

Boundaries and continuities: a genealogical approach to some illness representations in Finland

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Introduction

The aim of this article is to introduce a historical approach into our thinking about “medical anthropology at home”. Our research field is generally conceptualised with themes and questions of a contemporary nature. In this article, we analyse illness representations – beliefs about heart diseases and depression – with an attempt to relate current everyday life theories to historical ethnomedical archival data in Finland. We will ask whether some of the current modes of representing illnesses reflect past ones, and we will try to conceptualise the relationship in terms of the history of mentalities. This is an idea initiated by the French *Annales* School which focuses on the collective thought structures (e.g. Febvre 1938, Le Goff 1974), that is, a history of attitudes towards everyday life (Hutton 1999). We are searching for “structures of long duration” – as Braudel (1972) puts it – in two different domains: in peoples’ ways of thinking about causes of illnesses, and in their ways of shaping moral conceptions embedded in illness representations.

From a perspective of the studies of cultures, everyday life, or “lay ⁽¹⁾ theories” – as sociologists put it (cf. Blaxter 1997) – can be considered as windows to cultures. Social and cultural expectations and suppositions about the world, and the varying relationships of human beings with their society, are central elements in these interpretations. Viewed from a perspective of knowledge production, the theories are multi-layered constructions and crystallizations of cultural common sense. In addition to everyday life experiences and historical substance, they absorb elements from current professional theories, mainly biomedical ones. There is a mixture of both – but professional theories too can be considered along the same lines. According to Furnham (1988, 2), a social psychologist, there are a number of criteria among which lay, professional, or scientific, theories may differ.

So, they can be mainly regarded as a continuum of belief systems with which people strive to make sense of how things work both in everyday life and in the sciences. The distinctions between lay and scientific theories are by no means clear and many present scientific theories have even developed from lay belief systems and still contain implicit elements of everyday life. Our first question focuses precisely on the historical layers of a mixture of everyday life/professional illness theories.

Anthropologically, a theoretical ground of everyday life theories of illnesses can be conceptualised by Clifford Geertz's idea of common sense as a cultural system (1983). In contrast to other cultural systems, common sense merely dwells on practical realities of everyday life and, in order to prove its case, does not need rigorous methods. Common sense rests its case «on the assertion that it is not a case at all, just life in a nutshell. The world is its authority» (ibid. 75). Geertz goes on to argue: «Common-sense wisdom is shamelessly and unapologetically ad hoc. It comes in epigrams, proverbs, *obiter dicta*, jokes, anecdotes, *contents morals* – a clatter of gnomic utterances – not in formal doctrines, axiomised theories, or architechnonic dogmas» (ibid. 90). The content of common sense varies through different cultures, but what is general regarding all cultural systems of common sense are qualities like “naturalness,” “practicalness,” “thinness,” “immethodicalness,” and “accessibleness” (ibid. 85). All this is usually at stake with “lay” theories of illnesses.

Common sense is not, however, a transparent collective mind which is entirely free from presuppositions. New elements from various professional, semi-professional, and religious theories are continuously absorbed into its *contenta*. Common sense is changing; it is something that is continuously shaped by history and culture. Moral conceptions are one of these shifting dimensions. The ailments are rarely considered morally neutral but are, rather, intertwined with values. How do the values come into being, and how do they change? What is at stake with “the long duration” of moral conceptions? It is precisely here where we want to address our second questioning, that of morality.

“The diseases” of Finland: a scientific approach

Finland is known for its high incidence of cardiovascular diseases, depression, and suicide. Even though we have lost the leading position in Europe, ischaemic heart disease, IHD, is still our most important cause of death – one third of middle-aged male mortality is due to IHD (Institute

of Public Health 1998, Valkonen et al. 1993). What is specific to Finland is the sharp geographical difference in both morbidity and mortality. This is commonly called “the eastern excess,” and means about a 50% higher mortality rate in IHD among middle-aged men and 30-40% among middle-aged women for the eastern parts of Finland ⁽²⁾.

Since diagnosis-based mortality statistics became available, “the eastern excess” has been well-documented (Kannisto 1947, Pyörälä & Valkonen 1981, see Koskinen 1994). In fact, this eastern excess in general mortality is a phenomenon that has been recognized from the beginning of the 1850s (Kannisto 1990). He concluded, moreover, that the high rate of mortality in the eastern parts of Finland has long historical roots.

However, this “eastern excess” is associated with other ailments too. Depression rate is high in the area. Suicide mortality is at its maximum in the same area as IHD (Kansanterveyslaitos *ibid.* Lönnqvist *et al.* 1994). The phenomenon of mortality due to violent causes in general is gendered as well, being a problem mainly of middle-aged men (Valkonen 1985). Koskinen (1994) indicates that suicide incidence among middle-aged men in the eastern parts of Finland has a high correlation with IHD. Looking at the “disease maps” of Finland, one easily recognizes the coextensive regional variation of IHD, depression, and suicide.

Hundreds of preventive and health promotion projects are launched for the prevention of IHD ⁽³⁾ in the Western world – and many of them have succeeded very well in decreasing the morbidity and mortality rates ⁽⁴⁾. There are also prevention programs for depression and suicide ⁽⁵⁾. Tens of thousands of epidemiological studies of risk factors have mapped the aetiological backgrounds for IHD, such as smoking, dietary fat, high blood pressure (in combination with high serum fat and cholesterol), and stress levels – something typical and peculiar to our Western style of living. In addition, several studies have been also carried out about factors of (male) violent behaviour in Finland, including such as traditional excessive drinking at one sitting. What is striking about epidemiological studies is that the historical, social, and cultural contexts of mortality and morbidity are ignored. Yet eastern Finland differs from the western and southern parts of the country in countless ways: history, and social, political and economic circumstances. For anthropological purposes, “eastern excess” should be renamed as “the eastern question.” It is perhaps no exaggeration to characterize our “eastern question” by parallels between the cultural geography of Italy, and the “the southern question” of the Italians.

In well-controlled epidemiological studies the Finnish phenomenon of geographical difference is determined, according to Koskinen (1994), mainly by (the genes – he thinks – but also) the region of birth and less by the region of residence. He comes, in his own epidemiological way, close to the cultural and political dimensions of the “eastern question.” He notes, furthermore:

«The main cause for the mortality contrast may be an unknown behavioural or environmental factor which already in childhood or youth exerts its more or less irreversible effect on the adult risk of ischaemic heart disease. Thirdly, we can speculate that the eastern excess is due to some behavioural pattern, relevant in the aetiology of IHD, which is adopted rather permanently already during childhood or youth in the eastern cultural milieu.» (Ibid. 168).

Therefore, what is this *unknown behavioural or environmental factor* or *some behavioural pattern ... which is adopted rather permanently already during childhood ... in the eastern cultural milieu*? Anthropologists start asking questions where epidemiologists stop. As far as the first author of this article is concerned ⁽⁶⁾, it is precisely where Koskinen concludes that ethnography should start to dig deeper.

Notes on the everyday life theories of “The diseases”

In this paper, we have first analysed some data ⁽⁷⁾ of current Finnish everyday life theories about heart diseases, *sydäntauti*, and depression, *masennus*. Because the article is based on a project, which is in progress, the analyses are not yet complete. There are three points, which have given us pause to consider.

Firstly, when people talk – and when they are informed through health education programs – about heart diseases, the main reasons mentioned are dietary factors such as animal fat and salt, overweight, lifestyle and hereditary issues. This is not unexpected because these themes, and especially the avoidance of animal fat has been the main content of the extensive heart disease prevention and health education programs launched at the beginning of the 1970’s in Finland. The most famous is internationally known as The North Karelian Project ⁽⁸⁾ (e.g. Puska *et al.* 1995). The programs have been effective, and since the beginning of the 1970’s, the majority of the population has changed their eating habits and adopted a less “traditional,” less animal fat-saturated diet. Thus, “lay” theories are *par excellence* beliefs, which are subtly intertwined with professional ones. The focus on eating and faulty diet is, however, so prominent, that we would

like to concentrate on it. Would it be possible to search for the genealogy of these beliefs? If so, would the ethnomedical material provide us with answers?

Secondly, depression in current everyday life theories seems to result from losses stemming from an unhappy childhood or from strain in working life. "Burn out" problems are currently well known but are in any case newcomers to this theoretical area (Tontti 2000). What Finnish people talk about most when they illustrate their depression theories is a sense of loss and abandonment. This echoes, of course, a well-known register of Freudian psychoanalytic thinking about psychological problems. In addition, there are discourses of destiny, as well as the heritability of the illnesses (Kangas 1999).

Thirdly, illness representations are also intertwined with interesting and notable moral questions. Put straightforwardly, People State that they are more or less responsible for heart diseases as autonomous agents, who may decide about their ways of eating and living. However, as far as depression is concerned, they feel that they are victims of their childhood or, more broadly, that they are victims of things beyond their control. Putting the etiological discourses and the moral continuum into the context of Finnish social life gives an interesting glimpse on some central cultural values in society, such as autonomy and independence (concerning the Finns' central cultural values, see Roberts 1989, Abrahams 1992). For decades, health education programs have emphasized issues of autonomy and have included the idea of victim blaming.

Moreover, cultural assumptions of good and honoured ways of dying are an interesting dimension in the domain of responsibility and autonomy. Death by heart disease is/has been regarded as a honourable way of passing away, especially among Finnish men (Valkonen 1994). Suicide has a similar reputation – honourable men draw honourable conclusions to lives that have gone wrong ⁽⁹⁾. Are not these crystallizations of the value of autonomy? According to a well-known Finnish proverb, cardiac death is passing away with one's boots on. This is often regarded as a result and also a sign of a respectable life with much hard work and even an overload of such work – this echoes values of a Lutheran work culture at its best.

To recapitulate, what we wanted to do was to look beyond the contemporary ways of representing illnesses and ask whether these, also in moral terms, would reflect something which was present in old folk belief systems?

Field work in the Finnish Folklore Archives

Our ethnomedical data is archival material from the Finnish Literature Society Folklore Archives.

Even though we analyse old texts, this study is ethnographic in the sense Sherry Ortner (1995) conceives it. The fieldwork is not from a strict geographic area and in that, sense does not constitute a concrete “field.” The historical archive data we will draw upon does not make possible the kinds of contextualisations that are needed in “thick description”, but our methodological position echoes an “ethnographic stance” in the Ortnerian meaning: textual research can be ethnographic too. Moreover, as in ethnographic research more generally, the texts here are also products of the informants’ agency in various social interactions.

The main source of the data is archival folk material from the Folklore Archives’ Ethnomedical index, which covers a historical period of more than a century. The oldest folklore material was collected in the early 19th century. Geographically, most material is from the eastern parts of the country, from Savo and North Karelia, which are also more extensively represented in the archives. The newest information is from the early decades of the 20th century. The classification of material is based on various names and indigenous titles of diseases. This article is a brief excursion into the material, and we have concentrated mostly on causal explanations of diseases and have almost totally left out the *loitsu* material, incantations, which were used in healing. The incantations contain about 52,000 poems, 30,000 of which are published in *Suomen Kansan Vanhat Runot, Ancient Poems of the Finnish People*, a 33-volume series⁽¹⁰⁾.

We focused on the ethnomedical index’s data on heart diseases and melancholy – at that period of time there were, of course, no ‘cardiovascular diseases’, *sepelvaltimotauti*, or ‘depression’, *masennus*, which are their modern indigenous names. We found only a couple of references to heart disease as such. The local categories were ‘stab diseases’, heart symptoms caused by stabs, *pistos* and by someone being stabbed to death. We also found heart symptoms within the category of attacks, *kohtaus*. We carefully studied categories of ‘mental disturbances’, *mielenhäiriö*, and ‘madness’, *hulluus*, in order to learn what mind and mental diseases meant. We found four local indigenous categories, which can stand for the mental content of what is meant by ‘depression’: *jalan peälys*, *muun veto*, *alakulo* and *synkkämielisyyt*. The first two have meanings that connote something which is heavy and draws one down to earth; the second pair of terms have more to do with what is meant by ‘melancholy.’ One indigenous category, *mara*, was associated with nightmares.

We have also made use of “the belief” and “folk belief index” of the archives, which were rich in data on magic and ‘disease raising,’ *taudinnotatus*. We shall focus on this below. The index was not an easy place for fieldwork, because the material varied a lot. There were some short descriptions, while others were longer and more detailed. The collectors were different people with different backgrounds and interests. Some of them asked explicitly about the causes of disease and some were more interested in the healing process and in healers, *parantaja*.

Disease concepts and causal categories

The folk categorization of illness differs radically from our modern biomedical ways. As readers of Levy-Bruhl (1923), we know how traditional modes of thought and folk categorization are devoid of dichotomies and allow a ‘both – and’ ground for classification. Due to this lack of dichotomous thinking, the borders of categories do not exclude each other but allow a simultaneous presence (Kurki 1995). In the archives, it was not an easy task to follow and actually understand this. In addition, what made the work even more difficult was that people designated both causes and diseases by the same name and a disease could have several names, some of which were synonymous with the causes.

The cosmological worldview of the agrarian population in 19th-century Finland can be divided up into four domains. The sharply dualistic view of the world consisted of ‘this world’ or ‘this air’, *tämänpuoleinen*, and ‘other side’ (*tuonpuoleinen*, *tuonilmainen*) which had a mirror image relation to each other. Living humans occupied the former, whereas the supranormal, the sacred, the dead, the spirits, the holy figures of Christianity and God occupied the latter. The boundary between ‘this world’ and ‘the other side’ was not sharp or exclusive but several otherworldly spirits, especially place spirits, lived in the domain of this world. They were located as spirits, *haltia* ⁽¹¹⁾, for example in water, forests, or anthills, and in dwellings.

During the 19th century, the healer, literally ‘knower,’ *tietäjä*, was central in the cosmology. The *tietäjä* was able to manipulate supranormal forces and beings; that is, he or she had competence, which was based and founded on secret knowledge of supranormal forces and influences, as well as ritual control over them (Siikala 1992). Historically, the layers of mythical thought make the figure of *tietäjä* distinctive from older, earlier representations of healers, or shamans. In the Finnish belief system, the *tietäjä* was able to use spoken incantations, which were seen to possess a power of their own.

“A power of their own”, present in spoken incantations, but also in nature – actually in all beings and categories of beings was called *väki* in the old Finnish cosmology (Manninen 1922, Haavio 1942). *Väki* is a dynamistic concept, which is close to the Melanesian concept of *mana* or the Iroquois concept of *orenda*. An American-born Finnish anthropologist, Laura Stark-Arola (1998, 120), defines the difference interestingly:

«The folk or emic concept of *väki* in Finnish magic is much more restricted and ‘concrete’ than either *mana* or *orenda*: it can be likened to the idea of mobile energy force whose transference and effect on other entities, as well as the corresponding reactions it receives from other *väkis*, are central. Close proximity and a clear, unobstructed path to its target, if not actual physical contact, were thought to be needed for its transference. (...) Unlike the concept of *mana*, there were no specialized *väkis* to make people wealthy and to kill people, and while *väki* may have been described emically as ‘powerful’, it was never seen to be ‘heavy’ or ‘hot’ as with *mana* (see Mauss 1974/1904:109). *Väki* was the essence of an object or animate being, but not the power evoked by a magic ritual or incantation. In other words, *väki* was not the same as magical and mystical force in general, as Mauss argued for *mana* and *orenda*.»

Väki was a kind of impersonal force, which belonged to all beings and phenomena (Hautala 1960, 13); even incantations contained *väki* – which was why they had powerful curative effect. *Väki* was hidden when it was not a target of interest, but in emotional circumstances it become “activated” (Hautala’s own term). There were a number of different entities, which were believed to possess *väki*. Because people were understood to be ‘open’ (vulnerable and unguarded) towards certain *väkis*, people thought that *väki* could in some way be transmitted, *hinkautua*, to humans.

The types of *väki*, which are important for understanding ethnomedical material, are briefly listed below (Stark-Arola 1998, 121).

Kalman väki: the dynamistic force of death, *kalma*, believed to reside in corpses, cemeteries, and other things associated with gravesites, burial etc. *Kalman väki* was thought to be extremely powerful and it was used in various practices, notably in ‘disease raising’ (see below in more detail).

Metsän väki: The dynamistic force located in the forest, *metsä*, or in trees, notably in bears, or forest animals in general.

Veden väki: The dynamistic force located in natural bodies of water, *vesi*, especially in lakes and ponds but also streaming rivers.

Maan väki: The dynamistic force located in the earth or ground, *maa*.

Löylyn väki: The dynamistic force located within the steam of the sauna bath.

Tulen väki: The dynamistic force located in fire, whether an open fire, or in a baking oven, or sauna stove. This *väki* was capable of transmitting, if treated badly, but in many cases it was also healing.

Female *väki* ⁽¹²⁾: The dynamistic force located in female genitalia and reproductive organs. Female *väki* was powerful, even strong enough to ward off the evil eye, and there is no evidence that women themselves could be exposed to the evil eye while protecting others from it. On the other hand, the female *väki* was not always considered a benevolent force. It was also seen to have a capacity to prevent human wounds from healing or ruin objects, to harm horses or endanger children through *harakoiminen* (jumping, stepping, or standing with spread legs over or on an object, thereby putting it into direct proximity of the female genitalia). That the powers encountered in the vagina's wrath, *vitun vihat*, and released through *harakoiminen* were seen to be the same is supported by at least one folk belief text:

«The 'wrath of women' transmits, when women are bathing with you at the same time or if they otherwise simply *harakoi*» (Stark-Arola, *ibid.* 121-122).

Incantations were also considered to be powerful and to contain *väki*. In the Finnish practice of traditional healing, the meaning of incantations was remarkable. The words in incantations were part of the object that was referred to. The structure of incantations, for example, was important: in order to fulfil the healing power, the healer must know the exact order of the words in the incantations; every detail in this order was meaningful (Siikala 1992).

The concept of luck, *onni*, is an important dimension of the old Finnish cosmology. According to a Finnish ethnologist, Toivo Vuorela (1960), the image of fortune or luck, *onni*, as a limited good was crucial in the Finnish folk belief system. The Finnish-Karelian concept of *onni* refers to a known, bounded amount, of which the villagers had a share. If someone's *onni* decreased, people thought it was because someone else stole a bigger share. Usually it was thought that such an imbalance was induced through illegitimate means, such as magic or sorcery. Moreover, if someone had a bigger share, it was justified to do harm to and inflict 'disease rising' on him/her. The issue with a bounded good was even more problematic in Finnish traditional culture because 'other-worldly,' *tuonpuoleinen*, beings were prone to share the 'this-worldly,' *tämänilmainen*, well. «They used to capture the villagers' animals, or children; cattle could be stolen by the forest spirit, trapped in the forest-cover *metsänpeitto*, or even taken by the water spirit,» Laura Stark-Arola writes (*ibid.* 119). Envy and the 'evil eye' were closely related with these practices, and constitute well-known motivations in Finnish culture.

The folk belief system and the consequent illness representations are understandable in the context of nineteenth-century Finnish agricultural society. It was an extremely closed social and economic system, without many connections to the outside world. The agrarian wealth and crop were limited and the cosmological concept of *onni* actually echoed the this-worldly reality. If someone received more, then it was absent from the others' share. Diseases were understood as threats and crises, which threatened the individual *and* shattered his/her society. Of course, it was not only 'other-worldly' powers that victimized the humans but also the villagers themselves. The social practice called 'disease raising,' *taudinnostatus*, was a name for all the practices by which people made each other sick. In order to do so, they used *väki*, which was abundantly present in nature and within them.

Finnish ways of getting ill – Frightened, 'stabbed', or fed sick?

When someone became ill, the healer, *tietäjä*, was responsible for the etiological categorization and the consequent cure. The Finnish ethnomedical categorization included two general classes, the serious and often deadly 'God's diseases,' *jumalantaudit*, and illnesses which were brought about by envious or malevolent people, *panentataudit* (Lönnrot 1832). However, in addition to these two, the healers could have a plenitude of various causal theories. It was always a challenge for the *tietäjä* to find out which illness was at stake.

In the archival material, one example tells us the following:

«By dreams one (the knower, *tietäjä*) must find out how the diseased has become insane; has he been fed or are the origins of the disease somehow different, without other humans being responsible for it, as it is with fright.» (Koljonen ⁽¹³⁾ 1980).

According to Anni Lehtonen, a woman who was the most famous rune singer in the country:

«There are two kinds of illnesses: real God's diseases and then those that originate from bad people or that are transmitted, *hinkautuneita*, in other ways.» (Anni Lehtonen 1924).

Madness was classified in three categories:

«There are three kinds of madness: one that comes from the wind, one from 'raising' (illness) and the third from fright. The one from raising is from witchcraft practices people do on each other.» (Samuli Paulaharju 1924).

The classification above is the basis of this presentation. We have grouped the diseases by the causative, etiological factors and by responsibility categories. We will start with 'fright diseases and loss of soul,' *säikähdyt*. Then we will go on to 'stab diseases,' *pistostaudit* and, finally, we will have a look at 'disease raising,' *taudinnotus*, and at the practices with which people used malevolent disease raising on other people, that is, by feeding them with *väki*-containing material.

Fright, säikähdyt, and loss of soul

The first major group of etiological factors includes fright, *säikähdyt*, or to become frightened, which illustrates victimization and innocence. One could not be totally responsible for being frightened but the victimhood was not complete. The archival material listed predisposing factors, which made people more prone to fright, such as personal sensitivity and vulnerability, *rieskahenkisyys*. People classified pregnancy and menstruation as life conditions with less protection, and under such circumstances women could easily be frightened. In particular, places such as cemeteries, or activities such as handling corpses, could cause fright. When planning a remedy, the healer, *tietäjä*, wanted to know exactly where the patient had been frightened. The place was essential for the correct naming. The result of fright was loss of soul – or becoming possessed with a *väki*; the results were usually loss of energy; going mad, becoming bloodless, pale, or powerless (Siikala 1992).

As a result of fright, one could become 'infected' ⁽¹⁴⁾, *hinkautua*, by *kalman väki* which had the power of transmitting a disease. In the forest, one could be *hinkautunut* by the forest *väki*, in the wind by the wind *väki*, *tuulenväki*. The anthills could hide *metsänväki*; one had to be careful about still waters but also careful about currents of the stream, on account of *vesihäisi*, the water spirit that lived there. Wind *väki* could fly on the wind. The archival material was quite rich with preventative rules and advice for women – and for people more generally. It was supposed that people learned and knew them and also taught them to their children, and in this way they were held responsible for the prevention of "possession" by the various *väki*.

«If one moved in the forest, one could easily become frightened. The forest spirit, *metsänhenki*, comes from the forest. Afterwards it is impossible to find peace, especially during the nights.» (Matti Hako, Viena Karelia).

According to old Finnish cosmology, human beings were protected by a *haltia*, a protective place spirit, not unlike the later Christian figure, a guardian angel. When individuals became frightened, they lost their *haltia*. Per-

sons could also lose the *haltia* in their sleep. Sometimes a *haltia* was absent for long periods of time, as it could stay in the ‘other-world,’ *manala*, or take the shape of an animal. When a *haltia* was lost, people felt weak, “white-blooded,” *valkeaverinen*, powerless – blood was also believed to contain essences of life in the Finnish folk belief system. An early mention of ‘depression,’ however, was found in western Finland (Harva 1948), the «depressed person had lost his *haltia*.» Moreover, a definition of people who easily fell ill was such that they had “weak *haltias*.” If the *haltias* were weak, *väki* from various places had easier access to the body and could induce different types of illnesses. *Haltia* could also be lost by inter-subjective human means; that is, according to the tales in the archive material an envious and malevolent gaze could induce this loss. The *haltia* could also be stolen. Whatever the means by which individuals lost their *haltia*, the results were inevitably detrimental. This loss also caused several forms of madness, but also caused ‘attacks,’ *kohtauksia*, which included sudden attacks of pain and heart problems.

‘Stab’ diseases

The second major group of etiological factors in the archive material are ‘stab’ diseases, an important group of heart diseases. They include *pistokset*, *ammukset*, *lävykset*, *raippaukset* and *pistännökset*, caused by some sort of disease projectile (Honko 1959). The shot, *ammus*, could come with the wind but the victim did not know how or where. The shot could be a pile, or needle, or a hair of an animal, a stone, a piece of glass, or a small animal (Honko 1959). «They just came, as if, for example, on the wind,» as the informant stated above. The innocence of the victim was almost complete; people who were victimized could not have an impact on the shooters, who were mostly beings from the ‘other world’ (Honko 1959), mythical beings or ‘bad spirits’ (Pentikäinen 1971).

«Stab is a disease that pierces your shoulders and breast and the chest and if it pierces the left side of the chest then you will not recover. It is a God’s disease.» (Ranni G. 1890).

However, in the rural society of 150 years ago, hard work was considered a cause of heart disease. In one passage the informant claimed:

«Stab is caused by hard work and heavy lifting. It was such that it pierced the breast and chest, so that you almost died and choked to death.» (Maija Kivekäs 1855).

Generally, it seems that people’s chances of protecting themselves from ‘stabs’ were scanty – or non-existent. Matti Sarmela’s (1994) observation

of stabs as a metaphor for the contingency of life is quite justified, insofar as individuals simply became victims and were not able to protect themselves in any way.

Feeding the neighbor sick: 'disease raising' with food

The third major group of etiological factors can be presented by a mundane, 'this-worldly' *tämänilmainen*, group of diseases which were caused and organized by several interactive practices, by 'disease raising,' *taudinnotatus*. Here the active agents were not specialists, but ordinary villagers or neighbours in the traditional rural communities. There were several social reasons for practising disease raising on other people and we will come to this point later. People used to 'raise diseases' by feeding: treating a cup of coffee, spirits or food, which contained *väki* and had the power to cause harm:

«If someone wants to make another individual crazy, he shall do as follows: If you want to make him melancholic, you may take three grains of sand from a crossroad and put them into a glass with spirits. Then treat the man you intend to make crazy; the stuff in coffee has the same effect.» (Eino Mäkinen 1938).

The composition of the material that was fed to people varied. It could contain, for example, mouse eyes – a material that was notorious for its immediate and powerful effect – but often something that was dug, or scooped out from the grave yard, and contained *kalman väki*. This powerful *väki* was present in soil, pieces of coffins, worms, but sometimes pieces of corpses were needed:

«The head of the church *väki* was a church spirit, *haltia*. If you were a believer, it could give you good things. You could get bad *väki* if you took soil from the graveyard. If you put it into a drink you could make the drinker insane or diseased with the disease that you are thinking as a giver.» (Konsta Lindholm 1938).

The source of *kalman väki* was also corpses, which were cleaned in the death rituals. People reported that they knew older women who were entitled to do the ritual job, but abused their honoured position by taking and cutting pieces off the corpse (for example, the tongue). If pieces of the corpse were ground and put into the victim's dinner, she or he became insane almost immediately:

«She had made meat balls out of the tongue of the deceased and then fed it to the brother of Antti Kaustinen and he became mad. The woman had cleaned the corpse in Pöyhönen (a house name) and had secretly cut the

tongue for preparing the meatballs. She, the wife of Mooses, is a cleaner (a ritual person, a specialist) but everyone must be careful to keep an eye on her so that she won't be able to do these cuts.» (Iisakki Hakala 1932).

People believed that the feeding of material that contained *väki* was more powerful than other ways of practising 'disease raising.' The touch from *inside* was considered the immediate touch. It is difficult to know exactly how and where feeding of the powerful material actually took place. According to archive data, the practices were very secret and were kept most hidden. Several authors emphasize the meaning of secrecy; indeed, the power was in the ritual's secrecy (Vuorela 1960, see also Luhrman 1989).

Kinship relations confer social positions within the framework of the feeding rituals. The relationship between mothers-in-law, *anoppi*, and daughters-in-law, *miniä*, were often bad; abundant folklore tales report cruel mothers-in-law (Nenola 1986, Heikkinen 1990). We have collected passages, for example, with mothers-in-law practising 'disease raising' on their new relatives:

«One woman had become mad. The husband had asked whether there was any hope or was it a God's disease. The husband sent somebody after the healer (*tietäjä*). It was the healer's task to find out the cause of the disease. First he didn't answer, but then people forced him to. Then the healer told him that the mother-in-law, *anoppi*, was the cause of this madness. When the mother-in-law heard the healer's words, she started to shout, crawl and creep, and so everyone noticed that the mother-in-law was guilty for the disease of her daughter-in-law.» (Matti Korhonen 1936, 85 years).

Some of the methods that the mothers-in-law used were illustrated as follows:

«When the daughter-in-law, *miniä*, is brought to the farm, she goes mad if serpents' heads and corpses bones are put into the wedding bed.» (S. Siren 1891).

With the exception of the practices against daughters-in-law, people did not practise 'disease raising' on members of the same family – however, there are some examples of disputes over inheritance. The reason for treating the young women so badly and harshly was mainly due to their position at the bottom of the scale as newcomers in the family. Symbolically, they also represented the 'outside' and only gradually came to the 'inside' position, only after first giving birth to several children.

Envy, *kateus*, was mentioned as an additional reason for 'disease raising' (Vuorela 1960). Finnish rural villages were a closed economic and social system where the agricultural products were bounded – and often limited. Everyone should receive a reasonable part of the crop. Nevertheless, because it was limited, a general idea was that if someone received

more, the rest would lose his or her rightful share. This is a fundamental principle of the old Finnish cosmology, and grounded, furthermore, in the idea of *onni*, 'limited good.' As mentioned earlier, 'other-worldly beings' were also prone and eager to share in this 'good' with the villagers. The more the population in the village – and the number of potential dividers – grew, the greater was the incentive within rural social life to make the other sick.

Structures of long duration?

Viewed from the perspective of “structures of long duration,” traditional Finnish causal beliefs and everyday life's illness representations are tightly bound to social interactions. At their core, both the traditional and contemporary ways of explaining affliction contain a similar structure: people get sick when something is *added* to their bodies, as in stab diseases, in 'disease raising,' and in modern everyday life and epidemiological theories of heart diseases. Furthermore, people get sick when something is *taken away* as in fright and loss of soul, or in depression theories. In ethnomedical material, people fell ill when they were (actively and intersubjectively) fed with something “powerful and dangerous,” but in current heart disease discourses, traditional Finnish food containing animal fat – with its connotations of the Finnish past and the peasant society – is considered the main cause for cardiovascular diseases. One's mouth is still the main avenue for heart disease. Anthropologically, the meaning of food in modern preventative heart disease projects is interesting. Of course, the fact is that excess animal fat causes increased risk of cardiovascular diseases at the population level. However, only 50% of risks consist of factors mediated by eating (*Circulation* 2000) and the projects concentrate only on the behavioural issues in people's lifestyles; especially on eating. In Finland, the food issue cannot be analysed without taking into account the rapid and painful structural social change of the country ⁽¹⁵⁾. Traditional Finnish food prepared in and for a rural society – for working people in the farms and for lumberjacks in the forests – is embedded with implicit meanings and symbols, which shape the boundaries of modern Finnish life. The traditional, Eastern and Karelian, is regarded as dangerous for people's health.

In Finnish folklore material, people did 'disease raising' on each other and, in social interactions with their neighbours and other villagers, made each other sick. In current psychiatry and cardiology, and in everyday

theories, which are nourished by these two, social interactions are still important. Juha Soivio has interview passages where *wives* of cardiac patients are described as «a heavy users of animal fat» (Soivio 2000). Currently, social agency is shared among other detrimental agents: in addition to wives, anatomical, physiological and genetic agents are also at play. Cholesterol in the Finnish heart prevention programs is a kind of “being” that gradually increases the probability of an early death due to cardiovascular disease. However, since wives have the main responsibility for regulating cholesterol in the daily diet, they are active agents. From the beginning of the North Karelian prevention project, the local women have been active in realizing the dietary change⁽¹⁶⁾. In a way, one could argue that Finnish women have become a New National Task Force as eradicators of the deadly folk disease. Along with the extensive prevention programs, the female task seems to be that of Manager for Modernity.

In psychiatric and “lay” beliefs about depression, childhood events are still considered the main cause of the illness, even though new “stress and strain” theories receive more space in the negotiations of interpretative models. Two interesting traits are to be found. On the one hand, everyday life theories of depression often describe quite literally losses in childhood and faulty motherhood during the early years as causal agents of current depression. In addition, as the consequence of parent’s divorce, and unhappy events *within the nuclear family*, without symbolic and representational mediation, which is distinctive of psychodynamic ways of understanding and explaining mental disturbances⁽¹⁷⁾? Causality of the mental problems is constructed as “concrete” events; indeed, the real mothers within the faulty interactions in one’s childhood are there to be found. Put semiotically, in everyday life theories, the sign does *not refer to* its referent but is *one with it* (Foucault 1973). These theories resemble ideological phenomena of reification, which are present in fundamentalist groups of all kinds. On the other hand, in their interpretative practices, people in modern societies have taken an expert position. The “lay” theories of mental problems resemble the “semi-expert systems of illness explanation,” a concept that Linde (1987) has applied in her study on lay beliefs. A semi-expert system is for Linde an explanatory system, which is related but not equivalent to either belief systems, shared by entire culture or belief systems exclusive to some group of experts. In order to make sense of their life stories, middle class Americans used to cull both popular and Freudian, Marxist and various religious explanatory theories. However, what took place in the

biographical accounts was that people applied Freudian psychology in a “thin” sense. The concepts, which are borrowed, are not embedded in the entire Freudian theory but are isolated. They also lack the dense interconnections of Freud’s argumentation. In addition, Linde emphasizes that popular Freudian theories did not contradict other popular theories of the mind, nor reasons for human behaviour. They were applied in a supplementary way.

The harm done by social interactions was extremely concrete in the archival material too. There is, however, one important difference between the materials. ‘Disease raising’ was not done on members of one’s family or relatives who lived in the same farming household (Stark-Arola 1998). On the contrary, the material is rich in “good, benevolent magic” that mothers practised in order to protect their children, for example, against the ‘evil eye.’ The only exceptions were new daughters-in-law, who represented the symbolic ‘outside’, Otherwise, because they came from another household and only gradually became integrated into the family. Mothers-in-law were quite active disease raisers at the beginning of their sons’ marriages. Some examples of quarrels and contentions concerning inheritance had caused disease raising within the members of the same household, but the examples are rare⁽¹⁸⁾. It is tempting to interpret this by representative theories about split motherhood; in the folklore texts the good mothers were the biological mothers and consequently benefactors, and the bad ones were split away, represented by mothers-in-law and stepmothers. In order to be proved, the claim needs further study – but what is certainly anthropologically at stake is a cultural change in the notion of kinship; especially concerning the definition of its ‘inside’ and ‘outside’.

Diseases and moral conceptions

Disorders give rise to pressing moral questions which people try to answer throughout the course of illnesses – when they break out, when choices between different healing practices are made, and when recovery is expected. Values are embedded in illness discourses. Disorders are inevitably related to emotional and moral worlds, and notions about disease and healing emerge out of an organizing realm of moral concerns (Douglas 1966). These moral discourses are fundamentally and explicitly used to organize diagnoses, narratives of illness, and healing rituals.

The name of the disease	Cause, casual agent	The patient's on responsibility	Innocence
"Disease raising" by Food	A neighbour, villager, a relative from another household, mother-in-law	Evil doings, revenge, wrong ways of showing one's fortune	Social position such as a new daughter-in-law
Stab disease	Some other-worldly spirit		Contingency
Fright, loss of soul Heart disease	<i>Väki</i> , other people (seldom)	Consciousness of dangers, of preventative rules, norms	Disposition, weak <i>haltia</i> , <i>rieskahenkisyys</i>
Depression	Danferous food, traditional fatty food, smoking, ways of life, hard work hard life	The same	Genetic disposition, 'the Finnish hero'
	Mother, childhood in nuclear family, social interactions in job, massive strain and stress, "burn out"		Psychological disposition, social vulnerability, destiny

In traditional Finnish rural life, illness beliefs include explicit moral issues. Diseases had aetiologies and causes but they also led to questions of *guilt*. According to a prominent theory of the ritual of affliction (Honko 1959), the disease event was experienced as a crisis, which threatened the community. The healing rite was a profoundly social ritual, a ritual of affliction, which intended to find the reason for the threat and enhanced social cohesion, togetherness, and undisturbed interactions in the group (Honko 1959, Siikala 1979). The task of the healer was to find the cause of the illness and, simultaneously, detect the person who was *guilty* for the event. «When the threat was eliminated, and the evil doer was found, the life of the group could go on without disturbances», writes Lauri Honko (ibid. 1959).

The ways people handled causes of diseases touch upon questions of innocence, guilt and responsibility. From the beginning of the 1970s, the strong emphasis on individual responsibility in cardiovascular disease prevention programs has encouraged victim blaming and caused guilt among the sufferers and their relatives. However, some illness representations are met with total innocence, and, interestingly, this seems to be the case with mental illnesses ⁽¹⁹⁾. In traditional Finnish archival material, innocence was connected with the stab diseases: the shots just came and people could not defend themselves. Furthermore, it was difficult to protect oneself against disease raising, simply because, for example, it was difficult to be certain of

the content of one's food. The only way of protecting oneself was probably to hide one's own fortune, *onni*.

The attitudes towards 'fright' were more ambiguous. On the one hand, people were totally innocent; they just lost their soul or their protector, *haltia*, without being able to control the situation. On the other hand, by learning rules and heeding advice about dangerous places and vulnerable life conditions people went on living their perilous lives. These preventative rules constituted, interestingly, core issues of autonomy that were made to grow alongside the social and economic changes taking place in the rural society.

Concluding remarks

There are several ways of thinking about mentalities (Ginzburg 1976/1980, Le Goff 1974); they may be regarded as consisting of shared ways of experiencing, ways of knowing and feeling, both conscious and unconscious. In short, by the history of mentalities we mean the history of the attitudes of ordinary people towards their everyday life. The central question of this article has been whether the ways of representing and explaining illnesses would be understood as collective, mental, and social structures of long duration in the sense Braudel uses in his treatise on the history of the Mediterranean (1972).

In this paper, we have presented the question of whether or not the intense meaning of food, in the Finnish everyday life theories of heart diseases and professional prevention programs, could resonate with former Finnish ways of bestowing meaning upon eating. On the other hand, whether or not meanings of loss could possibly echo the older ways of understanding melancholic mental problems. However, a powerful cultural register, biomedicine, has emerged within the middle of the study period. Heart disease prevention programs look very similar in Western countries, and so do the lay theories as well (Emslie 2001); smoking, for example, is prohibited and considered a sinful behaviour in most EU countries and the US even though there is a variation in the sinfulness. Cholesterol-containing food is generally considered dangerous. The contents of prevention programs should be carefully read and the illness causation theories in Western countries compared in order to prove our argument. Similarly, within the area of mental diseases, psychiatry has established its impact on people's ways of understanding depression. We argue that an archaeology of psychiatric knowledge is also needed – where does the Freudian "loss of

object” come from, as looked at from a perspective of the history of mentalities? Furthermore, talking about mental problems necessitates taking into account a magnitude of religious impacts. In conclusion, there is certainly no straight line from the past towards contemporary ways of believing and thinking of illnesses. Nevertheless, modes of thinking are embedded in historical and cultural contexts in various and interesting ways, and their exploration is, we would argue, an important task for a medical anthropology at home.

Notes

⁽¹⁾ We use the term “lay” in quotation marks. It has a connotation connected with the dichotomy lay/professional which we want to question. In addition, regarding their illnesses in the context of their culture, people are “lay” only in a thin – and often biomedical – meaning.

⁽²⁾ There has been historical variation in this “eastern excess.” In the 1960s and at the beginning of the 1970s, the eastern mortality in IHD among middle-aged men exceeded the southwestern provinces by 60-70% (Koskinen 1994, 148).

⁽³⁾ Population-based intervention programs such as the North Karelian project – which Finland is famous for – Monica, FinnMonica (WHO) have carried out in Finland, in North Karelia, since the early 1970s.

⁽⁴⁾ This is controversial, however. According to Valkonen et al (1990), mortality in IHD had already started to decline in early 1970, before the North Karelian project started.

⁽⁵⁾ In Finland, prevention of depression was regarded as one of the most important preventative tasks in suicide prevention. This has had a tremendous impact on the use of antidepressive medication.

⁽⁶⁾ In 1999, I started a five-year medical anthropological project “Expressions of Suffering – Ethnographies of Cardiovascular Diseases, Depression and Suicide in Finnish Contexts.” One aim of the project is to understand the current everyday and professional ways of explaining these three, and to interrelate them with each other. I argue that heart diseases and suicide are bound together with an internal tie of meaning; the support for this argument is based both on Finnish folklore poems, which are rich in this theme, and on a very different point of view concerning some current epidemiological and psychiatric literature. For further information about the project, see www.helsinki.fi/hum/antropologia/medantro.htm

⁽⁷⁾ We have made extensive use here of Finnish material published for prevention purposes. Two large, nation-wide projects in Finland, The North Karelia Project (several publications, here e.g. 1995) and The National Suicide Prevention Project (several publications, mostly in Finnish), health education material, such as magazines, heart patients’ organizations’ publications etc., are our main sources. The main message can be summarized as “In modern society, people are considered responsible for their heart diseases. They are autonomous agents who decide what to eat and how to organize daily work out.”

The first author’s fieldwork, M-LH, in a North Karelian village and the interviews have started, the project is in progress.

⁽⁸⁾ The North Karelian Project 1995. Finnish cardiovascular morbidity and mortality have long been the highest in Europe. The suicide mortality is about 40/100, 000 men in 1998, which is the highest in Europe. Every other year the highest figures are Hungarian.

⁽⁹⁾ See Honkasalo n.d., a manuscript.

⁽¹⁰⁾ Between 1816 and 1970 about 4, 000 incantation examples were collected from North Karelia; the most prolific period of collecting was 1880 and 1890.

⁽¹¹⁾ Literally “protector” and “possessor”. *Haltia* is a place spirit, dwelling in places in the natural environment or a cultural environment. *Haltia* is also a model of the later Christian Angel figure.

⁽¹²⁾ Laura Stark-Arola’s interesting Ph.D. thesis, *Magic, Body and Social Order*, is about Finnish women’s secret magic rituals in traditional Finnish culture and she discusses questions about female *väki* in detail in the book.

⁽¹³⁾ The name of the informant in the archival material.

⁽¹⁴⁾ The translation is difficult. *Hinkautua* has a meaning that can be translated as ‘transmitting’ a disease, but in an almost possessive manner. The *väki* that *hinkautuu*, (‘transmits’) goes inside the body of the afflicted. Laura Stark-Arola uses the term ‘infect’, which, however, is not very good either, because it has a connotation connected with contemporary biomedicine.

⁽¹⁵⁾ After the Second World War (in Finland the Winter War 1939-1940 and the Continuation War 1941-1944) Finland was almost entirely agricultural. The structural changes started as late as the 1960s and have now totally altered the social picture of the country. Nowadays only about 6 percent of the workforce consist of people working in agriculture and forests.

⁽¹⁶⁾ Ellen Marakovitz, an American anthropologist, makes some interesting points on this issue. In the 1980s, she did ethnographic fieldwork on Finnish women’s political movements. She calls one of them, a prominent one with a hundred-year-long history and a present membership of about 80,000, as “national caretakers” and emphasizes how women’s activities in the movement are directed to the welfare of the family, and by extension, the nation. «The caretaker idea of what it means to be female supports, and is also supported by, the Finnish social welfare state. This national narrative constitutes the caretakers as the agents of the state,» she concludes (1993, 84).

⁽¹⁷⁾ We have collected preliminary material from various Finnish health magazines, ladies’ magazines and some novels. It is striking how mothers are blamed: they “really have been absent,” “abandoning” - working probably in paid work outside the home, as 90% of Finnish women have done since the Second World War.

⁽¹⁸⁾ Pentikäinen 1971.

⁽¹⁹⁾ Of course, behind the question of innocence with respect to mental illnesses, there are many layers of discourse embedded within Western moral history. In the medieval era, depression was a mortal sin, *acedia*. Only gradually did it grow out of the domain of guilt per se, and become defined as a “disease” on the psychiatric register in the late nineteenth century (Jackson 1986).

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