Summary

Chapter 1. The project is based on ethnographic methods. The data produced is characterized by an explorative approach based on qualitative interviews, informal conversation, participant observation and following cancer patients and therapists who work with healing in different settings. There have been interviews with 14 patients and 17 therapists who work with healing. Five cancer patients have been followed to treatments at healers and to treatments or control at oncological wards. Six therapists, who work with healing, have been followed by taking part in their courses or lectures and in a few instances through receiving personal treatment. The inclusion of courses and personal treatment were mainly to get a view of the field of healing and to see if there were certain repetitive patterns. Another reason was to have a personal frame of reference when conducting interviews with the patients. Participant observation has been carried out at two healer practises for periods of three and five day's duration respectively. Further, two participant observations have been carried out at the Oncological Ward at Århus Hospital for six days in total. In connection with this, interviews have been conducted with 2 nurses and 2 doctors.

Chapter 2. By following cancer patients over a period of time in physically different surroundings, it was possible to uncover the significance context had for what was talked about. The physical room, the time I had spent with the patients and the degree of trust seemed to affect one another mutually. The degree of trust made it possible to expand the frame for what was normally talked about in the various physical rooms. As healing can be considered taboo in a Danish connection it is necessary to construct a model for the study, which is not too closely connected to the established system. It is necessary to follow the individual over a period of time to build a mutual trust gradually, if one wants valid answers regarding cancer patient's use of healing. As patients who use healing often experience it as a lifestyle rather than a form of treatment, it can lead to under-reporting their use of precisely this form of treatment.

Chapter 3. The results from the present project show that cancer patients' motives for seeking healers are complex – both in an interview as well as over a period of time. Patient's motives for seeking healers cover physical, social, mental, existential and spiritual aspects. The large variation in motive for seeking healers is consistent with the fact that healers have widely various educational backgrounds and methods can vary from healer to healer. It was discovered that many patients had

used the same healer for years, even before the present cancer. Patient's motives for visiting a healer in connection with cancer were often shown to be based on a special relationship that had been established with that particular healer. This is a relationship which perhaps can be compared to the "family doctor" or "country doctor" in older times, where trust and a broad knowledge of the patient and her closest family through time had been established over the years.
Future research wishing to study the "effect" or "consequences" of healing, where the understanding of effect is to be understood broadly, should have its starting point in the many different motives patients have for seeking healers. This gives the patients the possibility of deciding what constitutes an effect for them. The task will be to construct a method, which can capture these various motives and effect goal.

Chapter 4. The reasons as to why the individual patient had developed cancer proved to be a recurring theme, which had occupied the thoughts of the majority of the patients I had talked to. The patients could often present many different possible causes, which they felt had played a role in their development of cancer. As a rule though, they had one major cause that they felt was the reason for their developing cancer. The patients' explanations of the reasons for their cancer were individual and most of them connected it with the manner in which they had lived their lives. Even so, it was a recurrent theme that the patients believed the causes for their development of cancer were psychic and psychosocial. Considering how important this subject was for the patients, it was striking to observe the dialogue – or rather, lack of dialogue the patients could have with the oncologists on this subject. They often talked at cross purposes on the causes of the cancer.

Many healers were able to have a dialogue with patients on possible causes for cancer, a dialogue that could be more or less open. Therapists who worked with healing and the patients' causal explanations displayed a large degree of agreement. This can be due to the fact that some patients are influenced to a greater extent by therapists who practice healing and other complementary and alternative therapists understanding of the causes of cancer than by biomedical explanations. Many patients feel that they themselves can actively do something to be healed; that they have a personal responsibility in relation to a relapse or spreading of cancer cells. The patients' feeling of responsibility did not necessarily mean they felt the cancer was their own fault. They felt they could not be at fault, as they had no idea what had caused the cancer in their own case. This attitude can in some cases lead to a different way of perceiving the relationship between responsibility and fault in connection with a relapse or spreading of the cancer.

Chapter 5. There proved to be a close relationship between what the cancer patients believed to be the reasons for their development of cancer, their motives for seeking healers (and other therapists), the needs they lacked fulfillment of in the established treatment, their own practices and what they believed they needed to have a good life. These results support the relevance of anthropologist Arthur Kleinman's conception of "explanatory models". Many patients instituted a series of initiatives, often strongly encouraged by therapists who work with healing, initiatives which could support and strengthen them in several areas in life. They became, in that way, the " self-supporting patient" or "their own family doctor" by taking care of the needs they found important in connection with their course of treatment and their life in general.

Chapter 6. The main part of the patients and therapists who worked with healing coupled the healthy life with "the good life" in that they could define health as being happy and satisfied with oneself and knowing ones own abilities and limitations. The healthy life was in this manner not only physical health or not being ill but also being able to use ones abilities. Many patients had become more aware of prioritising so they promoted the things in life that were of importance to them. This could also be a consequence of the seriousness of their diagnosis. Practically, this meant valuing the small things in life: the smell of good food, roses in the garden etc. and prioritising those closest to one. Many patients could relate that today they experience fewer things as a problem. Many healers supported patients in looking at the positive aspects and pointed out that what was essential was not what happened in life, but the way you dealt with what happened to you. The importance of the close things, living in the present and doing the things that were important for one were recurring themes among the healers I spoke with and were themes that they pointed out for their clients. These were themes that I coupled with what philosopher Harry G. Frankfurt has described in his book: "The importance of what we care about". Frankfurt writes about the freedom of the will and that we are only free if we are able to consciously use our will to act on the background of what we really want. For many of the patients and healers I spoke with it was not only about being free to use our will to act on the basis of what we really want, but also about being free to choose the thoughts and feelings one has. Having control of ones thoughts and feelings and advancing the positive thoughts, feelings and actions can on that background be characterized as modern virtues, which proved to be important parts of cancer patients' and healers' manner of perceiving the healthy human. These elements were important parts of "the good life".

Chapter 7. The themes, wishes and needs, which cancer patients mentioned during the present project point to the following practical instructions for therapists who work with cancer patients:

- That therapists listen to and respect patients' view on causes of cancer even though they do not share the patients' conviction about possible causes. Ask open questions or by dialogue help the patient to find her own answers. This approach can both strengthen the patient-therapist relation; give therapists insight into the patients' explanatory models and in what is important for the individual to focus on in the treatment. Further, it will give the therapists insight into the patients' life, their values and convictions.
- That therapists make sure to offer treatment where the patients meet a limited number of oncologists and nurses during their treatment. Further, that they offer a treatment that supports the patients' hopes. It is also important that therapists see the patients as a whole being and include the psychical aspects in the care and treatment of cancer patients.
- That therapists support patients in the practices they themselves perform, as this is a way for them to assume responsibility. It is a source of hope and a method the patients use to satisfy a series of various needs, which they feel are necessary in connection with the course of their treatment. Many patients also find hope in assuming the responsibility for changing inappropriate patterns in their lives. In that connection there is good reason for therapists to support the patients own practices.