

ORIGINAL ARTICLE

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 methods within mental health services is desirable among users of these services in Sámi areas of northern Norway.

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

Methods. The percentages of participants desiring traditional healing modalities within the health services were calculated, and univariate and multivariate analysis were performed with respect to factors associated with a desire for integration.

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 the 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. In a regression analysis, both Sámi affiliation and having used traditional healing forms were significantly associated with a desire for the integration of traditional healing within mental health services.

Conclusions. The integration of traditional healing methods within health services has been suggested both by the World Health Organization and is used in some of the services to Indigenous populations in Western countries. This study shows that such integration is desirable among Sámi users of mental health services in Norway.

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INTRODUCTION

Today, there is great emphasis on integrating local healing traditions within health services in cultures across the globe (1). These traditions appear to “address some of the many shortcomings of conventional medicine and health care” (2), and have been given special emphasis within mental health services, since Western psychotherapies may be experienced as foreign in cultural frameworks where entirely different approaches have been used for generations (2).

This study was based in Finnmark and Nord-Troms, the 2 most northerly districts of Norway. These areas lie approximately at 70 degrees north and 30 degrees east, as far north as the most northerly regions of Alaska, and as far east as Istanbul. The area is considered a crossroads between three cultures, the Sámi, Norwegian and Kven (Finnish immigrants who first arrived here in the 1700s) (3). It focuses primarily on the Sámi, an indigenous people (4) who have lived in Norway, Sweden, Finland and north-west Russia for roughly 10,000 years (5,6). Today, the 3 groups in the area are, to a great degree, intermingled as a result of close proximity, intermarriage and common participation in modern life. However, the Sámi remain very visible as a distinct people in the inland areas of Finnmark, where the Sámi language is still in daily use. They have played an important part in the formation of the collective culture in the whole region.

Throughout their history, the Sámi have suffered a number of cultural losses and repressions. The traditional, nature-based religion which was practised widely until the 1700s was almost entirely suppressed, and later much of their culture and language was

repressed through forceful assimilation policies, which were particularly damaging from the mid-1800s (7). Despite the fact that the area has undergone major changes with the passage of time, local healing traditions are still very much alive (8). Though it is unclear to what degree traditional healing among the Sámi today has its roots in the nomadic era when the shaman was a central figure (9), it would be hard to consider these traditions as isolated from other 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 provided 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 from sacred texts are “read” for the patient (10). Intuitive forms of knowledge and clairvoyance seem to be integral to the tradition, and healers are also contacted to help find lost or stolen articles, and also play the role of 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 cultural identity within this context, and, to a large degree, therapists were unaware of patients’ use of traditional healing (11). Cooperation between healers and health professionals was suggested in this article. Integration of the two forms of treatment had also been suggested in document from 1995 framing guidelines for health services to the Sámi population in Norway (12), but has not been followed up in practice.

American Indians and Alaska Natives have preserved and revitalized a number of traditional healing practices, and official medical services in both the U.S. and Canada have also integrated traditional medicine within health services (13–16).

The integration of traditional healing within public health services has been suggested for many years by the World Health Organization, which has also emphasized Indigenous peoples' "right and duty to participate individually and collectively in the planning and implementation of their health care" (17).

A number of articles on traditional medicine and medical services from around the world have also suggested creating joint health care systems or described nascent centres of cooperation (14,18–20). However, we have not found any studies examining the users' views on integrating traditional healing into health systems, nor have any outcome studies from existing integrative programs come to light.

The present article is based on a survey carried out within the local mental health service, 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 Western 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 for the Sámi population, other complementary modalities such as acupuncture and massage are not considered here.

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

MATERIAL AND METHODS

This was a cross-sectional study conducted during a 3-month period, between February and April 2006. It was carried out among patients at 9 different treatment centres throughout Finnmark and Nord-Troms. These treatment centres included 5 psychiatric outpatient clinics, a local inpatient ward, 1 private psychologist and 2 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.

Information about the study was made available through brochures and posters at each treatment centre. All patients in a stable phase and evaluated as able to understand the implications of informed consent were invited to participate in the study by their primary psychiatric therapist or a secretary at the clinic. The therapist or secretary gave them a packet with more information on the survey as well as the questionnaire, which could be filled out at the clinic or taken home and sent in by post if the patients wanted to participate.

Development of questionnaire

The questionnaire was developed in co-operation with 4 of the study centres and the National Research Centre on Complementary and Alternative Medicine (NAFKAM). The items relating to patient perspectives towards integration of traditional medicine were developed for this study. 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 subsequently made to the questions, until the final version was as clear and precise as possible. The questionnaire was 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 in 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 a clairvoyant, which are the methods with the strongest relation 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.

Potential factors associated with attitudes towards integration

General demographic factors

Questions relating to age, gender, marital status and years of education were included in the questionnaire.

Cultural affiliation

We used items from an earlier questionnaire (22) to assess different aspects of cultural affiliation. In this study, we used 2 different measures of cultural affiliation and background:

- (1) The self-defined cultural affiliation. This was shown to be a valid measure of ethnicity in an earlier study among psychiatric patients (11). It was evaluated through 5 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 5-point scale, ranging from not at all to very much with respect to each.
- (2) Having Sámi-speaking grandparents on both (the mother's and father's) side of the family.

The Norwegian group was used for comparison to the Sámi group. The patients included here have no Sámi, Kven or Finn background.

Spirituality and religious mindedness

A 3-item scale addressed 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) (3 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 (5 items, scoring range 5–25, Alpha=0.87).

Multidimensional Health Locus of Control (MHLC, form A)

For the present study we used the internality and powerful others subscales of the MHLC (25). This scale considers the expected relationship between one's own behaviour and personal health, and includes questions rating one's belief in the importance of personal factors such as lifestyle or external factors such as the importance of family or therapists in preventing or overcoming illness (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 from 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 psychopharmaca 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 describe their feelings

towards the potential integration of traditional healing in mental health services.

Statistical analysis

Missing answers ranged from 0 to 10%. 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 each patient belonged to. The most frequent answer in the user or non-user group was used for dichotomous values. There were no outlying cases in the variables that could disturb the logistic regression analysis.

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 a following multivariate logistic regression analysis. The strength of the associations is 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 the statistical analyses.

RESULTS

A total of 186 patients responded to the survey. As some therapists did not follow the original design of noting the number of patients receiving a study packet, we asked the clinics to return the unused questionnaires so we could calculate a response rate. The response rate of 48% is therefore a calculation of the minimum possible response rate, as some unused questionnaires may not have been returned to us from the clinics.

The mean age was 39 (SD=12.7). Of the patients, 140 (77%) were women, and 98 (53%) were married or co-living. Seventy-two (39%) of the patients had some degree of affiliation with Sámi culture, and 48 had Sámi-speaking grandparents on both sides of the family. The majority of the patients, 156 (83%), were being treated as outpatients at the time of the survey, while 30 (17%) were currently inpatients at a psychiatric hospital. Less than 5% of the surveys were returned in Sámi. In earlier questionnaire studies, it has also been observed that Sámi-speaking participants seem to prefer to answer the questionnaires in Norwegian.

Use of traditional healing

Within the group with Sámi grandparents on both sides of the family, 48% (23 of 48) reported to have at some time used a healer for physical or psychological problems, while 40% (29 of 72) with any degree of Sámi affiliation and 31% (33 of 106) of the Norwegian group reported having used healers. In the interviews we had with some of the patients after they had filled out the questionnaire, we found considerable under-reporting of the use of healers.

Patients' attitudes towards integration

Those with a strong Sámi family background who had Sámi grandparents on both sides of the family showed the highest degree of desire for including traditional healing in the mental 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 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 integration of the traditional approaches would have been even higher, with 85% (41) of those with Sámi grandparents on both sides of the family, 82% (69) of those with any degree of Sámi affiliation and 63% (67) of the Norwegian group desiring integration.

Table I. The types of traditional healing approaches desired in the 2 Sámi and 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%)

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 ($p < 0.0001$), having Sámi grandparents ($p < 0.0001$), having used traditional healing approaches ($p < 0.0001$) and religious mindedness ($p < 0.01$). There was a tendency towards a negative relationship with on the level of symptoms ($p = 0.06$) (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 global satisfaction with treatment in mental health services.

In the multivariate regression analysis, both Sámi affiliation ($p < 0.0001$) and having used traditional healing ($p < 0.0001$) were found to be significantly associated with a desire for the integration of traditional healing. Patients with Sámi affiliation had odds of supporting integration of traditional healing that were 5.3 times higher than that of Norwegian patients (CI 2.6–10.6), and all patients having used traditional healing were found to 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 Sámi affiliation had one or more grandparents who were Sámi.)

Verbatim item

Additional comments were provided by 27 patients with regards to integration. These comments were grouped into 3 major areas: (1) underlining the importance of a holistic perspective towards the patient, (2) supporting the idea of an integrative treatment approach, and (3) receiving economic support for traditional and complementary treatment approaches. Here are some examples of these comments:

- (1) *“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.”*
- (2) *“A close co-operation will provide a more holistic treatment form, where the physical, psychological and spiritual treatment needs and desires of the patients will be better covered.”*
- (3) *“Alternative treatment should be subsidized like Western medicine.”*

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	95% CI	p
Sámi affiliation	1	4.95	2.58-9.53	<0.001
Spiritual / Religious mindedness	1	1.12	1.03-1.22	<0.01
Used traditional healing	1	4.66	2.38-9.12	<0.001
A Sámi grandparent on both sides	1	5.44	2.36-12.59	<0.001
Symptoms	1	0.95	0.89-1.00	0.061

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.

Several other comments were made 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 clearly favour the integration of traditional healing into mental health services. This was most clear for those with Sámi grandparents on both sides of the family. Within this group, over 80% desired integration, and those with any degree of Sámi background were 5 times more likely to support the integration of traditional healing than others. The regression analyses also indicates that Sámi patients are more favourable to integration even after taking into account their more prevalent use of traditional healers.

Questionnaire studies have a negative reputation in this area, and the topic of this questionnaire is a sensitive one. The design preserved anonymity, and made efforts to prevent patients from feeling any sort of pressure to participate. They had the option of filling out the questionnaire at home, and no follow-up phone calls were made. Though the response rate may be regarded as being relatively low, with this sort of design among patients in the mental health system in this area, it would be hard to expect a much higher response rate. A selection bias of patients more favourable towards integration is, however, an important possibility to consider, as such patients might be those most motivated to participate. On the other hand, some of those who already use healers, and thus have a positive attitude towards integration, may have not wished to participate out of fear that the ques-

tionnaire might reveal their use of traditional medicine.

Though there are clear limitations to this study, the relatively high support for integration among the Sámi found here indicates that integration should be given more consideration than it has received up to this point. Taking into account the perspective of Sámi patients is also particularly important when considering the historical repression of tradition in the area. If mental health services do not reflect local tradition to the degree that patients desire, one can raise the question as to whether the services themselves are a subtle continuation of the repression of tradition, world views and local ways of dealing with illness and crisis that has gone on for much of recent history.

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.

This difference in the conceptual framework of Western and traditional medicine is an important part of any discussion of integration. The world views and languages used within these 2 realms are unique. Whether they could coexist and find channels of communication is an open

question, and may be one reason why around 20% did not desire integration. Also, 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 losing some of its essential elements.

Evidence-based medicine is an underlying principle in the discourse on medical services in Norway. However, in the context of mental health services, it is important to keep in mind that conventional treatments often do not have local documentation. The efficacy studies these are based on generally come 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 long history and presence of an Indigenous culture can and should be questioned.

With respect to local tradition, we believe it would initially be possible to introduce this within mental health services, based on the argument that they have substantial, experiential-based evidence from years of practice within the area and a cultural congruence within the population. The lack of evidence-based research has not hindered other public health services in Indigenous areas from including traditional healing, based on the understanding of the inherent value of local tradition. Patients encountering such a range of health services may also find it easier to be open about their own identity while using the services.

It is difficult to say how an integration of traditional healing might influence attitudes towards mental health services. However, since

there is strong movement within the population favouring holistic attitudes towards health, integration might help in shifting attitudes towards mental health services that today are considered to be a relatively conservative medical establishment in Norway.

As 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 interview study among patients, therapists and healers on this topic and will follow up the present article with a qualitative one. Another way to bring more light to this topic might be to initiate meetings between healers and health workers within health services in order to inspire greater understanding between traditions, and possibly some form of co-operation.

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