

Sámi Traditional Healing in Sweden – An Interview Study

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Sámi traditional healing has been practiced in the Sápmi region of northern Norway, Sweden, Finland, and Russia for millennia. This study focuses on Sámi traditional healing in Sweden. Through interviews with five active healers and 11 key informants, we found that traditional healing is currently alive in Sweden but hidden. Healers treat health problems ranging from the physical to the spiritual, including mental issues and life's difficult situations. Low-cost methods are used: spiritual healing with prayers and the laying on of hands, consultation, and herbal remedies. Healing takes place either face-to-face or over distance. Healers charge no money but accept small gifts. Being a healer is a calling. A general concern is voiced by informants about the diminishing number of healers in Sweden.

Introduction

The Sámi Indigenous People living in Northern Norway, Sweden, Finland, and Russia have for millennia practiced Sámi traditional healing. Sámi traditional healing (TH), or traditional medicine (TM) as it is termed by the World Health Organization (WHO) (WHO 2013), has been practiced in Sweden historically. For example, John Turi (1854–1936), the first Sámi author and a healer, wrote two books a century ago to give a comprehensive description of Sámi concepts of health, healing and diseases (Turi 1917; Turi and Turi 1918–1919). Turi collected numerous narratives on different practices in the Sámi milieu, which are disparate and non-systematic. DuBois and Lang systematically tabulated the diverse healing procedures and substances in their review article of Turi's books (DuBois and Lang 2013). Later on (1932), the Sámi TH methods used in both Sweden and Norway were identified and documented by a Norwegian Sámi scholar, Just Qvigstad (Qvigstad 1932). This work was systemized by the Swedish anthropologist, Åke Hultkrantz (Hultcrantz 1961).

The most recent Swedish contribution that we can find is a PhD study in Swedish (Skott 1996). Skott practised as a nurse at the Jokkmokk Health Centre in 1989 and conducted field work in the Jokkmokk, Sweden and Varanger area in northern Norway between 1990 and 1992. She reviewed the historic documentation on Sámi healing practices, including some of the narratives from Turi's two books mentioned above. Skott discusses the important influence of the Laestadian version of Christianity that originated in the extreme north of Sweden and Sápmi, in Karesuando and Pajala, where Lars Levi Laestadius was a priest in the Swedish church. This Laestadian movement was in many ways closer to the Sámi worldview than the Swedish church as a whole at that time. This may have something to do with Laestadius' Sámi background. Laestadian thinking is still strong and has an influence among current Christian healers in the northern part of the Swedish and Norwegian Sápmi (Sundström 2016). The most recent publication on Sámi TH is a book in Swedish by Eriksson "Sámi shamanism – the Noaidi of our times" (Eriksson 2018). In particular, he discussed the role of the traditional Sámi Noaidi, a shaman who mediates between the people he serves and the supernatural beings/forces and presented several Sámi healers from the region, mostly from Norway and mostly now deceased.

A recent literature review, based on English and peer-reviewed scientific publications, shows that Sámi TH is still actively used by the Sámi population in northern Norway (Liu-Helmersson and Ouma 2021). In Norway quite a few studies have been published on traditional healing (Kristoffersen et al. 2017; Kristoffersen et al. 2019a & 2019b; Langås-Larsen et al. 2017; Langås-Larsen et al. 2018a & 2018b; Mathisen 1989; Miller 2015; Myrvoll 2015; Sexton and Sørlic

2008 & 2009; Sexton and Stabbursvik 2010). No recent research is to be found in Sweden except for the review article of Turi's books mentioned early (DuBois and Lang 2013). Even in Norway, Sámi TH is often ignored and has no place within the health care system (Langås-Larsen et al 2017; Sexton and Sørli 2009).

Among the publications in Swedish on Sámi TH, we found no peer-reviewed scientific reports on the situation of Sámi TH in Sweden, just as revealed by the recent English review study (Liu-Helmersson and Ouma 2021). Therefore, Sweden lacks a scientific study of Sámi TH in peer-reviewed literature in either English or Swedish.

Ermine (Ermine et al 1995) describes indigenous healing traditions as embracing a holistic worldview, while being based on reciprocity and mutual relationships between humans and nature; these traditions are embedded within communities and characterized by complex kinship systems of relationships among people, animals, the earth, the cosmos, etc., from which knowing originates (pp101-112).

The international community first recognized indigenous TM in primary health care in the 1978 Alma-Ata Declaration. The current WHO policy states that TM and practices are indispensable to indigenous and local communities (WHO 2002); "TM is an important and often underestimated part of health services. TM has a long history of use in health maintenance and in disease prevention and treatment, particularly for chronic disease." (WHO 2013) (p 11). This study aims to explore the contemporary situation of Sámi TH in Sweden.

Methods

This qualitative study consists of 16 in-depth individual interviews conducted in Swedish Sápmi. The informants, from different professions and socio-economic groups, include five active healers and eleven key persons in the Sámi community who have knowledge of Sámi TH, including a community leader, health care workers and clients/help seekers. All were Sámi, both reindeer herders and non-herders from all parts of Sapmi. Six are men and ten are women, with ages ranging from 35 to 82. The majority are elderly persons (> 65). Convenient and snowball sampling were used. Informants were selected mainly from one of the researchers' (LJ) past contacts as a health professional working in northern Sweden for more than 50 years and as a researcher on Sámi mental health. L.J. has also been active in promotion of Sámi health issues at governmental level. Most informants were known by the researcher (LJ) from his previous Sámi studies and work with health issues in the Sámi milieu, while some were found from recommendations of others. The relation-building process, with dialogue and trust, started as early as 1970. Some of the healers were contacted/interviewed 3 or 4 times to establish contact, forge relationships, and deepen understanding.

Interviews were conducted during a 3- month period in 2021 and most of them were not face-to-face due to the travel and contact restrictions during the ongoing COVID-19 Pandemic. One interview was conducted using Zoom (an online program) by JLH with help of another researcher in English, and the voice data were recorded as an MP4 file. The remaining 15 interviews were conducted by LJ alone in Swedish, and notes were taken. Each session lasted between 30 and 60 minutes.

The interview resembles a conversation in many ways, with the intention of having a very open discussion and in the spirit of yarning used in the aboriginal interview methods in Australia (Dean 2010). Open questions were used to the informants, such as “Do you know any healer? what do you think about the situation of Sámi healing in Sweden? Can you describe your experience of visiting the healers? Why do you contact healers? what kind of treatment was offered?” Healers were asked; “What are the most common problems that you encountered during your healing? What do you offer your clients?” The researcher and the informant participated in the conversation on equal terms through sharing ideas and experiences in healing, using yarning to exchange information while building trust and flow in the dialogue. All three authors have extensive experience of TH from different cultures. The data analysis method is close to phenomenological research approach - we describe rather than explain the data and we start from a perspective free from hypothesis or preconceptions (Lester 1999).

When conducting research involving Sámi in Sweden, it is crucial to be aware and cognizant of the traumatic history of research on Sámi. The most apparent examples are the studies made by the Swedish Institute for Racial Biology (Ericsson 2021), which included nude photographs and skull measurements that were intended to portray the Sámi as inferior compared to the Nordic race. The Swedish state and church condemned aspects of the Sámi TH practices – for instance, banning the use of drums by the Noaidi. The Swedish church initiated a reconciliation process in the 1990s and a White Paper Project was published in 2012 (Lindmark and Sundström 2016; 2017).

The issue of TH remains sensitive in the core areas of Sápmi. Guidelines for Sámi health research have been suggested by the Sámi Parliament of Norway and now have been adopted and implemented in the Norwegian ethical review system (Kvernmo et al 2018). Aware of these factors, we have been very careful in our approach. Consent to participate in the interview was obtained at the beginning of each interview following the ethics guideline. A formal ethical approval by the Swedish National Research Ethics Board was obtained (dnr 2021- 00809). This was complemented by the author (LJ) discussing the issue with several Sámi leaders and individual key persons.

Results

From the interview data, we divide the results in three areas: healing practices, profile of some healers and current situation around Sámi TH.

Healing practices

Among the 16 informants, we found that healers treated problems including shoulder and back pain, eczema, stomach problems, anxiety, depressed mood, feeling alienated and even suicidal thoughts. Stopping bleeding over distance was mentioned as an effective healing practice in the North, e.g., during child delivery. The methods used include laying on of hands, verbal consultation, various herbal and animal preparations, cupping using reindeer horns, massage, spiritual healing, prayers, and divination. When asked about treating mental problem, one informant stated, “They talk and listen to people. It is like a psychologist does. They talk and make people feel better. And they also take a long time, if needed.”

Healing is based on trust. No healers advertise their ability, but their capacity is spread by word of mouth. “If you go about bragging ‘I am a healer/shaman’, then others know that you are not. ... that knowledge is spread only to those who deserve it”, as one informant stated. While healers’ ability is inherited from their family, they find their own way and style of healing. There is no school to go to.

Most healers ask for no money but accept small gifts. There is no professional healer that makes a living out of healing practice in Sweden. Healing is not a commodity that can be paid for. It is a gift and a calling. “If you were born with the call to be a healer, you can’t deny it”. Some expressed a concern about commercialization of the traditional healing practices, especially the use of herbal and animal preparations.

Profiles of three healers

Three out of the five healers allowed us to mention their names. Below are their stories:

Per Simma who is 77 years old, and a well-known active healer in northern Sweden, lives in Lannavaara in the very north of the Swedish Sápmi. Simma, whose healing practice is based on Christian beliefs, is one of the most outspoken of the healers interviewed. He heals by laying on of hands, praying, listening, and giving advice. He clarifies that “I don’t have the power – the power comes from God and it is necessary that persons who want to be helped should believe in the healing power of God, not Simma”. “All medicine comes from nature”. He does not use drums in his healing. “The drum is just a drum!” Simma has also

been interviewed by several journalists and other researchers, e.g. Eriksson several times, initially in 1991 (Eriksson 2018).

Helene Lindmark was born 1969, grew up in Liikavaara in northern Sweden and now lives in Härnösand, south Sápmi. She is a representative example of the ongoing revitalization of Sámi TH and works very much with “intuition” (Eriksson 2018). She uses a drum to help the process and states “The drum has a soul. It is not just a product like all others”. She heals souls that “were lost”, as she states, by laying hands on clients to get in contact with the clients’ souls. She listens attentively and talks to clients when they have problems, e.g. suicidal thoughts or feelings of alienation. She likes to get close to nature, the landscape, and the animated Earth. Her focus is on finding a balance with nature. She talks about a new interest in sacred places and about healing the Earth and the necessity of caring for nature. Although a drum is used, she is not comfortable calling herself a shaman, but rather a Noaidi to distinguish herself from those who charge money for healing since Noaidi traditionally does not charge money for their services. She is also engaged in an international network of healers. She mentions Joik, a Sámi singing, used to support healing.

Laila Spik, who is 72 years old and from Saltoluokta in northern Sweden, presents herself as a Sámi cultural worker. She gives lectures and courses on Sámi culture and nature medicine. She specialises in the use of herbal remedies which knowledge she acquired from her parents and grandparents. She stresses the intuitive nature of the knowledge that she has developed over the years stating, “Our nature is divine, to breath, to cook, to drink, to eat.” She mentions that there are always natural remedies for different ailments: ointments based on herbs and reindeer fat, soups prepared from lichen for stomach problems, resins to chew for cough, plasters from bark, etc. She also stresses that there are no magic elements in the healing power of natural products. She has also had international contacts with healers in South and North America.

Some other well-known healers who were interviewed wish to remain anonymous. They prefer to keep their healing capacity as it may be lost if disclosed.

Current situation of Sámi TH in Sweden

A secrecy norm surrounds the TH practices with phrases such as one of the informants said: “This I should perhaps not talk about.” “There are so many fears, many have gifts, but they keep it to themselves.”

All the informants and healers mentioned that there are few active healers in the Swedish Sápmi, especially in the south. Many express a concern that the

practice might be dying out.

No one mentioned integration of TH with health care services. Some informants mentioned that for mental health besides Sámi healers, one can also visit SANKS - Sami National Competence Centre for Mental Health in Norway (SANKS 2019) where they accept Swedish patients.

Discussion

We found that a variety of healing methods were used in Sámi TH in Sweden: from spiritual, like laying on of hands, using Bible words and a drum, to physically touching the client's body and massage, and to remedies using herbs and other substances as described by the three healers; from face-to-face consultation for mental, physical and life problems to over-distance healing like stopping bleeding. The disorders treated range from somatic, to mental, to life difficulties, to spiritual. There is a wide variety of ideas and perceptions as to the causes of these disorders: social relational conflicts within the family or work, natural causes, spiritual forces, the will of God. This is similar to what the studies found in Norway (Liu-Helmersson and Ouma 2021).

In our attempt to find respondents we have been surprised by the often rather hesitant and fearful attitudes toward engaging in talks about TH. This may have something to do with history. The history of Sámi TH may be divided into three phases. First, the pre-Christianization of the Sámi community, prior to the 16th/17th century. Then the post-Christianization period starting from 17th century, with the elimination of what was considered pagan elements like the drums and the joiks. Finally, the end of the 20th century seeing a revival of Sámi traditions generally (Amft 2002). For instance, there is the neo-shamanism represented by the Norwegian Sámi, Eirik Myrhaug, who has developed his own cosmology based on mainly pre-Christian Sámi shamanism, supplemented with techniques from other cultures, especially Eastern and Mayan culture. Myrhaug practices Shaman healing and arranges healing sessions and courses from his centre in Bekestua, Norway (Eriksson 2018; Livstreet 2021).

The repression of Sámi cultural practices by the Swedish state and church during the first two phases of Sámi history goes beyond the ban of the drum and the joik. The drums were used by the Noaidi as a means of communication with the spiritual world. The pre-Christian healer Noaidi was often considered to be in contact with evil forces. Therefore, these practices were condemned as being primitive, occult, and superstitious. Even though the drums were forbidden and destroyed during the early Christianization of the Sámi in Sweden, today Sámi traditional healers still most often consider themselves Christians, like Per Simma. This is the same finding by some Norwegian researchers, of whom Langås-larsen et al found that Sámi healers mixed elements from Christian and

old Sámi rituals together with biomedical diagnosis in their healing practices (Langås-Larsen et al. 2018b). In addition, we see in recent decades emerging and evolving discourses around the drum, the joik, and the Noaidi with the acceptance of joik in church ceremonies and an emerging neo-shamanic tradition. However, sensitivities exist that research on Sámi TH could cast a shadow on the Sámi community as still “underdeveloped”, as found in Norway (Haetta and Andersen 2015).

The joik and the use of drums seem specific to the Sámi healing tradition. Not usually used as a remedy for disorders of different kinds, but more as a comforting activity. The joik has recently been used in geriatric dementia care to remind patients of their history, as shown in the Norwegian study (Hämäläinen et al 2018). Although heavily persecuted, the joik has survived throughout the centuries. Joik is seen as enabling the promotion of health as a means of emotion regulation and stress relief on the level of the individual. It represents a significant cultural marker that serves as a symbol of identity and belonging, which can constitute a powerful socio-cultural resilience factor at the population level (Hämäläinen et al 2018). Access to close social networks existing in Sámi culture is another important resilience factor for Sámi patients in a health context, which is the same as found in Norway (Langås-Larsen et al. 2018a).

Sámi TH is mainly practised in the northern part of the Swedish Sápmi. Becoming a healer is achieved through inter-generational learning and transmission within familial relationships among those who have a calling from birth, as found in Norway (Langås-Larsen et al. 2018b; Miller 2007; Myrvoll 2015; Sexton and Sørli 2008). There are no formal learning programs on Sámi TH. As active healers are aging, some informants voiced the concern that the practice of TH is dying out. However, the revival of Sámi culture in general might inspire younger generations to revitalize elements of Sámi TH. Neo-shamanism is an example of this (Eriksson 2018; Livstreet 2021).

Whether it is possible or even desirable to somehow include elements of Sámi TH into conventional medicine remains an open question. An integration of Sámi TH into general health care services is clearly the desire of some Norwegian local communities (Sexton and Sørli 2009). In northern Norway, many patients visit the health care centre to get a diagnosis and then go to their traditional healers for treatment (Myrvoll 2015). However, we have not noted any suggestions in this direction in the Swedish Sámi milieu. In Canada, the US and Australia, a number of indigenous-lead health partnerships have been established to strengthen traditional ways of life including healing practices (Allen et al 2020). In Tanzania, there exists a National health policy for licensing traditional healers (Langwick 2008). In China, integration has been practised for many decades (WHO 2013).

Of interest is the ongoing discourse on complementary and alternative medicine (CAM) care in Sweden. Today's legislation on CAM care is included in the Patient Safety Act, which forbids anyone but health care professionals to treat cancer, epilepsy, and diabetes. The issue was investigated recently by the Swedish government and a report was written (SOU 2019), which proposes a new separate law, the "Act on certain restrictions in the right to professionally provide care". This includes a general prohibition of those outside the health care system to treat serious disorders (somatic or mental), except to relieve symptoms. However, it is unclear whether the government will pursue new legislation proposed in the report.

One crucial issue is the fact that TH is part of a gift economy, while conventional medicine is a service or a commodity that is sold and bought. Still, the traditional doctor-patient relationship has commonalities with the healer-client relationship which is based on trust and mutual respect.

Sámi TH is not available in Swedish health care services. What would be desirable, however, is that health care professionals be more informed about the nature and use of Sámi TH in the catchment area, including emphasizing the importance of respect, understanding and mutual reciprocity in the treatment approach to patients with alternative choices, while not judging alternative treatments as superstitious, nonsense or quackery (Langås-Larsen et al 2018b).

Conclusion

Sámi TH in Sweden is still alive, although often hidden. Secrecy surrounds traditional healing in the Sámi milieu. According to our informants, it seems that the number of traditional healers is decreasing currently in Sweden, while well-known ones are aging. Various methods are used, from laying on of hands, attentive listening, to prayers, to using herbs and drums. However, an emerging revitalization of traditional healing using drums and joik is seen among the younger generation of Sámi.

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