having been treated with psychopharmaca, and satisfaction with the mental health services.