

# PATIENTS' ATTITUDES TOWARDS THE USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE IN FINLAND: AN ETHNOMEDICAL INSIGHT BASED ON CANCER NARRATIVES

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## ABSTRACT

As in many other countries, the second half of the 19th century and the first half of the 20th century marked times of modernisation in Finland. Rapid changes also took place in the health care system at this time. Until the 1920s most health concerns were addressed using the ethnomedical practices. New legislation gave the dominant position in health care to the Western (evidence based) health care system. According to the official record, the majority of ethnomedical treatments were declared marginal and generally useless and the state began to support the construction of hospitals. The slow pace of development in social health care held up the treatments given by legally approved medical practitioners. All of which supported a deliberate shift towards the modernisation of the health care system leading to primary health concerns being solved in local health care centres by doctors trained according to the conventions of evidence based medicine. Unlike many other countries, where the representatives of conventional medicine also consider complementary and alternative medicine as a part of their treatment, the use of non-evidence based medicine is extremely unusual in Finland. However, patients with long-term illnesses are eager to try all available cures in their desire to become well and this leads to a situation in which complementary treatments are used in a somewhat secretive manner. The article\* follows the discussion concerning the use of complementary and alternative medicine in cancer narratives in order to point out its significance as a part of a self-negotiation process characteristic to the patients with long-term illnesses.

KEYWORDS: cancer narratives • ethnomedicine • explanatory models • complementary and alternative medicine • self-negotiation

About a hundred years ago Finns took care of their health using ethnomedical methods. Health care at that time was generally dependent on the medical skills of the family and neighbours. Some health care was offered by local medicine men and by the church; additionally people could get drugs and herbal medicine from pharmacists working in the cities and from travelling salesmen who came to the country. Public health care

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resources were almost non-existent. This meant that no efficient treatments were available and there was no possibility of taking care of the patients using officially approved scientific medicine (Vuorinen 2006: 13). The traditional ethnomedical health care system was officially abandoned and replaced with evidence based medicine during the 1920s. The new health care laws declared two-thirds of traditional or ethnomedical treatments to be useless, and some of it even damaging to health (ibid.). This, of course, did not mean that people abandoned their traditional ways of healing and immediately adopted the new curative practises. Because of the impact of World War II and the continuing economic difficulties thereafter, the modernisation process of the health care system lasted approximately until the 1960s (see Piela 2006). Therefore, despite legislation and other state-supported acts, ethnomedical practices were preserved, and used continually, by ordinary people.

During the past decades the situation has changed radically. Today, self-healing in Finland is no longer based on traditional ethnomedical knowledge. For self-healing, the Finns now favour products from pharmacies, along with "natural" medicines available in natural product stores. In reality, the popular herbs and other healing mixtures offered by these stores come from pharmacological factories and not from fields, forests, or herb gardens. For the patients, who are not entirely satisfied with conventional treatments, seeking help from the available complementary and alternative cures is a road less travelled. In this article I will observe how Finnish cancer patients describe their use of complementary and alternative medicine through cancer narratives. I aim to emphasise the cancer patients' reasoning about the use of complementary and alternative treatments in the situation dominated by conventional health care system. Furthermore, I wish to discuss the general meaning of debating the implementation of unconventional treatments as a path for a self-negotiation in the context of cancer narratives.

#### CANCER NARRATIVES AND ETHNOMEDICAL RECORDS

The following study is mainly based on cancer patients' written narratives. The writing competition "The Challenge of Life: My Life with Cancer" took place in 1994 and was organised by the Finnish Cancer Patients' Association, the Finnish Cancer Union, and the Folklore Archives of the Finnish Literature Society. Cancer patients were asked to describe their experiences, thoughts and feelings through open ended questions.<sup>1</sup> The question of alternative medicine was not clearly postulated in these questions, although the majority of writers comment or describe their experiences concerning the use of complementary and alternative medicine, which indicates the significance of the subject.

It is important to note the gender division among participants in the writing competition, which consisted of 90% women (599) and 10 % men (73). Female dominance may be explained by taking various factors into consideration. Firstly, writing competitions are generally more popular among women. Secondly, in the historic and sociocultural contexts the female body has been allocated to social and medical control (see Hägglund, Riska 1991). Thirdly, women have been traditionally more active in practising healing rituals and self-healing in the domestic sphere (Tedlock 2005). Finally, women are generally more active in various cancer support organisations, which to some extent

may be explained also by cancer survival rates. According to the Finnish Cancer Registry the most common cancer types among Finnish men are lung and prostate cancer. Today prostate cancer is widely discussed in the media, but in the 1990s it was a taboo subject. Thus, in this text corpus there are only six narratives about prostate cancer, three of which were composed by the patients' wives. Among the writers there are many breast cancer patients and it is important to mention that in Finland all women who have reached the age of 50 are given free mammographs. This also means, of course, that every year some of them will receive a diagnosis of cancer. However, the particular type of cancer seems to have little significance in relation to the use of complementary and alternative treatment, as cancer is generally interpreted as indicating a complex set of individual and social problems.

Ethnomedical archive records form another good source from which to survey the position of cancer before and during the period of modernisation. The accounts, present in the archive, help to understand the changes and improvements surrounding the concept of cancer and the available treatments. Therefore, I have utilised the ethnomedical records (*kansanlääkintäkortisto*) preserved in the Folklore Archives of the Finnish Literature Society to widen my understanding of the popular history of cancer. These ethnomedical materials were collected during the second half of the 19th century and the first half of the 20th century. In contrast to cancer narratives, the archive texts rarely include personal experience accounts. Usually, people describe the origin of illness and appropriate treatments very briefly. Because ethnomedical sources shed light on the long era before the conventional health care system came into being, these texts form a unique source for the discussion and analysis of the curative practises used by cancer patients, especially in comparison to modern cancer narratives.

## CANCER AND ITS CURE IN FINNISH ETHNOMEDICINE

The ethnomedical texts included in this study indicate that people in rural Finland did not have fixed ideas about cancer and its origin. Finnish folklore consists of warning stories advising people against transgressing the norms and stressing that they should avoid certain places, times and acts that could result in illness. In various folklore texts "outsiders" are made responsible for all kind of troubles and "bad luck". The Finnish doctor Elias Lönnrot (1802–1884) described how people living in rural society imagined that "a person's life is endangered by invisible and visible malevolent forces always and everywhere" (Lönnrot 1984 [1832]: 190). According to ethnomedical records it is challenging to decide which problems were handled as cancer, and why they were. Even though attempts were made, it was not possible to diagnose cancer before it became visibly evident. Thus, cancer was understood as some kind of open or closed wound that was problematic to treat.

Despite the fact that cancer was not well recognised among ordinary people, it has many vernacular names. People refer to cancer with words such as "stranger" (*vieras*), "body worm" (*ruumin mato*), and "body moth" (*ruumin koi*). Some of the most popular names are "eater" (*syöpä*) and "growth" (*kasvannainen*). The noun "eater" is used to refer to patients' internal problems, the "growth", again, to their external conditions. It is important to notice that quite often health concerns, called cancer or growth in

ethnomedical texts, represent worries that have nothing to do with cancer according to current medical understanding.

In ethnomedicine, healing cancer mainly meant treating its consequences rather than the illness itself. Such healing consisted of various rituals in which curative practices were combined with magic spells. In 1891 Gusta Helgreeni, a 60-year-old farmer from Kiikala parish, suggested the following:

To cure cancer you take a living crab, tie its claws together so it cannot pinch you, and put it on the aching spot. You let it stay there until it dies. This is a particularly good method if the cancer [wound] is not open yet, although it helps otherwise. It is true. (SKS KRA. Lindqvist, Aleksander 388. 1891. Kiikala.)

In the healing ritual the right place and the appropriate time had great significance:

The growth disappears if you go outside at the time of the young moon and show the growth to the moon and say: "Moon, moon, eat the growth, but do not eat the growth's carrier." (SKS KRA. Mattila, Martti 5203. 1936. Ikaalinen.)

Typically within ethnomedicine people tried several different treatments at the same time. In a healing ritual the central idea was to send concerns back to the place of their origin (Achté 1995: 197) and balance social disorder (Honko 1993: 365). In the healing ritual the healer aims to dispel illness from the patient's body by diagnosing the origin of the illness. Accordingly, with the help of magic rituals, united with word power, the illness is forced to leave:

<i>Lihansyöjä, kuivakkah,</i>	Meat eater, dry one,
<i>luunpurija puurtukkah.</i>	Bone biter, screwy one.
<i>Lihansyöjä, luunpurija,</i>	Meat eater, bone biter,
<i>jäsenien järkyttäjä,</i>	limb torturer.
<i>kuin lienet kotini koira.</i>	If you are a domestic dog
<i>Syö sie luita lautsan alta.</i>	eat bones under the table.
<i>Vain kuin lienet kyläni koira.</i>	If you are a village dog,
<i>Syö sie luita pellon peässä.</i>	eat bones at the edges of the fields.
<i>Mäne heitto helvettihin,</i>	Go fast to hell,
<i>häikie häpiemähä.</i>	get lost to shame.
<i>Syömästä kaluomasta!</i>	Away from eating, aching!

(SKS KRA. Paulaharju, Samuli 4350. 1911. Vuonninen, Oulu.)

In a similar way to the ethnomedical records, cancer narratives also suggest that cancer was not a significant concern until the first half of 20th century:

My first reminiscences of that illness came into my worldview in the spring of 1931. E.H. from N.N. village died from cancer. He was our neighbour, a construction worker. I saw him while he was ill. He was unnaturally pale and thin. He was at home. I do not remember correctly but I suppose the cancer was in his stomach. It was very terrible, no one had heard before about this kind of illness. At least I had not. No one could heal it. The next one was T.V. from our own village. He had a similar illness and he died in 1938. These deaths did not have any particular meaning to me. As T.V.'s daughter was my age, I believe I cried in sympathy with her.

Since then I have heard from here and there about cancer and many acquaintances fell ill with it, and then it happened to me. (047)<sup>2</sup>

The available statistics compiled by medical practitioners' also show that cancer did not belong among the most significant illnesses of the time. Above all doctors recognised breast cancer and skin cancer. This naturally does not mean that other cancer types did not exist. Ethnomedical definitions, such as "stomach illness" or "lung illness", or other vaguely defined health problems could all be caused by cancer. As with ordinary people trained doctors also failed to diagnose cancer because the proper equipment was not available. The historical insight based on ethnomedical records, as well as cancer patients' narratives, suggests that even though cancer was recognised in Finland earlier, it becomes a significant illness affecting people's lives during the first half of the 20th century. In fact, cancer may be approached as an illness that gained its importance in parallel with the development of evidence based medicine.

#### RAPID CHANGES IN THE FINNISH HEALTH CARE SYSTEM

Evidence based medicine gradually gained its position as the authoritative health care system in Finland as late as 1960s (see Piela 2006). In everyday practice this meant that Finnish doctors concentrated on a patient's body and hardly ever suggested anything that did not belong to the category of conventional treatments. The Finnish scholar, Aimo Salmi, rather critically describes the basics of the conventional biomedical approach to illness:

The human being is approached as a chemical machine. With the help of this machine's reactions it is possible to explain illness and health. It is possible to take this machine apart and make chemical and physical tests. If one component is changed it is possible to find the reasons and impacts. (Salmi 1984: 2)

Studies have shown that about one or two percent of doctors recommended cures to their patients that were not biomedically approved.<sup>3</sup> Even fewer doctors collaborated with other medical practitioners, such as zone therapists, chiropractors or folk healers (Hernesniemi 1991: 14–15; 1994: 126–138). Public debate about the possibilities of implementing complementary and alternative treatments began at the end of the 1970s (Vaskilampi 1994: 227). These discussions were very passionate and one-sided (Ryypö 2004). Looking back, there was very little scientific argument about the potential of complementary and alternative health care, although it was evident that ordinary people made use of it (Meriläinen 1986). This also represents the current situation in the Finnish health care system.

In these circumstances the majority of Finnish patients prefer and trust the conventional health care system as the only medical health care system they know. The studies carried out in the 1980s and at the beginning of the 1990s indicate that Finns used public health care services more eagerly than any other nation in the European Union (Koponen, Aromaa 2005). Unlike in the United States, or some other European countries, the treatment costs do not affect the patients' decision making, as public health care is state insured. On the other hand, recent studies have shown that the use of complementary and alternative treatments is rising among the patients with long term and serious ill-

nesses, particularly as people are not satisfied with treatments offered by the conventional medical health care system.

#### THE CHALLENGE OF ADOPTING THE CANCER PATIENT'S ROLE

In accordance with the development of the state supported conventional health care system there was also altered the significance of cancer. Along the medical discoveries and available treatments cancer gained the dominant role among the modern illnesses. Because of its secretive nature it may be defined as a modern mythological illness in the terms of ethnomedical approach. The mythological nature of cancer lies mostly in its complex character. The British evolutionist Mel Greaves has pointed out a significant aspect about the cancer as an illness:

The illness we call cancer has extraordinarily diverse features including its causation, underlying pathology, clinical symptoms, therapeutic response, and outcome or chance of cure. In a sense, every patient's cancer is unique, which is part of the difficulty. In so far as it is a disease, it is a collection of very many (a thousand or so) disorders of cell and tissue function that have one special biological property in common – the territorial expansion of a mutant clone. (Greaves 2001: 3)

Above all, for ordinary people this means that in everyday life they are confronted with various beliefs about cancer.

Cancer narratives form a good source for studying popular ideas about cancer. As a narrative representation of cancer experience these texts mediate the human attitudes and behaviour in the particular sociocultural context related with the illness discourse. Thus, concerning the popular cancer aetiology, we may learn that, above all, cancer is depicted as a contagious illness similar to plague and because of its high rate of lethality this illness is bound with the concept of death. Equally strong among the Finns is the belief that cancer is a punishment for breaking social and cultural norms.

Particularly the idea of cancer as a punishment for individual misbehaviour in the sociocultural sense makes people analyse their life-course in order to find out the possible reasons for falling ill. As diagnosed with having cancer, people go through a private dialogue between the socioculturally agreed understanding about the cancer, and its meaning according to their individual illness process and lifestyle. In this manner patients create their personal explanatory models, which provide the following five aspects:

1. The aetiology or cause of the condition. (Why has it happened? Why has it happened to me?)
2. The timing and mode of the onset of symptoms. (Why now?)
3. The pathophysiological process involved. (What has happened?)
4. The natural history and severity of the illness. (What would happen to me if nothing were done about it? What are its likely effects on other people?)
5. The appropriate treatments for the conditions. (What should I do about it?) (Helman 2000: 86)

Arthur Kleinman has put forward that the explanatory models are responses to a par-

ticular situation and are therefore idiosyncratic, changeable, and heavily influenced by both personality and cultural factors. They are partly conscious and partly out of awareness and characterised by vagueness, multiplicity of frequent changes in meaning, and lack of sharp boundaries between the ideas and experiences. The basic idea of explanatory models is to guide a person through a particular illness process by finding the underlying cause of the illness and negotiating the appropriate treatments (Kleinman 1980: 104–118). Henceforth, I shall concentrate on the fourth and fifth aspects of the popular explanatory models, concerning the cancer patients' arguments about the possible use of complementary and alternative treatments. My suggestion is that such argumentation may be interpreted as an important part of a self-negotiation process within the narrative representations. Foremost, its significance lies on regaining control of one's life and identity.

In the context of cancer narratives the dominant problem is that in the era of modern medicine the integration of one's life story has lost its significance for the conventional health care system. Doctors pay little attention to the patients as persons and concentrate on curing the illness. In officially recognised clinics the illness is handled as a non-human and independent phenomenon. According to Lauri Honko the conventional medical paradigm has gone through a two-step alienation considering the human being. Firstly, microbiological approach allows the excision of illness and the illness can be treated without the inclusion of the human being into the treatment process. Secondly, in case there is a need to include the human being in the treatment process, the ill person can be treated as the disease-carrier, a non-human separated from the social context (Honko 1983: 36). In this sense, for doctors the "medical body", in their explanatory model, is no longer the diseased patient, but the mutant cell (see Helman 2000: 27). Foremost, this means that ill people are left on their own; despite the conventional treatments given in the health care centres people must individually renegotiate their position as a cancer patient and search for the available possibilities of becoming well again.

#### GENERAL REASONS FOR CHOOSING COMPLEMENTARY AND ALTERNATIVE TREATMENTS

According to cancer narratives some people use alternative treatments long before they bring their concerns to the doctor's office. If people feel tired and exhausted but do not have any other symptoms, they decide to take vitamins or natural products in order to become fit. If the complaint continues people decide to visit the doctor. Almost directly after the diagnosis of cancer, patients also consider the possible use of complementary treatments. When patients are not interested in alternative treatments personally, there will always be plenty of friends, colleagues, acquaintances, other patients or even hospital personnel who suggest and introduce the opportunities of available non-conventional cures:

Some people advised me – probably wishing all the best in their hearts – all kinds on cures for my disease. Several people suggested different vitamins to me. Someone told me about a friend, who got rid of his cancer [leukaemia] by drinking a glass of blood every day for several weeks. (233)

This indicates that, from the moment of diagnosis onwards, people are constantly faced with suggestions and proposals on adopting non-conventional treatments.

As complementary and alternative treatments are taboo subjects for conventional doctors, any use of such treatments causes uncertainty and hesitation among patients:

I am always afraid: either I put something in my mouth or I do not. In books they explain things in different ways. I am afraid of eating vitamins and minerals, even if I believe that they might have a positive influence. (087)

This means that patients who are not entirely satisfied with their treatment, or who want to improve their general health with the help of non-conventional methods, are forced into a situation where they have to make use of complementary and alternative treatments in a secretive manner. Some doctors even force patients to choose: either use conventional medicine or go for alternative treatments. The prospect of combining conventional and complementary treatments seems somewhat impossible to doctors. So, patients have to make the decision alone and mostly in secret to avoid their doctors' annoyance (see also Hernesniemi 1987: 67):

I do not know how other cancer patients have survived the "war" that has been taking place between conventional and alternative medicine over the last years. I doubt I am the only one who thinks that this passionate debate has only added to the stress and uncertainty among patients. Some of us have no idea what alternative cancer treatment means. This has led to a situation where people take few vitamins and have bad feelings about sneaking to forbidden grounds. Why on earth can these aspects not be discussed openly with patients? (195)

The given examples point out the urgent need to discuss the use of complementary and alternative therapies more openly in order to avoid the psychological pressure caused by secretive use of unconventional treatments.

In general, cancer is treated in public hospitals by using the most modern conventional treatments. However, some cancer patients spend only a few days in the hospital, which means that they deal with their health themselves. This also means that people are actually rather free to choose between complementary and alternative treatments:

Day after day I felt better and on the 13th day after surgery I went on vacation with sleeping pills and pain killers. I did not use them, but preferred a glass of wine. I noticed that I am happier and more relaxed than being "poisoned by pills" all the time. (137)

My haemoglobin was 108 after the surgery. They said it is normal but as soon as I went home I bought some iron pills from the pharmacy. (140)

This indicates that people are rather careless in following instructions that they do not find useful, instead they experiment with treatments that have proved positive during their life.

Thematically, cancer patients' narratives insist on five general reasons for choosing complementary and alternative treatments. Still, behind every individual resolution is the deepest wish to "win the battle" with cancer.

- Patients feel that conventional treatment is somewhat insufficient. Usually this feeling begins when doctors “treat only cancer” and leave the patient as an individual without any attention. Patients suffer because of their illness. They have worries concerning their work, family life and the well-being of other family members. They are concerned about their future and analyse the reasons for their illness. If they find out that something in their life, up to that point, has been unbalanced, they want to fix it. As doctors concentrate only on cancer treatment, patients look for complementary cures that might help a holistic recovery.
- Patients feel the urge to improve their condition in every way available. They are concerned about their bodily condition and think that their active participation in treatments should guarantee recovery. They study all the books about cancer and analyse different materials available about their illness. They are ready to change their lifestyle for the better and therefore try everything that might be helpful.
- Patients feel desperation and weakness caused by the sometimes radical treatments of conventional medicine. For example, chemotherapy makes patients nauseous and weak. Patients lose their appetite and lose weight, lack energy, and finally their desire to live. In this case, alternative therapies are used, as first aid, to get back the appetite and together with it the will to continue.
- Patients feel the need for change in their personal lives. Patients who have survived cancer analyse their lives before they fell ill. They look at past behaviour and want to make a new start. That is why many cancer patients talk about life before and after cancer. Life after cancer is experienced as a new opportunity. People experience things they have only considered before, change attitudes and manners, choose new hobbies and think more about their own well-being.
- Sometimes doctors declare treatments unsuccessful or that the cancer has developed so radically that conventional medicine is incapable of helping. For those patients, complementary and alternative treatments signify the last hope. At this stage many patients have given up their desire for recovery and so complementary treatments become the concern of relatives or close friends. Relatives and friends are often encouraged by the stories of miraculous recoveries. According to cancer narratives, in some cases alternative treatment being the last hope has indeed been helpful.

#### COMPLEMENTARY AND ALTERNATIVE TREATMENTS IN CANCER PATIENTS’ NARRATIVES

In the following table (see Table 1), I have listed various treatments mentioned by Finnish cancer patients (see also Arkko 1986). As the border between conventional and alternative medicine is constantly changing, the treatments listed in the table were not, according to cancer patients, prescribed by doctors. In order to capture the variety of treatments used I have divided the cures into three analytical categories: biologically based practices, mind-body medicine and energy medicine. These categories reflect the fact that, as with the ethnomedicine of the past, today people also combine treatments, as their main concern is to recover from illness.

Table 1. Complementary and Alternative Therapies used by Finnish Cancer Patients.

Biologically Based Practices	Mind-Body Medicine	Energy Medicine
Herbs: garlic, onion, linseed oil, pine needles, parsley, cabbage & rhubarb leaves, Tibetan mushroom, nettle, etc.	Patients support groups: -support person; -support groups; -rehab campus.	Bio-field therapies: -Therapeutic touch; -Reiki
Foods and Dietary Supplements: -fast, vegetarian food, raw food, macro-biotic food; -birch-tree ashes, fruits and bears, beetroot & rutabaga juice, calf's brain, fibre, cereal germs, seeds, cognac & eggs, vodka-salt-water, light beer (against nausea). Forbidden: coffee. -culinary therapy, vitamins, minerals & anti-oxidants.	Prayer: -individual; -hospital/community priest; -religious community; -prayer healer, long distance healer.	Bio-energy therapies
	Self healing: nature, sporting activities, positivism, yoga, meditation, pets, bibliotherapy, sound therapy, self expression.	Other supplementary therapies: -Lymph therapy -Immunotherapy -Rosen method -Hydrotherapy or hydrophathy

The results indicate that all biologically based practices, such as herbs, foods, dietary supplements, vitamins, minerals, and antioxidants are very popular. For example, widely used and well known birch tree ashes originate from ethnomedical practises:

When our priest heard that his former student had arrived home, he sent his daughter with birch tree ashes from Raudaskylä as a medicine. The ashes had to be boiled in clear spring water so that the liquid became clear and the ashes fell to the bottom of the pot. The ill one had to take this clear ash liquid three times a day mixed with water and it was supposed to help to treat cancer. My wife took this for some days, but her stomach could not stand it and she stopped it. When the priest heard that he gave me ashes' pills that he had prepared in the pharmacy. (246)

The main intention of these treatments is to purify<sup>4</sup> and strengthen the patient's body. According to cancer narratives, most cancer patients make use of the cancer support provided, either by communicating with the support person or by visiting a rehab campus for cancer patients. Of similar importance are religious groups in which the patient is supported by individual or collective prayer:

One day he called me and asked me to join him travelling to a neighbouring county. I wondered how he could leave hospital being so ill. He explained that the doctor allowed him. Our son-in-law took him and we went to a certain prayer meeting. There he went trembling in front of all the people and asked them to pray for him and pray for God's help. I sat on my bench and prayed as well. My husband came to me eyes sparkling bright. Smiling he told me how he had felt cancer departing from his body. It felt great, he said. [...] During the autopsy they did not find any

cancer. His heart had shrunk. There had been lots of liquid in it for a long time, but they had not discovered it before. (167)

Because of the agricultural roots of the Finnish population, the countryside signifies a natural environment (Piela 2006). This also means that, for self-healing rituals, people return to the countryside and the forest. In cancer patients' writing, trees are often described as living objects that signify stability and a continuous life path:

It is very windy outside every day. I sit and watch birches that I have planted myself. I remember when my husband told me that I should not imagine that the trees would survive among these stones, where I had put them. However, there they were my birches. I watch as they bend in the wind and think, "it is better to bend than break". Also, for human beings it is better to be humble than proud. (031)

Accordingly, in numerous contributions to the writing competition people assure that in the countryside they are able to enjoy nature and receive nature's balancing and healing power.

The treatments of energy medicine resemble the aims of mind-body medicine. People search for lost vitality. The necessary energy may be received via healing hands, anointing rituals or by calling the long distance healer. Under the heading, energy medicine, come different supplementary therapies offered by various licensed and unlicensed practitioners. According to cancer patients' narratives, the main advantage of the various supplementary therapies is that practitioners take their time to care for patients holistically, considering both physical and spiritual concerns.

#### BASIC CONCERNS AND PROBLEMS

As I described at the beginning of this article, and as it also appears from cancer patients' writings, the public discussion about complementary and alternative treatments was either non-existent or very loaded. Therefore, we also find among cancer patients many who experienced complementary and alternative therapies as being somewhat problematic or ineffective. The following are some of the patients' main concerns when considering non-conventional treatments, as expressed in the cancer narratives.

- Complementary and alternative treatments are expensive and time-consuming:

While I waited for chemotherapy I visited an alternative doctor. He made very accurate blood tests and prescribed an enormous amount of natural and pharmaceutical pills. He said that these are meant only to support the conventional treatments. It was very expensive, as health insurance does not cover these tests and drugs. I was also left with the feeling that the doctor just wanted to make money, so I did not continue my visits to him. (066)

- Complementary and alternative treatments cannot be openly incorporated into conventional treatments:

I began to fight for my life. The hospital treatment was sufficient and good. Family and close friends wanted something more and so we decided to use vitamins and mineral therapy. I missed somebody who would have been unbiased and could explain me

alternative methods at the hospital – nurses should not whisper and hint about these while people search for available possibilities to help their loved-one. (288)

- Complementary and alternative treatments are not reliable enough:

Acquaintances and strangers alike suggested all kinds of natural treatments to heal my cancer. One brother and two sisters have called and written to me about natural cures and “wonder doctors” who have healed various people. One long distance healer called and asked if he could help. I had nothing against it. I wanted to say that I do not believe in it at all, but I could not hurt his feelings. (508)

- Complementary and alternative treatments are not efficient enough:

I got a book about self healing. All instructions are useful in my situation. I try out what they suggest in the book. I put my hand on the ill place and say: “Become well soon, become well soon.” I am still as ill as I was. [...] Natural products are interesting for me, even if I have eaten meat all my life. [...] I get a new tip that is a well known ethnomedical treatment against the ache. Of course I try it as well. I place green cabbage leaves on the ill place and so it goes as I believed – it did not help at all. (031)

- Complementary and alternative treatments are a marketing trick to fool desperate people and make money:

It is easy to be critical towards these [alternative] treatments, as well as anti-oxidant, vitamin and mineral cures popular at the moment, if my personal experience of conventional treatment is so positive. I can however imagine myself using all available methods if my state were hopeless. Therefore, I think patients should not be admonished for using that. Rather those, who take advantage of people’s desperation in order to make money, should be admonished. (147)

Cancer patients’ reasoning for choosing or not choosing complementary and alternative treatments is a good example of the public discussion and sociocultural attitudes towards non-conventional cures in Finnish society. Some patients are not satisfied with the fact that alternative treatments are not covered by health insurance. Others wish that they could openly combine various treatments. Above all, people are very suspicious about the use of unconventional therapies as, during past decades, they have learned that complementary and alternative treatments, similarly to ethnomedical practices, are considered as useless hocus-pocus.

However, even those cancer patients who have expressed real scepticism towards all non-conventional treatments still have some personal experiences, either negative or positive, of the subject. In my opinion the discussion, about the use of complementary and alternative medicine in cancer narratives, emphasises the general need for openness concerning the use of complementary and alternative treatments. Even more, beyond this need we may detect something even more important. It suggests the patients’ need to be taken into consideration and treated holistically, as an individual, and not the non-human diseased body during the illness process.

## THE SIGNIFICANCE OF DISCUSSING THE USE OF COMPLEMENTARY AND ALTERNATIVE TREATMENTS IN CANCER NARRATIVES

Subjective and socioculturally bound individual explanatory models are diverse from the rational and evidence based explanations employed by medical professionals in modern cancer clinics. For doctors, cancer represents a territorial expansion of a mutant clone, while, for patients, cancer is an individual tragedy causing physical, psychological, and social suffering. The analysed cancer narratives suggest that the use of complementary and alternative treatments is intensely bound with the adopted illness aetiology based on one's lifestory. This is an important notion suggesting the human need for being treated holistically. The possible solution, for finding a mutually satisfying explanation for a particular illness episode, would be a sufficient patient-doctor conversation.

According to the material at hand, many respondents wish that doctors would notice and approach them as a person. This, however, seems impossible in the situation where the contact between the patient and doctor is reduced to minimal and always time-limited. Hence, the modern doctors are seldom familiar with their patient, which makes it almost impossible to reach personal, not to mention the therapeutic, patient-doctor contact necessary for holistic recovery. For the majority of cancer patients, the doctor appears as a distant and overconfident professional persistently short of time. One respondent even compares "the relationship between the patient and doctor equal to the one between God and his earthly servant" (306). Being attached to their duties, doctors aim to repair, remove, or replace the dysfunction at the biochemical, cellular and even molecular levels. Justifiably, patients find it objectionable to be reduced into non-human bodies. Cancer patients' desire is to be approached as "a whole person including body, soul, and spirit" (330).

In the context of cancer narratives, the debate about choosing, or not choosing, complementary and alternative medicine has a significant role. First of all, the general discussion in cancer narratives emphasises the role of an individual as a norm breaker and socioculturally stigmatised disease carrier. Secondly, cancer narratives point out the human desire to be well again. As the setting for "pathological drama" is for every cancer patient different, there is also no consensus about using complementary and alternative treatments among the patients. However, cancer narratives indicate that people who have learned being responsible for their physical condition appreciate the opportunity to be an active participant in the treatment process. Thus, as long the conventional health care system continues taking care of the cell level dysfunctions ignoring the patient's needs to be involved, people continue searching for complementary and alternative treatments in the hope for improving their situation.

## CONCLUSION

With the help of cancer patients' narratives we may observe the situation in the Finnish health care system and understand something of the sociocultural confrontations that people with long term illnesses have experienced because of the rapid changes in modern health care. Cancer patients' narratives express how, in everyday life, people

are taught to take care of their health. If they fall ill they become labelled as violators of “normal behaviour”. According to sociocultural understanding the responsibility for a patient’s well-being is officially handed to medical practitioners. People feel uncomfortable, in the patient’s role, mainly because they want to be in charge of their own lives. Under normal circumstances they want to become well again, at any cost, in order to regain the role of a normal member of society and this desire makes people feel that conventional treatments are somewhat insufficient and, therefore, they decide to choose complementary or alternative treatments in order to recover from illness.

The main concern among Finnish cancer patients is that they are not allowed to discuss the available complementary and alternative treatments with their doctors. Medical practitioners, who are trained to trust only evidence based medicine, wish to avoid the subject at all costs. This makes cancer patients uncertain and concerned, as in general they are used to agreeing with the doctor’s expertise. Conversely, as people are used to taking care of their primary health concerns by themselves, they can decide to use non-conventional therapies in addition to the cancer treatments prescribed by doctors. Whatever the chosen treatment is, its aim is for holistic recovery.

The use of non-conventional treatments among Finnish cancer patients indicates that the illness may not be separated from the person. In this context the greatest benefit of non-conventional medicine is that it does not concentrate only on curing cancer, but also on healing the sick person as a whole. This kind of holistic approach seems to be very popular among cancer patients, who suffer not only from their illness but also from various domestic, work, and relationship problems. Physical and spiritual tiredness and hopelessness are very common among cancer patients. According to the narratives analysed here, complementary therapies help people to sort out their individual problems, offering some support and hope that the patients so desperately yearn. In addition, cancer patients see the above listed treatments as purifying and energy providing. Occasionally alternative treatments become a last ditch effort, either for the patients or for their friends and relatives.

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## NOTES

1 The writing competition "The Challenge of Life: My Life with Cancer" (1.5.–30.9.1994) posed the following open-ended questions:

- 1) Talk about the experiences and feelings caused by your cancer, as you experienced them.
- 2) Explain how falling ill influenced your relationships with other people. How family members, friends and work colleagues took your illness.
- 3) Has the illness changed your self image? If yes, then explain how?
- 4) Were you able to talk about your illness to others? Did you want to do so?
- 5) How did you survive the crisis caused by illness?
- 6) Who supported you? Who added to your suffering? Why so?
- 7) Explain how staff at the hospital acted towards you as a person and a patient? Did you feel safe and did you get enough support and information?
- 8) Will time heal? Do you hope that in time you will be able to adapt? Will life continue as it was before falling ill?
- 9) How did you survive your illness?

2 Here and below in this article I refer to the text examples of the writing competition "The Challenge of Life: My Life with Cancer" only with archival numbers. The original texts as well as the detailed information about the respondents may be gained from the Folklore Archives of the Finnish Literature Society.

3 In reality, conventional medicine uses treatments that are also based on traditional sets of healing methods. Traditional treatments and suggestions will be changed if new medical evidence is discovered (see Honko 1994: 22; Vaskilampi 1994: 225).

4 The Swedish doctor Are Waerland made remarkable dietary suggestions concerning cancer before World War II. These suggestions have found their way into Finnish complementary and alternative medicine (see Waerland 1949).