



From Witch-Doctoring to Holistic Well-Being

Journalistic Representations of Three Influential Estonian CAM Doctors

Katre Koppel, University of Tartu, Estonia, katre.koppel@ut.ee

Marko Uibu, University of Tartu, Estonia, marko.uibu@ut.ee

With the aim to illustrate the complex relations between complementary and alternative medicine (CAM) and biomedicine, we examine how journalists have represented three influential Estonian CAM doctors. Our analysis of 36 journalistic texts published between 1996 and 2018 about these CAM doctors focuses on the similarities and the differences between the representations. Our study demonstrates how journalistic decisions shape the representations of CAM doctors, making journalists important actors in the debates between CAM and biomedicine. Due to the high polarisation between CAM and biomedicine in the Estonian media landscape, CAM doctors, as controversial figures, face constant pressure to make choices when participating in the public sphere. If CAM doctors choose a passive media strategy, it can lead to more polarised journalistic representations of CAM-related activities.



Research Context and Methods

Views and opinions about the nature and legitimacy of complementary and alternative medicine (CAM) are diverse, depending on personal but also cultural and historic factors. After the collapse of the Soviet Union, Estonia faced many rapid changes in the field of healthcare. The boom of health-related teachings and healing methods at the beginning of the 1990s signified Estonia's new, more open relationship with the international health market and brought with it new forms of medical plurality. Since then, Estonia, a country with a long tradition of a centralised medical system, has witnessed growing diversification in the health field. Diversification has occurred through medical doctors having adopted complementary and alternative health therapies (e.g. Davis-Floyd & St. John 1998; Coulter 2004; Fadlon 2005; Baer 2008; Keshet 2013; Garcia-Escamilla & Rodriguez-Martin 2017). From the perspective of dominant biomedical knowledge, doctors who practise CAM are often seen as problematic because they blur the boundaries between different therapeutic practices and contribute to the legitimisation of CAM therapies and approaches (Martin 2004).

In this article, our aim is to illustrate the dynamics of diversity in the Estonian health field and the complex relations between CAM and biomedicine. We examine how, in the period 1996–2018, journalists represented three doctors: Luule Viilma, Rene Bürkland and Riina Raudsik. Although trained as medical doctors, all of them gained remarkable popularity as CAM practitioners. Hence, their position in the Estonian health field can be seen to exist at the intersection of biomedicine and CAM. Intrigued by this intersection, we ask the following research questions: How did these CAM doctors and their fields of activity appear in media texts in our data? What were the main similarities and differences between the representations?

From a theoretical point of view, we draw on the concept of medical diversity, which refers to mixtures of different medical practices and therapeutic traditions (Krause, Alex & Parkin 2012; Parkin 2013).¹ We find this theoretical approach valuable because it shifts the focus to the exploration of boundaries, which allows the researcher to

¹ We here use David Parkin's (2013: 125) concept of "medical diversity" instead of the commonly used concept "medical pluralism" first coined by Charles Leslie (1976). Medical pluralism normally refers to the coexistence of various medical systems and forms of medical knowledge that interact with each other in a certain social context. Although medical pluralism has often been applied to describe the variety of treatment options that patients can choose from (e.g. Cant & Sharma 1999), the concept has also been widely criticised (e.g. Baer 2004; Hsu 2008; Krause, Alex & Parkin 2012). The idea of a "medical system" itself leads to the perception that medical practices are bound to a single logic (Parkin 1995: 150). For scholars, one of the challenges has been how to approach the tensions in describing systemic elements of different therapeutic traditions, as well as how they are combined and intertwined (Krause, Alex & Parkin 2012: 15). According to Parkin (2013: 125), the concept of "medical diversity" refers to the mutual borrowing of ideas, practices, and styles between such traditions rather than their mere coexistence.

discover subtle hierarchies and (de)legitimation strategies in the representations of such controversial and complex fields as CAM (Brosnan, Vuolanto & Brodin Danell 2018).

Our analysis is based on media texts for which journalists have acted as gatekeepers. Although the texts had different publication standards and thresholds (from lifestyle magazines to daily newspapers), there was an editor and a reporter making editorial decisions for every text we analysed. These decisions were about topics, sources, or genres: for example, whether a journalist decided to publish the text as an interview or a portrait story. We did not include any CAM-focused or conspiracy-theory magazines or newspapers in our analysis – all the media channels were considered mainstream in Estonia. However, there are inevitably some less visible mechanisms behind any journalistic text or representation. For example, sources of CAM-related stories have been found to be significant for the outcome and general tonality of the text (Weeks, Verhoef & Scott 2007). Previous studies about media representations of CAM have focused on specific discursive frames surrounding CAM (Doel & Segrott 2003) or on genre elements and structural logics that commonly influence inaccurate representations of CAM (Lewis, Orrock & Myers 2010).

Journalism not only reflects but can also evoke changes in the healthcare field by contributing to public understandings of health, disease, and medicine (Briggs & Hallin 2016). Media texts provide culturally available narratives, stories, scripts, discourses, and systems of knowledge that can be a source for health-related attitudes and decisions (Seale 2003). The information presented in the media impacts individual health-related decisions (Kelly et al. 2010), but also shapes the attitudes and opinions of healthcare providers, policymakers, and the public (Benelli 2003). Media content can spread, produce, reproduce, and normalise ideas about CAM and, thus, contribute to its professionalisation and legitimation (Weeks & Strudsholm 2008).

Weeks and Strudsholm (2008) demonstrated that journalistic representations of CAM are often positive. Their study examined 15 years of Canadian media coverage regarding CAM and concluded that magazines in particular were favourable towards the usage of alternative treatments, presenting CAM-related information in an entertaining and less informative manner (Weeks, Verhoef & Scott 2007). However, media content and attitudes towards CAM are diverse in different countries; a comparative study of daily newspapers in the United Kingdom and Germany concluded that German journalists were more critical towards CAM than their British colleagues (Ernst & Weihmayr 2000). Although no long-term or thorough analyses yet exist, an interest in journalistic representations of CAM in Estonia has recently been on the rise. A comparative study of three Estonian and three Finnish mainstream media sources

(two daily newspapers and one weekly women's magazine) demonstrated that the Finnish materials had more positive representations of CAM than the Estonian ones (Hiemäe & Utriainen 2021).

The present article is a continuation of our previous research project on the media coverage of CAM doctor Rene Bürkland (Koppel & Uibu 2020). We identified altogether 320 texts published about Bürkland between 2009 and 2018 and defined discourses and tactics that he used in public communication. Based on our research, questions about the media coverage of other similar figures arose. As Estonia is a small country (population 1.3 million), there were only two CAM doctors in Estonia with similar cultural significance. Therefore, we added to our analysis 59 texts about Riina Raudsik (published between 2015 and 2018) and 52 about Luule Viilma (published between 1996 and 2011). The collected texts vary in length, function, and genre. Hence, as the first step of the analysis, we conducted preliminary content analysis and thematic coding (Kuckartz 2014) of all 431 texts. We developed the following coding categories:

1. The role of the doctor/healer in the texts: main character or a bystander.
2. The tonality of the texts: positive, neutral, or negative.
3. Genre: portrait/interview, event description, announcement, or health tips.
4. Type of publication: daily and weekly newspapers, health and lifestyle magazines, internet portals providing daily news, or medical and healthcare news.

For our final analysis, we chose 36 of the 431 texts, 12 representing each CAM doctor. In compiling our smaller corpus based on content analysis, the most important criteria for us were diversity and thick content. We excluded texts that presented Bürkland, Viilma, and Raudsik as bystanders or mentioned them very briefly. We instead selected long interviews and portrait stories focusing exclusively on the CAM doctor in question. We chose a few event descriptions, demonstrating comprehensively their activities in the health field. We included all types of publications mentioned in category 4 above.

After the selection of the smaller data corpus, we conducted a new round of thorough qualitative content analysis on these 36 media texts. Resulting from our analysis, three distinctive topics emerged: the construction of the doctors' expert status, the labelling of their CAM-related activities, and representations regarding the objectives of CAM therapies in relation to biomedicine.

In the first part of our article, we discuss medical diversity and CAM in the Estonian context, which is followed by an introduction of the three doctors' positions in the Estonian health field. In the second part of the article, we delve more deeply into the findings that emerged from the analysis.

Medical Diversity and CAM in the Estonian Context

During the Soviet era, Estonia was largely influenced by trends occurring across the Soviet Union. This also applied to the field of medicine and healing. It was a time when medical authorities and biomedicine were establishing a strong and exclusive relationship with the state, including Soviet Estonia (Uibu 2021). Spiritual and folk healing practices were commonly prosecuted across the USSR as they opposed the state-supported narrative of scientific materialism (Kõiva 2014). Although non-biomedical therapies were marginalised, medical diversity as such did not disappear from the Soviet Union (Lindquist 2006; Honey 2012; Penkala-Gawęcka 2016, 2018). Throughout the Soviet era, folk medicine and self-medication remained part of everyday life in Estonia (Goršič 2018a, 2018b). Moreover, regardless of atheistic campaigns and prosecutions, folk beliefs did not seem to lose their status, and people continued visiting folk healers (Kõiva 2014). Growing interest in Asian medicines and meditation emerged in the 1970s and particularly the 1980s (Kõiva 1996). As in the other parts of the Soviet Union and Eastern Bloc countries, the 1970s and 1980s witnessed the rise of Chinese medicine, resulting in acupuncture being provided to patients by the socialist healthcare system (Penkala-Gawęcka 2016; Stöckelová & Klepal 2018; Koppel 2018). The special status of acupuncture has continued until the present day in Estonia. Inherited from the Soviet era, acupuncture is the only CAM method that is considered an official healthcare service and requires a practitioner to obtain a valid medical doctor's license, just as in the 1970s and 1980s.

The collapse of the Soviet Union provided the impulse for drastic changes such as democratisation, the shift to a free market economy, and religious and spiritual liberalisation. As with other socialist republics, Estonian society opened up fully to various “new” non-biomedical therapies and health-related teachings introduced from the West and East (Penkala-Gawęcka 2018; Souček 2020). While the 1990s can still be characterised by traditional folk healers and “witch doctors”, the following decades have been dominated by specialists and therapists who use internationally known CAM therapies, often influenced by ideas from New Age spirituality (Kõiva 2015).

In contemporary Estonia, different branches of CAM exist, ranging from energy healing and Asian traditional medicines to chiropractics and homeopathy. CAM practitioners can belong to professional associations, have small businesses, be self-employed or work at private clinics. In terms of the wide variety of non-biomedical therapies and health teachings available, changes in consumer logics, and the emphasis on individual autonomy while making health decisions, Estonia has undergone the same processes that have also taken place in Western Europe (Cant & Sharma 1999). However, these rapid changes in favour of increased diversification in the healthcare

field over the past 30 years have not changed relations between CAM and the state much. No CAM therapies are funded by national health insurance; it is rather the opposite. In 1997, acupuncture was removed from the list of state-funded therapies. Except for acupuncture, which still requires a licensed MD to provide the therapy to patients, CAM is basically unregulated. No mandatory licensing system has been set up by the state and anyone can become a CAM professional and provide CAM-related services and products. So far, attempts to professionalise the field have usually been initiated by CAM practitioners at the grassroots level. For years, professional CAM associations have issued occupational qualification standards through the Estonian Qualifications Authority for various “natural and complementary medicines”. Yet the law requires no standard qualification certificate or monitoring by the state to become a CAM therapist.

While individuals do not necessarily consider combining biomedical and non-biomedical therapies as contradictory, in public discourses, the increase in medical diversity since the 1990s has given rise to new conflicts and the polarisation of attitudes between biomedicine and CAM (Uibu 2021; Uibu & Koppel 2021). Post-Soviet medical systems have tended to be more normative compared to Western Europe and the United States (Uibu 2021). The high demand for and popularity of CAM has made health experts concerned about the diminishing authority of biomedicine (e.g. Tikk 2005). Public health-promoting institutions have taken action to raise the awareness over “threats of pseudo therapies” and to increase the population’s health literacy towards finding “evidence-based health information” (Health Board 2019). Although no systematic media analysis has yet been conducted, opposing opinions and strong contrasts can be observed in the mainstream media (e.g. Võsumets 2015; Ernits 2017; Pihl 2018; Nael 2019). A comparative study analysing media representation of CAM during a month-long period found that the Estonian mainstream media tended to emphasise extreme forms of CAM, giving more ground for journalistic opposition, when compared to the Finnish mainstream media (Hiimäe & Utriainen 2021).

Estonia offers an interesting and complex setting to study journalistic representations of CAM doctors in terms of public discourse. The cases of the doctors introduced below provide new insights into the tensions existing between biomedicine and CAM.

The Positions of Luule Viilma, Rene Bürkland and Riina Raudsik in the Estonian Health Field

Our interest in journalistic representations of CAM doctors grew from extensive ethnographic fieldwork between 2011 and 2018 in which we conducted participant observation of CAM training sessions, various CAM seminars, and public events related

to CAM and healing. In these years, we conducted 65 interviews with CAM users, CAM practitioners, and healthcare professionals. We complemented our fieldwork data by conducting a survey in 2016 of 248 healthcare specialists working in major Estonian hospitals (e.g. see Koppel 2013; Uibu 2016; Koppel 2018; Uibu 2021; Uibu & Koppel 2021). In our data, health experts in Estonia tended to present biomedicine as a hegemonic authority opposed to “alternative” therapies (Uibu & Koppel 2021). This opposition does not necessarily mean explicit hostility towards CAM but rather the expectation that clear-cut boundaries will be maintained between biomedicine and CAM (Koppel 2018; Uibu 2021). Hence, medical authorities tend to label medical doctors who find their way into CAM as “heretics”, “dissenters” (Wolpe 1990, 1994; Martin 2004) or “deviants” (Dew 2000). Such doctors become internal challengers and critics of biomedical knowledge and cause inconvenience to the medical system, as they have the potential to transform existing power structures (Wolpe 1990).

Luule Viilma, Rene Bürkland, and Riina Raudsik are examples of such internal challengers. Viilma (1950–2002) was a gynaecologist who gained massive popularity in Estonia, Finland, Latvia, and Russia in the 1990s as a spiritual teacher and a healer. In the context of paternalistic healthcare, she strove to redefine the position of the patient with her teachings by emphasising the importance of individual autonomy in health-related decisions (Uibu 2021). Rene Bürkland (born in 1974) was trained as a medical doctor but was recognised as a practitioner of Chinese medicine. His centre for Chinese medicine in Estonia has successfully provided Chinese-medicine-related health services, products, and training courses since 2009. Moreover, he has been training healthcare professionals in Chinese medicine at major state hospitals in Tallinn, the capital of Estonia. Riina Raudsik (born in 1952) has 25 years of experience working as a family physician. Within the Estonian medical community and among her patients, she is known for combining biomedicine with CAM therapies, mainly vibroacoustic therapy and the alkaline diet, since the beginning of the 1990s.

The medical backgrounds and CAM-related activities of these medical practitioners put them at the intersection of biomedicine and CAM. Their positions in relation to the medical system, however, have changed over the years. During her lifetime, Viilma’s close connection with esotericism and spiritual teachings made her highly controversial for the medical community, and instead of having her doctor’s licence renewed in 1998, it was terminated. In 2015, Raudsik was at the centre of a nationwide scandal; a journalist had found Raudsik to be a member of a large Facebook group (over 3,000 members) that promoted the usage of Miracle Mineral Solution (MMS), a poisonous chemical known as chlorine dioxide that had been used to treat various health problems.

In 2016, Raudsik was expelled from the Estonian Medical Association for unethical behaviour because, as a family physician, she did not report to officials the existence of this Facebook group and, hence, was considered to be indirectly contributing to a public health threat. After the scandal, Raudsik did not renew her doctor's license further, stopped working as a family physician, and has continued as a CAM therapist only. In contrast, Bürkland has never actually worked as a medical doctor but holds a valid medical doctor's licence, which enables him to practise and offer acupuncture to his clients. Besides having trained healthcare professionals in Chinese medicine, he has also secured a positive image for Chinese medicine in public discourse (Koppel & Uibu 2020). Thus, Viilma and Raudsik, despite being active medical practitioners, have become outcasts of the medical system. Their cases represent the incompatibility of merging biomedicine and CAM, resulting in them ultimately choosing one over the other. Bürkland, on the other hand, distanced himself from the medical system at an early stage in his career and has skilfully navigated, and been allowed to navigate, the borders of CAM and biomedicine. He has become a spokesperson for integrative medicine in Estonia (Koppel 2018; Koppel & Uibu 2020).

Regardless of Viilma's, Bürkland's and Raudsik's different positions in relation to the medical system, they all are and have been influential CAM practitioners. Viilma, who died in a car accident in 2002, is to this day the best-selling author of spiritual self-help and healing books in Estonia. Similar to Viilma, Bürkland and Raudsik have been popular authors among Estonian readers. In 2016, according to the Estonian Publishers' Association, Bürkland's book on Chinese medicine occupied the top position in the bestsellers' list, whereas Raudsik's book on energy, health, and diseases landed in third place. As Viilma, Bürkland and Raudsik have been extensively present in the Estonian mainstream media, we realised that we could examine media content alongside our ethnographic fieldwork data in a valuable way, allowing us to discover new perspectives (see **Figure 1** to explore the differences and similarities of the three CAM doctors).

The Construction of Viilma's, Bürkland's and Raudsik's Expert Status in Journalistic Representations

For CAM doctors, a certain expertise and credibility has been required to achieve recognition and gain the trust of followers and patients. Journalistic representations can help to build up but also undermine a CAM doctor's expert status. Our analysis of journalistic representations of Viilma, Bürkland and Raudsik reveals that the construction of their expert status relied on different elements. However, some similar elements appear in these representations, such as influential personal experiences that shaped their development in becoming CAM practitioners.

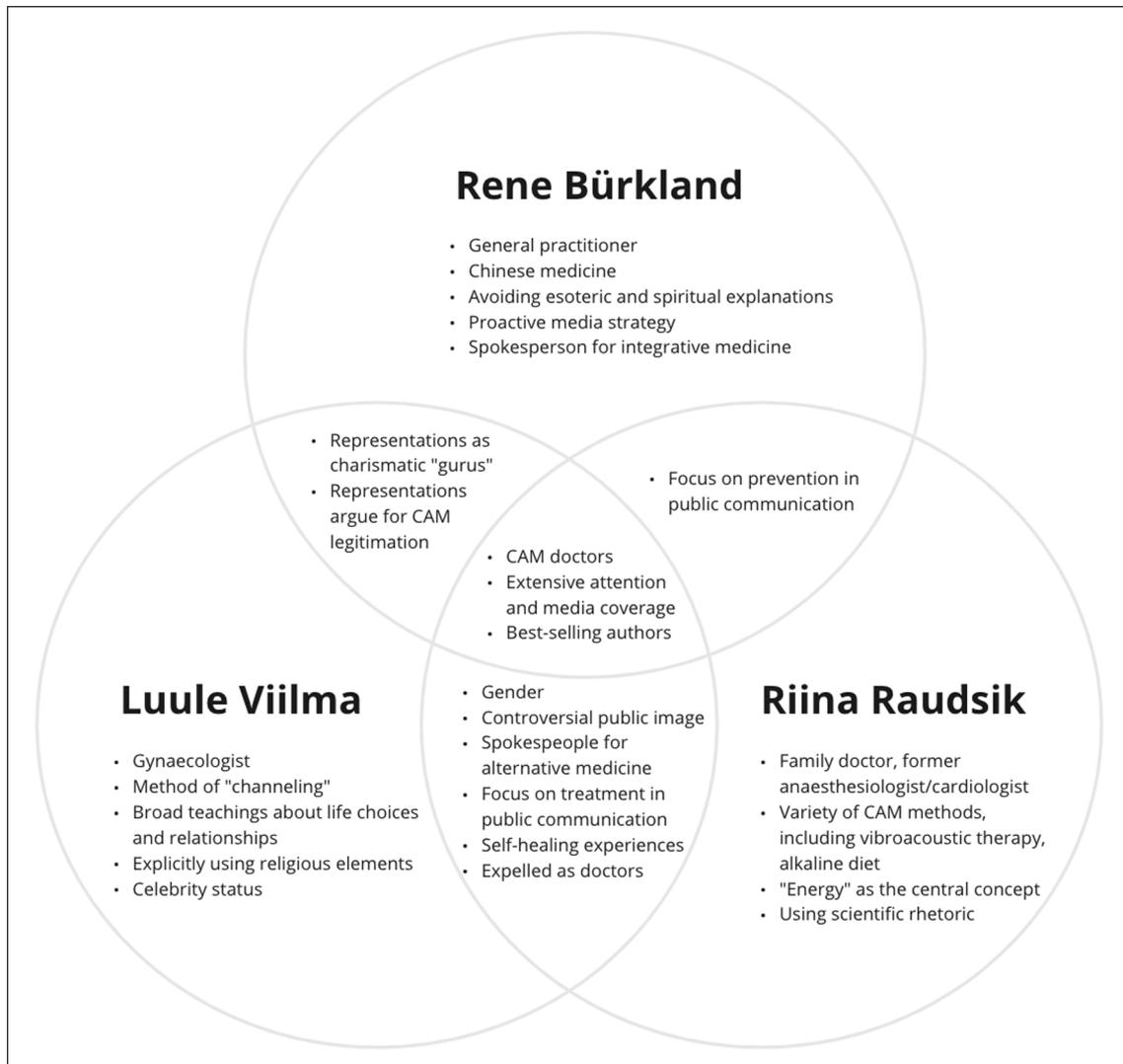


Figure 1: A summary of the differences and similarities of the three CAM doctors discussed in this article.

One of the main sources for constructing Viilma's expert status derives from mysticism and esotericism. Viilma has been depicted as a guru, a master of other Estonian healers and a teacher of secret knowledge who already realised in her childhood that she saw and sensed the world differently than other people (T1). That she ended up working as a medical doctor was represented as a discrepancy between her spiritual mind and medical praxis. A few episodes of suffering in her early life signified the trigger that made her understand her true mission to become a healer. Descriptions of self-healing and near-death experiences were told to strengthen the image of her being a master and a healer:

This is how Luule Viilma resumes her life full of illnesses and accidents, which preceded her spiritual rebirth in 1992. Drowning, electric shock, medication overdose, and illnesses led her to six occasions when her soul was no longer within her material body. Later [after her spiritual rebirth in 1992] Luule Viilma has not been seriously ill. (T4)

Suffering and illness have also been part of Riina Raudsik's narrative. Her expert status is based on multiple types of personal experiences: her self-healing experience, professional medical experience, and long-term experience with CAM methods. Raudsik has been depicted as an experienced medical doctor and family physician who healed herself after she did not receive any help from biomedicine to cure her problems with heart and blood pressure at the beginning of the 1990s [T34–T36]. She was described as a physician who always had more questions than answers regarding human physiology, especially pathological physiology and metabolism, which led her to study different sources of information, including CAM-related sources. Her experiences, as well as long-term work with her patients, were represented as a process of realising the *true* causes of diseases:

Riina Raudsik: “If you cannot explain to people the core reasons of their complaints, you cannot help them in the right way. Slowly, I started to realise why one pain or another has arisen, which tissues hurt and which do not, and what emotions do to people. In addition, I started to practise vibroacoustic therapy and a form of frequency therapy that helped several people. Also, back then, for many years, I was discussing in my head why it helped. This is how, for many long years, I have put together and tried to untangle the puzzle in order to direct my patients towards healing.” (T35)

The expert status of Rene Bürkland has been predominantly based on his university education and deliberate career development. However, his journey to become a CAM practitioner has also included strong charismatic elements, such as his exceptional interests in the human body and health in early childhood (Koppel & Uibu 2020). The construction of his expert status has combined references to scientific knowledge and wisdom learnt from Chinese medicine masters. Journalistic representations have emphasised Bürkland's psychology studies at Tallinn University and graduation from the medical faculty of the University of Tartu, both in Estonia, as well as from Beijing University of Chinese Medicine in China, including his years as an apprentice. Similar to Viilma and Raudsik, physical suffering, in this case a severe sports injury, signified a turning point. However, in Bürkland's case, it appeared as an impulse to take up medical studies at the University of Tartu:

But a severe neck injury came along when doing sports, and, thereby, the realisation of how fragile life is: there is one crack, and this might be the end. “I understood then that you need to do the things you want to do, and I entered the medical faculty in Tartu,” he says. (T16)

These narratives of suffering and realisation guide us to a significant insight about the construction of expert statuses. The opposition between CAM and biomedicine is visible from the representations of Viilma and Raudsik. Both Viilma’s and Raudsik’s representations point out explicitly that they found desired relief and cures through self-healing and CAM, and in this way, position biomedicine as subordinate or less worthy. The construction of Bürkland’s expert status, on the other hand, gives an impression of a peaceful coexistence between biomedicine and CAM in the service of healthcare in general. While Bürkland’s expert status has essentially never been challenged, Viilma’s and Raudsik’s statuses appear to be fragile. In negative representations, their expertise has been easily undermined and labelled as quackery² (T2, T5, T28, T32). In the next section, we look into the topic of labelling more closely and pinpoint how it shapes the expert statuses of these CAM doctors.

Labelling CAM-related Activities in Journalistic Representations

Labelling is a powerful tool both for supporting and undermining CAM doctors’ expert status. Labelling allows the researcher to observe how terminology is used to both legitimise and delegitimise CAM doctors and the therapies they provide. When analysing the labelling of CAM-related activities in journalistic representations, we identified a wide variety of concepts, some of them referring to the more general changes that have taken place in the Estonian healthcare field.

Journalistic representations of Luule Viilma tied her and her healing activities not only to esotericism but also to folk medicine and quackery, as well as to alternative medicine. She was explicitly referred to as a “witch”, a “healer”, a “sensitive” (in Estonian the term *sensitiiv* – a person with extrasensory powers), or “ekstrasens” (Russian term for a person with extrasensory powers) (T1–T3, T5–T6). Depending on the tone of the representation, these labels could deride Viilma’s activities, but they could also be used as descriptive and neutral, or even positive expressions. For example, in Estonian, “witch” is an ambiguous word. In a positive sense, it can refer to someone being a wiseman or -woman who has certain knowledge and expertise in the area of healing:

² We use the term quackery to mean charlatanism in the field of medicine and healthcare (i.e. applying medical practices that the practitioner does not believe to work and are intended to make money).

“It is a pity that there are fewer wisemen/-women living in rural areas nowadays,” explains the folklorist. “On the other hand, the current times too are allowing many witches to appear.” Sass from Vigala, Enn from Vormsi, Luule Viilma, and so on, are the names that almost every Estonian has heard of. (T3)

On the other hand, depending on the context and the intentions of the communicator, a “witch” can also refer to someone practising fraudulent and harmful activities. In negative journalistic representations, calling Viilma a witch aimed at ridiculing her teachings and connecting her activities to malicious witchdoctoring (*posimine* in Estonian):

Inability to love causes diseases. A cough is always the sign of parental blame – a persuasive voice suggests these dogmas. If you think that a village witch shared this knowledge before the discovery of viral transmission of diseases, you are wrong. Instead, this is an Estonian National Television broadcast, and it is April 20, 1996. Luule Viilma, who has a doctor’s degree, shares her views. Her eyes, full of laughter, have already hypnotised the TV presenter, and, probably, the viewers will have the same fate if they do not change the channel immediately. (T2)

As a contrast to “witch”, we also found labels such as “doctor” or “specialist” of alternative medicine in the texts. The journalistic representations that connected Viilma’s activity to alternative medicine tended to be positive, especially the posthumous representations (T7, T10, T11). Being an active participant in the field of alternative medicine seemed to be a representation preferred by Viilma herself too, and this helped her to distance herself from quackery and to professionalise and legitimise her healing activities:

Luule Viilma: “Not every specialist of alternative medicine is able to withstand the devastating attacks by official medicine. (---) The level of our ‘alternative people’ [in Estonian *alternatiivikud* – an invented word for the CAM practitioners] is good, but we simply do not have any right to life in the eyes of the state.” (T7)

In journalistic representations of Bürkland’s activities, by contrast, the usage of terms was very consistent. Bürkland’s field of activity was clearly defined as “Chinese medicine” and he was mainly labelled as a “doctor” or “expert” of Chinese medicine. There existed only a few headlines that used labels such as “Oriental wiseman” or “healer” (T17, T23). These labels were purely part of a journalistic technique to catch

the attention of readers and make titles more lively. The representations actively dealt with demarcating Bürkland's field of activity:

“I do not use Western medicine too much in daily treatment, but at least I recognise the boundaries regarding when it is reasonable to refer a person to a physician and when it is better to help them with Chinese medicine,” acknowledges Rene Bürkland. (T19)

This consistency in the use of concepts is associated with a certain communication strategy. When Bürkland opened his centre for Chinese medicine in 2009, for a couple of years he actively published stories about Chinese medicine in health and lifestyle magazines. In the titles of his articles, he first introduced himself as a general practitioner and an acupuncturist, but the articles described him as predominantly a specialist of Chinese medicine. In these stories, Bürkland often translated the principles of Chinese medicine into the language of “Western medicine” and presented the similarities comparatively. He framed Chinese medicine as an Eastern counterpart to biomedicine. At the same time, this strategy implicitly built up his image as a specialist who sought to integrate the two. These earlier stories and the way in which they framed Chinese medicine have constructed the dominant narrative of Bürkland as being a Chinese medicine specialist, and have later directly influenced journalistic representations of Bürkland's activities:

Rene Bürkland, doctor of Chinese medicine, thinks that both Chinese and Western medicine have their own strengths and weaknesses, which is why his dream is to integrate the two approaches. (T18)

In contrast to Bürkland, journalistic representations of Raudsik connected her healing activity to a wide variety of concepts such as holistic healthcare, alternative medicine, alternative and complementary therapies, energy medicine, pseudoscience, and quackery (T25, T26, T27, T28, T32, T34). Raudsik herself inconsistently used a variety of concepts to frame her own identity and work. This relatively fuzzy self-framing indicates an ongoing search to define her area of activity and belonging. For example, the Facebook post by Raudsik below was added to an article to explain who she was and what she did:

As a doctor, I am interested in holistic healthcare. I have been interested in alternative medicine for decades, because as a physician, I see how much healing can be supported by alternative and complementary therapies, a supportive diet, and thinking. (T26)

In positive representations, Raudsik herself was not labelled by any specific CAM-related terms, and she was simply called a family physician or a doctor. Negative representations, however, added derogatory words or phrases, such as “the family physician who believes in baking soda”, or “the baking-soda-doctor” for short, to imply quackery and pseudoscience (T29, T32).

There are two important aspects to emphasise in connection with the labelling of CAM-related activities. First, a dual identity – being a CAM practitioner and a medical doctor – was a source of tension that is well represented in the journalistic corpus we examined. Negative representations of both Viilma and Raudsik used derogatory and vivid expressions to label the CAM activities, alongside references to them actually being medical doctors. Such framing could easily be interpreted as polarising CAM and biomedicine and as a strategy to delegitimise Viilma and Raudsik as practitioners and specialists. One of the most powerful delegitimation strategies was connected to gendered constructions. While positive representations of Viilma and Raudsik sometimes highlighted characteristics such as feminine warmth, joyfulness, youthfulness, or being a compassionate communicator, negative representations aimed to warn readers that behind Viilma’s and Raudsik’s appearances and behaviour – which might look pleasant at first – were cunning women who recommended CAM treatments and let their patients postpone real biomedical cures. At times, these representations not only criticised their activities as CAM doctors but also attacked them personally. For example, a statement about Raudsik that “she used to be a completely sane and good girl” from an ex-colleague, a medical doctor, aimed simultaneously to diminish her as a professional and present her as having certain mental disorders. Similarly, derogatory references to Raudsik’s daughter implicitly judged her as a mother (T32).

Although the textual material of Bürkland did not include any gendered references, we were able to find them in the photos chosen to illustrate the articles. Photos of Bürkland were always high quality, depicting him in a good physical shape, having a well-groomed appearance and determined look on his face. However, photos of Raudsik were of very inconsistent quality depending on the tone of the article, varying from youthful and fashionable to old and tired. Hence, we can say that stereotypical representations of gender were used to strengthen Bürkland’s expert image, whereas in the cases of Viilma and Raudsik, their gender was used to diminish them as professionals and decrease their credibility. Moreover, Bürkland’s proactive media strategy and the fact that he was not seeing patients as a medical doctor seems also to have shaped representations of him as more distant from his dual identity and instead connected to his identity with Chinese medicine.

Besides representations of the dual identity of CAM doctors, we observed changes in the meaning of the concept of alternative medicine over time. In the 1990s, the idea of alternative medicine and alternative medicine specialists was perceived as something innovative that could help change the dynamics between biomedicine and CAM and, thus, legitimise non-biomedical healing-related activities. Representations of Viilma demonstrate how earlier ambiguous folk medical concepts such as a “witch”, which can be linked to witch-doctoring, were challenged by the more positive concept of alternative medicine. The quest to change the public image of CAM, however, remained unrealised. Roughly 15 years later, in representations of Raudsik, alternative medicine had acquired negative connotations, being equated with pseudoscience and quackery. The fact that in representations of Bürkland we cannot find terms such as alternative medicine and complementary medicine is highly meaningful and can be perceived as another result of Bürkland’s proactive media strategy. These concepts have become emotionally loaded, can have derogatory meanings, and are directly in conflict with Bürkland’s agenda of integration.

Journalistic Representations of the Objectives of CAM Therapies in Relation to Biomedicine

We also examined how the objectives of CAM therapies differ and resemble each other in the representations of Viilma, Bürkland and Raudsik. Analysing the objectives of CAM therapies in relation to biomedicine allowed us to explore perceptions of who is seen to have the right to treat certain health problems and what the implications are for CAM when claiming to treat biomedically recognised diseases.

In representations of Viilma, the main objective of her healing therapies was to treat a wide variety of diseases, including severe diseases such as cancer. In the representations that gave her a voice, she criticised the narrow and limited efficacy of biomedicine, which, in her view, claimed to eliminate the “result of a disease” but did not stop the disease from recurring (T1). In these representations, Viilma was convinced that treating the body with drugs did not help if “the soul is in trouble” (T4). To treat patients efficiently but also to reduce the workload of physicians, representations by and about Viilma argued for the need for a state-regulated system of alternative medicine (T4, T6, T7).

Journalistic representations of Bürkland, on the other hand, emphasised overall well-being, and maintenance of health and a healthy lifestyle with the aim to prevent severe diseases. In these representations, Bürkland highlighted health issues such as pain, stress and chronic diseases, which he, as a practitioner of Chinese medicine, focused on in order to increase people’s quality of life. Bürkland criticised the

fragmentation and excessive specialisation of biomedicine, as well as its diagnostic methods he claimed not to be able to diagnose diseases as early as Chinese medicine (T14, T17, T18, T22). The various roles of biomedicine (e.g. treatment of acute health problems) and Chinese medicine (e.g. prevention and supportive treatment) were also discussed. These journalistic representations surrounding Bürkland argued for the integration of biomedicine and Chinese medicine, starting from creating integrated curricula for medical students in order to help patients more and decrease doctors' burdens in the state healthcare system, which was also Viilma's aim (T15, T16, T17, T18, T19).

From journalistic representations of Riina Raudsik we identified differences between positive and negative representations of her. Negative representations claimed that Raudsik treated all diseases, including diabetes, hypertension and cancer, by recommending an alkaline diet and drinking water with added baking soda. The positive and neutral representations diversified this perspective by adding that CAM therapies were not only about treatment but also about maintaining health, preventing diseases, and keeping the focus on the right lifestyle choices. These representations, which were reminiscent of those surrounding Viilma, criticised the narrow and limited efficacy of biomedicine, claiming that biomedicine is able to suppress symptoms only (T30, T35), that drugs can weaken the immune system and, hence, cannot help people to become healthy (T34, T35, see also T31). Referring to an esoteric understanding of the human body consisting of a subtle substance, "energy", Raudsik argued for a radical change in the field of biomedicine by claiming that "the future of medicine will be about energy medicine" (T34).

It was astonishing to us how similar the critique towards biomedicine was across the journalistic representations in our data corpus. These critiques voiced opinions suggesting the same ultimate goal that CAM therapies claimed to have – that is, to approach a person holistically and to deal with the root causes of illness. However, there was also a crucial difference between representations. Our analysis of the objectives of CAM therapies highlighted a tension point: the treatment of biomedically recognised diseases. Regardless of the time span between the representations of Viilma and Raudsik, the claim that CAM could treat biomedically recognised diseases gave rise to a negative and delegitimising depiction of Viilma's and Raudsik's CAM-related activities. By contrast, the approach taken by media texts on Bürkland – talking about lifestyle, well-being, prevention of diseases and health maintenance rather than focusing on treating particular diseases – provided a strategy for legitimating CAM practices in public discourse (Koppel & Uibu 2020). Furthermore, focusing on preventative treatment and health maintenance was a strong legitimising argument,

since healthcare professionals were considered to lack efficient methods for prevention and preventative treatment (Koppel 2018).

Conclusions

In this article, we have observed how Estonian CAM doctors and their fields of activity are depicted in media texts published between 1996 and 2018. Although Luule Viilma seemed to prefer to present herself as a specialist of alternative medicine, her activities were closely connected to the esoteric milieu and folk medicine. During her career as a CAM doctor, Viilma's advocates perceived her as a spiritual teacher and healer. Critics, on the other hand, associated her work with fraudulent activities and harmful witch-doctoring. Rene Bürkland was an expert in the field of Chinese medicine, which has long historic roots. In public discourse, Bürkland successfully positioned Chinese medicine as an inherently integrative medicine with its human-centred approach to helping increase people's well-being, maintain health and prevent diseases. Riina Raudsik received significant media attention due to the scandal that developed when it was discovered that she was a member of a Facebook group promoting the usage of Miracle Mineral Solution (MMS), a poisonous chemical sometimes used to treat health disorders. These critical representations represented Raudsik's CAM-related activities from the system-level perspective, questioning her "loyalty" as a physician to biomedicine and accusing her of advocating pseudoscience. In the light of negative representations, it became clear from Raudsik's self-framing that she was struggling to find consistent terminology to present her CAM activity. Our study demonstrates how diverse the field of CAM can be and what different paths medical doctors within the field of CAM can take.

Different CAM doctors had very different proportions of publications in which their own voices were clear. For example, Bürkland had more (expert) interviews that provided the most neutral framing. Viilma gave some celebrity interviews, but these commonly contained particular framings by journalists, such as comments about her high-pitched voice or other personal characteristics. Raudsik was put into the spotlight because of the nationwide MMS scandal, and representations of her were polarised. On the one hand, she was presented very critically, giving her no voice in media representation. On the other hand, longer interviews with more neutral and positive approaches rehabilitated her as a professional. Journalistic decisions on how much voice to give to these CAM doctors and what discursive frames to use in the story directly shaped the messages and the tone of the articles. For example, it was remarkable how similar, in terms of content, the critique towards biomedicine by all three doctors was. The representations of Viilma and Bürkland incorporated almost identical arguments to explain the value of

CAM. However, while Viilma's and Raudsik's critiques of biomedicine were presented as a declaration of war, Bürkland's critique was framed as neutral expert opinions and as a reference to a common and widely accepted fact. Moreover, we were able to observe noticeable differences between the journalistic representations with regard to gender. Stereotypical representations of gender were used to strengthen Bürkland's expert image, whereas in the cases of Viilma and Raudsik, their gender was used to challenge and diminish their status as professionals. The choices that journalists made, therefore, significantly influenced the public image of CAM doctors.

Another finding from our analysis was the high polarisation of the Estonian media landscape during the studied period. CAM doctors faced constant pressure to make choices when they acted in the healthcare field as public figures. The example of Bürkland demonstrates that if a CAM doctor does not take an active role to self-position himself or herself, the positioning is done by the journalists. Contrary to Bürkland, Viilma and Raudsik had passive media strategies, which enabled journalists to present them in rather stereotypical and simplistic ways. For example, both Viilma and Raudsik were accused of deceit when they promised to treat severe diseases with CAM methods. When looking at the more positive and neutral representations, it is visible how Viilma tried to argue that her role was not to heal anybody, but this was the responsibility of the patient. In positive representations, echoing those of Bürkland, Raudsik argued for the importance of preventing diseases, general well-being, and lifestyle choices to stay healthy. Yet the passive media strategy in these cases seem to have led to more polarised media representations of CAM doctors. The representations either ended up being overly positive or overly critical, reflecting journalists' support for or opposition to CAM or to the doctor in question.

Although the doctors we analysed are too different to compare their representations over time and make valid conclusions about changes in the Estonian health field in general, we are able to see some systematic changes over time due to the Estonian media itself. Because of the general transformations of the media landscape over the last 30 years, specialists operating in the CAM field were much less represented in various media channels that were edited by journalists. Social media, however, has allowed CAM practitioners to operate in more segmented media channels such as thematic Facebook groups (Renser & Tiidenberg 2020). The period when Luule Viilma worked was characterised by the widely known spiritual-esoteric "gurus" (Kõiva 1996). Nowadays, the broader public hears less about healers and CAM-related health advisors through traditional media channels, even though the "alternative health market" is probably much larger than before, since Estonians' spending power has increased since the 1990s.

Nevertheless, our analysis of vocabulary, genres, framings, and use of stereotypes demonstrates that the choices made by journalists have remained crucial in shaping representations and the understanding of CAM. Brosnan and colleagues (2018: 10) have highlighted the need to make visible the various actors involved in the debates between CAM and biomedicine. Involving journalists in coproducing health knowledge (Briggs & Hallin 2016) and studying journalistic representations can help to expand understandings of CAM, its relationships with biomedicine, and its position in society.

In Estonia, the media landscape of CAM is still distinctly polarised. However, from our ethnographic studies, we know that the opposition between CAM and biomedicine in the public discourse is not necessarily manifested in the everyday practices of actors within the health field (although they might be aware of such perceived opposition by others). In real-life interactions, there is more room for negotiation and integration. In future studies, the role of journalists could be analysed not only in media representations of CAM, but also by applying ethnographic perspectives on journalistic practices. This could reveal more hidden mechanisms as to how exactly CAM representations are constructed and what the relationships between journalists and other actors in the healthcare field are.

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Competing Interests

The authors have no competing interests to declare.

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Katre Koppel, MA, is a PhD student of folkloristics at the Institute of Cultural Research, University of Tartu. Her academic interests are related to two main topics, religion and health, more specifically modern spirituality, and complementary and alternative medicine. Recently she has published studies about medical pluralism (*European Journal of Health Communication*) and traditional Chinese medicine in Estonia (*Journal of Ethnology and Folkloristics*).

(katre.koppel@ut.ee)

Marko Uibu, PhD, is an associate professor of social innovation at the Institute of Social Studies, University of Tartu. His current academic interests are related to diverse aspects of social change: from religious and health perspectives to the potential of (co-)creating social change. He has published studies about medical pluralism (*Anthropology and Medicine*, *Journal of Ethnology and Folkloristics*, *Folklore*); contemporary religiosity (*Journal of Baltic Studies*); and health and social change (*BMC Public Health*, *Health Education*).

(marko.uibu@ut.ee)

