

Cancer patient narratives in the Finnish media

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<p>Every third Finn will develop cancer during their lifetime. Cancer therefore affects a great amount of people in Finland. Cancer topics are widely covered in the Finnish media and cancer patient narratives offer surfaces for patients and other people to reflect on their emotions and experiences about sickness.</p> <p>The purpose of this study is to find out what kind of cancer patient narratives are constructed in Finnish mainstream media.</p> <p>The study has two research questions. First, it aims to find out what are the dominant themes through which cancer patients are represented in the patient narratives of the chosen articles. Secondly, it looks at how the patients are represented in these narratives and how the patients themselves define their role and their relationship to their disease.</p> <p>Theoretical framework of the study lies in health journalism and sociology of health. Health as well as narratives about cancer are seen as social constructions that vary from time and place. The focus of the study is in language which is not seen as just a tool to describe the reality we live in but rather as something that is producing it.</p> <p>The research method is discourse analysis. The analysis was conducted for five articles in the Finnish mainstream media, including both newspapers and periodical magazines.</p> <p>The results show that the cancer patients in the chosen articles were represented through multiple themes and discourses. They also defined their roles and relationship to their disease in multiple ways. The patients were mostly represented as active and capable individuals. They either had accepted the fact that they have to live with their disease or had hope that life will return to normal or even better than it was prior cancer.</p> <p>Discourses found in the articles were the discourses of biomedical approach, acceptance, hope, fight, consoler, the need to hide the disease, downplaying of the disease, separating the disease from “normal” life and gratefulness.</p>	
Keywords Cancer, health, sickness, illness, health journalism, social constructionism, discourse	

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1 Introduction

Every third Finn will develop cancer during their lifetime (Cancer Society of Finland). It is almost certain that even if one is not diagnosed, they know someone who has. According World Health Organization 8.8 million people worldwide died from cancer in 2015 (WHO 2018). That is one and half times the whole population of Finland.

As the numbers show, cancer affects a great amount of people worldwide and all these people naturally want to get information about it. When receiving a diagnosis, it is vital for the patients and other people around them to find reliable information and stories to reflect their feelings and experiences upon. In modern society this information and these stories about health and sickness, whether we want it or not, are shared via media (Cancer Society of Finland 2016a). We are continuously faced with incredibly vast and complex amount of information. It might be difficult to navigate around it and to figure out what sources of information are reliable and what stories to believe.

The media doesn't just pass on the messages about cancer or health and sickness. It is an active player in the process where meanings about health and sickness are determined (Torkkola 2008). The questions of what sickness is and what is the "right" way to be ill are always tied to the historical and cultural context they appear in. Therefore, they are socially constructed.

Health subjects are regularly covered in journalism. The public is interested in health. The mass media, newspaper and television, are central sources of health information for the citizens (Torkkola 2008, 92). Cancer topics are also widely and often covered in the Finnish media. Readers are especially interested in survival stories, often one of a public figure's, because these stories can give them hope and faith for managing with their own illness (Järvi 2011, 117). But sickness stories have a wider social meaning as well. They can increase general knowledge and understanding about sickness and illness and even affect the political decision making (Järvi 2011, 117). They can have a social and political impact. Journalists should produce and interpret narratives of cancer to their audience in a clear and reliable way. Yet, cancer related content tends to be about simplifications, exaggerations, superlatives (Cancer Society of Finland 2016a) and emotionally appealing stories (Maria Mäkelä 7.2.2018)

In the context of health journalism, this study aims to find out what kind of narratives of cancer patients are constructed in Finnish mainstream newspapers, tabloids and lifestyle magazines. The research questions of this study are:

1. What are the dominant themes through which cancer patients are represented in the chosen articles?

2. How are the patients represented in these articles and how the patients themselves define their role and their relationship to their disease?

Ulla Järvi and Sinikka Torkkola have built comprehensive pictures of the health and sickness in the Finnish media (Järvi 2011 & Torkkola 2008). In my own study I will introduce some of their main ideas and see whether their perceptions apply to the narratives of cancer patients in my chosen articles. I will also try to address discourses that I find missing in the articles and propose alternative approaches to talk about cancer patients in a way that would be more beneficial for the patients, other readers and the society in general. This way I will try to avoid the study to become only a descriptive list of different discourses.

The method of this study is discourse analysis. I will search answers for the research questions by analysing seven articles in Finnish mainstream newspapers, tabloid papers and lifestyle magazines. The chosen articles are from the websites' of MTV news, Helsingin sanomat, Ilta-Sanomat, Kauneus & Terveys and Yle. There are one article from each publication.

In the next chapter I will introduce the theoretical framework for this study including definitions of health, sickness and illness and health journalism. In chapter three I will talk about the different aspects of cancer and the ways it is present in the Finnish media. In chapter 4 I explain discourse analysis as my method and the process of forming the study sample. Chapter 5 present the findings of the analysis and chapter 6 concludes the thesis by summarising the results and evaluating the reliability of the study and my own learning process.

2 Theoretical frame

In this chapter I will introduce the concept of social constructionism and health journalism. I will also define some of the central terms of the thesis such as health, sickness and illness.

The thesis subject draws upon a wider theoretical concept of the narratives of sickness and illness and health in Finnish society and Finnish journalism. Theoretical framework of this study lies in social constructionism, health journalism and sociology of health. The last one, I believe, helps to explain how meanings of health and sicknesses in health journalism are constructed. Discourses of cancer patients are produced within the frames of health journalism. They belong to the wider group of narratives about health and sickness. These narratives consist of discursive formations produced by discursive practices in health journalism (Torkkola 2008, 290).

Two themes rise from previous research used in this study. First one is the problematic covering of cancer research. Miracle cures and results of an individual study tend to be popular in cancer related articles. Second is the patient narratives and the acceptable way to be sick in the Finnish society. Even though popularizing cancer research is an important subject, this thesis will focus on the patient narratives.

I study the subject from the point of view of social constructionism. It is a research frame according to which our social reality is constructed socially and historically. Meanings are formed through interaction with others and through historical and cultural norms. (Creswell 2013, 25.) In social sciences social constructionism works as an umbrella concept for all linguistic and discursive methods that study cultural phenomena. From social constructionist point of view the reality is constructed in linguistic interaction. Language as the research subject is understood as relative, contextual and dependent on its users. (Saaranen-Kauppinen & Puusniekka 2006a.)

In constructivist study the researcher positions herself or himself in the research. They acknowledge that their interpretations flow from their own personal, cultural and historical background. The researcher “listens” carefully to the study material whether it’s people’s interviews or in this study, written material. Constructivist researchers often addresses the processes of interaction among individuals and focuses on the specific context this interaction is happening in, in order to understand the historical and cultural settings of the participants. (Creswell 2013, 25.) In this study the interaction and the “participants” are in the analysed cancer patient stories.

As the writer of this study I recognize how my own perceptions about health effect on the approach I take. For me health is something to pursue for. It is very high on my list of values and I am affected by health trends. I exercise a lot and control my diet regarding to what I believe is the healthiest way to eat.

The specific subject of this study, cancer, I perceive as something that lifestyle affects greatly but what also is a partly out of control of the individual or even societies. I think cancer is not just a biomedical condition but rather holds a variety of aspects from social to psychological and economical. These values naturally have an influence on the kind of meanings I find and don't find from the study material. A medical professional for example might end up finding very different kind of discourses from the same material.

Medicine in modern Western societies rests upon the biomedical model in which the mind and the body are separated and the body can be fixed like a machine. Explanations of diseases focus on biological causes to the relative neglect of the social and psychological factors. During recent decades this model has though been increasingly challenged both within medicine as well as outside it. (Nettleton 2013, 2-3.) The critiques have considered the values and activities of the medical profession to be too narrow. Human body can be seen as culturally constructed and the way body is understood and experienced is related to the historical context in which it resides. (Nettleton 2013, 13-14.) Since the methodological basis of this study is in social constructionism, I see health and the human body as socially constructed as well.

My personal journey on accepting that my partner went through cancer also affects my perceptions. While reading and writing this study I was reflecting my own experiences and identity to the content of the previous research and to my chosen articles. I noticed myself being more accepting towards certain approaches than others. I unconsciously started looking for the "right" way to write about cancer. It was a challenge to detach myself from the position of a reader and become the "objective" "researcher". Health and illnesses are characterized by diversity. There cannot be only one "correct" way to produce narratives about cancer. Instead I have tried to find out what kind of ways are the most beneficial in the bigger picture, not just from my personal point of view.

2.1 Health, sickness and illness

When studying health and illness in health journalism it is not enough only to study the practices in health journalism. To gain a comprehensive image of the health and illness of

health journalism, the overall social and cultural context where the conceptions of health and illness are being produced must be taken into account. The health and illness narratives of journalism play their part in expressing the specific time and space they occur in. (Torkkola 2008, 95.)

Before going into more detail on how health and sickness are socially constructed, I will define the central concepts of this study, health, sickness and illness.

According to World Health Organization WHO health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 1948). Health is a basic value. Health conceptions differ from people and society but no matter what the health conceptions are, everyone wants to be rather healthy than ill. Health conceptions are deeply connected to culture, especially history, language and values. (Järvi 2011, 18.) Health is very trendy in Finnish society. The trendiness of welfare can be seen in micro individual level as well as macro society level. People are increasingly interested in their health which can be seen in the popularity of, for example, health technology, gym memberships and different kinds of healthy food products. (Sitra 2014.)

Sickness or illness on the other hand are more difficult to determine. In Finnish language the word “*sairaus*” is used to describe disease but also illness and sickness. Since English language has more variety for the different aspects of being ill it is essential to be clear about the difference between these terms. In her ph.D dissertation “Sick Story a Research on the Theory of Health Journalism and Newspaper Hospital” Sinikka Torkkola examines health journalism and the relationship between communication and health and illness. She says health and illness can be seen through three dimensions. Disease refers to the medical aspect, illness is based on experience and sickness refers to the social order of health and illness. (Torkkola 2008, 290.) In this study I will use the term disease when I refer to a specific medical condition, illness when I refer to patient talking about their own cancer and sickness whenever larger social context is considered.

2.2 Social realities and individual identities about health are constructed in the media

Meanings about health and sickness are often constructed in the media. In their book *Media Society (Mediayhteiskunta)* Seppänen and Väliverronen emphasise how social interaction and all the institutions of society have become media reliant. They call this development medialization. (Seppänen & Väliverronen 2012, 41.) Modern western societies cannot be understood without taking media and its role in social interaction into

consideration. The institutions of society like politics and science have become increasingly dependent on the media and the publicity it offers. Media has power. (Seppänen & Väliverronen 2012, 41.)

What is more important for this study than the institutional macro level of medialization is the micro level where people find ingredients for their identities and views about the world. Media offers possibilities to form rational and emotional relationship to the world and to other people. It also works as mirror for our thoughts, values, lifestyles, consumption choices and so on. (Seppänen & Väliverronen 2012, 43.)

In her doctorate thesis "Media forces and health sources. Study of Sickness and Health in the Media" Ulla Järvi claims that sickness narratives in health journalism create a sense of community among people who are sick and between the public and the patients. This sense of community, according to Järvi, is the central value of sickness narratives. These narratives offer a model for identification and comparison, a model for identity. That is why it is important to analyse what kind of picture they create about sickness, the experiences of being ill and the patient's role in society. (Järvi 2011, 116.)

2.3 Health communication

Health communication is a multidisciplinary field of study where professionals from both health care and communication operate. There are many definitions for the concept of health communication and different professionals see it from different point of views. (Torkkola 2008, 39.) According to WHO health communication is "a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda" (WHO1998). Health communication has traditionally been studied with the approach of the impacts the delivered message has on the recipients or with interactional communication approach (Järvi 2011, 19). Only during recent years has research about health communication started to expand from natural sciences towards communication research and started to ask what kind of discourses about health and sickness are produced in health communication (Järvi 2011, 21).

Torkkola reminds that instead of trying to define the borders of the concept it is more important to understand that cultural comprehension of health and sickness is constructed in multiple areas of communication at the same time. (Torkkola 2008, 86.) WHO's definition is problematic because it sees that communication is only about transferring messages to the public (Torkkola, 2008, 83). Torkkola examines health communication from cultural point of view. She describes health communication as a social and cultural

construction that produces health and sickness. Health communication doesn't just transfer information, but it also creates meanings about health and sickness (Torkkola, 2008, 83). Since this thesis focuses on how journalism produces discourses about health and sickness it is natural to talk about health communication in this wider perspective that takes into account its social and cultural aspects.

2.4 Health journalism

Health journalism falls under health communication. World Health Organization defines health communication broadly to encompass many forms of communication such as organizational, social and risk communication and social marketing. (WHO1998.) According to Torkkola a broad definition of health communication includes journalism, fictional representations about health and illnesses, advertisement, health communication websites and public health care external and internal communication (Torkkola, 2008, 86).

Rapidly changing communication technologies make it difficult to define communication and health communication. It is also difficult to define whether for example magazines for health care professionals are part of mass media or targeted communication. Järvi defines health journalism as all journalistic content in different media technologies. In her study everything else falls under health communication. (Järvi 2011, 18.) This study focuses on online articles published on the websites of chosen mass media organizations. Therefore, it seems reasonable to use a definition for health journalism similar to Järvi.

Newsrooms and newspapers are normally divided into sections by subject. There can be news journalism, sports journalism and business journalism to mention a few. Specific journalistic subject areas are a result of the journalistic work distribution. Health journalism is its own specific subject as well. Newsroom often have journalists who are specified in covering health and illness subjects. Health journalism doesn't however have its own department in the newsroom as it touches many other subject areas as well such as politics. (Torkkola, 2008, 89-90.)

An interesting point about the term health journalism is why is it not called illness or sickness journalism. The subjects mainly cover being sick after all. According to Torkkola this is due to the change in the culture of health and sickness (Torkkola 2008, 91-92). It is more common to talk about promoting health than battling against disease. Health journalism can also be seen as part of health education and therefore health seems more natural choice than illness or sickness. (Torkkola 2008, 91-92.) This could be seen in the cancer patient stories as well as they tend to end in some sort of overcome of the illness

and represent the patient as active empowered individuals rather than weak patients conquered by their illness. I will talk about this more in chapter five when I introduce the discourses I found from the studied articles.

2.4.1 Challenges of health journalism

The research about health and illness in the media has mainly focused on individual illnesses such as mental health problems or cancer. The central findings in many studies about the sickness in the media are that biomedical discourses of health and sickness are dominant. This can be seen for example in the way diseases are often represented as dangers and the western medicine does everything in its power to beat them. Other ways to talk about health and sickness are represented only occasionally. The health and sickness in the Finnish media have not been studied much but the existing research implicates that the narratives of health and sickness are constructed the same way than in other industrialized countries. There can be seen signs of a more critical approach to the conventional medicine in the form of reporting also its problems but in general the media, in Western countries including Finland, still works favorably to the conventional medicine. (Torkkola 2008, 69-70.)

Traditionally the relationship between journalism and its sources can be describe as a complex competition. Different media companies rival sources and sources rival for getting space in publicity. All these actors aim to get their point of view into publicity. (Seppänen & Väliverronen 2012.) According to Torkkola this relationship has even been described as symbiotic; journalism props up the power of the authority of the ones in power and vice versa. This can be seen in health journalism which content is influenced by the journalistic practices on one hand and the authority of the Western medicine on the other hand. Torkkola points out that at least for now journalism has respected the authority of the health care professionals and very rarely questions the “truths” of the Western medicine.

Raimo Puustinen, specialist doctor from Tampere University, writes in his blog about the challenges health journalists encounter. He says he is not jealous of the journalists who write about health as it is hard to write about medical research in an interesting way that would also help us to understand the functions and structure of our bodies and their connection to nature phenomena, our environment and life habits. According to Puustinen reporters use a lot of commanding words like *move*, *fight* and *strengthen* in the headlines of their articles. (Puustinen, 26.5.2014.) That kind of activity might not even be possible for

some cancer patient. Puustinen thinks a responsible journalist should rely on accountable knowledge. (Puustinen, 26.5.2014). Yet, due to the challenges of writing about medical research and to the commercial pressures of the media, the health topics tend to be covered as Puustinen describes.

Journalists face ethical problems in their work. Guidelines for journalists say: "Decisions concerning the content of media must be made in accordance with journalistic principles. The power to make such decisions must not under any circumstances be surrendered to any party outside the editorial office." The guidelines also state: "It is worthwhile consenting to interviewee's requests to read their statements prior to publication, if the editorial deadline permits. This right only concerns the personal statements of the interviewee, and the final journalistic decision cannot be surrendered to any party outside the editorial office. (Council for Mass Media 2014.)

Not giving the power to make journalistic decisions to anyone outside the editorial office can however be problematic when writing about health and sickness or any other area of specification. Journalists don't have the education of a doctor. In the lack of scientific medical knowledge, it is quite impossible for the journalist to challenge the arguments of a doctor interviewee. Järvi talks about value pluralism in health journalism (Järvi 2014, 19). Ethical decisions related to health are always contextual and seen right from one group's point of view and possibly wrong from some other group's point of view. Järvi borrows Launis's idea about moral pluralism which suggests that we should learn to accept that in a functional ethical system different value basis must be taken into account. Journalists should respect the ethical guidelines but within reason. Sometimes writing as story might require evaluation of different values and their importance and the consideration whether some of those values must be compromised. (Järvi 2011, 19.)

2.4.2 Health journalism is a discursive practice

Health journalism is a cultural practice that produces meanings about health and illness. These constructed meanings become part of the discursive group of health and illness. Health journalism is a discursive practice. (Torkkola 2008.) In cultural research health and illnesses are characterized by diversity. Health and sickness in journalistic content include traces of other narratives of health and sickness but despite of that they form their own discursive practice. They are not copying other health and sickness discourses. Health journalism doesn't just repeat the discourses of health care, medicine or other institutions producing health and sickness. Yet, journalistic discourses are not only constructed within journalism but are connected to other discursive practises outside journalism. These practices, common to both journalism and other institutions producing discourses about

health and sickness, include terms that guide what can be said and what cannot be said. (Torkkola 2008, 98.) Some of these practices are hegemonic and can easily be seen but others are more invisible. That doesn't mean they don't exist, they are just more difficult to observe. The existence of the discourses subsidiary to the hegemonic discourses is crucial because the hegemony of discourses can only become to be in relation to other discourses. (Torkkola 2008, 99.) Earlier in this chapter I mentioned that biomedical discourse tends to be the hegemonic one in Western media. This means that there are other ways than just the biomedical way of speaking and defining illness and sickness.

But even the hegemonic discourses can sometimes be difficult to see. Their power lies in being so obvious and aligned with common sense that we don't even realise they are there. Discourse analysis provides ways to see what kind of meanings the obvious seeming media representations hide inside (Seppänen & Väliverronen 2012, 104).

Studies about health and sickness in the media occasionally appear as descriptive discourse and theme lists. Torkkola claims this is because even in culturally orientated health communication research the analysis of the media representations often starts from an individual already named medical disease leaving outside all sickness that doesn't have a medical name. This way the text looks like a description of health and illnesses and is not able to reveal the discursive practices that produce these health and illness narratives. (Torkkola 2008, 76–77.) To find the invisible discourses it is not enough to describe and list down the easily perceived discourses in the empirical material. According to Torkkola the analysis of the material requires support from theoretical analysis of health and sickness. (Torkkola 2008, 99.)

3 Cancer in the media

Next, I will touch a little on the subject of cancer from a medical point of view and then move on to explain how cancer is related to the media. I look at cancer from a social constructionist point of view. Cancer however starts as a physical condition and that is why I will first outline some fundamental biomedical facts about cancer.

3.1 Biomedical cancer – the disease

From biomedical point of view cancer refers to a large group of diseases whose cause, characteristics, occurrence and treatment can vary greatly (Cancer Society of Finland). Cancer starts when gene changes cause too fast growth in one or a few cells. This growth may cause a tumor. Cancer is when abnormal cells start to divide in an uncontrolled way. (Cancer Research UK a.) This is the biomedical discourse for cancer that the medical professionals use. In this discourse cancer is a medical disease. A disease refers to a physical condition determined by medical professionals (Torkkkola 2008, 99).

Causes of cancer are as various as are the forms of it. Cancer Research UK for example lists the following factors on their website: smoking, obesity and weight, sun and UV radiation, diet and healthy eating, physical activity, alcohol, infections and HPV, air pollution and radon gas, hormones, workplaces, inherited genes and age. (Cancer Research UK b.) Additionally, there are many controversial factors claimed to cause cancer but which according to Cancer Research UK have not been scientifically proven to cause cancer. Stories about potential cancer causes are reported widely in the media and it can be hard to know when the stories are based on reliable information. It is mainly in the media and through media that these perceptions about the causes of cancer are created and delivered. (Cancer Research UK b.)

Cancer Society of Finland reports mostly the same common causes (All about cancer). The mentioned cancer organizations relay their information on the most recent scientific knowledge and are trusted by the national health services. Yet the question of who gets to define what information should be trusted, remains? Who gets to be the ultimate authority source? This is of course a subject for another study, but I believe it's healthy to keep a critical mind with all sources, no matter how established authorities they are. In this study I have settled to use the established cancer organizations as sources because the study focuses on the social and linguistic aspect of cancer. It would not be practical to go too much into depth with the biomedical discourse.

The forms of treatment for cancer may include for example chemotherapy, radiotherapy, surgery, cancer drugs, stem cell and bone marrow transplants or hormone therapy (Cancer Research UK 2017). Treatment planning should be guided by the stage of cancer, tumor type and available resources (WHO 2018).

3.1.1 Can one be cured from cancer?

If you or your close one has had cancer you might have been to the post treatment checkups. Have you ever tried asking are you cured from cancer? If you have, the answer probably was that you are in remission. The doctors are very subtle about it, reassuring that everything is alright but carefully look out not to mention the word *cure*. Medical cancer discourse doesn't seem to really include the term *cure*. Instead common expressions when talking about managing with cancer are *remission* and *enhancing the quality of life*. Partial remission means a decrease in signs and symptoms of cancer, complete remission means disappearance of the signs and symptoms (National Cancer Institute 2014). Even in complete remission cancer may still be in the body but it cannot be detected with available technology (National Cancer Institute 2014). This is the reason why doctors don't tend to talk about cure.

One is considered to have survived cancer if they are alive after five years of diagnosis. The five-year survival ratio is relative, meaning that it shows how many of the cancer patients are alive five years after detection of cancer compared to the proportion of the population of the same age alive in that period of five years. Therefore, it is a statistical recovery. (Cancer Society of Finland 2016b.) This however doesn't mean that the cancer won't renew.

According to the Finnish National Institute for Health and Welfare new cancer diagnosis have steadily been increasing in Finland over the past 30 years if the amount of cancer cases is examined in proportion with population amount and age structure. The aging population causes an increase in new cancer cases. Cancer is still the second common death cause in Finland. Death rates vary greatly from type of cancer to another. Despite these numbers and due to the advanced treatment options, most patient survive permanently. (National Institute for Health and Welfare 2014.) Finnish patient survival ratios are the world's top level. According to the Cancer Society of Finland, cancer's reputation as a deadly disease will slowly change as the relative share of poor prognosis cancers such as stomach cancer decreases and prognosis for other cancers improve (Cancer Society of Finland 2016b). In my analysis I will pay attention to how *cure* is covered in the chosen stories.

3.2 Social and psychological aspects – sickness and illness

As discussed in chapter two biomedical model of medicine has faced critique and isn't enough to explain the complexity of a human being. Research on health journalism has also criticized the concept of health presented in health journalism. Sickness and health are mainly seen as biological problem that science can solve. It is the patient's responsibility to have control over their own health (Järvi 2011, 154). What is more relevant to this study than biomedical aspect is that cancer is also a social construction and it has many effects that are not solely physical or even only about the individual who got sick.

3.3 Covering cancer topics

Science needs to be popularized in order for the public to understand its results. Exaggerations, simplifications and superlatives are common in cancer related communication. It is challenging for the media to deal with the uncertainty that is always present in science. Rarely a news article mentions the last sentence of the research paper that states the need for further research on the subject. (Cancer Society of Finland 2016a.)

Traditionally the biomedical approach and authority sources such as doctors have formed the core of health and sickness stories in news journalism. Individual "ordinary people's" comments are used to either give more legitimacy or to weaken the arguments of the authority source. Though nowadays, especially in periodical magazines, individual's subjective experiences are very much emphasised. (Järvi 2011, 116.)

Patient stories are popular in both newspapers and periodical magazines. The stories work as ways for identification and as ways to awake emotions. Readers are especially interested in survival stories, often one of a public figure's, because these stories can give them hope and faith for surviving or managing their own illness. The sickness stories have a wider social affect as well. They can increase the general knowledge and understanding about sickness and illness and even affect the political decision making. The stories can for example cause the decision makers in health care to rush or change their decisions because of the media publicity the matter has received. (Järvi 2011, 117.)

3.3.1 Dangers of patient narratives

News values and the whole journalistic working process repeat established discourses about cancer. New and unusual guide the journalistic agenda. Newsworthy is if a public figure is diagnosed with cancer. (Cancer Society of Finland 2016a.) Because cancer is such a wide subject that cannot be exhaustively and quickly explained media also tends to concentrate on emotionally appealing and easily identifiable stories about someone's subjective experience (Maria Mäkelä 7.2.2018).

It is also difficult to verify the accuracy of a cancer patient's subjective experience. Though the experience cannot be denied either (Mäkelä 7.2.2018). When it comes to using sources, the patient cannot really be put on the same level with the representative of the medical profession because these two sources talk about cancer from completely different starting points (Lipponen 2010, 12.) In the increasingly rapid and hectic newsroom work established authority sources are a safe option and other points of views are easily ignored (Seppänen & Väliverronen 2012, 98).

It can also be difficult to recognize what is a paid advertisement and what an experience story. Women's magazines are full of survival stories where cancer was an invitation to change but when looking closer at the articles the person might actually be promoting their own welfare and self-help services (Mäkelä 7.2.2018).

4 Methods

In the following sub chapters I will introduce the method of this study, explain how the study sample was formed and how the analysis was conducted. The research method is discourse analysis.

4.1 Discourse analysis

The larger theoretical frame of this study lies social constructionism which assumes that the social reality we live in is constructed in linguistic interaction. There are multiple versions of reality and language works as a tool for either repeating or changing these social realities (Saaranen-Kauppinen & Puusniekka 2006b). Discourse analysis is a method to examine how reality is constructed in language (Saaranen-Kauppinen & Puusniekka 2006b).

I chose discourse analysis as the method because the purpose of this study to find out what kind of cancer patient narratives are constructed in Finnish newspapers, tabloids and lifestyle magazines, and it can be done by analysing the language of the cancer patient narratives.

Discourses are reasonably established ways of language or expressions that are characteristic to a certain situation. Discourses generate knowledge and beliefs and create social order into the society and the phenomena they talk about. They vary from time and place, social situations and institutions. They help us to see what kind of meanings media representations that seem to be obvious, actually hide inside. For example, doctors talk about diseases in a way that outsider might not understand. This way of speaking doesn't mean just medical terms but certain ways of thinking and defining the reality. We use language in many different discourses and at the same time these discourses affect our ways to use language. (Seppänen & Väliverronen 2012, 103-105.) Analysing the discourses of health and sickness we can find out why they are represented in certain ways and not some other ways (Torkkola 2008, 24).

Discourse analysis is not one homogeneous and established research method but rather a vast field of different traditions and approaches. It's challenging to find one definition for discourse analysis because different traditions have been born in the context of different fields of science. (Saaranen-Kauppinen & Puusniekka 2006b.) As Lämsä explains in her blog post, discourse analysis is not only a research method but also a theoretical frame. She quotes Eskola and Suoranta by saying that discourse analysis doesn't mean detailed research methods that the researcher applies directly to her or his own study. Discourse

analysis includes a fundamental assumption that language constructs the social reality we live in. For this reason, she says, an empirical researcher cannot use discourse analysis only as a research method but also as a theoretical frame. (Lämsä 2004.) I believe this statement applies to theoretical research as well, since the theoretical frame of this thesis assumes that reality is socially constructed, and language plays a vital part in the ways we construct that reality.

To come into some conclusion on what discourse analysis is, I will use the definition of Jokinen, Juhila and Suoninen: *discourse analysis is the kind of research about language and other activity with meaning systems where one analyses in great detail how social reality is produced in different social practices* (Jokinen, Juhila, Suoninen 2016, 17). Because this work is only an undergraduate thesis, I will not try defining discourse analysis any further and will thus settle for the above definition.

It is however worth highlighting that the researcher is affected by the language and culture she or he lives in. Because the researcher is “inside” the social reality, it’s very important to watch out not repeating the existing terms and categories when analyzing a text. There is really no way to completely avoid using the existing meaning systems because the researcher has to use language to report the results of the study. That is why it’s important through the whole research process to reflect how one describes the phenomena and action she or he finds in the material and avoid doing it in a way she or he is used to. (Jokinen, Juhila, Suoninen 2016, 31-32.) If the researcher cannot completely avoid repeating established terminology, I believe they can at least be transparent about the issue while describing the process and the results of the research.

Due to the nature of discourse analysis, it is also not possible to justify the interpretations the researcher draws from the material in any other way than “discussing” closely with the material and reporting the observations that the researcher’s thoughts have generated during the “discussion” (Jokinen, Juhila, Suoninen 2016, 20). This is how I will try to represent the results I find from my material.

4.2 Conducting the study

In following sub chapters I explain the process of forming my sample, introduce the chosen articles and explain how I searched answers for the research questions using discourse analysis.

The chosen samples are from mainstream media because I wanted to find out what kind of cancer patient narratives are constructed for the general public. Therefore, I have not considered articles that are published in medical magazines, for example, even though in

some definitions they do belong to health journalism, but the readers of those publications are often health care professionals, not members of the public.

I decided to not choose the stories only from journalists who regularly cover health and cancer issues. Rather, in the selection process I emphasised the circulation of the publication and the content of the stories. I believe that it is not only the journalists who specify in covering sickness that shape the picture and the attitudes towards it. The “general” journalists who only occasionally cover health without any specific expertise also contribute to how sickness is constructed in the Finnish media and Finnish society. Journalists who don’t have expertise on covering sickness might be more affected by the prevalent hegemonic perceptions about sickness since they perhaps aren’t trained to seek and avoid the stumbling blocks of health journalism. By analysing the stories written by these journalists it might even be easier to find some of the prevalent perceptions of health and sickness.

4.2.1 Forming the sample

Selection of the articles was done 19.10. – 21.10.2018. The chosen articles are from the period of 4.2.2018 – 28.9.2018.

I searched articles by using the word cancer (*syöpä* in Finnish) and the name of the publication in Google search tool. The criteria for choosing the articles was that the name of the patient and the patient’s cancer or illness was mentioned in the headline and lead paragraph and that the patient represented in the article has or had cancer and that the patient has been sick in Finland. The articles’ focus had to be mainly on describing how the patient had experienced her or his illness. The articles also had to include at least some level of editorial work, for example interviewing the patient and other sources and creating a storyline about the patient’s experiences.

As mentioned earlier cancer is a popular subject and the word cancer gave a lot of results including news about latest research findings, short articles mainly just translated from an international article and other cancer related stories. These kind of articles and articles that were mostly just reporting a story of another source were excluded.

For each Google search I chose an article that best matched with the described criteria. There are five articles in total, one from each media. These articles represent examples of cancer patient narratives in the chosen media platforms. One article from one media

platform cannot by any means be generalised to represent the overall content of that platform but in this study, I didn't have resources for analysing a wider sample.

Below I have I organised the articles into a table (table 1) by numbering them from one to five. Later in the analysis I will refer to the article number rather than the headline of the article.

Table 1. Chosen articles with headline and the publication, organised into numbers from one to five.

	Publication and the publishing date	Headline
Article 1	MTV 4.2.2018	Flu revealed the cancer tumor skulking in Atte's, 24, lungs: "Game is still open, but I am hopeful"
Article 2	Kauneus ja Terveys 11.4.2018	Will you die now mum" – Satu's, 44, cancer was found in occupational health
Article 3	Yle Akuutti 4.2.2018	Death in the breast and life in the belly – Heini got ill with aggressive cancer while pregnant
Article 4	Helsingin Sanomat 6.9.2018	The mole looked harmless but then the cancer spread – Maria Hakkala's melanoma devolved in to internal organs and now it cannot be removed
Article 5	Iltasanomat 28.9.2018	Musician Harri Marstio's cancer recurred already the third time – money worries cast a shade on his condition: "Finances hit rock bottom"

Next, I will briefly introduce the chosen articles and the media platforms they were published in.

Article 1, the MTV story *Flu revealed the cancer tumor skulking in Atte's, 24, lungs: "Game is still open, but I am hopeful"*¹ was published 4.2.2018 on MTV news website (MTV 2018). It tells the story of a 24 years old Atte Reiman who was diagnosed with lung cancer. Through the story Atte describes how he was diagnosed, what kind of treatment he has received and how the illness has affected his life.

¹ Flunssa paljasti Aten, 24, keuhkoissa lymyilleen syöpäkasvaimen: "Peli on vielä auki, mutta olen toiveikas"

Article 1 was published in the lifestyle section of the website MTV news. MTV is one of Finland's largest online news platform and reaches 1,3 million visitors per week. (MTV uutiset 2018.)

Article 2, Kauneus & Terveys magazine story "*Will you die now mum*" – *Satu's, 44, cancer was found in occupational health*² represents the health magazine publications in my analysis. I found it important to include a story from these kind of periodical magazines as they often cover health related content. The chosen story was published on Kauneus & Terveys website 11.4.2018 (Terve.fi 2018). It tells the story of 47 years old mum Satu Rautalahti who had breast cancer and who started her own company that manufactures headwear for women and children with cancer. The story covers Satu's cancer experience from when she heard the diagnosis, the treatment time to what her life is like now after the cancer.

Kauneus & Terveys is a lifestyle magazine focusing on looks, health, exercise and weight control. Its target group is active working age women who are interested in their welfare and beauty. (Mediakortti Kauneus & Terveys 2018.) The chosen article was published on a website Terve.fi which publishes Kaunes & Terveys content but also other content. This website reached 1 053 913 visitors in September 2018 (Finnish Internet Audience Measurement 2018).

Article 3, *Death in the breast and life in the belly – Heini got ill with aggressive cancer while pregnant*³ (Yle 2018a) is from Finland's public broadcasting company Yle. It was published on the website of their health focused programme Akuutti 4.2.2018. and tells the story of Heini Hirvonen who was diagnosed with breast cancer while pregnant.

Yle is Finland's national public service broadcasting company. According to the Act on Yleisradio Oy, Yle's responsibility is to provide versatile and comprehensive public service content for all citizens. (Yle 2018b.) The article was published on the website of Yle's programme Akuutti that claims to provide knowledge about health and welfare and human-interest stories.

² "Kuoletko sinä nyt, äiti" – Sadun, 44, syöpä löytyi työterveydestä

³ Kuolema rinnassa ja elämä vatsassa – Heini sairastui aggressiiviseen syöpään raskaana ollessaan

Article 4 in Helsingin Sanomat *The mole looked harmless but then the cancer spread – Maria Hakkala’s melanoma devolved in to internal organs and now it cannot be removed*⁴ (Helsingin Sanomat 2018) was published on the newspaper’s website 6.9.2018. The subject of the article is skin cancer, particularly melanoma. It describes dangers of sun exposure linking the theme to the hot and sunny summer that had just passed. It presents statistics about melanoma and talks about forms of treatment and ways of preventing to develop skin cancer. The patient in this story, Maria Hakkala, 33, is used as a case example of melanoma patients.

Helsingin Sanomat is Finland’s largest and most read daily published newspaper and belongs to Sanoma group. Its website reached 3 067 332 visitors in September 2018 (Finnish Internet Audience Measurement 2018). According to Sanoma concept the target groups of the website include a family, people with higher education, city dwellers, and people with high income (Sanoma 2018a).

Article 5 in Ilta-Sanomat tabloid with the headline *Musician Harri Marstio’s cancer recurred already the third time – money worries cast a shade on his condition: “Finances hit rock bottom”*⁵ (Ilta-Sanomat 2018) describes how musician Harri Marstio has lived with lymphoma for several years and is trying to keep up positive spirit while battling with symptoms and money worries.

Ilta-Sanomat is the market leader in afternoon tabloids in Finland and belongs to the Sanoma group. Its website reached 3 502 575 visitors in September 2018 (Finnish Internet Audience Measurement 2018). Its target group is women and men on a national level (Sanoma 2018b).

4.2.2 Conducting the analysis

Next, I will describe the process of how the analysis was conducted. After choosing the study sample I involved myself deeply in the material by reading carefully through all the articles, after which I organised them into a table (table 1) by numbering them from one to five.

⁴ Luomi oli vaarattoman näköinen, mutta sitten syöpä levisi – Maria Hakkalan melanooma siirtyi sisäelimiin, ja nyt sitä ei enää saa pois.

⁵ Muusikko Harri Marstion syöpä uusi jo kolmannen kerran – rahahuolet varjostavat vointia: ”Talous meni aivan kuralle”

Then I started reading the articles closer by focusing one research question at a time. In practice, I analysed the articles by searching for metaphors, choices of words and symbolic meanings that could be constructing a certain discourse. I also looked for terms or themes that kept repeating themselves in the speech of the patient, the journalist or other voices. I tried to find discourses also by searching for subjects that seemed something that we all take for granted. Discourses can be found by looking closer at things that seem obvious (Seppänen & Väliverronen 2012, 103-105). If a subject is mentioned but not further explained, the writer might have assumed that it doesn't need further explanation because we all, as the member of the same culture, share the same conceptions about it. I also looked for meanings and subjects that had been left out from the articles.

The first research question was about the dominant themes through which cancer patients are represented in the patient narratives of the chosen media. I searched answers for this by scanning the articles carefully through and listing down all the themes I could find in them. I searched for the themes that I talked about in the theoretical frame in chapter two, such as how the sickness is represented: is there talk about survival and cure or death and acceptance. I analysed if the articles dominant approach on sickness is biomedical or something else and listed any other themes I could find. I searched for ways of speaking that were constructing a certain theme, not only certain words. For example, I didn't just look the word fighter but rather searched for ways of speaking that could possibly be contributing to the fighter discourse.

I listed down separately all the themes one article contained and after reading them all I combined these lists by looking what they have in common. The first research question overlaps with the second question since the patients are being represented partly through the themes I found. I still thought it is essential to list down the themes before going deeper into how the patients are represented in the narratives.

The second research question was how are the patients represented in these narratives and how the patients themselves define their patient role and their relationship to their disease? After finding the dominant themes I moved forward to the second research question by reading each article through multiple times. I listed down how many different voices there was in the articles and analysed how these different voices were talking about the patients. I searched for reasons why these patients had been chosen to represent sickness in the stories and analysed whether they were represented as active individuals or passive patients, and if they were represented solely through their role as a patient or if their role as a patient was represented through their other roles.

I paid attention to things such the cultural context in which the narratives appear in to identify different patient images. I searched for ways in which the narrator is talking about the patient and who ultimately even gets to define the patient's role. Is the sickness being represented through the patient's subjective experience or is the patient being used to strengthen the power position of a doctor or other authority?

I analysed how the patients talk about their disease, treatments and other experiences related to their illness. Do they use medical terms for example which would imply a doctor's voice coming through their speech? Finally, I tried to find discourses that were absent in the articles.

The aim of the analysis was to reflect the themes described above to my chosen articles and see if the articles support the previous research about sickness in the Finnish media.

All the articles were from the websites of the chosen media, but I analysed them by printing them out, so I could highlight the relevant points from the articles and do other markings.

5 Results

In this chapter I will present the results of the analysis. The material of course contains more discourses than the ones listed in this study but in the light of my research questions I have chosen to highlight the themes I present in this chapter.

5.1 Research question 1 – themes constructed in the patient narratives

I found multiple themes some of which appeared in all of the articles. These were themes that inevitably are present in everyone's life like work and family. Most of the articles also contained something about the physical appearance of the patient. Despite their similarities, all of the patients had a unique combination of themes through which they were represented and through which they defined themselves.

Different themes in the articles of course reveal something about how one's personal background, age, gender and overall life situation affect their attitudes and reactions on sickness. These factors also partly determine the themes that are present in the stories. Middle aged mother cannot have completely same attitudes and reactions than a young single man without children simply because of their different situations.

The below table (table 2) reveals the most common themes found in each article.

Table 2. Most common themes found in each article.

	Article 1	Article 2	Article 3	Article 4	Article 5
Theme	Physical appearance	Physical appearance	Physical appearance	Physical appearance	
	Work	Work	Work	Work	Work
	Death	Death	Death	Death	Death
	Family	Family	Family	Family	Family
	Biomedical discourse		Biomedical discourse	Biomedical discourse	Biomedical discourse
	Home	Home	Home	Home	Home

5.1.1 Biomedical discourse

In most of the articles the patient's disease is defined in a relatively medical discourse and often by a medical professional. This can be seen from the terms that are used to describe the disease.

For example, in article 1 the getting sick process is mostly described through physical symptoms like fever and poorer physical condition. Terms like *high level of CRP*, *x-ray*, *pneumonia*, *tumor* and *biopsy sample* are used to describe the patient's disease placing the description in the biomedical discourse.

In article 1 the patient is the only interviewee but whenever using medical terms to describe his disease, the journalist is making it clear that it's actually a doctor talking. The patient's quotations are used to strengthen the biomedical fact with the patient's own experience:

The doctor noticed that the other lung didn't look normal, it was completely grey. ⁶

Article 3 talks about the patient's cancer with quite specific medical terminology:

"The differentiation grade of the breast cancer was 3 – the cancer was malignant, aggressively spreading and hormone positive" ⁷ (article 4).

Whenever the patient's disease is explained, the article uses if not a discourse of medical professionals, but something that comes close. Use of medical terms builds credibility for the story.

In article 4 the medical discourse is very dominant because besides telling the story of the cancer patient it also gives information about the type of cancer, melanoma, that the patient has. The patient is only used as an example of the disease, and the focus is not only on her but also on melanoma. By stating facts said by a doctor like: "someone who burnt themselves badly in the sun this summer might get sick with melanoma in ten or twenty years" ⁸, with an example of an actual person, the article brings the subject closer to the reader and makes it easier to identify with. Presenting the subject like this, through an important theme, is also showing something about the nature of the publication. Helsingin Sanomat is a newspaper and in newspaper it's perhaps more common to focus on important subjects when in periodical magazines the relationship between the readers and the publication is based more on providing stories in which the readers can find ingredients for their identity and values.

⁶ Lääkäri huomasi, että toinen keuhko ei näyttänyt normaalilta, se oli aivan harmaa.

⁷ Rintasyövän erilaistumisaste oli gradus 3 – syöpä oli pahanlaatuinen, aggressiivisesti leviävä ja hormoniposiitivinen.

⁸ Tänä kesänä itsensä pahasti auringossa polttanut voi siis sairastua kymmenen tai kahdenkymmenen vuoden päästä melanoomaan.

Article 5 also contains the biomedical way of describing cancer and cancer treatments. It describes how the cancer was first found, what type of cancer it is and what were the physical symptoms. The same is explained when the cancer renewed second and third time. Then the article explains what kind of treatment the patient is receiving and how he has reacted to them. All this information has probably come from the patient himself, but he has learned it from the medical professionals. Even though he is not exactly using medical terms, he is still quite accurately describing the different phases of his disease:

Marstio's voice dropped and he got worried about a large hard lump that could be felt in the area of the Adam's apple. ⁹

It could be assumed that being around the medical professionals and getting used to answering their questions he might have developed a way a speaking that is medically quite accurate. Someone who is not familiar with the medical discourse at all might have just said that they felt a lump around their throat without describing further the nature of the lump or its exact location.

In article 2 the biomedical discourse isn't very strong. The patient's disease is mainly described through everyday life language like how the patient noticed that her left breast felt different than the right, a little odd. This is something any woman could say about their breasts. Ultrasound and radiologist are mentioned same as oncologist. But the article also explains that oncologist is a doctor specialised in cancer diseases and therefore assumes that this is not something every reader knows. Chemotherapy is also mentioned but only briefly to explain why the patient lost her hair. The focus is in how the patient and her family took the fact that she looked different after losing her hair. By not using the biomedical discourse, the journalist perhaps brings the subject closer to the reader. Checking out breasts for any lumps is something women can relate to and reading about how it feels like to lose one's hair is easier to imagine than difficult medical terminology about cancer diseases. The article therefore is constructing sickness more in its social aspect; what kind of things are related to the condition of being sick that we all know and share, not so much in its medical aspect as a disease.

⁹ Marstion ääni painui ja hän huolestui aataminomenan kohdalla tuntuvasta isosta kovasta patista. Koepalasta löytyi lymfooma.

5.1.2 The role of others and the environment for the patients

All of the articles cover family's role in the sickness. In some of them the patients define their own illness a lot through their role in the family, whereas some of them only mention the support of family. Talk about home also occurs in all of the articles as home is either where the sickness mostly takes place in and or a place of high importance for the patients.

In article 1 family members are mentioned couple of times as a support and as people who need support from the patient. The family and girlfriend have been supporting him during the illness. According to the patient, after they survived the initial shock, they have dealt with it as well as possible:

"Mum worries most likely more than she says, but roots for me a lot too. My own attitude has probably affected theirs quite a lot. I'm not afraid of the matter myself therefore other don't really know how to be afraid either." ¹⁰

The patient has got support from the family and he seems to appreciate it, but he has also taken the role of a consoler for the family.

In article 2 family theme comes through the patient's role as a mother. The patient's role as a cancer patient is examined a lot through the lens of motherhood. It could be assumed that is what she has wanted to emphasise unless the journalist has asked very selective questions. Even the headline and the lead paragraph include the word mother. Children, husband and patient's mother are all mentioned same, and the article contains a lot of talk about the patient's family life.

The patient in article 3 is represented a lot through her role as a mother same than in article 2. The patient mentions her children, husband, friends and especially the child that she was pregnant with multiple times and frames her illness in the context of family and pregnancy.

Family is a major theme in article 4. The patient talks about her husband a lot, mentions how friends have helped her and emphasises how important it is for her to be able to enjoy the little moments with her child. She also tells about a family photoshoot where was

¹⁰ "Mutsi huolehtii varmasti enemmän kuin kertoo, mutta kovasti hän myös tsemppaa. Oma asennoitumiseni on varmasti vaikuttanut aika paljon. En pelkää itse sitä asiaa, niin muutkaan eivät oikein osaa pelätä."

present also her parents and brothers. The whole article is describing how not just the patient herself but the whole family has faced the sickness.

Article 5 mentions family when the patient says that the people close to him are worried of how things are going to end. He also mentions that he has received financial support from them and wouldn't want to ask more.

The talk about family and friends is linked with the talk about home. In article 1 the patient says he was sick and at home. Other than that, home isn't really an important theme.

Home theme in article 2 is mentioned briefly three times. First when the patient says how the mail carrier struggled with packages of her hair wear products in her yard. Second time it's mentioned in the context of domestic work. During the treatments the patient was on sick leave at home and got help from her own mum with the everyday life. Household tasks, the article says, had been equally divided with the husband already before cancer. Third time it is mentioned when the patient says she started to wear a hat even at home because one of the children was scared of the bald.

The patient in article 3 also talks about wearing a hat at home but unlike the patient in article 2, eventually chose not to wear it. Home is also mentioned in the context of family and friends when the patient tells that their door was always open to guests who would take the children to play or bring food. Many of the episodes in the story also happen at home: shaving head, meeting guests, crying in the shower, everyday life with a baby and so on. Therefore, even though the importance of home it is not exactly mentioned, it is clear that that is where the patient was dealing with her illness.

In article 4 home becomes visible in chapters where the patient mentions the everyday life with a little child. She clearly stays at home and most of her life happens in home settings.

In article 5 the patient talks about home as something of high value for him. Financial issues are making him worried about his home and he says he has a good place to live in and he wouldn't want to move anywhere.

"I have lived there now four years and it is my home. I won't leave there unless feet first", Marstio states vigorously. ¹¹

¹¹ "Olen nyt neljä vuotta asunut siellä, ja se on minun kotini. En lähde sieltä kuin jalat edellä", Marstio toteaa napakasti.

Expressions like *good place to live in, it's my home* and *vigorously* are constructing home as something really important that one needs to fight for and not give away easily.

5.1.3 Patients and financial independence

All of the articles mention the patients' and sickness' in relationship to work. In some of them the patient is represent mainly through work and some of them mention work only in the form of domestic work. Article 5 also talks about the financial struggles related to sickness.

Article 1 tells that the patient works for security company Securitas. This is said in present tense, implying that he is still employed and aims to return. The journalist describes that the patient's life mostly consists of exercise, spending time with his girlfriend and being at work. The article doesn't say whether he will return to work but does tell that the he aims to return to his normal life if he survives. Work is not however as important as exercise to the patient and he is represented a lot more through an athlete's role.

Article 2 defines the patient quite a lot through work, not only the daytime job she used to do but also other activity that results in financial gain. As a result of cancer diagnosis, the patient did not only start her own business but also a new career as a flight attendant. By strongly emphasising work, the journalist and the patient herself frame her as an active and empowered person who still has control over her life.

In article 5 the patient mentions his profession several times, but it's not linked to sickness as closely as in article 2. The article doesn't tell whether the patient is planning to return to work. It can be assumed that he isn't able to work at the moment as he is the hospital for symptomless pneumonia. Nevertheless, the journalist uses terms *musician* and *instrument player* when referring to the patient and therefore frames him more through his professional role than his patient role. This could though be so because the patient is a public figure. It might have sounded weird if the other articles had referred to the patients through their occupation as a *security manager* or *assistant* rather than through their names because we are used to reading stories with people's names on them not with their professional title on them.

In articles 3 and 4 the patients both write a cancer related blog. In article 4 the patient says she writes it partly as a peer support for others but mostly because she doesn't want to hide the matter. Work related activity is not a major factor in how she or the journalist

define her. At the end of the article 3 there is a link to the patient's own cancer blog, but the article doesn't mention that she writes a blog. These articles don't tell the occupation of the patients nor how long they have been on sick leave or if they were stay at home mums already before cancer. If they were, the journalist is not talking about their situation as work but rather taking it for granted that mums with small children must take care of the children even when sick. From another point of view, it could have been highlighted that these patients didn't get sick leave from their role as stay at home mums the same way than a person who is employed outside home would have got. These articles don't mention any benefits or childcare help the family might have received from the government.

In article 5 on the other hand financial situation of the patient is a dominant theme. Money is mentioned in the headline and the lead paragraph which both say that the patient's cancer renewed for the third time due to which he is worried about his finances. The article explains that getting sick took all the patient's income. Roughly a quarter of the article's content focuses on the patient's financial situation. Due to the financial worries he is frustrated and explains that he feels he doesn't have any energy left.

Article 1 doesn't mention money in any form at any part of the story. This could be simply because the journalist hasn't discussed the issue with the patient or the patient has not have wanted to talk about it. Article 2 talks a lot about paid work but doesn't mention any financial struggle the patient might have had. Neither do articles 3 or 4.

Lipponen asks are poverty and lack of money bigger taboos than sickness. According to Lipponen, financial losses caused by sickness and the expensiveness of being sick in Finland almost never appear in the patient stories. (Lipponen 2010, 14.) Perhaps the patient interviewees don't want to talk about it or perhaps the journalists don't consider it as a media sexy subject. Whatever the reason is, if Lipponen is to believe, article 5 is making an exemption by letting the patient reasonably openly talk about his money worries. Perhaps the fact that he is an artist makes it easier or more natural to talk about the lack of money.

He points out that one doesn't really pay insurances with the wage of a musician. "Everything goes from hand to mouth. A musician just has to trust that he or she stays healthy."¹²

¹² Hän toteaa, ettei muusikon palkalla maksella vakuutuksia.

"Kaikki menee kädestä suuhun. Soittajan täytyy vain luottaa siihen, että pysyisi terveenä."

The patient refers to his artist identity twice when he is talking about money. It might not be as common for a patient with background in business for example, to admit publicly that getting sick took away his or her income. Nevertheless, it can't hurt that at least someone is saying out loud the financial troubles many patients go through, even if that someone is an artist who which we might be more used to talking about financial trouble in the lack of funding and respect for the importance of arts.

Article 5 also places the relationship between money and sickness into larger context through the patient's speech by talking about social benefits and the support of friends. The patient says that he cannot receive housing benefit because he lives in an office building. He says he has got financial help from his close circle of friends. By briefly mentioning the social security benefits the patient is also stating that sometimes they are no help for people in his situation. The article says that the worry about finances and accommodation casts a shadow over his condition or wellbeing. This kind of talk is constructing sickness in Finnish society as something very undesirable. The patients are left on their own when it comes to getting by financially.

Even though article 5 is making the financial issues of patients visible, the tone with what this is done, isn't very positive. Between the line can be read that the patient is not happy with the lack of financial support from the society, but he is not saying anything that would address this lack as a problem that should be fixed. On the contrary he is almost apologising for getting in this situation:

Marstio thanks his landlord for being understanding. The close circle has also supported financially and other ways too so that he has managed. Marstio's pride wouldn't give in to ask more money from his friends. ¹³

By thanking his landlord and by saying his pride wouldn't give in to ask more money, the patient contributes to the idea that even as citizen who have paid taxes, patients should take responsibility for getting sick and look after their own finances without help. He could as well have said that the society should have a better safety net for those who get sick so that they could pay their rents to their landlords as usual. In the light of the tone of article 5 and the lack of the talk of money in all the other articles I would say Lipponen's argument

¹³ Marstio kiittelee vuokraisäntäänsä ymmärtäväiseksi. Lähipiiri on myös tukenut rahallisesti ja muutenkin niin, että hän on selvinnyt. Marstion ylpeys ei antaisi myöten pyytää lisää rahaa ystäviltään.

for poverty caused by sickness being a taboo in Finland is true. The patient even openly admits this by saying that he has received the kind of Lutheran upbringing according to which one should be able to get by on their own.

5.1.4 How should cancer patient look like?

In some of the articles the patient's physical appearance is a major theme and in some of them it's not important at all. All the articles however consider it at some level because they all contain pictures that inevitably provide an idea of how this patient looks like.

Article 1 doesn't exactly talk about the patient's appearance but because physical condition is a major theme, the appearance comes through in talks about the patient's fitness level. The pictures of the article also clearly refer to the patient's physical appearance before and during cancer. One of the pictures is a combination of two pictures. The first one is taken by the patient himself in the hospital. It shows in the mirror how the patient is wearing hospital clothes and the drip tube and leaning on to a handle with a tired face. The second one is the patient pre-cancer in his boxers showing his muscles. The caption says: "on the left Atte currently in hospital, on the right a year ago still a healthy man at the end of the last diet". The aim of the picture is clearly to show the physical changes the patient's body as experienced.

In article 2 the patient's physical appearance is the main theme. The whole subject of what is it like to be sick is framed with the physical changes that cancer treatments bring along and the feelings the patient had when going through these changes. Loss of hair and breast for example is mentioned several times.

Same as article 2, article 3 also talks about the loss of hair. It describes how the patient had thick, naturally curly hair that started to fall during chemotherapy treatment. The husband helped her to shave the hair off and she describes how she had to first look at herself in the mirror and put a hat on before showing the bald to her children. The article also directly says that the patient's appearance changed a lot when she lost her eyebrows and eyelashes. The physical appearance isn't however the main theme in the same way than in article 2. In article 3 the patient is mostly talking about her appearance in the context of how her children reacted to it.

Article 4 mentions the patient's physical appearance from a point of view of how cancer patients stereotypically are thought to look like but doesn't go any further with defining the patient's appearance:

“The image of a vomiting cancer patient doesn’t apply”.¹⁴

Article 4 does however construct the patient’s physical appearance in pictures. It has two pictures of the patient (rest of the pictures are faces of the authority sources in the article). In both of the pictures the patient looks healthy and in good condition. In the first one she is looking confidentially into the camera, in the second one posing and looking down at the camera creating a sense of power. The pictures are constructing an idea of a cancer patient who doesn’t look sick. This is in line with the overall tone in the article.

Article 5 doesn’t really focus on the patient’s physical appearance during cancer. There are two pictures, but neither of them is showing how the patient currently looks like. First of the two pictures is a close picture of the patient leaning on his hand with a hoodie on. The capture says: “Harri Marstio’s cancer was found five years ago”. From the capture it can be assumed that the picture probably isn’t very recent but rather picked up from an image bank. The second picture is the patient with the band “Kultakurkut” in which he was a member. The band doesn’t exist anymore, so the second picture is probably trying to illustrate the patient’s musical career, not his physical appearance during cancer.

5.1.5 Death from cancer is a possibility

All of the articles mention death but for none of them it is a major theme in framing the sickness. Some of the articles don’t even contain the word death but the theme is expressed in other ways. It seems that cancer is still closely linked to the possibility of death. Even while the treatments are developing, in the chosen articles there isn’t really a discourse in which cancer is framed as a chronic disease like diabetes that one can quite easily live with.

In article 1 the only time this is mentioned is when the patient says: “if I survive this alive...”¹⁵. In article 5 it is equally only once mentioned when the patient says: “If I worried before it’s time to worry, then it might be that one would get rid of his life...”¹⁶

In article 2 death is a bit bigger theme as the word *death* itself in different inflections is mentioned six times, first time in the headline. Even though the patient doesn’t talk about

¹⁴ “Mielikuva oksentelevasta syöpäpotilaasta ei täyty”.

¹⁵ Jos selviän tästä ehjin nahoin...

¹⁶ Nyt jos huolestuisin ennen aikojaan, niin voi olla, että sitä pääsisi hengestään...

her own fear of her death so much, she is making the subject visible by saying she didn't want her children to fear she would die.

In article 3 the talk about death is a way to construct sickness as something that is very different from healthy life. The word *death* in different inflections is mentioned four times. In the headline it is in the same sentence with life: "Death in the breast and life in the belly" ¹⁷. These two opposites are used throughout the story to define the patient and her sickness.

In article 4 the word *death* doesn't appear that many times but is very present as a theme. The patient says how she is sometimes worried about her husband who deals with the fear of death differently than she does. She also says that she likes to do crochet so that there will be trying to come to terms with her own mortality. It might be that the journalist has chosen to not directly talk about death since the patient is still very much alive but between the lines the whole story of this patient is framed through the presence of the possibility that the patient might die.

5.2 Research question 2 – how the patients are represented and how they define themselves

In this chapter I will focus on presenting the results for research question two about how the patients are represented and how they define their roles and their relationship to their disease.

Even though only one of the chosen articles has more than one interviewee, they all contain multiple voices that contribute to the ways the patients are represented. In addition to the patients themselves there are journalists, doctors, family members and cultural values speaking the articles. These voices come through the speech of the patients themselves and in the ways the journalist has chosen to write about the patient.

It isn't always easy to distinguish which voice is speaking in the article. The journalist is inevitably affecting the way the patient picture is constructed. The journalist is the one who makes the decision of what is included and what not and from what point of view the patient is represented.

¹⁷ Kuolema rinnassa ja elämä vatsassa

5.2.1 Who is worthy of a story?

The journalists also have had the power to decide who gets to represent cancer patients in these articles and in what kind of roles.

According to Järvi, the most common role for the patients in the story in health journalism is to represent them as a case example for a new treatment or medication. She says this type of story that focuses on sharing information about new treatments but also on educating people about taking care of their own health (Järvi 2011, 157). This type of storytelling is exceptionally clear in article 4. The article doesn't only tell about the latest treatments but also shares a lot of information on how melanoma can be detected and what action one should take in preventing it.

Järvi also talks about public figures as patients. She sites Syrjälä who says that the amount of sickness stories told by celebrities has grown in the 21st century (Järvi 2011, 158). The study sample included only one article with a public figure. Though any generalisations cannot be made from it, it nevertheless represents one example of what kind of roles the cancer patients are given the cancer narratives and gives an idea of who gets to represent sickness and who is worth of the publicity an article can offer. Celebrity patients can perhaps have stronger influence on readers than "ordinary" patients. According to Järvi the sickness stories from public figures might make it easier for the patients to talk about their own sickness for they can find words and metaphors from these stories to use to describe their own experiences (Järvi 2011, 160). This can be applied to article 5 in the study sample in which the patient is a public figure. As mentioned earlier, in article 5 the patient talks about his financial issues and about a quarter of the article's content is about money. We cannot know what the reasons were for choosing a public figure to represent the financial issue of cancer patients. Nevertheless, this public figure may offer opportunities for other cancer patients to start talking about the financial trouble they may have. Even if this patient gets to represent the subject only because the story might sell better if it had a celebrity's name on it, it doesn't take away the fact that the story might actually serve the readers. One might think if he has money worries as a public figure, then it's okay for me to have them too.

According to Torkkola dramatic diseases and events often end up in the newspaper columns because they match the news values (Torkkola 2008, 94). Other reasons for selecting the patients have most likely been different news values.

In article 1 the patient selection is probably based on the news criteria as well. The story has been published on the World Cancer Day. Alongside the news value of human interest, the story relies on timeliness as a news value. The newsroom staff probably thought that it would be beneficial to cover World Cancer Day somehow and someone has seen Atte Reiman's own posts on Instagram and suggested they use him as the representative of this subject. In article 3 this has most likely been like unusualness. A strong contrast between life and death constructed with a patient who is at the same time pregnant and sick from cancer. Article 4 is probably based on human interest as a news value alongside with timeliness: dramatic situation of an individual combined with the current topic of hot summer and skin exposure to sun. Article 2 is a little bit harder to make sense of. Human interest might be the reason for publishing this story. But it is also possible that the occasionally blurry line between editorial content and advertisement in periodical magazines might have contributed to choosing this patient. She has her own head wear business which she gets to tell about in the article. Nevertheless, having cancer simply isn't interesting enough as all the chosen patients are represented through a theme or a role.

5.2.2 Who gets to define sickness and disease?

As mentioned earlier, all of the articles contained medical discourse to some extent. Whenever this discourse was visible it was verified by a doctor or other authority sources. Even though in many of the articles it was the patient explaining the disease, it was done by referring to something that a doctor or other health care professional had said:

The tumor was considered as an abnormal lung x-ray finding which delayed the diagnosis. The results of the tissue samples were unclear, but the doctors recommended to prepare for bad news¹⁸ (article 1).

This example from article 1 shows how the power of defining the disease is given to the doctors. Only the doctors know what kind of results mean bad news. The patient might be the expert in their own disease when it comes to medically describing the disease, the patient's talk must be verified with an authority. The articles therefore could be seen to construct the kind of patient image were the patient's themselves are not allowed to define their own disease. This is more visible in article 4 were almost all the disease related talk from the patient herself is verified by a doctor interviewee. For example, when the patient

¹⁸ Kasvainta pidettiin poikkeavana keuhkokuvantamislöydöksenä, joka viivästytti diagnoosin saamista. Koepalojen tulokset olivat epäselvät, mutta lääkärit kehottivat varautumaan huonoihin uutisiin.

says that all her adult life, she has understood to follow the changes in her skin because she has light skin and red hair, the journalist verifies this by quoting a doctor:

“According to Vuoristo (the doctor), moles are being observed by the ones who take care of their health already in the first place”¹⁹ (article 4).

Of course, in a medical discourse the patients can't be experts in their own disease because they are not trained to be doctors. For example, in article 1 the patient tells that the endoscopy went well. But he probably is not able to judge this himself and has heard it from the hospital personnel. The patient uses the information from health care professionals confirm his own thoughts about his recovery. Therefore, it's not only the journalist who lets the doctors be the authority sources, but the patients do it as well.

5.2.3 Active individuals and consolers of others

The patients define themselves through multiple role as well. They are family members who worry for others, active capable individuals and fighters for example.

In many of the articles the patients have taken the role of consoler or worrier for others. In article 1 for example the patient is represented as a brave young man who doesn't complain about his bad luck and passes on a positive attitude for others too:

“Mum is probably more worried than she lets on but a lot she also keeps up the good spirit. My own attitude has most likely affected quite a lot. I don't fear the matter myself then others don't really know how to fear either”²⁰ (article 1).

Even though the patient is the one that has the cancer he is showing example for others by not being afraid. He says that he is “nervous” for his own strengths and side effects if he has to take chemotherapy but other than that he has taken a “reasonably laid-back attitude”. He is trying to tell everyone, including himself, not to worry.

In articles 2 and 4 the consoler and worrier roles come through the role as a mother and a partner. In article 4 the patient is sometimes worried for her husband who according to her deals with sorrow and the fear of death differently than she does. They have been to a

¹⁹ Vuoriston mukaan luomiaan tarkkailevat eniten ne, jotka jo muutenkin huolehtivat terveydestään.

²⁰ Mutsi huolehtii varmasti enemmän kuin kertoo, mutta kovasti hän myös tsemppaa. Oma asennoitumiseni on varmasti vaikuttanut aika paljon. En pelkää itse sitä asiaa, niin muutkaan eivät oikein osaa pelätä.

therapist together to talk about their fears. Even though it's not clearly mentioned that the patient took the consoler role, every time fears or other emotions related to cancer are brought up, the patient mentions her husband. In article 2 the patient even openly admits this role:

"I took the role of a consoler and said not to worry we will survive"²¹

She says this when she just heard the cancer news and wanted to say something comforting to her husband and children. By consoling others, the patient in article 2 links her own story to the myth of motherhood that praises the kind of mother who is always strong, looks after and consoles others no matter what. Would it be harmful for the children to see that sometimes the mother can be weak too?

In most of the articles the patients are represented as active individuals and they also tend to talk about themselves that way. Article 1 is a good example of this. The patient's athletic nature is mentioned throughout the story. The body text first paragraph begins by telling that he has always being into sports:

Atte Reiman, 24, has being an athletic teenager from a young age. He became interested in sports when he started taekwondo as a hobby at the age of seven and after the first time in the gym the man was sold (article 1).²²

By using to use the words *athletic*, *sports* and *gym* at the very start of the story the journalist constructs the patient as an active young man rather than a weak cancer patient. The same tone continues throughout the story:

"The recovery has started well. I am now exercising according to the instructions of the physiotherapist and walking. A lot I can't do yet for I have drain tubes attached to my body", tells Atte who is resting at Meilahti hospital (article 1)²³

Even during cancer, the patient is aiming to stay active. The story tells that the patient was in a surgery and is still in the hospital. Despite the fact that he can't move much he is

²¹ "Otin lohduttajan roolin ja sanoin, että ei hätää, kyllä me selvitään."

²² Atte Reiman, 24, on jo pienestä pitäen ollut urheilullinen nuori. 7-vuotiaana aloitettu taekwondo-harrastus sai hänet innostumaan liikunnasta, ja ensimmäisen kerran mentyään salille mies oli myyty.

²³ "Paraneminen on lähtenyt hyvin käyntiin. Nyt jumppailen jo kovasti fysioterapeutin ohjeilla ja kävelen. Hirveästi en voi vielä tehdä, kun minulla on dreeni-putket kiinni kropassa," Meilahden sairaalassa lepäävä Atte kertoo.

exercising as much as he can. The patient uses the words *exercise*, *walking* and *physiotherapist* which all refer to physical activity. Therefore, he constructs a picture of himself as an athlete, even in a hospital environment. He is defining his identity through his athletic nature, not through being a cancer patient. It is not only the journalist constructing this picture but clearly the patient himself as well.

In article 2 the patient is also framed as an active person rather than a passive patient. She doesn't sit still for she has found her passion in manufacturing headwear for bold women and children. Even her illness is framed as a possibility for something new to be born:

“The idea about new kind of headwear that would substitute a wig was born when Satu became ill of breast cancer at the age of 44”²⁴ (article 2).

Becoming ill therefore didn't result to the patient laying in a hospital bed. The article does say that the patient was tired and slept a lot during treatments, but the main focus is in the active side of her. Cancer made her active in the form of generating a new business for her:

I was aware that making the headwear was a defence mechanism or replacement behaviour. A way to survive in which I directed energy. Little by little the work became serious. I realised that this is a good thing from which I get strength²⁵ (article 2).

The patient needed to “direct energy” into something during cancer and she got strength from actively doing something, in her case manufacturing headwear. Therefore, the story constructs a picture of cancer patients as people who might have extra energy during cancer and who want to stay active. The journalist has probably chosen to emphasise this positive energetic approach but many of the parts where the patient activity is described are actually quotes from the patient herself. From this it could be concluded that this is how she has wanted to define herself.

Article 3 also frames the patient as active, though a little differently from articles 1 and 2. There are many verbs and nouns that create a sense that things are happening and

²⁴ “Idea uudenlaisista, peruukin korvaavista päähineistä syntyi, kun Satu sairastui rintasyöpään 44-vuotiaana.”

²⁵ Tiedostin, että päähineien teko oli puolustusmekanismi tai sijaistoiminto. Selviämiskeino, johon purin energiaa. Vähitellen työ muuttui vakavaksi. Tajusin, että tähän on hyvä asia, josta saan voimaa.

moving forward all the time. The patient lives *busy* everyday life with children and she had *only a little time* to recover between different treatments. Due to the *busy* life she was so tired in the evenings that she didn't have time for worrying, only sleeping. Even though the patient admits being tired, with the choices of words the journalist is constructing an image that this patient is doing a lot of things all the time. The article mentions that the family got help from others during the cancer period which would imply that the patient herself was too weak and therefore unable to be active. The article doesn't however mention this.

In article 4 the patient is in similar situation of having to run the everyday life with a little child while ill. The challenges of the situation are made more visible than in article 3:

"A friend went to buy a father's day present for my husband on my behalf because I didn't myself have the energy to get up from the couch..."²⁶ (article 4).

This description contributes to an image of a weak and passive cancer patient which perhaps even isn't a bad thing but more of a realistic description of the situation. Even as a mother there were moments when the patient had to be passive. Article 4 isn't though only constructing this passive patient image but also explains that the patient writes two different blogs, does crochets and can almost forget the illness while walking on the streets of the city, cooking or playing with her child. *Walking, cooking and playing* all refer to physical activity.

The only story where the patient is not represented specifically very active is article 5 which tells the patient is kept in the hospital. The journalist uses expressions like *pneumonia weakened his condition* to create a picture of a weak patient. With the overall tone of the article the journalist is trying to construct the patient as worried and depressed person. This is clear for example in the choice of heading and lead paragraph: they both contain the word worry. The patient himself however is trying to bring forward another tone alongside to the worry discourse:

"I try to find something interesting from each day", he says²⁷ (article 5).

With sentences like this the patient tries to say that he aims to stay positive. If he cannot be physically active, at least he stays active with his mind. He though also admits himself that he has no strengths at the moment but also repeats the mental toughness discourse

²⁶ "Ystävä kävi puolestani ostamassa myös isänpäivälahjan miehelleni, kun en itse jaksanut nousta sohvalta..."

²⁷ "Yritän löytää jokaisesta päivästä jotain kiinnostavaa", hän sanoo.

by stating, that he won't leave his home until feet first meaning he would only give up his home if he died.

The patients' activity is related to the fighter discourse found in some of the articles. The patients are represented as brave individuals who have a good attitude towards their situation and who have chosen to fight it. In article 1 the fighter discourse is strong. The patient is represented as an active athletic young man. The fighter attitude is made visible through sports metaphors in sentences like: "The game is still open, but I am hopeful..." and is clear already in the lead paragraph:

Young man does not let the cancer put him down – he is not afraid²⁸ (article 1).

The journalist has chosen to emphasise this fighter attitude by putting it in the lead paragraph. The patient himself also says that his own attitude has helped a lot, that he is not afraid.

Why the patient is framed like an active fighter is a result of the questions the journalist has decided to ask and the comments the journalist has included in the story but also of how the patient himself defines his illness and attitude towards it. It may well be that he has only mentioned these stronger sides of himself and the journalist may not have asked anything about the weak sides, therefore letting him to define himself this way.

Article 5 also frames the patient as a fighter. Even though he is feeling weak and is concerned about his situation, he is trying to keep up a positive atmosphere and despite money issues won't give up his apartment unless if he dies. In article 5 it seems to be the patient himself who is trying to define himself through this tough fighter attitude, not so much the journalist or any other voices.

In article 3 on the other hand the patient clearly separates herself from the fighter talk:

"Many people said to me how brave and bold I am but there wasn't really a choice. There was no fight either, I just had to go through the treatments"²⁹ (article 3).

²⁸ Nuori mies ei anna syövän lannistaa – hän ei pelkää.

²⁹ "Monet sanoivat, että oletpa urhea ja rohkea, mutta ei siinä ollut vaihtoehtoja. Eikä siinä ollut mitään taisteluakaan, hoidot oli vain mentävä läpi."

The patient sees her relationship to her illness as something she is forced to live with whereas in some of the other articles the patients hold on hope that this is only temporary situation. Going against the fighter discourse is a welcoming approach. Often cancer is represented as a fight, but the patient in article 3 says out loud what many patients might be thinking: you don't really have a choice. It is not a fight but rather a forced situation. The patient also admits that one never survives cancer. The fear is always with you one way or another.

5.2.4 What should happen after cancer?

It can be seen from the articles that being diagnosed with cancer is a huge change in life and for some of the patients the diagnose has resulted in change of their career, attitude towards life and their values. It seems as the patients have realised, they weren't completely happy with their life prior cancer and now aim to change that. They want to make every moment count because they have been brutally faced with their own mortality.

In article 2 change is a major theme. After cancer the patient Satu quit her job, focused on her headwear business but also started a new job as a flight attendant. Satu has experienced sort of an "enlightenment" after going through cancer. She describes her new direction in life as follows:

"Probably this is related to the fact that illness makes you stop in some clichéd way. One gets an understanding of the limitations of life and therefore also courage. I don't think whether I should try this or not"³⁰ (article 2).

This example contributes to idea that cancer patients should substantially change their lives after the illness. Of course, there is nothing bad about that, but it might be that not every patient feels the need to change everything. Not everyone even has the resources to do so. What's also dangerous especially in lifestyle magazines is the fact that with the story the patient has been given a chance to promote her headwear business. It remains unclear what is her motive for sharing her story, but it might well be to get more publicity for her business.

Some sort of enlightenment can be interpreted from the speech of the patient in article 3 as well:

³⁰ "Varmaan tämä liittyy siihen, että sairaus kliseisesti pysäyttää. Tulee ymmärrys elämän rajallisuudesta ja sitä kautta rohkeuskin. En mieti, kannattaisiko kokeilla tätä vai ei." (Article 2.)

”Everything unnecessary is left out. Unnecessary things, unnecessary goings and unnecessary people. Only the ones that matter remain. If I want something specific now, I start actively do things for it.”³¹

The above sentences describe what kind of attitude the patient has towards life now. They imply that after being diagnosed with cancer, the patient is aiming to live a more purposeful life and therefore reveal that she has changed the way she lives.

In article 1, 4 and 5 the patients don't seem to have the need to substantially change their life. Of course, their lives have inevitably already changed because they got sick but the patients in these stories are rather talking about wanting to return back to their “normal” lives than aiming to change everything. This could be because these articles represent narratives were, to put it in the words of the patient in article 1, “the game is still open”. The patients don't know where they are going to end up regarding their disease and therefore somehow significantly changing their lives after treatments might not feel relevant in the moment. In article 1 the patient is focusing on getting better and in article 5 the patient is only hoping to keep up positive attitude and his flat. Article 4 on the other hand tells a story of a patient who might not even survive and therefore a new life after treatments isn't as relative theme as the challenges of coping with the situation is.

5.2.5 Whose voice is actually speaking?

In all of the articles the patients seem to get to define their own illness when it comes to telling how it affects their lives. All the articles except article 4 have only the patients themselves as interviewees. There was however couple of themes especially in article 3 that made me wonder if the patient realises how she might have been affected by other people and the general attitudes towards sickness in the society. By this I mean that even though it seems to be the patient who is defining their illness, it might be that they have embraced a certain discourse from somewhere else, from other cancer patient narratives in the media for example.

One of these themes is the need to give back to the society and do charity. In article 3 the patient aims to bike from Helsinki to Paris in the name of charity for children with cancer. Why would she as a cancer patient have to start doing extreme sports performances for charity after she got better? Does the media perhaps repeat this kind of stories and more

³¹ “Kaikki turha jää pois. Turhat asiat, turhat menot, ja turhat ihmiset. Ainoastaan ne joilla on merkitystä jäävät jäljelle. Jos haluan jotain tiettyä nyt, alan aktiivisesti tehdä asioita sen eteen.”

and more patients start to think that's what they should be doing too, that's the accepted way of sickness. One can't just go back to their old life or implement their changed life values in a smaller scale.

Another theme with which it's unclear if whether it's actually coming from the patients themselves is talk about gratefulness. It can be heard from the speech of all the patients to some extent. But could they have embraced this discourse from their environment or could the journalist have asked about it therefore "forcing" to bring the subject up?

Article 3 is a good example of this. The patient gave birth to her child while she had cancer. She describes the birth of the child like this:

"I got the girl into my arms and for a moment I forgot everything else. It was a break from all the scary thoughts. I'm sure not many cancer patients get this kind of happiness in the middle of the treatments".³²

This sentence gives the impression that even though she had been through a horrific experience of cancer and pregnancy at the same time she still feels the need to mention that she is very grateful for her situation and understands that not all cancer patients are lucky enough to have felt the positive emotions she felt. Although it's probably natural to feel grateful for giving birth to a healthy child, some other patient (or journalist) might not have felt the need to link it to cancer by framing the situation as if she has been a specifically lucky cancer patient.

The patient in article 3 also mentions that she is in a "great debt of gratitude" because she received such good treatment. But why and to whom should she really be indebted to? It could be assumed that she has been a working citizen and therefore paid her taxes and earned her right to public health care. Article 1 briefly mentions too that the patient says he appreciates the nearly free Finnish health care now more. He mentions this in the context of explaining that cancer hasn't brought a huge change in his life. The journalist has probably asked has the cancer changed his life somehow. Therefore, gratefulness might not be something that the patient would have even brought up himself if he wasn't asked. It sounds like he has mentioned the appreciation of Finnish health care because he has tried to think of something to answer.

³² "Sain tytön syliini ja kaikki muu unohtui hetkeksi. Se oli lomaa kaikista pelottavista ajatuksista. Moni syöpäpotilas ei varmasti saa tällaista valtavaa onnea hoitojen keskelle."

In article 5 gratitude is not the major theme but comes through in Marstio's talk about how he is grateful for his landlord for being understanding in his difficult financial situation and even though his pride wouldn't let him ask more money from friends, he has received financial help from them. Like mentioned earlier this patient says he has a Lutheran upbringing according to which one should be able to get by on their own. Therefore, cultural context in which the patients live in is shaping in how they see the world and how they use language to define their reality and how in this language they place their experiences in different discourses. In the case of the patient in article 5 this cultural context is the Evangelical Lutheran religion. But in a larger societal picture it could be associated with the time of individualism where and individual is free to make their own choices but are also responsible for their own life and welfare. According to Järvi's study about the patient narratives in periodical magazine, the patients are represented as people who look well and are active (Järvi 2011, 156). The chaos and brutality of sickness is not present and the patients are capable and wise individuals who due to their difficulties have grown as human beings and are now sharing their knowledge and experience about sickness with others (Järvi 2011, 156). The need of the patients for being represented as an active and capable individual and especially the need for doing charity sounds quite a lot the same than how the patients are represented in Järvi's study narratives.

5.2.6 Patient and the disease

The patients in the articles have several different approaches on determining their relationship with their disease. Some of them talk about hope, some of them about accepting their situation. These themes become visible in the ways the patients talk about death and the challenges of coping with the disease. None of the articles mention the word *cure* but some of them talk about *hope* a lot. For some patients hiding the physical signs of their disease seems to be important, other want to frame their situation as if it's nothing serious. In one article being ill is framed as an opposite of "normal" life.

In some of the articles these different approaches are present at the same time creating a controversial picture of how it's like to be sick. On the other hand, this incoherence in the stories might reveal something about the nature of being sick: it includes all sorts of thoughts and emotions that might collide with each other. Next, I will explain in more detail these different approaches they patients use to define their relationship with their disease.

In articles 3, 4 and 5 the patients have sort of accepted that they will have to live with the disease or with the awareness that it could return. To some extent they also consider the possibility of dying of cancer.

Article 4 for example doesn't exactly state that the patient is going to die but there are several lines that imply this. The headline says that the patient's melanoma spread into the internal organs and it cannot be removed. This probably means there is no cure. The article explains how the patient has learned to grab the good moments and how the situation is good when the family has energy to stress about ordinary things like bathroom renovation. These described situations construct a picture of life where the patient is trying to accept that she has to live with her illness.

In article 5 the patient doesn't believe that he could get rid of the disease for good. This can be seen from the way he talks about his future in relation to the disease:

"It's walking on tightrope this. I believe that they will get the situation under control for a little time, but I feel this is nuisance for the rest of life."³³

The patient doesn't believe he will ever get rid of the disease permanently. He uses the word *nuisance* to express that he really doesn't wish to have the disease but also uses the expression *rest of the life* therefore accepting his situation. The possibility of dying is mentioned once but only when describing that the patient's coping mechanism is sarcastic humour as he says that he might get rid of his life if he worried before it's time to worry.

In articles 1 and 2 on the other hand they patients have hope that they can live a normal life that doesn't have the presence of cancer. This becomes visible through talk about hope.

In article 1 hope is one of the dominant themes. The patient has lung cancer and he has been in a surgery for it. The article explains that the prognosis for lung cancer is the best if it can be treated with surgery. This is explained under a sub heading "I am hopeful". The patient also says that even though he is nervous about whether he will have to take chemotherapy, he has had a reasonably laid-back attitude and isn't afraid. The article mentions twice that the patient's recovery is going well:

³³ "Tällaista taiteluahan se on. Uskon, että he saavat tilanteen haltuun vähäksi aikaa, mutta minusta tuntuu, että tämä on loppuelämän riesa."

Recovery has started well. ³⁴

There are signs of recovery in the air. ³⁵

The expressions described above all contribute towards creating a sense of hope. Even though the patient's situation is difficult, he has the best prognosis which means that the situation could be much worse. The article says that the patients could still be facing medication-based treatment, but with good luck his cancer might already be gone without the need for any further treatment, making it sound like he good be cured without mentioning the word *cure*. The patient is looking to the future and aims to continue his life as usual if he survives without further problems.

Article 2 also contains a lot of hope talk. This can be seen in the words that create a sense of excitement like *energy*, *enthusiasm* and *dream*. Even though the patient tells about the hard times too, the focus of the article is more in the positive things in her life. It describes how the patient wanted to return to her exercise class as soon as possible constructing a picture of the patient being happy and energetic:

But Satu was in a hurry already. She didn't want to be sick anymore. Like always in springs, Satu felt she was waking up to be alive. One could even fly. This marks the start of a new life! ³⁶

By using *spring* and phrases like *fly* and *new life* to describe how the patient felt, the article creates a strong connotation of hopeful future.

The incoherence can be found for example in articles 3 and 5. Article 3 for example isn't trying to paint a hopeful picture about the patient situation. It is rather trying to be as objective as possible by describing the different feelings the patient has experienced. The patient says that one never really survives cancer, the fear is always present one way or another. But she also says she isn't unhappy either and sees her children as one factor that takes away some of the worry and sorrow. She is also planning her future and is happy for being able to exercise and do charity, thus creating a reasonably hopeful picture of being sick after all.

³⁴ Paraniminen on lähtenyt hyvin käyntiin.

³⁵ Paranimisen merkkejä on kuitenkin ilmassa.

³⁶ Mutta Sadulla oli jo kiire. Hän ei halunnut olla enää sairas. Kuten aina keväisin, Satu tunki heräävänsä eloon. Sitähän voisi vaikka lähteä lentoon. Tästä alkaa uusi elämä!

Article 5 also mentions hope by saying that the patient has a *bright* attitude about future. He is trying to keep up positive atmosphere. This is however the only time the article talks about hope and the overall tone is more negative.

In article 2 the patient defines her illness and her patient role a lot through physical appearance and highlights the need to hide the physical signs of the disease. The story says that the patient felt bad for that she would lose her breast and her hair. Only after those thoughts, the story claims, she started to wonder if she will live. Due to her changing physical appearance she felt that she didn't belong anymore as she looked different:

For Satu it was a tough experience to be different than others. She wanted to blend in and be the same person than before³⁷ (article 2).

"I tried to lift my spirit that so what if the boob and hair goes. Main thing is that I survive. But when I looked into the mirror, a panic stroke. I didn't feel me. It looked like that there was a bold human with a hat on"³⁸ (article 2).

It seems that the patient felt that part of her feminine side was taken away due to cancer. Instead of trying to accept the new bold version of herself without losing her feminine side she is contributing to the prevalent female image by taking it for granted that in order to blend in and be part of a group and in order to be a female one must have hair and both breasts.

The patient has found "a solution" for this problem of appearing "different" by making hair headwear for women and children who have lost their hair. She decided to do something that helps her and others to blend in again. She doesn't question why female cancer patients should wear wigs and try to hide their illness. She doesn't bring up the question of could the society and other people try to treat cancer patients as the people they were before the illness. Her story rather says that the cancer patients have to behave in a way that makes them blend in with the healthy people as well as possible.

³⁷ Sadulle muista erottuminen oli rankka kokemus. Hän halusi sulautua porukkaan ja olla sama ihminen kuin ennenkin.

³⁸ "Yritin tsempata itseäni, että mitä siitä, jos tissi ja hiukset lähtevät. Pääasia, että selviän. Mutta kun katsoin peiliin, iski paniikki. En tuntenut olevani oma itseni. Näytti siltä, että siinä on kalju ihminen pipo päässä."

In article 3 the patient sees that life after diagnosis is something completely different from normal life. She describes a lot how time started to feel different. Time slowed down and seemed to be moving painfully slow in her mind.

”Even one hour was a long time right after cancer diagnosis. At the very best I could be five seconds without thinking of cancer when I saw the girls playing and laughing. There was no holiday from cancer, it was surviving from one day to the next”³⁹
(article 3).

The patient places her illness and therefore herself outside the ”normal” life. She lives in this never-ending nightmare where she is present in her children’s life and watches them play like she might have done before the diagnosis. But at the same time, she is distant from this everyday life moment. She is examining it from further away and thinking I have cancer, I can’t have that normal life anymore where I watch my children play. The story creates an impression that the patient feels alone with her illness, with her subjective experience of living with a disease.

From a more social point of view, sickness in article 3 is therefore constructed strongly with contrast, not only by separating the patient’s illness experience and ”normal” life but also with comparing health to life and sickness to death. The patient had ”death in her chest and life in her belly”. In her hospital the cancer treatment ward was on one side of an aisle and on the other side of the same aisle was the labour ward. She describes how she felt horrible entering the cancer treatment ward instead of labour ward. With these choices for framing her cancer, sickness is placed on the opposite side of the poll from life, it belongs to the death. As mentioned before, it might well be that in the future, as treatments get more advanced, cancer will become a chronic disease just like diabetes. Therefore, our ways of describing cancer might change as well. Today we would not easily mention the word death in a story that talks about diabetes patients. One could wonder is it beneficial to construct the kind of image of sickness that is related to death? Other cancer patients or any reader might not find the representations of death related sickness the best way to process and reflect their experiences and thoughts about their own or someone else’s sickness.

³⁹ ”Tuntikin oli pitkä aika heti syöpädiagnoosin jälkeen. Parhaimmillaan saatoin olla viisi sekuntia ajattelematta syöpää, kun katsoin tyttöjen leikkivän ja nauravan. Syövästä ei saanut lomaa, se oli päivästä toiseen selviämistä.”

In article 1 the patient has a way speaking in which the disease doesn't sound that serious at all. The patient uses phrases like *hopeful*, *laid-back attitude* and *not afraid* trying to assure himself and others that everything is going to be okay.

In article 1 sickness is framed as a game which also talks down the severity of the situation. The headline says: "Game is still open, but I am hopeful" meaning the patient doesn't know yet what will happen next regarding his illness, but he feels hopeful. He also says that when he heard the bad news he first thought "what game was this when I didn't smoke, and I had taken such good care of myself". He sees his illness as game, a challenge, which he is determined to win. The use of game as a metaphor for illness in the context of athletic young man makes the cancer sound less serious than it is.

Some of the articles also define their relationship with the disease by trying to find reasons for why it happened to them.

In article 1 one the patient was surprised to hear the diagnosis because no one in his family other than his mum hadn't had cancer. He was disappointed and angry. He couldn't believe it was true and got angry at his own body because he had never smoked and had taken such good care of his body. The patient partly blames himself for becoming ill by saying that he was *angry with his own body* though he does soften this allegation towards himself by continuing that he didn't smoke and had always took care of his body so well. Here he separates his body and his mind by thinking that there has happened a disconnection between his life habits and the welfare of his body.

One could also ask if the patient's lifestyle as a bodybuilder actually means *taking good care of one's body* and what does a healthy life mean to the patient more specifically. Had he for example considered if he had put his body through a lot of stress with strict diets, hard exercise and ambitious goals? Or does he see the mentioned aspects as part of a healthy life? With this observation I don't mean to talk about the possible causes of cancer but rather to highlight the social context of sickness and to ask if it would have been possible to build a deeper and more comprehensive picture of how patient thinks about the different aspects of his illness, and his health on the other hand.

In article 2 the patient says that the cancer diagnosis felt unfair. After all she had been so *healthy* and in *good fitness*. From this it is possible to draw something about the prevalent perceptions on whose fault we think it is that an individual got sick. By saying out loud that she doesn't understand why a person with healthy life habits got sick the patient is also saying that people with unhealthy life habits can blame themselves for developing cancer.

She should not have got sick but for some other person who maybe had not took such good care of their health it would have make more sense to develop cancer.

5.2.7 Missing discourses

In the study sample there were several discourses missing that could have contributed towards a more diverse picture of cancer patients in the Finnish media. I will now introduce some of the discourses I found the articles were lacking.

One of these lacking discourses at least in articles 1 and 2 was physical difficulties. Because the patients were mostly represented as active individuals, the challenging part of staying active during cancer was partly left out. For example, in article 1 the patient is resting in the hospital, but at any point does the story not mention that he would be weak or in pain which would be expected after a cancer surgery. Instead he has a positive attitude. He has drain tubes in his body and recently had an endoscopy where the upper section of his left lung was completely removed. It doesn't sound like a minor operation. Yet, the patient sees that his body is recovering, and he is even trying to exercise in the hospital. What the story doesn't tell is how hard and even painful it must be to get up from the hospital and try to move while feeling weak.

Challenges of physical activity during treatments are missing from article 2 as well. The patient was in the middle of treatments when she already asked the radiologist if she could start doing cross fit again. She had started to feel better and didn't want to be ill anymore. When the treatment was over, she returned to her cross fit class immediately. Even though she admits that exercise was a way to prove herself that she could reach the same fitness level as before the illness, the story does not tell what challenges the patient might have faced with exercise. Even during treatments, she was just really tired and had eight months of sick leave. That is all that's mentioned about the challenges of taking the treatments. The story paints a picture that the cancer treatments are hard, but nevertheless people just go through them and return back to their exercise classes and work as if they wouldn't suffer any longer-term side effects of their treatments.

Another discourse that's missing is being proud for looking different. None of the articles really mention that it would be okay to look different. The stories focus on describing how the patients felt about wearing a hat or getting physically back to shape.

Even the articles that don't really talk about appearance of the patients still frame them mostly as empowered and strong individuals through pictures. For example, in article 4

the patient is posing in outdoor settings, looking well confident. Only articles 1 and 3 contain pictures from the hospital. They are not however represented as weak patient laying in a hospital bed. In article 1 the patient is standing and taking the picture himself. In article 3 the patient seems to be in the hospital bed but with the baby in her lap implying that it is from the labour ward, not cancer ward. It must however be mentioned that in article 3 there is also a picture taken by the patient herself posing when she is bald and another one where she clearly has a wig on. The pictures in article 3 are the only factor that is perhaps constructing a discourse of cancer patients who are proud of their current self.

In article 2 the patient focuses a lot on how she looks like. She is so afraid to break the prevalent idea of how women should look like even as cancer patients that she started to use headwear at home because her four-year-old started to cry when she became bald. Instead of physically hiding the illness she could have let the child get used to the bald and therefore it wouldn't have been such a scary thing anymore.

Of course, the emphasis of the story might not be only the patient's own choice. The magazine itself translates as *beauty and health* so it is to be expected that the external factors such as how women should look like will be one of the focus points. There are probably many women among the readers who can relate to the patient's feelings about a patient role that includes losing the external signs of one's femininity. However, one could ask what use this kind of model for identification can offer. It might have been more constructive to tell the readers that it is okay to be bald, for example. The story doesn't offer any tools for women to become empowered by the change they are going through by representing bravely an image of a female patient that doesn't fit into the prevalent conceptions of how women should look like.

It is not only physical toughness that the patients are representing but mental toughness too. Only in article 3 the patient is admitting that there was no fight, but cancer was rather a forced situation. She tells how people said to her how brave she herself didn't see the bravery as anything else than not having another alternative. All the other articles construct the kind of patients that have a tough attitude. They don't say that one doesn't have to be a fighter or mention that sometimes cancer brings along severe depression or other mental health issues. For example, in article 4 the patient tells that she thought she would get depressed but instead she always gets up from the bed even if she feels down and thinks that she doesn't want to worry about things she can't have control over anymore. She mentions mental health but separates herself from mental illness.

The articles might have however appealed to the readers more if the patients had more openly talked about their mental struggles. Perhaps mental health problems are still a taboo and the patients themselves didn't want to appear any further as weak patients. Being represented as a cancer patient might have been enough.

Article 1 is an example of how the mental struggles of the patients are not represented in much depth at all and how the journalists could have asked also the difficult questions of what negative comes with sickness. In article 1 the patient felt disappointed and angry when he heard the diagnosis. He also tried to deny it and wondered how it is possible that this is happening to him even though he had had such a healthy life.

"The first time I heard about the cancer I just thought that this is not possible. I was angry with my own body: what game was this when I didn't smoke, and I had taken such good care of myself"⁴⁰ (article 1).

What we cannot know is whether this toughness and positive attitude is defence mechanism and a way to deal with the illness. The story doesn't tell either what kind of low points the patient has possibly had. Has he thought about death for example or the possibility that this might be the end to his athletic life? The story doesn't leave any space for weakness. It contributes to a picture of sickness where it is acknowledged that having cancer is tough but that the patient should be tough too. The patient talks about cancer as if it was just a bad flu that he can't wait to be over, so he can return back to his normal life therefore downplaying his illness.

In this specific story it should be noted that the patient is quite young and still in the middle of the recovery and possibly still facing further treatment. If he was interviewed again a year later, he might emphasise different things after having time to reflect his experience. The story is more of a window to what one cancer patient is going through in a specific moment. But if we assume that the story contributes to the prevalent perceptions about sickness it could be seen as problematic contribution since the story paints a picture that cancer patients should be able to maintain a positive attitude and that they will recover and return back to their normal lives.

⁴⁰ "Ensimmäisen kerran kun kuulin syövästä, ajattelin vain, että ei tämä ole mahdollista. Suutuin omalle kropalleni: mitä peliä tämä on, kun en tupakoinut ja olin pitänyt kehostani niin hyvää huolta."

6 Conclusions

Here I will discuss the results of the analysis against the theoretical framework by summarising the results into different discourses. Additionally, I will evaluate the trustworthiness of the study and present development suggestions for further research derived from my results. Finally, I will reflect my own learning and professional development during the thesis process.

6.1 Discussion of the results

Several discourses were found in the analysed cancer patient narratives. These discourses didn't just appear on their own but overlapped with each other. The patients were framed through multiple different themes and they also defined their experiences as cancer patients through many different roles.

All of the articles contained a medical discourse. They defined the patient's disease a lot with the same medical terms that are used by medical professionals and by official bodies like Cancer Society of Finland. Whenever this discourse was visible, it was verified by a doctor and the patients were mostly used to give a face to the disease. Therefore, I see that the results of this study are quite similar with how Järvi describes the relationship between the patient and the authority source. The patients' experiences are used to legitimise or weaken the doctor's arguments (Järvi 2011, 116). The study sample contained articles both from newspapers and periodical magazines and the distinction between them in how much the patient's experience is emphasised was quite clear. It was just as Järvi has described: in news journalism biomedical approach and authority sources are in the core of the story when in periodical magazines subjective experiences are emphasised (Järvi 2011, 116). For example, article 4 was from a newspaper and clearly focused on sharing information about the disease when article 2 was from a periodical magazine and focused much more on describing how the patient had experienced her illness.

Even though it can be derived from the articles that medical diseases can mostly be defined by doctors, the articles gave space for the patients to give meanings to the other two aspects of cancer. The individual's subjective experiences which in this study were defined as illness and the social aspects of cancer defined as sickness were covered through different discourses.

Illness was represented in the ways the patients described their experiences and their relationship with the disease. They talked about these themes in the discourses of acceptance, hope, hiding the disease, separation, downplay and search for explanations.

As mentioned in the theoretical part of this study, the word *cure* doesn't really appear in the medical discourse of cancer. Instead it is common to use the term survival or remission which refers to the patient being alive after five years from receiving diagnosis. The patients in the analysed articles have embraced this way of speaking as they don't mention *cure* either but rather use phrases that express either the acceptance or hope discourse. In articles 3, 4 and 5 the patients' relationship with their disease appeared as something they must accept to live with. In articles 1 and 2 the patients seemed to hold on hope that they could continue to live active and good life after treatments, although *cure* as a term didn't appear in these articles either.

The discourse of search for an explanation was present in the articles too. The patients in the narratives seemed to have a clear opinion of what it means to live a healthy life and whose fault it is if one gets sick. According to Järvi, the previous research on health journalism has criticized it for presenting health as a biomedical matter and for emphasising patients' own responsibility over their own health (Järvi 2011, 154). In articles 1 and 2 the patients tell how they were confused why they got sick because they had always lived a healthy life by exercising and by not smoking for example. The patient in article 1 also explains that he got mad at his own body for developing cancer. These patients therefore seem to be taking responsibility over their disease despite the fact that they don't understand the cause of their cancer because they think they had done everything "right" regarding their health therefore assuming that healthy life equals no cancer.

Other discourse defining the patients' relationship to their disease were related to the attempts of trying to hide disease, downplay it or separate it from their "normal" life.

The discourses related to social aspects of cancer were the discourses of physical appearance, activity, fight, consoler and gratefulness. Many of the patients define their patient role through their physical appearance. For example, in article 2 and 3 it is described how the patients lost their hair and how they felt about it. This is also related to the discourse of activity as most of the patients are represented either through their occupation or some other activity they are doing while being sick. For example, in article 1 the patient talks about exercising while in hospital. In article 2 the patient started her own business while she was sick. The patients are represented as strong and active physically

but also mentally for having a fighter attitude by keeping up a positive mind and not complaining too much about any mental struggles they might have. Discourse of fight was framed differently in different articles but nevertheless appeared in nearly all of them.

In relation to others, the patients in most of the articles have taken a role of a consoler. By maintaining a positive attitude, they are an example for others by not worrying. They also talk in the discourse of gratefulness. This is particularly strong in article 3 where the patient says she in “great debt of gratitude” for receiving good treatment.

All these discourses described above sort of contribute to the concept of one’s own responsibility over the sickness. But as I mentioned in the results, perhaps it shouldn’t have to be so. The discourses I found missing in these articles were the discourses of physical struggle, mental struggle and owning one’s illness. Perhaps these narratives would have served the readers better if the patients talked more openly about how hard it is to stay active, to get back to fitness or to keep a positive mind. With the discourse of owning one’s illness I mean the way of speaking that would show the patient isn’t ashamed to look different or to feel weak.

6.2 Reliability and relevancy of the study

Defining the research more strictly to a smaller area of study at very beginning of the process would have improved the credibility and generalisability of the study. Afterwards I have to note that the theoretical framework is too loose and does not support the analysis as well as it should.

The method neither isn’t utilised the best way possible. Even though in discourse analysis there in fact aren’t wrong interpretations as long as the researcher explains the interpretations well enough, I find that I should have been more consistent and clearer in explaining my interpretations. While the results aren’t presented very clearly, the reliability of them isn’t fully compromised due to the forgiving nature of discourse analysis as a method. Because the background of the researcher inevitably affects what kind of results are found, the interpretations can’t really be wrong since different people could find different meanings from the study sample.

The bigger reliability problem for this study was the selected sample. The research sample was by no means comprehensive. The results cannot be generalized to represent cancer patient narratives in the Finnish media. The analysis simply draws a picture of sickness in a certain time in certain situations in certain publications. I have however tried

to choose the kind of variety of publications that represent the mainstream audience as well as possible. By this I mean I have left out any publications whose target audiences are specific to certain subjects. I believe the combination of the chosen media platforms should somehow represent Finnish readers of all ages, regions and life situations. Even if one does not consume the content of any of the chosen publications, it is almost impossible to avoid ever seeing any of their content, for they are one of the largest media platforms in Finland.

The chosen media platforms also have variety within their content and analyzing only one story obviously isn't enough. I still hope that I have managed to bring up something that represents the nature of sickness in Finnish society. It must not be completely meaningless that the chosen stories all contained similar themes.

When it comes to evaluating the reliability and relevancy of this study, it also needs to be highlighted that when translating from one language to another, some meanings and subtle nuances are inevitably lost. Therefore, writing the thesis in English while analysing articles in Finnish was not a reliable way to describe how sickness is constructed in Finnish media.

6.3 Suggestions for further research

Several subjects for further research can be derived from this study. It could be beneficial to conduct a survey on what kind of topics people affected by cancer would like to see in the media. To find out how these narratives actually affect the readers, one would have to shift the focus from the articles to the readers. In the planning phase of this study I considered quantitative approach as well in the form of a survey for people affected by cancer in Finland. I would have wanted to find out their opinions about the cancer related content in the Finnish media, their needs for information and their suggestions for better content. I had to, however, come to a conclusion that within the frame of undergraduate thesis that would not have been possible. The sample simply would not have been large enough and therefore it would have been unreliable.

It could also be researched how the journalists see the process of producing narratives about cancer patients. How they choose their interviewees and with what criteria? How they see their own role in the construction of the discourses of cancer patients? The answers for these questions can only be guessed if one analyses the end product of the process of producing a narrative like was done in this study.

It would also be interesting to find out are the discourses of female and male patients being constructed somehow differently. In this study I excluded gender roles from my analysis but did notice that especially the women magazine article offered quite a stereotypical picture of a woman by suggesting that all female should have hair and breasts and that by losing them one also loses part of their femininity.

Another interesting area of study would be to find out whether there are significant differences in how patients are represented in different countries. This kind of research would of course require much more resources but by conducting it, one might find new discourses from international settings about the patient that could be implemented in Finnish media. This might be particularly relevant for a journalism student who would like to gain practical use of their own thesis by implementing the results in their own work as a journalist.

6.4 Writer's own learning process and development

Writing the thesis was both interesting and educative. But it was also a painful process of finding out one's own limitations. Strict defining of the research subject was very challenging. At several stages of the writing I had to stop and re-evaluate my direction and approach. It took quite a while to understand that in order to be able to conduct an analysis for undergraduate thesis, the theoretical framework and research questions must be very carefully limited to a small area of study. During the writing I found myself with more and more questions and subjects instead of feeling like I am progressing with my work.

In the theoretical frame it might have been wiser to focus more on language and discourses instead of the sociological approach on sickness. Defining concepts like theme, representation, genre and meaning system might have given me more tools for my analysis. There was perhaps too much theory that wasn't completely relevant to the study. I also found it quite difficult to evaluate how disease, illness and sickness are presented in the articles and how to make a distinction between these terms. Since the thesis didn't have a client, it would have perhaps needed more deliberation on what usability the results have.

Even from a sample this small, different themes and discourses could be derived endlessly. At some point I simply had to stop analysing further and summarise the results I had. This is perhaps a sign of the research questions not being clear enough or the theoretical frame being too wide.

I also think in the future I need to develop my skills to explain my arguments clear and strong and present the results in a form that is easy for the reader to follow.

Focusing on one media platform that would have been either newspaper or a periodical magazine would have given more reliability to the study since the results would have had at least some generalisability. I could have analysed for example ten articles from one media platform instead of one article from multiple different platforms.

Writing the thesis in English perhaps wasn't a very reasonable idea either, since I can't express myself fluently in English. It has however been very useful to learn to write academic text in English and I am sure the process of writing this thesis has developed both my literacy skills and my critical thinking significantly. I also now understand better how much time it takes to conduct a work like this and in the future will be able to plan the process more realistically and avoid the above described stumbling blocks I struggled with while writing this thesis. This work may not offer any benefits for any particular party or have any generalisability, but it has been a valuable learning and personal development process for the writer.

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