Meeting places in Norwegian community mental health care: A participatory and community psychological inquiry

Lill Susann Ynnesdal Haugen

Thesis for the degree of Philosophiae Doctor (PhD)
University of Bergen, Norway
2020

UNIVERSITY OF BERGEN

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Date of defense: 17.06.2020

Year: 2020

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Name: Lill Susann Ynnesdal Haugen

Print: Skipnes Kommunikasjon / University of Bergen

Scientific environment

This Ph.D. project was made possible by the Faculty of psychology and Department of psychosocial science at the University of Bergen (UoB) in terms of providing me with a position as a university Ph.D. candidate (*universitetsstipendiat*). The research activities were conducted within the Department of psychosocial science and the research group Child welfare, equality and social inclusion (BLI), at the Faculty of psychology, UoB. I was enrolled at the Graduate School of Human Interaction and Growth (GHIG), UoB, for my research training.

Acknowledgements

Without the support and steadfast belief of the supervisors, none of this would have been possible. Thank you for the bottom of my heart to Norman Anderssen (main supervisor). I am eternally thankful for your genuine caring, unchanging optimism and for steadfast believing in me. With your kind and wise guidance, you helped me to find my way again. I am very fortunate for having you as my main supervisor, and I look up to you both as a teacher and a person. I also thank you for being an attentive and effective department leader during my employment.

To Marit Borg (co-supervisor), I am deeply grateful for your wonderful enthusiasm, optimism, caring warmth, and for helping me to find my way in the world of participatory research. Your guidance has been crucial for me in expanding my ways of being in the world, including helping me in contact with the greater community of scholars interested in collaborative research and practice in the field of mental health.

To Tor-Johan Ekeland (co-supervisor); from the first time I heard you lecturing, back in 2007; your work has been among my greatest academic inspirations and it continues to be so as I have become a practitioner in community psychology. I am profoundly thankful for the critical paths you have cleared and for guiding me on them with kindness and care, but also for clearly letting me know when I take a ‘wrong step’.

A million thanks to each of the coresearchers who have participated in the project since 2012, — this project could not have existed without you! I am particularly grateful to Andreas Envy, Vegard Haugland and ‘Birgitte’ for the great conversations, discussions and laughs over the last 5 years, and for sharing your insights and knowledge with me and the project. I deeply appreciate that I got the opportunity to work together with you, — I have learned so much from each of you.

To each person who have participated in the focus groups and generously shared your knowledge about meeting places with us, I extend my warmest gratitude. You have provided the foundation that the dissertation builds on.

From the outset, Mental Health Norway, Bergen, and The Norwegian Association of Youth Mental Health, Bergen, and especially Kirsten Mjelde, warmly welcomed me and supported the initiative to create a participatory project: Thank you so much!

I express a great thank you to Per-Einar Binder and Marius Veseth for your helpful insights and advice in the project development.

Thank you to the charitable Norwegian trust Josef og Haldis Andresens Legat for the donation to the project.

I am very grateful to each of the participating municipalities and non-governmental organisations and the people representing them. Special thanks to two of the municipalities for your hospitality in welcoming all of us to your meeting places in relation to the seminars regarding articles 1 and 2. Although the involved municipalities and NGOs have made formal or semi-formal agreements with us regarding the project, we have chosen to not disclose their names in publications to protect the focus group participants' anonymity and integrity because of the small risk of insider recognition due to the relatively small group of people working in and going to the meeting place in a particular area.

I am thankful to the Department of psychosocial science for the position as a PhD candidate and for a great work environment filled with kind colleagues, always ready for a chat and a laugh. Current and former administrative staff, I am deeply grateful to each of you for all your help.

I deeply appreciate my research group, Child welfare, equality and social inclusion, and friends and former colleagues at the Master's program in child welfare, for truly living up to the concepts of equality and inclusion, and as such for being my caring and supportive academic family, and for helping me finding my footing as a researcher. You all made it great to be a part of BLI and temporarily, the staff at the Master's program in child welfare. I also thank friends and colleagues at the Hemil-centre in general for always making me feel like I am a part of the Hemil-community.

For sharing the journey, for many good conversations and good times over the years, I send warm thanks to my friends and former and current fellow Ph.D.-s in GHIG, Kritisk gruppe, ISP, the GranCa-gang, and elsewhere.

That I got the message that the first version of the dissertation was not accepted shortly after becoming a mother for the first time and thus being in a vulnerable phase, took its toll on me. However, the process of getting back on my ‘academic feet’ has led to an improved dissertation, and for that I thank the Evaluation Committee.

I extend deep gratitude and appreciation to friends, colleagues and leaders in Enhet for sykehjemsmedisin and Etat for sykehjem, Bergen kommune, for the space, support and patience in my efforts to re-submit the dissertation.

Last but not least, I thank my family and friends. Words cannot describe how thankful I am to Haakon, mum Aud Marit, and dad Lee Agnar, for always being there and providing all kinds of support. I thank our wonderful daughter Ada Lykke and our new God’s gift for making life, and not work the centre of attention. Haakon, you have been a pillar for us and I am forever grateful for everything! Mum, the countless books you read for me as a child, and dad, the years of your patient help with my homework, together with endless love, has given me the foundation that made my adventure in academia possible. Elliot, I thank you for always brightening the day. A deep thank you to my dear grandparents, Petra and late Georg, for all your caring help and support over the years. I am also eternally grateful for the care, support and gentle reminders that there is a life outside work to my kind ‘in-laws’, Gro, Åge, Sivert, Lisa and Jørn! To my friends, I thank you from the bottom of my heart for cheering me on and for being the best!

Abstract

This Ph.D.-dissertation revolves around *meeting places in community mental health care.* Norwegian meeting places often entail local easy-access daytime services that offer people who have experienced psychosocial hardships conversations with peers and staff, activities, and affordable meals. Over 50 years after the commencement of deinstitutionalisation, people who have faced psychosocial hardships are still considered amongst the most excluded groups across western societies. In Norway, meeting places became amongst the prioritised services to counter social exclusion and isolation from the early 2000s following the *National Action Plan for Mental Health*. However, in England, also during the early 2000s, meeting places were conversely beginning to be contested for being implicated in excluding service users from civil society. The contestation aligns with a broader questioning of the field of community mental health care that seems to have become more pronounced over the 2000s.

The two aims for the dissertation and the overall participatory inquiry was: (1) to illuminate and explore meeting places from a community psychological perspective and (2) to produce practically relevant knowledge and to stimulate processes that may benefit people who use or may use meeting places. The theoretical lenses guiding the inquiry were a critical community psychology tradition, an emancipatory participatory research tradition, and Foucauldian discourse analysis in psychology. The dissertation explicitly intended to engage in moral and socio-political analysis and discussions, in relation to not only meaning, but also the material world, in line with Parker's (2014/1992, p.1) discourse dynamics, critical community psychology, emancipatory participatory research, and as underlined by the practice-oriented aims. Resonating with the general focus of our team on the interests of people in psychosocial hardships, two discourse-analytical questions have guided the inquiry: (i) how do central contemporary discourses intertwined with Norwegian meeting places appear? and (ii) the positioning of service users: which consequences do the discourses appear to bring for service users in meeting places, including possibilities and restrictions? The following three more specific research questions have guided the empirical focus related to the three articles (every question was intended to subsume all elements of

both questions above): (1) how do meeting-place employees discuss their encounters with service users and their experiences? (2) how do service users discuss their encounters with the spaces and people of meeting places? and (3) how do service users and staff of meeting places explicitly and implicitly address not talking (silence) about psychosocial hardships in meeting places? What seems to be pronounced implications of central discourses of silence for service users?

To illuminate and explore these questions, co-researchers with first-hand knowledge of psychosocial hardships and I engaged in focus group interviews with 37 participants in total: three focus groups with 15 staff members and four focus groups with 22 service users from various meeting places in a region of western Norway. Guided by Parker's (2014/1992) version of Foucauldian discourse analysis, and the other theoretical lenses, I and the team developed a participatory discourse analysis. We traced and analysed the empirical data 'outwards' in relation to relevant socio-historical, cultural, political, economic, scholarly and material contexts.

Article 1: We analysed staff accounts of service user involvement *(brukermedvirkning)*. In the first of two distinct discursive constructions that we identified, service user involvement was predominantly discussed in terms of consultations for management, which were localised in a *neoliberal discourse*. Through a neoliberal responsibilisation strategy, involvement appeared to be a duty to be performed for management rather than a statutory right intended to act in the interests of service users. The second and marginally present discursive construction was social-democratic collaboration between service users and staff, which we localised in a *Nordic social-democratic discourse*. Whilst a neoliberal discourse entails basic beliefs about management and those managed sharing interests unilaterally established by upper management, a social-democratic discourse acknowledges social inequality, diverging interests, and goals aimed at reducing inequality through collaboration. This analysis implies that meeting places may offer spaces in which service users can resist responsibilisation, defend employed staff, and strengthen everyday democracy.

Article 2: We analysed service users' accounts of meeting places and civil society. Mostly through discussions relating to civil society, we reconstructed a *discourse of sanism* that blamed and excluded service users for not trying harder to overcome their misfortunes and systematically privileged 'rational 'people and their understandings. Against a sanist civil society, we detailed four discursive constructions of meeting places, which were localised in four discourses: (1) a public welfare arrangement compensating for aspects of civil society's shortcomings, which was localised in a Nordic *social-democratic welfare discourse* where service users were identified as equal citizens with social rights; (2) a peer community that seemed to imply a space of accepting peers with shared identities, interests and knowledge, which drew on a *discourse of solidarity among peers*; (3) spaces of compassion, which were localised in a *discourse of compassion* where service users were identified as fellow human beings; and (4) metaphorical greenhouses that appeared to facilitate growth conditions for service users to expand their horizons of possibility, which were localised in a *humanist developmental discourse*. The analysis suggests that meeting places offer opportunities that may expand service users' horizons of possibility and that appear less accessible in everyday life in a sanist civil society.

Article 3: On the basis of both sets of focus group interviews with service users and staff, we detailed five discursive constructions of not talking about illness (silence) in meeting places, drawing on five discourses. Unsurprisingly, (1) a *biomedical discourse* was identified as colonising *illness-talk*. (2) The access of biomedical psychiatry to meeting places; however, appeared to be restricted, drawing on a *humanist developmental discourse*. From just a few conversations, (3) censorship of service users' freedom of speech was identified and analysed to draw on a *discourse of liberalism*. By contrast, (4) discussions, particularly amongst people attending meeting places, frequently addressed silence as protection from the further burdening and exploitation of nonconsenting people who are in the midst of struggles, localised in a *social-democratic welfare discourse*. We also detailed (5) a construction of silent knowledge of the peer community, which was localised in a *discourse of solidarity among peers*. Here, service users appeared to be identified as sharing understandings of hardships, often without speaking. We found that silence could imply a resistance to civil society demands for service users to legitimise their distress and needs for welfare arrangements such as meeting places. As such, the analysis suggests that silence, in its complexity appears to range from having under-privileging implications to operating in the interests of people who attend meeting places.

A central concern of this dissertation is to trace which consequences that the identified discourses interrelated to meeting places appear to bring for service users, including possibilities and restrictions. Through the analyses of these discourses, meeting places stand out as profoundly valuable for people who attend this service. Without the meeting place, few to no public community spaces were available during the daytime that provided somewhere that a person could go to structure her day and just be in times of distress together with other people outside the private sphere, where distress could be temporarily assuaged. Moreover, few to no places were available to obtain staff support and facilitation when needed throughout the day, and to occupy themselves with activities according to their changing expendable resources after working hard to keep themselves afloat, to mention some of the possibilities of meeting places suggested by our analyses and the reviewed literature. No shortage of systematic sanist rejections and demands emerged in everyday life of civil society.

Unless civil society is able to make meeting places and the possibilities they appear to bring, redundant, an implication of this dissertation and most of the reviewed literature is that the continued prioritisation of meeting places as safety nets in local communities appears to be in the interest of people who attend meeting places.

List of publications

Article I

Ynnesdal Haugen, L. S., Envy, A., Borg, M., Ekeland, T.-J., & Anderssen, N. (2016). Discourses of service user involvement in meeting places in Norwegian community mental health care: a discourse analysis of staff accounts. *Disability & Society, 31*(2), 192-209. Retrieved from: doi:10.1080/09687599.2016.1139489

Article II

Ynnesdal Haugen, L. S., Envy, A., Ekeland, T.-J., Borg, M., & Anderssen, N. (2018). A participatory discourse analysis of service users' accounts of staffed meeting places in Norwegian community mental health care. *Nordic Journal of Social Research* 9, 13-30. Retrieved from: doi:http://dx.doi.org/10.7577/njsr.2149

Article III

Ynnesdal Haugen, L. S., Haugland, V., Envy, A., Borg, M., Ekeland, T. J., & Anderssen, N. (2020). Not talking about illness at meeting places in Norwegian community mental health care: A discourse analysis of silence concerning illness-talk. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine 24*(1), 59-78. Retrieved from: doi:10.1177/1363459318785712

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1. Introduction

This dissertation revolves around meeting places in Norwegian community mental health care. Norwegian meeting places often entail local easy-access daytime services that offer people who have experienced psychosocial hardships conversations with peers and staff, activities, and affordable meals. The largest mental health reform of Norway, the *National Action Plan for Mental Health* (1999–2008 [‘the Action Plan’]) (Ministry of Health and Care Services, 1998), prioritised meeting places as a strategy to counter social exclusion and isolation among ‘the neglected group of the welfare state’ (Norwegian Council for Mental Health, 1995). Across countries with mental health systems, similar reform had begun to emerge from the 1960s. The reforms were aimed at deinstitutionalising ‘psychiatric patients’ and increasing their opportunities to lead fulfilling lives in their communities (Philo, 2005).

While the Action Plan was getting under way in Norway in the 2000s, in England meeting places were beginning to be contested (Social Exclusion Unit, 2004). This critique appears to be interrelated to a broader questioning of the field of community mental health care, which seems to have increased during the 2000s (Rosenberg, 2009; Shimrat, 2013; Topor, Andersson, Bülow, Stefansson, & Denhov, 2015).

In the participatory inquiry that comprises my Ph.D.-dissertation, the team and I have collaboratively decided upon our central aims, which is to explore and illuminate meeting places from a community psychological perspective. The exploration is particularly concerned with how meeting places seem to serve the people whom they are meant to serve. The material was generated through focus group interviews with people who attend meeting places (‘service users’) and the people who work there (‘staff’). We used wide-angle theoretical and methodological lenses based on a critical community psychology tradition, an emancipatory participatory research tradition, and Foucauldian discourse analysis in psychology. Before I introduce the major elements of the project, I start at the beginning, illuminating how, in line with core tenets of participatory research the project was established as a research collaboration between firsthand- and academic knowers of psychosocial hardships.

In the fall of 2011, my current supervisors, Norman Anderssen and Marit Borg, supported my initiative for a participatory research project. I wanted to accompany persons with first-hand knowledge of psychosocial hardships to co-create a research project aligned with their interests. I contacted the local chapters of the largest interest organisations for service users in Norway: *Mental Health Norway, Bergen,* and *the Norwegian Association for Youth Mental Health, Bergen.* After a recruitment period (also in other venues), approximately 10 people who had experiences with service use volunteered by the winter of 2012. We started from scratch and decided that meeting places would be our research topic. General practitioners (GPs) were also of interest, but this topic was too extensive for the scope of the project. We collaboratively decided on a qualitative inquiry based on focus group interviews with service users and staff, which aimed at exploring and illuminating meeting places from a community psychological perspective.

Two steadfast experts by experience have been on board as co-researchers to the end: Andreas Envy and Vegard Haugland. The team's experts by profession are main supervisor, Professor Norman Anderssen, and co-supervisors, Professor Marit Borg and Professor Tor-Johan Ekeland. Given that this is a participatory research project, I frequently refer to the work on the inquiry by pronouns such as 'we', 'us' and 'our', rather than 'I', 'me' and 'my'. Yet, from winter 2013 – spring of 2017, the participatory project comprised my full-time employment as a Ph.D.-candidate and it embodies my Ph.D.-dissertation. I am the sole author of the full dissertation.

During the course of the project, a national action plan for research and innovation — *Health&Care21* — has been implemented in the health and care sector in Norway, (Ministry of Health and Care Services, 2014). *Health&Care21* resembles what has been explicitly called for in the United Kingdom (UK) for some years now (Beresford, 2002): increased service user involvement in research and research efforts in and around municipal and local health- and care services. Thus, in the Norwegian municipal health care sector, calls for inquiries such as our participatory research project about meeting places seem to have increased.

Overview of the Introduction

Given my adherence to the basic belief that *a priori* access to the phenomenon of the world is impossible (Guba & Lincoln, 1994; Kuhn, 1970), I start by thoroughly presenting the scientific paradigms and theoretical-methodological lenses of our inquiry. Our access is always mediated by implicit or explicit and informal or formal (theoretical) assumptions (Burman & Maclure, 2011; Guba & Lincoln, 1994). Thus, the lenses are considered crucial in terms of how we have come to conceptualise and focus on the social phenomenon of concern in this dissertation: meeting places.

After the theoretical lenses, I provide an introduction to meeting places in the context of Norwegian community mental health care and the welfare state. Because of presumed qualitative differences related to the types of services offered, I explicitly exclude three services that could resemble meeting places in name or content — community mental health centres, fountain houses, and consumer-run drop-in centres — from this inquiry. Thereafter, I present peer-reviewed publications about meeting places identified through semi-structured literature searches. The Introduction section is concluded with a presentation of aims and research questions.

1.2 Theoretical–methodological lenses and approaches

In this section I initially discuss and position the dissertation in relation to paradigms of science, particularly critical theories and participatory worldview. A paradigm of science is here understood as a set of basic beliefs that is shared by a research community and includes ontological assumptions about what exists in the world, epistemological assumptions about what can be known about the world, methodological assumptions about how one can generate knowledge about the world and assumptions about the place for considerations of moral and ethical concerns (Guba and Lincoln, 1994; Lincoln, Lynham & Guba, 2011). Following the paradigms, I present and position the dissertation in relation to three theoretical–methodological lenses: community psychology, participatory research and Foucauldian discourse analysis in psychology. Compared with paradigms, theoretical lenses/perspectives ‘are not as solidified nor as well defined’, but can theoretically be categorised in relation to paradigms (Lincoln et al., 2011, p.91). I close this section by elaborating how the theoretical lenses have been applied in the dissertation.

1.2.1 Paradigms of science

The dissertation is situated within psychology, but in critique of the predominating post-positivist paradigm. During the 1960s and 1970s, socio-political debates both inside and outside of academia, grew to serious challenges for the positivist paradigm and brought a crisis for the social sciences (Henriques, Hollway, Urwin, Venn, and Walkerdine, 1984/1998). Kuhn's (1970) seminal work on scientific revolutions demonstrated that verifying basic scientific beliefs empirically or logically a priori is impossible. Similarly, from the psychology discipline, Rom Harré (ref. in Parker, 2005) critiqued the 'objective method' for missing out on crucial aspects of reality and for contributing to serious dehumanization by excluding the capacity for self-reflection, which is considered constitutive of human beings as a species, and by applying this knowledge outside of the laboratory (Parker, 2005).

With the critiques, new scientific paradigms came to the fore. In *The Sage Handbook of Qualitative Research* 4th ed., Lincoln et al. (2011) have categorised three paradigms of science as new compared with post/positivism: critical theories et al., constructionism, and participatory worldview. The two paradigms most relevant to this dissertation are *critical theories et al.* (from here on 'critical theories') and *participatory worldview*. These paradigms share basic beliefs holding that social reality and science are socially re-constructed in a particular time and space (Lincoln et al., 2011). On an epistemological level, both hold that knowledge about reality is created in the interaction between researcher and participant (Lincoln et al., 2011). Everyone is viewed as subjectively positioned —also the researcher. This emphasises the need for the systematic study of subjectivity, including reflexivity concerning what the researcher brings with her/him to the academic construction site (Lincoln et al., 2011). Scientific knowledge is viewed as inevitably playing an active part in re-constructing a given version of social reality by working prescriptively (Kalleberg, 1993; Lincoln et al., 2011). As such, science is also considered intertwined with the reconstruction of social inequality gaps in social reality (Lincoln et al., 2011). There is a shared view that science should acknowledge its inevitable part in reproducing the status quo and explicitly take on a responsibility for working towards social change for the better (Kalleberg, 1993; Lincoln et al., 2011).

Considering overlaps, Lincoln et al. (2011), have discussed new paradigms as open to being reflexively combined (bricolage). Nevertheless, differences also arise between paradigms per definition. In the following, I discuss my interpretation of an epistemological tension between the two paradigms. This tension is ultimately a part of this inquiry. I have encountered few exact philosophical discussions about this tension in the literature; thus, I use theoretical extrapolations from perspectives that are not necessarily explicitly or fully positioned within either paradigm.

The tension between critical theories and participatory worldview

According to critical theories, science inevitably serves interests (Bohman, 2016; Guba & Lincoln, 1994). Critical scholars considers as amongst their main objectives to identify whose interests are served in given contexts and to transform power relations to benefit those whose interests are historically underprivileged (Bohman, 2016; Kalleberg, 1993; Lincoln et al., 2011). A socio-historical and theoretically developed grounding and analysis are viewed as necessary to understand one's material in relation to the greater socio-historical interrelations it is a part of and to be able to work on the objective (Parker, 2005, 2013; Spivak, 1988). There is a concern for taking intuitive accounts of reality to represent the interests of a particular social group in an 'uncritical' manner, that is, with limited socio-historical and theoretically developed grounding and analysis (Malterud and Elvbekk, 2019; Parker, 2005, 2013; Spivak, 1988). To do so is argued to risk reproducing narrow views of phenomena that are separated from their socio-historical contexts and thus stunt critical potential, perhaps even not identifying disempowering discourses other than those known first-hand (e.g., biomedical discourse) (Parker, 2005, 2013).

To be concerned with people who traditionally have only been objects to the research process is central to both critical theories and participatory worldview. However, in a participatory worldview, the major objective is to collaboratively generate research knowledge and practical knowledge, which contributes to the reduction of systematic under-privileging and to human flourishing in practical reality (Beresford, 2013a; Heron and Reason, 1997; Lincoln et al., 2011). The tenet that everyone is subjectively positioned is here taken to entail that to generate the most empirically, ethically and practically sustainable research knowledge, research should be done in collaboration with ‘researchers as participants’ and ‘participants as researchers’ (Lincoln et al., 2011; Heron and Reason, 1997). Following the paradigm, people who are a part of the social reality in question and know first-hand how life is like there are in a position to reconstruct versions and angles that outsiders do not usually have access to and might know little of.

From a participatory worldview, critique is raised against much new paradigm research for not doing research *together with* people (Beresford, 2013b; Borg and Kristiansen, 2009; Heron and Reason, 1997; Kalleberg, 1993; Rose, 2017). Claims of being able to represent the voice of marginalised people are criticised for continuing the objectifying tradition of positioning them as ‘raw materials’ without access to participate in shaping the boundaries that are involved in under-privileging their voice in the first place (Beresford, 2013b; Borg and Kristiansen, 2009; Grue, 2010; Krog, 2011). To ‘help’ others without asking if ‘help’ is wanted is criticised for taking a patriarchal stance of ‘knowing better’ than those concerned what amounts to a good life for them (Beresford, 2013b; Denzin & Giardina, 2007; Volden, 2009). ‘Helpers’ perspectives on ‘better lives’ furthermore have a problematic history across fields, for example, the lobotomy (Deegan, 2010; Mertens, Sullivan, & Stace, 2011).

From critical theories, concerns that high risks of tokenistic participation occur in participatory research have been raised, where co-researchers (and academics) believe that they are truly involved in the research but are only superficially involved (Beresford, 2013b; Carey, 2011; Glover, 2009: Malterud and Elvbakken, 2019). Tokenism could be discussed in terms of the historical and institutionalised power-differences between researchers and co-researchers at work, which involve that the traditional academic ‘playing board’ offers mainly ‘object’ positions for the latter.

Such a deeply ingrained inequality could be viewed as entailing having to work on changing academic structures first, beyond the purview of individual researchers (Carey, 2011). A result of tokenism might be that co-researchers and their first-hand knowledge could become co-opted by hegemonic academia, which could neutralise their critical potentials (Brydon-Miller, 1997; Glover, 2009; Malterud and Elvbakken, 2019). Co-opted collaborations reproduce the status quo and exploit co-researchers and should be taken seriously (Carey, 2011; Parker, 2005). Co-option is a historical threat against all alternative and critical endowers. Continuous critical counter-action is a necessary strategy to engage with the threat (Parker, 2005).

Related, drawing on postcolonial studies and particularly on Spivak's (1988) seminal work, there is a risk that first-hand knowledge will get absorbed and colonised also by well-meaning critical academic work. Colonisation by action intended to facilitate rather than hinder progressive social transformation can be illustrated through Krog's quote: Participants must 'enter the world of acknowledged knowledge in languages not their own and within discourses based on foreign and estrang-ing structures.' (2011, p. 382). More similar to a participatory worldview than other versions of critical theories, within fields such as postcolonial studies, feminist research, disability studies and mad studies, scholars operate from practically integrated versions of the new paradigm tenet of subjective positioning. In relation to service user-involved research, an ongoing discussion of whether it should be explicitly grounded in relation to one or more of these critical fields exists (e.g., Beresford et al., 2010; Rose, 2017). In sub-section 1.2.3 *Participatory research,* I briefly address postcolonial studies, feminist research, disability studies and mad studies as being related to roots and branches of participatory research traditions.

Similarly, on the other side, a participatory worldview also aims to generate research knowledge through critical and theoretically developed grounding and analysis, in addition to practical knowledge and social transformation (Heron and Reason, 1997; Johannessen and Natland, 2011). Thus, there is reason to argue that a tension concerning balancing academic knowledge and first-hand knowledge also resides *within* both critical theories and participatory worldview. I do not intend to gloss over the tension between paradigms, which would be to disarm the critical potential of the unfinished (Mathiesen, 1992). However, given that the tension resides within both paradigms and because this is applied research, I consider that discussing the tension further in terms of the following shared issue is pragmatically more fruitful for this dissertation: A dilemma and risk of falling into the two ditches of colonising first-hand knowledge through academic discourse or taking peoples' intuitive accounts of reality to represent the interests of a particular social group in an 'uncritical' manner (Malterud and Elvbekk, 2019; Parker, 2005, 2013; Spivak, 1988). This dilemma and risk have been a part of the project from the onset, and I return to discuss how it was negotiated in practice and in reflection in discussion section *4.5.5*. For critical research endowers seeking to be relevant for the lives and interests of people that are affected by one's research, continuous reflection and action on this dilemma are generally called for.

1.2.2 Community psychology

Hanlin et al. (2008, p. 3) defined community psychology as 'the applied study of the relationship between social systems and individual wellbeing in the community context'. The applied focus on understanding people in relation to their social contexts sets community psychology apart from other psychological subdisciplines (e.g. Fondacaro and Weinberg, 2002). I sought to initiate a research project concerned with the interests of people living in psychosocial hardships, situated in their socio-historical, practical social reality, and to fathom their research interests – which would conceivably be relevant to their lives. To be able to initiate such a project from within psychology, to be positioned within community psychology would function as a key. Given the focus on people in their contexts, the co-researchers also considered community psychology to be a well-suited lens for the project. Furthermore, the aims and research questions that we collaboratively decided on are intertwined with defining features of community psychology through being concerned with interrelations between meeting places in community-based mental health care ('social systems') and people who attend them ('individual persons').

Community psychology has several historical trajectories across the globe, but a common understanding is that it was first recognised as a distinct psychological subdiscipline in the 1960s, in the USA (e.g. Kloos et al., 2012; Schødt and Skutle, 2013). The social changes provided fruitful grounds for its establishment, as for the new scientific paradigms. Several interconnected historical trajectories for the global development of community psychology can be traced, such as the community mental health movement, which aims to build community-based mental health services and to close psychiatric asylums. Other historical influences are social movements for change and emancipation – such as movements for civil rights, the establishment of public health prevention for psychosocial problems, the social psychologist Kurt Lewin's action research, and the general postwar optimism (e.g. Fondacaro and Weinberg, 2002; Kloos et al., 2012).

Community psychology has developed in different directions over the years: prevention and health promotion, empowerment, and critical traditions (Fondacaro and Weinberg, 2002). Despite differences, the traditions broadly embrace similar core principles. This dissertation draws most inspiration from *the critical tradition* associated with psychologists such as Nelson (2013), Fondacaro and Weinberg (2002), and Fine (2012a). Concerns for systematically unequally distributed power and privileges inherent in social reality, and effort towards social equality are particularly central for critical traditions (e.g. Cornish, Campbell and Montenegro, 2018; Fondacaro & Weinberg, 2002; Hanlin et al., 2008; Nelson et al., 2001).

A central principle is that community psychology was established in critique of the tendency in traditional psychology to focus on individuals as if their experiences and actions could be detached from their contexts (e.g. Fondacaro and Weinberg, 2002; Kloos et al., 2012; Schødt and Skutle, 2013). The subdiscipline entails a shift to a socio-ecological and systemic perspective (e.g. Fondacaro and Weinberg, 2002; Kloos et al., 2012). The individualistic tendency to 'blame victims' for their problems is criticised, and issues are viewed through contextualised, wide-angle lenses (e.g. Hanlin et al., 2008; Kloos et al., 2012). For instance, in the textbook *Community psychology: Linking individuals and communities* (see book-review by Barbee, 2014)

Kloos et al., (2012, p.11), have discussed the tendency in the USA to view homelessness as caused by individual deficits when wide-angle lenses show a systemic lack of affordable housing (Kloos et al., 2012). Furthermore, Kloos et al. (2012, p.11) emphasised that ‘community psychologists seek to understand people within the social contexts of their lives and to change contexts in order to promote quality of life for persons’.

Community psychology entails a shift from the value neutrality of traditional psychology to conceptualising values as fundamental to research and professional practice (e.g. Fondacaro and Weinberg, 2002; Hanlin et al., 2008; Nelson, Prilleltensky & MacGillivary, 2001). I paraphrase Kloos et al. (2012, p.73), who have stated that collaborations with communities and citizens are considered the most distinctive quality of community psychology research. The emphasis to collaborate particularly with people experiencing inequality (e.g., those grappling with psychosocial hardships) towards generating broader knowledge of a given social reality and the promotion of social equality and greater wellbeing (e.g. Kloos et al., 2012; Orford, 2008), is especially relevant for this dissertation.

Most of the theoretical literature I draw on from the critical community psychology tradition appears to relate to critical theories (e.g. Nelson, 2013). Regarding empirical studies, I have not identified community psychological publications about meeting places through literature searches. The community psychological studies drawn on in the discussion section are related to specific results from the analysis, or are studies of general significance, and they are produced across diverse paradigms.

1.2.3 Participatory research

Participatory research functioned as the other key that enabled me, as a psychologist external to relevant communities, to take initiative to a collaborative research project together with people with first-hand experiences of psychosocial hardships. Research collaborations between people who have first-hand experiences with health and welfare services, and academia, such as our participatory inquiry, have often been included under the umbrella term *service user involvement in research.* This label encompasses different approaches and research agendas (see: Beresford, 2002). Participatory research is considered part of a family of approaches with many socio-historical roots and branches stretching across disciplines, traditions and the globe (Brydon-Miller, Kral, Maguire, Noffke, & Sabhlok, 2011). Several roots and branches have inspired the dissertation, and I have especially sought guidance from influences that relate to *emancipatory participatory research traditions* (Borg & Kristiansen, 2009; Brydon-Miller et al., 2011).

A central historical line and root for the development of participatory research, can be traced to South American liberation theology and pedagogy from around the 1950s, which have been associated with scholars such as Friere and Fals-Borda (Bentley, 1999; Freire, 1970; Montero, 2000). A different historical line that has made crucial contributions to various understandings of social inequality, and participatory research, is feminist research traditions (Dimitriadis and Kamberelis, 2011; Fine, 2012b; Olesen, 2011; Parker, 2005). Another branch of influence that may be argued to share history with liberation pedagogy, is postcolonial studies. This multidisciplinary field emerged from the 1980s and inquire into implications of colonialism and its socio-historical, political, economic and cultural consequences for the colonised and silenced ‘other’ (Sauerberg, 2016; Spivak, 1988).

Disability studies are also a branch closely interrelated to participatory research, emerging from the late 1970s (Oliver, 2013). Disability studies critiques society and institutions such as academia for disabling by systematically denying people living with some body–mind *difference* from equal access and possibilities to participate in matters that concerns them (Grue, 2015). A more recent branch in the participatory tree, with particular relevance for service user involvement in research is mad studies, which formalised from the 2010s. It aims for those with personal experiences with madness and their allies, to reclaim the study of madness, as well as mad difference, history and struggles, from psycentrism and especially traditional psychiatry and psychology (Beresford and Russo, 2017; Menzies, LeFrancois, & Reaume, 2013). *Sanism* is a key concept in mad studies and in this dissertation, which entails the systematic under-privileging of people with psychosocial difference.

In emancipatory participatory research traditions, knowledge is considered plural in the sense that different versions of social reality correspond to qualitatively different *knowledges* (Brydon-Miller et al., 2011; Denzin & Giardina, 2007b). However, through the machinery of mainstream academia's reproduction of predominating universalist knowledge, the voices of non-dominant groups and their particular ways of being and knowing easily become silenced and even disqualified (Brydon-Miller et al., 2011; Montero, 2000). This reproduction has been argued to be implicated in the maintenance of a systematically skewed distribution of privilege and power, thereby continuing historical patterns of exploitation (Battiste, 2007; Fine, 2012b).

The central ideals of emancipatory traditions relate to work aimed at combatting injustice by regarding local non-dominant knowers as experts with first-hand knowledge about situated social realities (Borg & Kristiansen, 2009; Brydon-Miller et al., 2011; Glesne, 2007). Their participation should benefit their interests and preferably those of the broader group to which they adhere (Askheim & Borg, 2010; Borg & Kristiansen, 2009; Johannessen, Natland, & Støkken, 2011). In relation to paradigms of science, emancipatory traditions within participatory research can be argued to share basic beliefs with both critical theories and participatory worldview, for instance the critical concern for working towards social justice, and the participatory belief in plural knowledges of social reality. Participatory research is associated with an emphasis on *praxis* and *practice*. Following Freire, praxis involves cycles of collaborative reflection and action to generate knowledge with first-hand knowers to engage in critical consciousness-raising (*conscientisation*) and to contribute to strategies for change (Freire, 1970/2005; Montero, 2000; Tierney & Sallee, 2008). This idea departs from a focus on practice, for instance, in terms of the usefulness of research for fields of practice (Eikeland, 2014), which could be seen to relate to a strain of participatory research that is more aligned with Kurt Lewin's action research and pragmatic ideals (Askheim & Borg, 2010).

Not everyone in our team shared the values emphasised in emancipatory participatory research and the critical community psychology tradition, such as viewing the promotion of social equality as a socially shared responsibility. As a team, we have discussed and reflected on this dilemma, and, to respect everyone's perspectives, we converged on pragmatic practice aims for the project: to produce practically relevant knowledge and to stimulate processes that may benefit people who already use or may use meeting places. However, the emphasis of these approaches on democracy and diversity enables the coexistence of diverging values. Thus, I was able to continue to facilitate our collaborative research process based on such values.

1.2.4 Foucauldian discourse analysis in psychology part I: Theory

British psychologist Ian Parker's version of Foucauldian discourse analysis was used as a theory and methodology for analysis. The approach is well suited to facilitate a wide-angle, socio-historically contextualised inquiry of meeting places and their functions for the people attending them. Also, I had experience with this methodology (Ynnesdal Haugen, 2011). Given the special significance of analysis methodology and that discourse analysis is theoretically sophisticated, I deemed it as crucial to use more space to discuss it than the previous theoretical lenses.

Discourse analysis is described as first making its mark in the discipline of psychology from the 1980s (Willig, 2013). The turn to discourse and language that discourse analysis is nested within was related to the crisis in social sciences and critiques of positivism of the 1960-70s (Arribas-Ayllon and Walkerdine, 2008). Jørgensen and Phillips (1999) have discussed that poststructuralism is a special link that is usually shared across diverse discourse-analytical approaches. Post-structuralism may be described as a multidisciplinary theoretical field associated with foundational critiques of structuralism, determinism, and positivism (Skei, 2018). According to Jørgensen and Phillips (1999), the scholarship of Michel Foucault relates to poststructuralism and has been particularly influential to discourse analysis. The vision of Foucault (1976/1998 ref. in Øye, Sørensen & Martinsen, 2018) was that his work should be dynamically developed and used and not conserved in a museum.

Jørgensen and Phillips (1999) have particularly discussed the following poststructuralist ideas as often being shared across discourse-analytical approaches: (A) that language is productive and constructs the versions of social reality that are structured in various patterns that are temporarily crystallised at the given sociohistorical time and place; (B) that the patterns and thus the versions of social reality are maintained and changed in discursive practices, meaning at each micro-moment when the patterns structuring social reality are drawn on, implicitly/ explicitly and (C) that the places where the patterns are maintained and changed are concrete contexts, meaning at each micro-site when the patterns structuring social reality are drawn on, implicitly/explicitly.

The field of discourse analysis spans across disciplines and interpretations. For instance, within sociolinguistics there is Fairclough's critical discourse analysis (Jørgensen and Phillips, 1999). Within psychology, two directions are often discussed; Foucauldian discourse analysis, and discursive psychology (Willig, 2013). This is intended as an example of the diversity, not as an exhaustive list. Different discourse analyses can and do overlap. For instance Fairclough's (2001) critical discourse analysis and Foucauldian discourse analysis in psychology (Parker, 2014/1992) are both oriented towards working with issues of power and emancipation. In psychology, there are discussions about whether Foucauldian discourse analysis and discursive psychology are two distinct versions of discourse analysis, or not (Willig, 2013). I adhere to the understanding that qualitative differences exist, such as the typical focus of study, discourse theory, and analytic concern for moral issues (Parker, 2013). To my understanding, Parker's (2014/1992) version of Foucauldian discourse analysis holds a particular concern for moral and matters and social action, and thus for the functions, consequences and implications (from here on 'functions') of discourses for the real lives of people positioned by given discourses (Parker, 2014/1992; Willig, 2013). In this participatory project, the Foucauldian discourse analysis of Parker provided the most fruitful alternative given our interests in viewing the data in relation to wide-angle socio-cultural, historical, and political dimensions, and with moral and socio-political aims of benefitting the real lives of people in psychosocial hardships in practical social reality.

Parker is a founding co-director of the research centre, the *Discourse Unit,* which grew from a research-group based in Manchester. Parker has been amongst the most central scholars to develop Foucauldian discourse dynamic theory and analysis in the discipline of psychology (Willig, 2013). As exemplified by his 1992-publication *Discourse dynamics: critical analysis for social and individual psychology* that was reprinted in 2014 (Parker, 2014/1992), he engaged with discourse analysis from early on, and his work has continued to be influential. Parker have explicitly discussed that his contributions to discourse dynamic theory are selectively re-/drawing on, and problematizing work from post-structuralist scholars, especially Foucault. Paraphrasing Parker, we adhere to the Foucauldian definition of discourse as 'sets of statements that generate discursive objects and position subjects' (2014/1992, p. 5).

Discourse, reality, and function

Rather than studying discourse for the sake of discourse, Parker has argued for using discourse analysis to deconstruct power dynamics in social reality, -analytically and in terms of socio-political activism (2014/1992). Here, discourses are understood as systems that 'facilitate and limit, enable and constrain what can be said (by whom, where, when)' (2014/1992, p.xiii), whilst reproducing and transforming not only meaning, but also the material world (p.1). There is a special focus on marginalised and exploited social groups, such as people in psychosocial hardships (Parker, 2014a). In line with ideals in emancipatory participatory research and the critical community psychological tradition, Parker (2014a) has argued that scholars with diverse points of view concerning how to best achieve social justice —from reflexive scholarly work to social mobilisation and activism —should at the very least collaborate on facilitating that first-hand experiences of madness are heard and respected in their own rights. Parker continues to argue that such critical collaborations ideally goes further, to work on changing unjust social conditions that are responsible for much suffering.

Furthermore, Parker has argued, 'The study of the dynamics which structure texts has to be located in an account of the ways discourses reproduce and transform the material world' (Parker, 2014/1992, p.1). Thus, the theoretical construct of discourses is considered to exist in the given socio-historical time/place inside and outside of a given piece of text. When analysing discourses, one traces instances of discourse ‘outwards’ from a delimited text. Following Parker, the operations of a given discourse regulate and bring particular aspects of social reality into being through their productive powers. Productive power is related to the recruitment and positioning of subjects (Parker, 2004). Either the discourse positions a person as privileged or disempowered, the calling is considered appealing to such a degree that one will often accept the positioning as a part of oneself (Jørgensen & Phillips, 1999; Parker, 2004; Ynnesdal Haugen, 2011). A subject position is conceptualised as a range of possibilities and limitations concerning experiences and actions.

Predominating discourses are considered to maintain their dominance by prescribing their take on reality on a large scale through historically salient ideological interrelations and effects that are inextricably woven with materialised and conceptual societal institutions (Parker, 1997). According to Parker (2014/1992), the representations that discourses entail can be likened to gravity in that the effects are just as real and that discursive objects are in practice known through their effects.

Reflections on scientific paradigms

From my point of view, Parker’s version of discourse analysis shares principles with critical theories and participatory worldview. Parker (2004, 2005, 2013) has argued for collaborating with people who have traditionally been the objects of psychological study, whilst also cautioning against falling into the ditch of treating intuitive accounts as unmediated access to a given social reality. Moreover, an analysis should be grounded history, theory and reflexive capacity, connecting one’s work with broad socio-cultural, historical and political contexts (Parker, 2013).

Parker (2014/1992) has discussed the ontological position of critical realism, related to the work of Bhaskar, where human beings can be understood as complex biological structures with emergent qualities that are irreducible to their constitutive parts. Important instances of emergence are reflexivity, language, and social worlds. Critical realism sets Parker’s theory in contrast to a social constructionist relativism that is often described in relation to post-structuralism. However, as discussed, at an epistemological level, Parker’s theory adheres to a humanist, non-reductionist position given that instilling closed systems in practice and studying human qualities separate from emergence and contexts would be impossible and deeply unethical. Parker has elucidated, ‘all patterns of human interaction can only exist, as it were, in a state of uneven and combined development with those around them’, entailing open, non-deterministic systems (Parker, 2014/1992, p.27).

1.2.5 On how theoretical-methodological lenses have been applied

With the belief that our access to social reality is always mediated by explicit and implicit, informal or formal assumptions (Burman & Maclure, 2011; Guba & Lincoln, 1994), the lenses of community psychology, participatory research, and Foucauldian discourse psychology are intertwined with all aspects of this inquiry, for example, the project development and design. As previously addressed, even to take the initiative to this project, I had to have academic foundations to draw theoretical and practical support from. Community psychology and participatory research stood out as good choices for a psychologist with a particular interest in community, participation and the well-being of persons in psychosocial hardships. However, I explicitly and repeatedly communicated to the co-researchers that other theoretical lenses that we could learn about and use exist if team members had wanted a change.

Community psychology and participatory research traditions share principles and values with, for instance, the Norwegian welfare state and service users’ organizations. Thus, the co-researchers had referential knowledge that facilitated informed discussions from early on about benefits and problems with the lenses. For instance, given that the co-researchers knew the importance of context for how your life turns out, the focus on contexts was considered beneficial. An example of a potential problem was that the different political perspectives of the co-researchers entailed that some at the political right saw ideals of social equality held by the lenses as principally and potentially squeezing liberal rights, as mentioned previously. Pragmatically, we therefore decided to flock around more practically oriented aims.

The co-researchers stated that they trusted in my and the supervisors’ theoretical–methodological knowledge regarding the suggestion to use Foucauldian discourse analysis in psychology as an analysis-methodology. To strengthen the collective capacity of the team for understanding and doing Foucauldian discourse analysis, Anderssen and I arranged a two-day seminar before the analysis-phases (see Sections *2.1* and *2.7*).To be clear, in participatory research it is intended that the different parties bring with them their knowledge and use the breadth of combined knowledge to co-produce new knowledge with special relevance to the given social issue (Grant, Nelson and Mitchell, 2008; Montero, 2000).

The theoretical lenses have been crucial in collaboratively deciding on everything from how to understand and do our collaboration, the main topic of meeting places, the process of formulating research questions, the choice of design and methods, the interview guides and how to do the analysis. For instance, in the collaborative process around deciding on the three research questions that would guide the three articles, we sought to carefully use words that would capture our Foucauldian discourse-analytical focus on textual meaning, subject positions and functions of discourses. To take the first research question as an example, we made 'discuss' the key verb and 'service users' the central subject position: 'How do meeting-place employees *discuss* their encounters with *service users* and their experiences?'. Related to both community psychology and discourse analysis, the micro discussions amongst the participating meeting-place employees were considered as re-constructing macro-level discourses interrelated to meeting places. I address how theoretical perspectives have informed the analyses in Sections 2 and 4.

1.3 Meeting places in Norwegian community mental health

Meeting places (*treffsteder*) in Norwegian community mental health care may be described as primarily a daytime service provided at the municipal level of the Norwegian welfare state but also by third-sector non-governmental organisations and foundations (NGOs) (Kalseth, Pettersen, & Kalseth, 2008). According to Sæterstrand and Møllersen (2010), Norwegian meeting places seek to offer meaningful community and activities for service users with 'mental disease'.

Meeting places seem to be placed in dedicated houses or apartments in local communities. The spaces of meeting places can be described as facilitating service users with opportunities for companionship with peers and employed staff, a variety of activities, and shared meals and coffee sold at fair prices. The activities offered may occur outside (e.g., nature hikes). Other activities may include meal preparation and cooking classes, computer labs and classes, sport and fitness, writing, music, arts and crafts, and art exhibits. In many places, offering informal drop-in time throughout the day, except for specific activities that require planning ahead, is common.

People with a history of psychosocial hardships are the social group for which meeting places in Norwegian community mental health care are intended. To attend/using' meeting places is voluntary and self-determined (Horghagen, Fostvedt, & Alsaker, 2014). Although some local authorities ask for a first-time referral from a GP or a mental health care professional (Bachke, 2007), meeting places seem to be more frequently described as easily accessible (*lavterksel*) and publicly available services that do not require referrals (e.g., Elstad, 2014). Thus, in many cases, service users can just come and go at their own discretion.

As such, people who attend Norwegian meeting places are presumably a diverse group. Even so, because the service is offered during the daytime hours of the 'work week' — when people usually are at school or at work — and aims at serving people with experiences of psychosocial hardships, this diverse group can be considered to possibly have certain things in common. For instance, people in meeting places presumably share some kind of first-hand experience with psychosocial hardships, are in the midst of temporary or long-term exiles from work or school on a part-time or full-time basis, and/or possibly have few other places to go or belong during the day. As such, some of the people in meeting places could conceivably be covered by the needs-based economy of the welfare state rather than the wage economy.

Other than 'meeting places', several other terms are used to refer to this service (Flermoen, 2006), including *day centres (dagsenter)*, *day services (dagtilbud)*, and *activity centres (aktivitetssenter)*. In the UK, the term *drop-in centres* is also used.

The variability in terminology appears to underscore the diversity required of this service to ‘serve’ its users’ needs and interests in the context of their everyday lives. According to guidelines for meeting places in Norwegian community mental health care, a variety of locally tailored places should be provided to help facilitate, for instance, people’s capabilities, self-determination, social-needs, and rights to service user involvement and equality (Norwegian Directorate of Health, 2005, pp. 25-27). Possibly echoing the complexity of everyday life, meeting places have been described as an “untidy set of services” (Carter, 1981, ref. in Bryant, 2011, p. 557).

For our participatory team, the term chosen reflected ethical considerations regarding the connotations of the terms. We believed that ‘day centres’ might allude to a certain derogatoriness of grown people need to be ‘looked after’ like toddlers in day care. Many people seek out this service because the demands of their hardships have exceeded their resources to work on problems while (staying) in school or the labour market; therefore, we reflected that ‘activity centres’ might have connotations that would be more problematic than expected at first glance. For us, the term ‘meeting places’ seemed more open for the diversity associated with this service and stood out as the least derogatory term at the time. I have fairly consistently used this term throughout the dissertation, even when other authors have not. In line with tenets of discourse analysis (Parker, 2014b), words have implications of their own, irrespective of the author’s intentions. Words are not only descriptive of what *is* but also prescriptive of what *should be*.

1.3.1 Norwegian meeting places in a socio-historical context

To situate Norwegian meeting places through a historical lens, I start approximately 450 years ago. Briefly borrowing from Foucault’s (1965/1988) genealogical trails, it is possible to trace the early separation of presumably particularly ‘unruly’ people who were addressed as ‘fools’ in Norway to the 1550s (in writing) to custodial cells called *dårekister* (*fools’ chests)* (Blomberg, 2002). Around the same time, Norway formally came under Danish rule (1537) (Weidling & Njåstad, 2016).

In the 1814 Norwegian Constitution, liberal rights were established, while Norway was united with Sweden (Sejersted, 2016). Also in the 1800s, the concept of *Sinnsykehus* (*insane asylum*), which was intended to treat and care for the insane, was introduced in Norway through the *Insane Law of 1848* (Skålevåg, 2016). In line with Foucault's (ibid) discussions related to larger European countries, the Norwegian insane asylums have been suggested to have replaced the *dollhus* (*fools' houses*) of the relief system of the 1700s (Skålevåg, 2016).

In 1905, Norway gained full independence through political negotiations with Sweden (Sejersted, 2016). With universal suffrage starting (democratic rights to vote) in 1913, labour movements gained increasing momentum in the run-up to and after World War II (WWII) — as did the Nordic discourse of social-democratic welfare (Brandal, Bratberg and Thorsen, 2013; Lønnå, 2016). In Norwegian, the word *velferd* could be traced to 1) the Norse *velferð,* referring to safe living conditions in terms of social goods and wellbeing and 2) the English concept of welfare as organised efforts to benefit group members (Harper, no date[n.d.].; Velferd, n.d.).

In rebuilding Norway after WWII, the social-democratic welfare state began to take shape, resting on ideals akin to the concept of velferð. All citizens would be entitled social rights, not only to make do but also to lead good and safe lives — protected from encroachments of other people in civil society and state(s) (Bergem & Ekeland, 2006; Brandal et al., 2013). Such social rights relates to the *universal principle* of guaranteeing a good life for all citizens through the state's provision of, among other things, health care and welfare services at affordable deductible fees or for free (Brandal et al., 2013). A fundamental underlying understanding is that privileges and burdens are unavoidably distributed unequally throughout society. To counteract inequality, Nordic people broadly came to support institutionalised collective solidarity, for instance, redistribution through taxation (Brandal et al., 2013).

Gaining momentum from the 1970s, people living in psychiatric institutions were increasingly being deinstitutionalised in the Nordic countries (Bergem & Ekeland, 2004; Rosenberg, 2009). *Deinstitutionalisation* has generally related to social changes, such as the increasingly high cost of institutional care, the marketization of new kinds of psychopharmaca, legal amendments related to disability benefits, and the movements and initiatives of professionals and service users who criticised the dehumanising conditions of psychiatric institutions (Bergem & Ekeland, 2004; LeFrancois et al., 2013). Following the community mental health movement and the voices of former and current service users (first in the Anglo-American world) (LeFrancois et al., 2013; Rosenberg, 2009), by 1981, the social inclusion of 'psychiatric patients' in ordinary local communities was put on the political agenda of Norwegian ministries (Sosialdepartementet, 1981).

However, by the mid-1990s, psychiatric patients were still considered to be severely neglected in the welfare state (Norwegian Council for Mental Health, 1995). In 1999, the National Action Plan for Mental Health (1999–2008) was launched to benefit the welfare of service users and to restore their civil and social rights to citizenship by, for instance, strategically strengthening community mental health care (Ekeland, 2011; Ministry of Health and Care Services, 1997, 1998).

Meeting places were one of the services to be strengthened in the aspiring community mental health system because they were considered to counter widespread social isolation and exclusion (Ministry of Health and Care Services, 1998). By the end of the reform funding period, meeting places were found in over 90% of the 428 municipalities in Norway at the time, about 10% more than at the beginning of the period (Kalseth et al., 2008). They stood out as the second most used service in the municipal community mental health care system (Kalseth et al., 2008), suggesting that they could be a central part in many people's everyday lives (Flermoen, 2006).

In parallel, *new public management* (NPM) reforms were implemented at the municipal level in Norway (Hammerstad, 2006). NPM reforms change and model the public sector to operate in line with the mechanisms of markets, and they seek to increase cost effectiveness and productivity (Ekeland, Stefansen, & Steinstø, 2011). The basic beliefs of corporate market logic resonate with an overarching discourse of *new liberal capitalism* or *neoliberalism* (Harvey, 2005). The ideology of neoliberalism entails the creation, deregulation, and privatisation of economic and political markets out of, for instance, welfare arrangements that were originally established to protect against the ‘free markets’ that contribute to the inequalities that plague civil society (Parker, 2014b). Starting in the late 1970s, as demonstrated in the Thatcher and Reagan administrations, neoliberalism and NPM have gained global predominance (Harvey, 2005).

From 2013 – 2017 Norway was governed by its first coalition between the right-wing Conservative Party (*Høyre*) and the further right-wing Progress Party (*Frp*). (The coalition was later expanded with the Left Party (*Venstre*), and the Christian Democrats (*KrF*), and in 2020 the Progress Party left the coalition). What has been deemed ‘workfare’ in the UK — welfare provisions tied to demands for productivity or activity — was implemented in Norway in 2017 (Government.no, 2016). Emphasis on work and employment is a cornerstone to Norwegian social democracy (Brandal et al., 2013), however before this reform there were not necessarily productivity demands tied to, for instance, obtaining emergency social welfare benefits. Moreover, a debated large-scale reform of local government has been implemented (Government.no, 2019). Because meeting places are not statutory services and are mainly provided by municipalities, a process that merges municipalities could have implications for the future of Norwegian meeting places (Ynnesdal Haugen, Envy, Borg, Ekeland, & Anderssen, 2016).

1.3.2 Similar but not the same

Meeting places should not be confused with *community mental health centres* (“CMHC”/”CMHA”) (Segal, Hodges, & Hardiman, 2002), *day hospitals in mental health care* (Catty, Goddard, & Burns, 2005b), or any other mental health service associated with institutional psychiatry (Cocchi & DeIsabella, 1996). In Norway, meeting places and other municipal community mental health care services are not usually intended to provide clinical, treatment-directed mental health care (Horghagen et al., 2014).

For our participatory team, *clubhouses/fountain houses* are also qualitatively different from meeting places in many ways. For instance, the former are described as structured, vocationally orientated day services that are distinct from municipal community mental health care and focused on supporting rehabilitation to achieve labour market participation (Fontenehus Norge, n.d.; Mowbray, Woodward, Holter, MacFarlane, & Bybee, 2009). By contrast, meeting places in Norwegian community mental health care can be described as more open-ended services with a wider scope, which aim at supporting a variety of needs (Norwegian Directorate of Health, 2005).

Consumer-run drop-in centres are described as services that are established and operated by third-sector *service user-controlled* organisations, preferably at all levels (Mowbray, Robinson, & Holter, 2002). Drop-in centres in the US seem to have been deregulated years ago and mainly operate in the third sector (Segal et al., 2002). Again, in Norway, meeting places appear to be provided by municipalities (the welfare state) in most cases — even when they are operated by NGOs. However, Norway surely also has consumer-run drop-in centres (e.g., Granlien & Granerud, 2011). However, except for the meeting place of Mental Health Bergen, we could not find centres in our catchment area that were open during the day on weekdays and controlled by service users or service users' NGOs. Some of us were 'insiders' at the meeting place of Mental Health Bergen; therefore, we decided to exclude it from our recruitment. Thus, consumer-run centres were excluded from our inquiry by default.

1.4 Peer-reviewed literature about meeting places

In this section, I summarise the peer-reviewed publications about meeting places that I identified during semi-structured literature searches. In the first sub-section, I describe the literature search strategy. In the two next sub-sections, I first summarise the topics of general significance in the reviewed literature and second provide a more focused review of topics that are considered to be of specific significance for the dissertation. The sub-section is concluded by a brief discussion about the methods used in the reviewed literature.

1.4.1 Literature search strategy

I conducted an initial exploratory search in the peer-reviewed literature about meeting places in 2012. I used search terms such as ‘meeting places’ and ‘day centres’, in the context of community mental health care. The result was approximately 20 publications of varying relevance.

I later designed two semi-structured search strategies to localise a breadth of peer-reviewed publications related to meeting places. The search strategies included search terms based on recurring words in titles, keywords and abstracts of the identified literature. The strategies appeared to be sensitive and precise enough to identify previously unidentified literature and nearly all previously identified publications. I conducted the literature searches in the Web of Science (WoS) database, given that most of the relevant literature would presumably be catalogued as social science, or health/social service research. I also searched PsychInfo and found little literature of relevance.

The search term categories of *search strategy 1* were ‘day centers’ AND ‘community mental health’ (see Appendix A for a table with the individual search terms). This search resulted in approximately 560 hits. The search term categories of *search strategy 2* were ‘community service’ AND ‘day center’ AND ‘mental health’ AND ‘user’ (see Appendix B). This search resulted in approximately 620 hits. I monitored the search strategies using an automatic feed from WoS and identified three more potentially relevant articles until November 2016. I have also identified articles via references in the reviewed articles and conducted author and keyword searches.

The selection process entailed that I manually screened all 1180 results to include relevant articles. To be included, articles had to be written in English, Norwegian, Swedish or Danish and focus on meeting places in community mental health care and their interrelations with the people that they are meant to serve. I excluded research on ‘community mental health centres’, ‘fountain houses’, and ‘consumer-run drop-in centres’, because of presumed qualitative differences between them and meeting places (see Section *1.3.2*). A few articles mainly from before 1990 were unavailable digitally, and they did not appear relevant in the context of this inquiry based on titles and were excluded. I did not engage in semi-structured literature searches for non-published reports about meeting places in the grey literature.

Altogether, the semi-structured search-strategies resulted in approximately 100 articles that I examined. Many articles are related to meeting places, and some articles are relevant in other ways, such as in terms of methodology. The following overview of literature about meeting places has been developed in line with the aims and research questions of the dissertation. The review is not a ’systematic review’, a synthesis or a comprehensive overview. For each summarised topic, I refer to a selection of the articles that I consider to illuminate a breadth of the literature.

1.4.2 Literature of relevance for the study

In this sub-section, I review literature about meeting places of general relevance and contextual value for this Ph.D.-project: I *Service users' 'satisfaction' and priorities, II Somewhere to go, and III Companionship and support.*

I Service users' 'satisfaction' and priorities

Inquiries spanning qualitative and quantitative methodologies as well as countries (e.g., Sweden, Norway, and the UK) report that the people who attend meeting places and their staff have consistently evaluated and described meeting places favourably (e.g., Elstad & Eide, 2009; Lundqvist, Ivarsson, Brunt, Rask, & Schroder, 2016; Ruud et al., 2016). In the UK, Bryant's (2011) literature review reports that service users have described day services as valuable since the 1940s. Meeting places have also been highlighted in need assessment studies for community mental health service planning in countries such as South Africa, Taiwan, and the Netherlands (Lund & Flisher, 2009; Yeh, Liu, & Hwu, 2011), especially by service users (Van Hoof, Van Weeghel, & Kroon, 2000).

II Somewhere to go

In general, much of the literature portrays people in psychosocial hardships as part of a particularly excluded and stigmatised social group in western societies (Evans-Lacko, Knapp, McCrone, Thornicroft, & Mojtabai, 2013; Sayce & Curran, 2007). In many of the inquiries, meeting places appeared as one of the few available places that service users could go and just be during the day (Bergem & Ekeland, 2004; Conradson, 2003; Elstad & Kristiansen, 2009; Fjellfeldt, Eklund, Sandlund, & Markström, 2016; Iancu, Zweekhorst, Veltman, van Balkom, & Bunders, 2014; Larsen and Topor, 2017; Pinford, 2000; Swan, 2010). An interviewee from Pinford's (2000, p.208) ethnography in the UK further illuminated this point: "It [the meeting place] gives me a pattern and a place to go where I know people and I can enjoy life. I couldn't do that sitting alone at home." Having somewhere to go to, that provides a structure and routine for the day and the week was described as valuable in other studies as well (Bachke and Larsen, 2017; Bryant, Craik, & McKay, 2005; Eklund & Tjörnstrand, 2013; Horghagen et al., 2014; Weinstein, 2006).

In addition, several studies mainly based on interviews with people who attend meeting places have emphasised the importance of having a *safe space* to go to, away from the stigma, rejection and exclusion of civil society (Bachke and Larsen, 2017; Bergem & Ekeland, 2004; Bryant, Tibbs, & Clark, 2011; Conradson, 2003; Hall & Cheston, 2002; Pinford, 2000; Weinstein, 2006). Moreover, people who go to meeting places have consistently mentioned that this service has given them somewhere to belong and be included (Bergem & Ekeland, 2004; Bryant et al., 2011; Conradson, 2003; Hall & Cheston, 2002; Pinford, 2000).

III Companionship and support

Based on the accounts of people who go to meeting places, having somewhere to go where people are accepting and supportive, irrespective of one's service user status, is seemingly crucial (Argentzell, Hakansson, & Eklund, 2012; Bachke and Larsen, 2017; Bergem & Ekeland, 2004; Bryant et al., 2005; Bryant et al., 2011; Bryant, Vacher, Beresford, & McKay; Elstad, 2014; Fjellfeldt et al., 2016; Hall & Cheston, 2002; Iancu et al., 2014; Kilian, Lindenbach, Löbig, Uhle, & Angermeyer, 2001; Larsen and Topor, 2017). The social dimensions of meeting places have repeatedly been described as among the main reasons for and benefits of using them (Agarwal, Rai, Upreti, Srivastava, & Sheeba, 2015; Argentzell, Hakansson, et al., 2012; Bachke and Larsen, 2017; Bergem & Ekeland, 2004; Bryant et al., 2005; Bryant et al., 2010;

Eklund & Tjörnstrand, 2013; Elstad, 2014; Hall & Cheston, 2002; Iancu et al., 2014; Kilian et al., 2001; Tjörnstrand, Bejerholm, & Eklund, 2011, 2013). In Hall and Cheston's (2002) interview-based inquiry in the UK, people explicitly stated that they preferred companionship with fellow service users rather than with people without service user experiences related to the rejection experienced in civil society.

Furthermore, quantitative and qualitative studies from several European countries have reported that people who attend meeting places seemingly have their main social networks and experiences of togetherness at meeting places (Bryant et al., 2011; Catty, Goddard, White, & Burns, 2005; Hall & Cheston, 2002; Kilian et al., 2001; Tjörnstrand et al., 2013). Some studies have reported that people who attend meeting places report larger networks, more friends and more trusting relationships than service users who did not attend meeting places (Catty, Goddard, & Burns, 2005a; Catty, Goddard, White, et al., 2005). However, others have not identified such differences (Argentzell, Leufstadius, & Eklund, 2014).

Nevertheless, Bryant et al.'s (2011) participatory inquiry on meeting places in the U.K. not only depicted a closeness and support that developed between peers over 10 years of shared history at a meeting place, illuminating how important social relationships at meeting places could be(come), but also showed how ordinary these personal relationships were, as they could have arisen in any setting given the right circumstances. In a similar vein, in their survey-based study of Swedish meeting places, Jansson, Johansson, and Eklund (2013) described the psychosocial atmosphere as suggesting high levels of social support.

Not only receiving social support but also having opportunities to *provide* support, nurture and help have been described to benefit people’s health, well-being and sense of purpose, and these benefits have been described in relation to meeting places (Argentzell, Hakansson, et al., 2012; Langeland & Wahl, 2009; Pinford, 2000).

1.4.3 Literature of special significance for the study

I here provide a more focused literature review of the five topics that I consider to be of special significance for the discussions in the articles and the discussion section of the dissertation, ordered from micro- to macro-level discussion: *I Services offered, II Service users involvement, III Activities, IV Constrained interests and new institutional landscapes?, and V Social exclusion and new public management.*

I Services offered

Facilitation appears to be a key concept in publications that have addressed which services meeting places appeared to and should be offering; thus, the role of staff is also considered important (Bachke, 2007; Cocchi & DeIsabella, 1996; Conradson, 2003; Horghagen et al., 2014; Hultqvist, Eklund, & Leufstadius, 2015; Larsen and Topor, 2017; Sæterstrand & Møllersen, 2010). Cocchi and DeIsabella's (1996) theoretical article based in an Italian context appears to focus on what meeting places should enable, emphasising the facilitation of a wide range of everyday needs and hopes that could be hard for people to satisfy and achieve on their own in civil society, given their hardships and social exclusion.

Everyday perspectives focused on the whole person in her life context, and people’s strengths and resources seem to be described in articles involving the facilitative role played by staff and meeting places (Bachke, 2007; Cocchi & DeIsabella, 1996; Sæterstrand & Møllersen, 2010; Tucker, 2010). Staff have been described as working to make spaces and opportunities for *care, self-determination* and *voluntariness, service user involvement, safety, tailored support, community and social networking among peers*, *learning, participation in activities, to create meaning, empowerment*, and *relational equality between staff and service users* (Bachke, 2007; Bachke and Larsen, 2017; Conradson, 2003; Eklund, Gunnarsson, Sandlund, and Leufstadius, 2014; Eklund & Leufstadius, 2016; Fjellfeldt et al., 2016; Horghagen et al., 2014; Hultqvist et al., 2015; Larsen and Topor, 2017; Sæterstrand & Møllersen, 2010). For instance, in conversations with staff at a Norwegian meeting place, Bachke (2007) recounted that in line with self-determination, a person’s decision to just *be* in the meeting place would be honoured. Yet, staff mentioned that they believed in a person's potential at times when he might not be able to see it himself and that they would be ready to provide the support necessary once the person was ready. In Elstad's (2014) ethnographic study of Norwegian meeting places, she addresses that several service users described that meeting places, particularly the presence of staff, at least temporarily reduced demands and responsibilities in times of hardships and distress, which some participants also related to having prevented (re)admission to psychiatric institutions. The recent ethnography by Larsen and Topor (2017), of Norwegian meeting places, similarly mentioned service users talking about meeting places protecting against pressure and unbearable hardships that may otherwise have ended in premature death.

Some articles have also addressed what meeting places *should* and *should not* make space for. Avoiding a bio-reductionist focus on disease has been described as preferred, as it may reproduce the paternalism and 'chronicity' associated with psychiatric institutions (Cocchi & DeIsabella, 1996; Sæterstrand & Møllersen, 2010). As particularly explicated in inquiries from Norway (e.g., Bachke and Larsen, 2017; Elstad & Eide, 2009; Sæterstrand & Møllersen, 2010), the focus on strengths, empowerment, and self-determination, among others, aligns with the ideals and principles of Nordic community mental health care, which has been argued to stand in stark contrast to the focus on problems and illness in the 'old' psychiatric institutions (Editorial Tidsskrift for Psykisk Helsearbeid, 2008; Norwegian Directorate of Health, 2006).

II Service user involvement

A study by Ross (1995) from the 1990s showed that when service user involvement was implemented in meeting places in the UK, the priorities of the local authorities were discussed to frame the space, time and resources that were available to staff to make service user involvement work. How much staff considered themselves to be recognised by local authorities in service planning was also relevant. Most of the interviewed service users stated being more disillusioned as to the difference that 'service user involvement' would make for them and their lives. Service users and staff called for joint capacity building in relation to how to make collaborations work, preferably with peer workers as teachers.

In Weinstein's (2006) study on quality assessment (QA) in a day service in the UK in the late 1990s and early 2000s, a service user-involved approach was compared with a traditional QA inspection. The inspection amounted to a report with which neither staff nor service users were particularly involved. However, the service user-involved approach showed the active participation of service users and staff in creating the assessment and planning and engaging in actions to better meet users' stated needs and wishes, thus promoting the quality of the service in practice.

By the end of the Norwegian Action Plan reform period, Elstad and Eide (2009) reported that service users and staff discussed the importance of users not only having the opportunity to take part in decision making but also being protected from *having to* participate due to the presence of staff. Concerns were also raised that 'service user involvement' might become a veil for austerity politics and cuts in staffed services.

III Activities

Activities, occupations, and participation also appeared to be frequently addressed in the reviewed literature. Studies with such foci were often published in relation to the field of occupational therapy, and a research community in Sweden was responsible for generating most of these publications (e.g., Eklund & Sandlund, 2014). Eklund, Hansson, & Ahlqvist (2004) found that service users who were employed in paid work or enrolled as students, scored higher than others on work satisfaction and interviewer-rated psychosocial functioning, but not self-rated psychosocial functioning. Furthermore, Eklund et al. did not find significant differences in the scores between service users who attended or not attended meeting places. Paraphrasing Eklund et al., the findings led them to call for competitive work as an urgent end-goal for services designed for occupational support' (2004, p.475-476). Two related studies that looked closer into differences between service users who attended meeting places and non-attendees (people from a psychosis policlinic who did not go to meeting places or other daily occupations), reported that attendees scored higher on levels of daily activity and occupation and relied more on meeting places to facilitate their daily occupations compared with non-attendees (Argentzell, Leufstadius, & Eklund, 2012; Eklund & Sandlund, 2012). Yet, scores concerning satisfaction with occupations were not significantly different between the groups (Argentzell, Leufstadius, & et al., 2012), as found in Eklund et al. (2004).

Based on semi-structured interviews about valued everyday occupations among people attending meeting places, Argentzell, Hakansson, et al. (2012) have described social engagements, routines and productivity that resembled work life, a space for creativity and learning, and opportunities to care for one's health, many of which also appear to be described in other inquiries (Horghagen et al., 2014; Nordentoft et al., 1996; Tjörnstrand et al., 2011).

Quantitative and qualitative publications from, for instance, Sweden, the Netherlands and Norway have described that people who appeared to have been in greater distress at the time or enwrapped in some kind of personal struggle seemed to more frequently *just be* when they went to the meeting place (Argentzell, Hakansson, et al., 2012; Elstad, 2014; Holloway, 1991; Iancu et al., 2014; Larsen and Topor, 2017; Tjörnstrand et al., 2011). In difficult times, coming to the meeting place was described as “mastery” in its own right by the service users interviewed by Elstad (2014, p. 46).

Furthermore, some described what seemed to be a pattern of differing occupations related to not being as far along on one's *recovery process* — from mainly just being in the meeting place spaces to engaging in more task-orientated occupations that were increasingly demanding (Bachke and Larsen, 2017; Horghagen et al., 2014; Iancu et al., 2014; Tjörnstrand et al., 2011; Tjörnstrand, Bejerholm, & Eklund, 2015). Two related studies from the Swedish research community, reported that service users who scored higher on self-rated health and occupational engagement and lower in terms of the severity of their distress were those who scored highest on a scale of empowerment (empowerment scale: “self-efficacy/self-esteem, power/

powerlessness, community activism, righteous anger, and optimism") (Eklund & Sandlund, 2014; Hultqvist et al., 2015, p. 56).

IV Constrained interests and new institutional landscapes?

Concerns have been raised about whether community mental health care as a field of practice, which was designed to offer alternatives to the old institutional psychiatry, may resemble the traditional practices from which it originally sought to distance itself (Peloso & Valentini, 2016; Shimrat, 2013; Topor et al., 2015). In an analysis of house rules at meeting places and housing facilities in Norway, Andersen, Larsen, and Topor (2016) identified rules with clear similarities to rules at psychiatric institutions (e.g., Skorpen, Anderssen, Øye, & Bjelland, 2008). They discussed whether such observations could be seen to contradict the intended directions of community mental health care, and thus questioned whether such services could constrain the interests and civil and human rights of persons in distress.

In a similar vein, in their theoretical article, Peloso and Valentini (2016) discussed how, since the first decade following the passing of the 1978 *Basaglia Law* (*Law 180*), there have been discussions in Italy about whether long-term stays in meeting places may entail risks of a *new chronicity* and dependency similar to the 'old' chronicity in psychiatric institutions. I will continue the discussion of concerns regarding dependency in the section directly following this one.

In an ethnographic study of a meeting place in England, Smith and Tucker (2015) documented contradictions between narrative accounts of acceptance of peers' various struggles and the researchers' observations of peers 'correcting' one another for, for instance, for rocking back and forth. Thus, they illuminated that peers at meeting places could also be constraining psychosocial difference.

V Social exclusion and new public management (NPM)

In England in the early 2000s, a national assessment was commissioned to investigate how social exclusion could be reduced and particularly how labour market participation and social participation in mainstream services could be increased among people with mental health problems (Social Exclusion Unit, 2004, p. i). The assessment seemed to conclude that meeting places operated less cost efficiently than desired in promoting the aims of the assessment; they were thus seen to contribute to the social exclusion of service users (Social Exclusion Unit, 2004, e.g., p. 2).

Related to the assessment, Catty, Bunstead, Burns, and Comas (2007) published a Cochrane review of meeting places in which their systematic searches did not produce any relevant randomised controlled trials. The authors argued that the provision of meeting places was "not based on good evidence as to their effectiveness for people suffering from severe mental illness" (2007, 2). However, absence of evidence does not necessarily entail evidence of absence. Some examples of the outcome indicators used to measure the 'effectiveness' of meeting places that the authors had sought to track were "clinically significant response in global state" and "clinically significant response on psychotic symptoms" (Catty et al., 2007, p. 3). By definition, these examples relate to clinical and biomedical treatment outcomes. Based on my current review of the meeting place literature, I have generally found little mention of meeting places in terms of treatment. In fact, Catty et al. (2007, p. 1) even stated that their objective was "to determine the effects of *non-medical* day centre care" (my emphasis). In the Norwegian context, the general rule for service provision in meeting places seems to be *not* engaging in clinical treatment activity (Horghagen et al., 2014).

Following the National assessment, a National Inclusion Programme (2008) was commissioned, which aimed to modernise services by, for instance, placing meeting places in mainstream spaces (e.g., the cafeterias of other services) and to 'phase out' the buildings formerly dedicated to this service (Bryant et al., 2010; Swan, 2010). Further modernisations followed the economic recessions of the 2000s and the global financial crisis. Across the U.K., many meeting places and community-based services for people in hardships were eventually reported to be closed down (Beresford & Bryant, 2008, 11/05; Mattheys, 2015; Stickley & Hui, 2012; Wood, 2012).

In Sweden, a NPM reform was implemented in the 2010s and flagged to promote 'freedom of choice' for services users. This reform has been studied through a prospective case study of a particular municipality, with quantitative and qualitative components (e.g., Andersson, Eklund, Sandlund, & Markstrom, 2016; Eklund & Markstrom, 2015; Fjellfeldt et al., 2016). In two qualitative studies, key stakeholders in the local authority (Andersson et al., 2016) and service users (Fjellfeldt et al., 2016) at meeting places in the catchment area were interviewed before, during, and after the reform was implemented. The researchers suggest that the reform has thus far resulted in less rather than more ‘freedom of choice’ for service users through reductions and standardisations related to opening hours and the amount of time that a user is allowed to spend in a place, the reduced availability of staff for users due to increased administration and cutbacks, the users’ increased distress and concerns about the future, and the merging and closure of some services. In Eklund and Markstrom's (2015) survey of service users’ evaluations of meeting places before and after the reform was implemented, they generally described decreased satisfaction and a lack of favourable outcomes. Andersson et al. concluded that “[t]here is no evidence suggesting that the reforms have been implemented in favour for the ones [service users] the reforms concerns” (2016, p. 139). Concerns for austerity politics related to mergers and closure of meeting places, have also been mentioned in studies from Norway (e.g., Elstad & Eide, 2009; Larsen and Topor, 2017).

1.4.4 Methods in the reviewed literature

In this sub-section I illuminate some of the methodological characteristics of the reviewed articles to transparently account for some information about how the summarised knowledge has been produced: Three literature reviews were found: (1) the review of Bryant (2011) about meeting places in the U.K. context; (2) Bachke (2007) and (3) Bachke and Larsen (2017) reviewed the international literature about meeting places, with a focus on implications for the Norwegian context.

With a few exceptions, most of the reviewed literature utilise qualitative methodology (e.g., Hall & Cheston, 2002; Horghagen et al., 2014; Larsen and Topor, 2017; Swan, 2010; Sæterstrand & Møllersen, 2010). Ethnographic approaches that were combined with other qualitative methods, such as interviews, focus groups and visual methods are frequently described. For instance, Tucker and colleagues (e.g., Smith & Tucker, 2015; Tucker, 2010), Bryant and colleagues (e.g. Bryant et al., 2011), Pinford (2000), and Conradson (2003) have accounted for ethnographies from England. Some examples of ethnographies from Norway are by Elstad and colleagues (e.g. Elstad, 2014), Larsen and Topor (2017), and Horghagen et al. (2014).

A few studies can be argued to lean towards quantitative traditions (e.g., Kilian et al., 2001). A few studies are quantitative (e.g., Eklund, Gunnarsson, Sandlund, and Leufstadius, 2014). In the studies of Catty and colleagues in England and the considerable research by Eklund and colleagues in Sweden, qualitative and quantitative methods were used. In the literature identified here, these two research communities are the only ones who have published studies that compare amongst groups (e.g. Catty, Goddard, et al., 2005b; e.g. Eklund & Sandlund, 2012) and use meta-analytic designs (Catty et al., 2007).

Concerning the geographical and disciplinary contexts of the studies, most are situated in Europe—frequently in countries such as the U.K. (e.g., Catty et al., 2007), Sweden (e.g., Eklund & Markstrom, 2015) and Norway (e.g., Horghagen et al., 2014). The meeting place literature is related to multiple disciplines, such as occupational therapy (the most frequent discipline) (e.g., Bryant et al., 2005; Eklund & Tjörnstrand, 2013), geography (e.g., Pinford, 2000), disability studies (e.g., Andersson et al., 2016), nursing science (e.g., Sæterstrand & Møllersen, 2010), community mental health care (e.g., Elstad & Hellzen, 2010), psychology (e.g., Tucker, 2010) and medicine/psychiatry (e.g., Catty et al., 2007).

I additionally make the following remarks because of similarities with this dissertation: Some studies have engaged with service user involvement in research (e.g. Bryant et al., 2011), and some have adhered to wider-angle theoretical lenses that are situated in dimensions such as socio-history, politics, economics and culture (e.g., Bergem & Ekeland, 2004; Bryant, 2011; Pinford, 2000; Tucker, 2010).

1.5 Aims and research questions

Through the discussions, negotiations and deliberations of the participatory team, we decided that our scientific aim should be open: to illuminate and explore meeting places in Norwegian community mental health care from a community psychological perspective. We also decided on a practice-orientated aim: To produce practically relevant knowledge and to stimulate further processes that may benefit persons who use or may use meeting places.

The two discourse-analytic questions guiding the dissertation are: (i) how do central contemporary discourses intertwined with Norwegian meeting places appear? and (ii) the positioning of service users: which consequences do the discourses appear to bring for service users in meeting places, including possibilities and restrictions? The dissertation has explicitly intended to engage in moral and sociopolitical analyses of meeting places and their functions for the real lives of people attending them, in line with Parker's (2014/1992) discourse dynamics, critical community psychology, emancipatory participatory research traditions, and the practice-oriented aim.

Through the dynamic participatory project development and the course of the project, we developed the following three more specific yet open research questions to guide the empirical focus related to the three articles of the dissertation (every question was intended to subsume all elements of the two discourse-analytical questions above): Article 1: How do meeting-place employees discuss their encounters with service users and their experiences? (The wording is slightly altered from the article to clarify the meaning). Article 2: How do service users discuss their encounters with the spaces and people of meeting places? Article 3: How do service users and staff of meeting places explicitly and implicitly address not talking (silence) about psychosocial hardships in meeting places? What seems to be pronounced implications of central discourses of silence for service users?

2. Methodology

Since 2012, this project has been co-created and co-conducted by a team of experts with first-hand knowledge of psychosocial hardships and mental health service use (*co-researchers*) and by experts by profession from community psychology, social psychology and community mental health care. I, a Ph.D.-candidate, have functioned as the day-to-day project leader and coordinator of this Ph.D.-project. Our collaboratively decided-upon interests have been to explore and illuminate meeting places from a community psychological perspective. We have been especially concerned with how meeting places seem to serve the people whom they are meant to serve. We conducted focus group interviews with people who attend meeting places ('service users') and people who work there ('staff'). Focus group interviews allowed us to inquire into the variability and complexity of meeting places through dialogues with people sharing their first-hand knowledge (Malterud, 2012). Furthermore, discourse analysis was well suited for our wide-angle, contextualised exploration, given that it involves tracing words and statements to broader sociocultural and historical systems of statements, i.e., discourses (Parker, 2014/1992).

In this section, I describe the participatory research team and process, the involvement of local authorities, recruitment strategies, the participants, the focus group interviews, the transcriptions, the participatory discourse analysis, the dissemination, and considerations concerning research quality guidelines and ethics.

2.1 The participatory research team and process

In this section, I describe some relevant information about the members and composition of the participatory team and outline the participatory research process. In line with tenets of new paradigm research, we consider all knowledge to be constructed from the active process of its creation (Holstein & Gubrium, 1995). Everyone involved are considered to bring some 'materials' with them to the construction sites, where the knowledge will be created. I explicate some of our positioning and lenses to be reflexively scrutinised as part of the inquiry itself.

Our supervisors have been crucial to our participatory project; thus, I start by describing them. The main supervisor, Anderssen, and co-supervisor Borg were involved with the project from the start. Co-supervisor Ekeland came on board in the first year (2012). Anderssen is a social psychology professor, and discourse analysis, *difference*, and social exclusion/inclusion are among his key areas of interest. Borg is professor in mental health, and service user involvement in research and service transformation in mental health care are among her key areas of interest. Ekeland is a social psychology professor, and Norwegian deinstitutionalisation, epistemologies in mental health, and neoliberal governing are among his central research interests.

The participatory project would not have existed without the co-researchers. I here describe the co-researcher team and our participatory process. Participatory ideals state that the collaboration should benefit co-researchers (Grant et al., 2008). From the outset, all co-researchers knew of a limitation of the project involving that it would be difficult to procure funding to compensate them for their work, and the participation has mostly been based on volunteer work. *Josef og Haldis Andresens Legat*, a Norwegian charity, donated NOK 30,000 (approximately $ 3460 or £ 2780) that the co-researchers and I decided to mainly use to benefit the co-researcher team as a whole. The co-researchers and I also agreed that the ongoing decision to continue to participate in the project had to rest on each co-researcher's personal considerations of the benefits and costs that they were experiencing. The team of co-researchers has thus been dynamic, changing from start to finish. As such, I outline the composition of the co-researcher team during three phases of our collaboration:

(1) During the first phase of this project, 10 persons volunteered to participate in designing the plans for a participatory research project. The members discussed their first-hand knowledges of various hardships, psychiatric diagnostic labels, and experiences with service use, ranging from primary health services to inpatient care at psychiatric institutions. All had experiences with meeting places. Some represented service user organisations. The team comprised about as many women as men, who ranged in age from the early twenties to the sixties.

(2) In 2013, the project was accepted as a Ph.D. project, and we began planning the recruitment process and the focus group interviews. About half of the co-researchers continued participating, and we got a new team member. The team was mostly composed of young adults, men, and service user representatives. The team still had a range of experiences with various mental health services as well as hardships.

(3) Later in 2013, we began collaborating to conduct the research activities. Borrowing a concept in fields of practice (Carr et al., 2016), we can be said to have *coproduced* the research project. Before we could start up the a) recruitment, b) focus group interviews, c) transcriptions, d) discourse analysis, and e) dissemination, Anderssen and I arranged workshops to build our team's individual and collective capabilities to engage in each of the research activities, in line with participatory ideals and previous inquiries (e.g., Veseth, Binder, Borg, & Davidson, 2012). Three co-researchers actively collaborated in the research activities: Envy, Haugland, and a woman who chose to remain anonymous. All were young Norwegian adults who were interested in reclaiming their hardships to benefit others.

Envy and I formed the recruitment team, travelling to roughly 10 meeting places to talk about the project and the focus groups. Envy and Haugland also co-moderated focus group interviews with me. During the recruitment and focus groups with service users in particular, people often commented that it was important to them that the project be participatory. The anonymous coresearcher was hired to transcribe. In the second half of the Ph.D. phase, Envy held a hired part-time position in the project connected to the Department of psychosocial science, University of Bergen. All three collaborated extensively in the participatory discourse analyses, and they were involved with dissemination to varying degrees. The woman decided to withdraw towards the end of the project to pursue other engagements.

Lastly I present myself, the day-to-day facilitator and leader of the project. I am a 34-year-old Norwegian woman, Ph.D.-candidate, and trained psychologist (cand.psychol.), with particular interests in contextualised and participatory understandings and approaches. I wanted to attempt to accompany the struggles of people in psychosocial hardships through co-creating a participatory research project. As a family member and as a fellow human being of an insider in this struggle, the struggle is also mine, but as a companion who regretfully knows that understanding another person's struggle is not a straightforward pursuit, no matter how well-meaning the intentions. I do also know disability first hand. It is a so-called invisible difference that time pressure can transform into a disability.

The participatory research process and the project design

In this sub-section, I highlight central aspects of how the collaboration has affected the project design. In the early project development period, the co-researchers and I met for two to three hours every week or every two weeks to create the project plans together (ca. 2012–2014). Anderssen sometimes attended meetings when crucial decisions were to be made, such as choosing amongst suggested research topics.

We created a written contract for the collaboration (see Appendix C) that explicitly states that decisions are striven to be made by reaching consensus in the team through careful deliberation. The agreement also listed some responsibilities and expectations of each party, such as co-researchers participating actively and regularly in project meetings and activities, to the extent that capacity allows. I was responsible for striving to include co-researchers in all the aspects of the full research process and make the participation beneficial for co-researchers. Given that we endeavoured to get into the academic playing field, the team agreed to include a clause that stated that academic considerations might have the final say if it could be anticipated that an idea would not be accepted in the particular academic context of a traditional research psychology university with a small niche for qualitative psychology. An example is that several co-researchers suggested action research as the project design. Anderssen advised us to decide on an explorative design because action research was not favoured in the given academic context. Throughout the project, including instances as these, the full team has critically reflected on and discussed academic limits and power differences concerning most aspects of our collaboration. We would typically thoroughly discuss the different perspectives and the academic limits involved. In this case, the co-researchers came to share the concerns and pragmatically endorsed to plan a project that had better chances of becoming accepted.

This clause in the contract illustrates the limits we had to balance on to seek to make the project as participatory as possible whilst striving to gain academic funding and acceptance as a Ph.D.-project. Co-researchers usually have no experiences with the ‘rules’ of the academic playing field and participate on the basis of first-hand knowledge of, for example, psychosocial hardships. The knowledge that academics, and in this case, I and the supervisors necessarily have about the academic playing field, thus skews the power-relations in favour of academia from the outset.

The different life experiences and knowledge amongst the co-researchers, such as experience from service user representation, politics, work and higher education, often converged with the planning process and created relevant references. For instance, when we were discussing which data gathering methods to decide on, various experiences allowed for a thorough discussion of pros and cons of using focus groups compared with, for example, ethnography. I also provided tailored introductory information about relevant methodology and theory. Before embarking on the different actions involved in conducting the research, I and Anderssen arranged research workshops, as mentioned previously.

As the day-to-day facilitator and the person fulltime employed in the project, I was responsible for leading the research and facilitating low bars and easy access to participate as much as each had the opportunity to, in every part and phase of the project. Thus, the division of responsibility was also clearly skewed. However, as the agreement stated, the co-researchers were at all times welcome to participate as much as they could, as decided by themselves. From my perspective and knowledge, I consider that to have divided the responsibility more ‘evenly’ and thus in a way to have placed heavier tolls on the shoulders of the co-researchers would be ethically problematic, all other things equal (e.g. employed–volunteer–working, with salary–without salary and not currently in hardships–in hardships).

Social equality and justice do not mean ‘the same’. To compensate for deep-seated structurally ingrained social injustice—which metaphorically means that the knowledge game is ‘rigged’ so that co-researchers are duly disadvantaged from the outset—entails that considerable work must be put into reducing that disadvantage before talking about dividing the heavy lifting evenly becomes fair. For instance, to reduce the disadvantage, I have worked on facilitating ample time and space during meetings for each person to reflect and have their say and to listen properly to one another. In addition, I have made preparations and structures for the collaboration intended to lower the bar and ease the access to participate with one’s unique first-hand knowledge whenever one could. For instance, I prepared the meeting agenda, which was always open to change but provided a collaborative structure. I made thorough minutes until the analysis phase, which were shared between meetings, functioning as our collective memory. The minutes were open to revision, and they were the ‘property’ of all the team members. As a whole, from my perspective, in and against the limits and power differences, the project plans were co-produced.

2.2 Involvement of the local authorities

On behalf of the participatory team, I formally asked officials of municipalities and ideal NGOs in the chosen catchment region in western Norway, to be involved in the project in 2013. In line with the project’s aim to make the research beneficial in practical terms, we agreed to update local authorities during the research process and to disseminate and share our analyses with them (see Section *2.8*).

Most of those contacted responded that they were interested in involving their meeting places in the project. I met with officials or their appointed representatives and sometimes local leaders and meeting place staff, to present our plans and ask for input regarding our plans and assistance with recruitment. More information about the interactions with the local authorities can be found in relevant sections below.

Although the involved municipalities and NGOs have made formal or semi-formal agreements with us regarding the project, we have chosen to not disclose their names in publications to protect the focus group participants' anonymity and integrity because of the small risk of insider recognition due to the relatively small group of people working in and going to the meeting place in a particular area.

2.3 Recruitment

In the first phase of the recruitment process, the representatives of the municipalities and NGOs helped orientate staff and service users with regard to the project. We provided short information sheets (see Appendices D and E) and encouraged those potentially interested in participating to contact me. Most of the final 15 staff members who participated volunteered during this phase.

For the second phase of the recruitment, Envy and I visited roughly 10 meeting places in our chosen region to discuss the focus group interviews and the project. This phase was facilitated by the appointed representatives. Based on our recruitment experiences and those of others (Bjørknes, Jakobsen, & Nærde, 2011), we believed that in-person visits with potentially interested people at meeting places were important. In a few of the meeting places, some users were sceptical toward us and what they viewed as mental health research. This skepticism is considered understandable following a history of what has been discussed as state sanctioned torture in research and treatment, in disability studies and mad studies (LeFrancois et al., 2013; Mertens et al., 2011). Our plans were duly questioned, whereupon some stated that they were satisfied with our answers while others remained critical. All critical reactions were considered important reminders to engage in the inquiry with great care to avoid inadvertently disadvantaging service users further. That said, we were kindly welcomed by all, and most of the final 22 participating service users volunteered to participate directly during the visits.

In the third phase, I communicated with everyone who volunteered and e-/mailed them the full informed consent letter (see Appendices F and G). Our chosen principle for organising the focus groups was to maximise the diversity of the meeting places represented in each group, and to ensure safe spaces by encouraging up to three people from each meeting place to be in the same group. The focus groups were arranged consecutively as soon as enough participants had signed up for the same date.

Most of the local authorities involved allowed staff to participate during working hours and facilitated the travel to the focus group venues. We believe that these contributions were crucial in enabling the diverse composition of the focus groups.

2.4 Participants

In total, 37 persons participated; 15 staff members and 22 service users. The professional backgrounds reported by the 15 staff members were diverse—from having learned to be service providers through practice to having backgrounds in health professions, social and civic sciences, and arts and crafts. There were few men who participated, as to be expected in the frontlines of community care services, which are dominated by women (Razavi & Staab, 2010). To give an exact number of men could possibly risk violating their anonymity. Many discussed having worked in meeting places from five to 20 years. Either personal or caregiver experiences with psychosocial hardships were reported by around one-third of the staff.

Most of the 22 participating service users stated that their first visits to meeting places were after the year 2000, which coincides with the Norwegian Action Plan period. Still, first- visits stretched from 1985 to 2011. Many mentioned that they were at home when they were not at the meeting place. However, some stated that they also, for instance, worked (paid/unpaid), went to church, or met up with family and friends. Around half reported that their meeting place(s) were in an urban municipality, and the other half went to meeting places in smaller suburban to rural municipalities. Sixteen were women and six were men. Although most of the service users were older than 50, their ages ranged from the late twenties to the sixties. Some stated that they had solely been in contact with the meeting place, but most had been in contact with other parts of the mental health system for up to 15 years.

2.5 Focus group interviews

To develop the focus group design of the Ph.D.-project on a methodological–theoretical level, I drew on health research traditions oriented towards new paradigms, especially the work of Malterud (e.g., 2012), and feminist research traditions, especially the work of Wilkinson (e.g., 1999) and Kamberelis and Dimitriadis (2011). Further guidance was found in the general focus group research literature, especially the work of Kitzinger, to design the practical aspects of the focus group interviews (e.g., 1994).

Focus group interviews were developed around World War II in the research environment related to Lazarsfeld and Merton in the USA (Malterud, 2012). Focus groups have been used across wide contexts, for different purposes, from commercial marketing research to South American emancipatory participatory action research (Kamberelis and Dimitriadis, 2011; Malterud, 2012). Wilkinson (1999) has explicitly discussed focus groups as well suited to facilitate space for listening to the voice of persons who are ordinarily silenced by the present order, which is in line with the aims and research questions of this Ph.D.-project. Aims for empowerment may be planned into every aspect of the process, for example, from choosing a meeting-venue that is considered safe and if possible, empowering, to the researcher actively regulating the conversations with concerns for people participating in their own subjugation. In the context of this dissertation, such considerations were worked into our design choices. For instance, service users and staff were organized in separate focus groups to facilitate safe and potentially empowering spaces to talk.

On an overarching dimension, Kamberelis and Dimitriadis (2011) have discussed new paradigm focus groups as multifunctional: (1) pedagogic functions to achieve new understandings relevant for the interests of the non-dominant group in question; (2) political functions to contribute to social transformation and (3) research functions to contribute with accounts of experiences and actions that paint elaborate pictures of complexity and contradiction. Whilst one of the dimensions is often in focus, the other functions are anticipated to emerge. Research functions were in focus of this

Ph.D. project. However, the other functions were also active via the aim ‘to produce practically relevant knowledge and to stimulate further processes that may benefit persons who use or may use meeting places’.

Drawing on Malterud (2012), Kitzinger (1994) and Wilkinson (1999), focus group interviews facilitate to stimulate people to discuss a topic that interests them. The topic is often related to their everyday lives. During focus groups, participants are usually encouraged to talk about both shared/common and unshared/variable experiences concerning the topic. In an inquiry, the chosen focus group methods are designed according to research questions, aims, and practical considerations, for example choices regarding the homogeneity–heterogeneity of participants, the structure of the meetings and the number of focus groups to be arranged.

To make the focus group sessions predictable of respect for participants’ schedules, we planned for each session to last for 2 hours from start to finish, framing the focus group interviews with a briefing, a break in the middle, and a final debriefing. We offered to compensate participants for travel costs with a gift certificate of NOK 100 (approximately $12 or £10). In the briefing, we mainly repeated the informed consent information. In the debriefing, we repeated our project plans and goals, answered questions and noted feedback. We also asked all participants for some basic demographic information (Appendices H and I).

We arranged three focus groups with staff and four focus groups with service users, during 2013. To respect everyone’s time, the interviews lasted for 90 minutes with minimal variation. We collaborated with the participants of each focus group to determine the time and day for meetings. We suggested venues in the city centre that we believed provided safe spaces in which staff and service users could freely talk.

In line with focus group guidelines, we encouraged participants to converse as they would in everyday life and to ask questions (Malterud, 2012; Wilkinson, 1999). In the focus groups with service users, participants called for a more direct approach to moderating these discussions, which we respected. In all focus groups, we used a *topic/interview guide* as a tool to moderate participants to keep on topic and to stimulate discussions about specific foci when needed. As a team, we began working on the topic guides well in advance of a pilot focus group interview in the spring 2013. The pilot allowed us to practice the process and to put our topic guide to the test. In line with the idealised research cycles of reflection and action, etc. in participatory research (Freire, 1970/2005), we collectively reflected on conducted interviews and refined the topic guides between sessions.

The final version of the *staff topic guide* included the following topics (see Appendix J): *Descriptions of staff's work, meeting place rules and regulations, service user involvement, and meeting places and community and society*. The final versions of the *service user topic guide* included the following topics (see Appendix K): *Meeting place spaces, acceptance and rejection within and outside of meeting places, meeting places and community and society, views on service user involvement, first-hand knowledge about psychosocial hardships,* and *on attending meeting places.*

I held the main responsibility for moderating the focus group dialogues and facilitating safe spaces to talk/not talk. Co-researcher Envy co-moderated all seven focus groups, and Haugland co-moderated one. Co-moderation included taking notes on non-verbal interactions, asking follow-up questions, commenting based on first-hand knowledges, and generally assisting in facilitating a discussion of the topics.

We received positive feedback after sessions that suggest that meeting peers from different places and discussing common interests can be both enjoyable and fruitful.

2.6 Transcriptions

The audio-recorded focus group discussions were transcribed verbatim in line with the basic guidance provided by Parker (2005, pp. 65-67). With the help of two co-researchers, I transcribed most of the focus group discussions with staff. We obtained funding to hire the anonymous co-researcher to transcribe the focus group discussions with service users. In the few cases when words in the recordings could be read in multiple ways, for instance, due to the poor quality of a recording, all versions were included in the transcriptions in line with tenets of participatory research.

During the transcription process, we altered any potentially identifying characteristics of people and places to respect and protect the anonymity and dignity of participants. For instance, sometimes gender was altered to mask identities.

All published quotations were freely translated from spoken Norwegian to written English, and we have limited the presence of background sounds of less relevance to the main conversation and transcription code, as advised by Kvale and Brinkmann (2009) to bolster readability and transparency.

2.7 Foucauldian discourse analysis part II: Methodology

We adhere to Parker's (2014/1992, p. 5) Foucauldian conceptualisation of discourses, paraphrased as 'sets of statements that generate discursive objects and position subjects'. In Section *1.2.4*, I discussed the theoretical framework related to Parker's version of Foucauldian discourse analysis in psychology. There I also addressed the reasoning behind choosing this framework amongst other discourse-analytic theories. The discourse dynamics of Parker is particularly well suited for this dissertation because it facilitates wide-angled contextualised, moral and socio-political analyses and discussion of meeting places and their functions, possibilities and restrictions for the real lives of people attending them, in relation to not only meaning, but also the material world (2014/1992, p.1), as argued in preceding sections.

With this approach, one can analyse micro-level events, such as discussions in our focus group interviews, as small-scale instances of broader discourses considered to structure, maintain and change social reality. The data, the explicit and implicit words and statements from the focus groups, are here interpreted as pieces of meaning interrelated to broader discourses in society. Of particular interest for this dissertation is the 'moral and political data' of implicit and explicit words and statements constructing discourses' subject positions, functions and overall possibilities and restrictions for people in psychosocial hardships in relation to meeting places, as remarked in the previous paragraph. Such practical concerns are shared by critical community psychology and emancipatory participatory research traditions, and are underlined by our practice-oriented aims. In line with Parker's (2014/1992) approach,

The pedagogical guidance of Parker (2014/1992) in doing Foucauldian discourse analysis can be summarised as seven criteria and three auxiliary criteria for identifying and analysing discourses. However, readers are cautioned against using it as a technical method. This particular approach is grounded in the discourse-analytic theory presented in Section *1.2.4.* The analyst is advised to carefully tailor one's analysis to the focus and context of the inquiry. We used the 10 criteria of Parker in guiding our analytic work with identifying and analysing discourses interrelated to meeting places, and with identifying and analysing the subject positions of service users and which consequences the discourses appear to bring for service users, including possibilities and restrictions. Here I present the 10 criteria schematically.

> Discourses (1) are realised in texts, (2) are bound to history, (3) generate discursive objects/constructions, (4) position subjects, (5) reflect on themselves, (6) are interrelated with other discourses, (7) comprise coherent sets of statements, (i) implicate societal institutions, (ii) maintain or resist the predominating patterns of privilege and power, and (iii) have ideological effects.

In this inquiry, we followed this discourse-analytical guidance as a participatory team, something that Parker (e.g., 2004) has explicitly called for. I present the participatory discourse analysis and strategy in the following sub-section.

Participatory discourse analysis

From the spring of 2014 to the summer of 2016, I and the team carried out the main analytic work related to the three articles of the dissertation, with analytical revisits during the revisions of articles 2 and 3, and during the writing of the full dissertation. We suggested the concept of *participatory discourse analysis* to fathom the collective ways of doing discourse analysis through a collaboration among experts by experience and academic researchers. We decided to establish an analysis team, doing the more detailed analytic work, consisting of the co-researchers and me.

The process commenced with a two-day research seminar in 2014 for building our individual and collective competency about qualitative psychology, and Foucauldian discourse analysis, facilitated by me and Anderssen. In the three analysis periods related to the development of the three articles, the regular team meetings were changed to analysis workshops. We held workshops approximately every two weeks for six months in the first analysis process. Concerning articles 2 and 3, we held approximately five analysis workshops each given that we had developed understandings and a strategy for the collaboration during the first process. We were in a continuous dynamic learning process, and learned to practice the craft of Foucauldian discourse analysis on focus group interviews about meeting places, and to develop our own tailored way of doing participatory discourse analysis.

Before describing the practical analytical steps, I provide a practical example of a continuous learning process that we engaged in: in the beginning, I was the one to suggest interview excerpts. However, I became overwhelmed by the amount of transcriptions and had to ask for help. The co-researchers were happy to increase their involvement. All the members in the analysis team were given access to the full transcripts, and we took turns to suggest interview excerpts to the workshops. Some also engaged in individual discourse analytic readings of entire interview transcripts.

Summary of the analytical process in practice:
1 Preparatory work: in advance of each analysis workshop, transcripts and relevant interview sections were individually read and made notes to.

2 Participatory discourse analysis workshops: in the three analysis-periods related to the three articles, the analysis team met and worked on the analysis through Parker's guidance to Foucauldian discourse analysis. Every meeting lasted for approximately three hours so that we would have ample time to read, reflect on, discuss, and preliminarily analyse chosen interview sections. We sought to include at least one transcript section from each of the relevant focus groups when working on the three analyses related to the articles (1: staff, 2: service users and 3: all). In the workshops, we used two approaches to work on analysing the selected excerpts: (a) to freely associate around the content in a given excerpt. The free associations were guided by

one or more of Parker's 10 discourse analytical criteria. Which criteria we drew on were interrelated to the given excerpt. For instance, related to Article 1, an excerpt that contained discussions about service users and responsibility in meeting places, inspired us to associate around what 'responsibility' could imply in terms of subject positions and consequences for service users. (b) To do what we came to label a *'speed analysis'* of a given interview excerpt. This approach meant going through the excerpt line by line, at the time of a single workshop and working through several of Parker's 10 discourse-analytical criteria. Here, we could start by reading an excerpt, creating reflective distance to the text and associating freely to the literal meaning. Thereafter, we could read line by line together and identify relevant discursive objects and subjects. We could then work on grouping together objects and statements that appeared to be coherent with one another and make tentative suggestions for which discourses could be at work. Subsequently, we could reflect on which functions the preliminary discourses appeared to entail, especially for service users and their rights, responsibilities, possibilities and limitations.

3. I used the notes from the workshops to guide my analyses of the full materials related to each of the three articles. I thoroughly and slowly read each relevant transcript whilst using Parker's 10 criteria intuitively, together with the workshop notes, to analyse and make new notes to the segments of text as I went along.

To provide a summary of the analytic process with an emphasis on Parker's analytic criteria, our strategy involved (1) reading the relevant transcripts, and (3) identifying (*re-construct*) central discursive objects related to the three main focus points of the three articles of the dissertation: (i) service user involvement, (ii) meeting places' spaces and (iii) silence concerning illness-talk. Building on the analytic work involved with identifying discursive constructions, we identified discourses that appeared interrelated to meeting places. We (4) identified how service users of meeting places appeared to be positioned by the identified discourses and which functions the discourses appeared to bring for service users, including possibilities and restrictions when it comes to being in, experiencing and acting in social reality related to meeting places. Furthermore, we sought (7) to puzzle the identified pieces of a discourse together to form a coherent set of statements. We have traced how the discourse (5) reflects upon itself, for example, in terms of drawing connection between a given discourse identified in the material and where and how it figures in the surrounding society ‘outside’ of the text. Our discourse analytic work is primarily focused on contemporary history; thus, we have (2) traced the history of the identified discourses, for example, through dictionary articles and similar sources. We have traced and discussed (6) the interrelations among the identified identified discourses through tracing and discussing their similarities and differences. We have furthermore traced and discussed (i) which social and societal institutions a discourse appears to be connected to. In relation to the analytic work on subject positions, in particular, we have traced and discussed (ii) whose interests appear to be served by a given discourse and (iii) constellation of discourses.

4. In line with the participatory research ideals of cycles of action and reflection, each of the three analyses related to the development of the three articles, was presented to the entire team for critical review and further development, to enable increasingly nuanced participatory analyses.

2.8 Dissemination seminars and presentations

Following participatory research tenets, the knowledge created and potential actions generated through an inquiry should be disseminated in ways that seek to benefit the communities and people involved (Grant et al., 2008).

To build the team’s capability to co-author articles, we arranged a seminar on scientific publications in 2015. Since 2015, all active team members have been involved in co-authoring the three articles. In relation to article 1, we also published short online news-articles on the UoB website and Facebook.

With the hospitable assistance of two of the representatives and municipalities, Envy and I arranged two dissemination seminars. In the seminars, we presented and discussed articles 1 and 2 with the representatives, local mental health leaders, some meeting place staff and some service users from the municipalities and ideal NGOs involved in our chosen region in western Norway.

We emphasised that an important goal of the seminars was to make the analyses available to be discussed and that we hoped to benefit service users and staff of local meeting places. A possible advantage of engaging leaders as dissemination proxies is that they presumably know local conditions first hand; thus, they are in better positions to consider how to put the research to good use and how to get local people at the meeting places engaged in the research. A possible disadvantage is that local leaders in community mental health care have large workloads that may limit their available time and resources to put such research to use. In any case, during the Ph.D. period, we knew that the timeframes would not allow us to directly disseminate our findings to the participating meeting place, and we were clear about this limitation from the onset. However, in the future, we hope that we will get that opportunity.

Dissemination also includes public presentations of the research project in general. From the start, we have presented the inquiry in, for instance, conferences, seminars, and lectures, as a team or by me presenting on behalf of the team.

2.9 Quality guidelines

In new paradigm qualitative research, various ways of reclaiming traditional quality benchmarks of *'validity'* and *'reliability'* from traditional post-/positivist paradigms of science have previously been suggested (Willig, 2008). For instance, validity as evaluating whether a research project has inquired into its intended subject or topic. In later years, qualitative scholars have increasingly identified and suggested other criteria to evaluate the quality of qualitative research, which should arguably be tailored to each inquiry (Parker, 2005; Willig, 2013). In what follows, I briefly illuminate *reflexivity, participant validation, grounding, coherence, trustworthiness, accessibility, transparency* and *transferability* as guiding criteria that may be particularly relevant for discussions of the quality of our inquiry. How we have achieved the goals of the criteria, is considered to be available for scrutiny in parts of the dissertation corresponding to the relevant parts of the research process. In the discussion section *4.5,* I critically reflect on the quality of the inquiry in relation to the guiding quality criteria, and methodological and ethical issues. There I discuss methodological limitations, pitfalls and strengths that unfolded through the research process. Drawing support from Willig (2013), I consider that to evaluate the quality of an inquiry, it is advantageous to know the results and discussion in addition to the research process.

From the outset, we have sought to engage in what Parker (2005, p. 139) has called *institutional reflexivity* by thoroughly considering whose interests our research seems to be serving. We have also sought to perform reflexivity through critical considerations of how the inquiry as a whole is inextricably linked to our positioning and interests, which are situated in specific time and space (Binder et al., 2016; Finley, 2002; Parker, 2005). As such, reflexivity is intertwined with, for instance, *participant validation*, which occurs when the analysis resonates with the first-hand accounts of the social realities of participants. As a participatory inquiry, without collaborating with people with first-hand knowledge of particular social realities, our research would not have had even the general type of validity mentioned in the paragraph above, let alone participant validity.

In relation to discourse analytic research, the quality of the analytic argument is central to evaluating the quality of the inquiry. *Coherence* may be one aspect of this quality (Parker, 2005) and includes considerations concerning the logical flow of the lines of argumentation accounting for the analysis and the fit among the major elements of an inquiry, such as the research topic, the research team, the aims, the research questions, the methodology, and the theoretical lenses. *Trustworthiness* may be another aspect, which relates to evaluating how convincing, well-founded and corroborated an analysis appears to be. *Accessibility* could be yet another aspect of the quality of the argument, which involves making the background, the research process and the analysis accountable and more ‘reader friendly’ for the benefit of those whom the research could affect (Parker, 2005). *Grounding* the inquiry in socio-history and the research literature is also considered fundamental for the quality of analytic argument and to understand one's material in relation to the greater socio-historical interrelations it is a part of (Parker, 2005). Different criteria may sometimes construct dilemmas, such as concerns for grounding vs. accessibility. Portions of the dissertation are difficult to understand because of theoretical complexity. However, I needed to engage with and communicate this complexity to attempt to do it justice and to properly ground the inquiry.

Through coherence, trustworthiness, accessibility, and grounding, the *transparency* and *transferability* of the research can also be promoted. Transparency and transferability can be regarded as key indicators of the quality of participatory research and relate to describing the conditions under which the given inquiry was generated to facilitate considerations about whether the knowledge generated in that particular context might illuminate similar issues in other contexts (Willig, 2013).

2.10 Ethics

Our project falls under the jurisdiction of the Data Protection Official for Research at the Norwegian Centre for Research Data (NSD), an ethical review authority. In 2013, NSD reviewed and cleared the ethical considerations in our two research proposals regarding the two lines of focus group interviews, including (but not limited to) our plans and considerations to protect people's anonymity and integrity and to do no harm during the recruitment process, the focus group interviews, the transcriptions, the data storage, and the publications. The project numbers for the ethical clearances are a) 34030 and b) 33810 (see Appendices L and M). Projects aimed at creating knowledge about health and disease (also) fall under the authority of Regional Committees for Medical and Health Research Ethics (REK). Our project does *not* aim to study health. However, we were advised to bring the project to REK's attention to obtain their official consideration. REK provided an official statement that our project was not considered falling under their jurisdiction (see Appendix N).

Free consent is a central ethical norm in regulatory research ethics (Norwegian National Committees for Research Ethics, 2016). We have reflected on whether the good facilitation to participate in the focus groups by involved municipalities and NGOs, could have influenced people's consent. Yet, without the facilitation, several of our participating staff and service users would presumably have been excluded from having the opportunity to freely consent to participate, and thus violated the ethical mandate to protect integrity and not do harm in terms of non-discrimination. To obtain free consent, we took great care in emphasising to all relevant parties that each person decided to participate or withdraw at all times, also after the focus groups. In our agreement with the participants, we informed that explicit free consent to participate was given by coming to and being a part of a focus group interview. In line with non-discrimination principles, we thanked the municipalities and NGOs for facilitating people's participation.

Confidentiality is another central ethical norm. In our research seminar on research ethics in 2013, participants' right to confidentiality and privacy was among the ethical principles we discussed and worked on most extensively given the probability that we would meet participating staff and service users again after the focus groups because of our various engagements with the field. After the seminar, coresearchers signed an agreement to protect the integrity, anonymity and privacy of potential and actual focus group-participants. However, law and guidelines do not oblige our focus group-participants to protect each others' anonymity, which we also informed volunteers explicitly about before the sessions. Nevertheless, we urged participants not to talk about possibly person-identifying and private information concerning fellow participants after the focus groups to protect each others' anonymity, and participants appeared to agree on this. Furthermore, audio recordings were deleted within agreed upon timeframes, and we sought to anonymise information gathered through the focus groups in the written research documentation.

In regulatory ethics, researchers are compelled to rationally plan ahead to calculate and adjust the potential 'good' and 'bad' of the project beforehand. In this sense, ethics are regarded as external to the research itself to ensure neutrality and thus uphold the enlightenment division of method and ethics (Christians, 2007). Our participatory inquiry adheres to a broader view of research ethics that began taking shape with the so-called crises in the social sciences in the 1970s, which increasingly questioned the standard of neutrality for the dehumanising implications of relating to everyone in the same calculated manner (Henriques et al., 1998/1984; Parker, 2005).

The now renowned appeal from Harré and Secord (1972, ref. in Parker, 2014/1992, p.26) to "treat people as if they were human beings", at least "for scientific purposes", can be viewed as a clarion call for new paradigms that would make ethics an intrinsic component in every aspect of the research process (Guba & Lincoln, 1994). As addressed in Section *1.2,* Harré (2004, ref. in Parker, 2005) has contended that research on human subjects should address that a defining feature of human beings is that we are self-reflecting and engaging with our worlds in reflexive and active ways by default, both as researchers and research participants (Parker, 2005).

Participatory research traditions entail conducting research *with* the people in question and seeking ways of generating knowledge other than using people as raw material (Borg & Kristiansen, 2009; Krog, 2011). Participatory traditions are founded not only on the abstract goals of social justice and equality but also on the desire to reduce unequal and unjust privileges and power in knowledge generation through a collaborative research process (Brydon-Miller et al., 2011). Given that ethics are considered intrinsic to the research process in our theoretical-methodological lenses, ethical concerns will also be discussed in the discussion section *4.5*.

3. Results

3.1 Article 1: Discourses of service user involvement

Based on three focus group interviews with 15 staff members from roughly 10 meeting places, we focused on and analysed staff accounts of service user involvement at meeting places in Norway (Ynnesdal Haugen et al., 2016). Through participatory discourse analysis, two discursive constructions of service user involvement or co-determination emerged, which were localised in two discourses.

Service user involvement was identified as standardised procedures for consulting service users. This involvement seemed to be a governing device that could be used at the management’s discretion, which resonated with a *neoliberal discourse*. Neoliberal responsibilisation seemed to make involvement appear less like the statutory right that it is in Norway and more like a duty for service users. Service user involvement was also identified as social-democratic collaborations between staff and service users, from gaps in the predominating neoliberal discourse. Here, even foundational issues were addressed as being settled through democratic-majority decisions — where service users were in the majority. This construction aligned with the contours of a Nordic *social-democratic discourse*. The analysis implies that meeting places could offer spaces in which service users can resist responsibilisation, defend employed staff, and strengthen everyday democracy.

3.2 Article 2: Service users’ accounts of meeting places

In the second article, based on four focus group interviews with 22 people who went to roughly 10 different meeting places, we conducted a discourse analysis of service users’ accounts of meeting places and civil society (Ynnesdal Haugen, Envy, Ekeland, Borg, & Anderssen, 2018).

Mostly through discussions relating to the civil society existing outside meeting places, we reconstructed a *discourse of sanism* that blamed and excluded service users for not trying harder to overcome their misfortunes and systematically privileged ‘rational’ people and their understandings. Against a sanist civil society, we detailed four discursive constructions of meeting places, which were localised in four discourses:

(1) Meeting places were identified as a public welfare arrangement that appeared to compensate for aspects of civil society’s shortcomings. A public welfare arrangement was localised in a Nordic *social-democratic welfare discourse*, identifying service users as equal citizens with social rights. (2) We identified a peer community of accepting peers with shared identities, interests and knowledges, localised in a *discourse of solidarity among peers*. (3) Through the discursive construction of spaces of compassion, which was localised in a *discourse of compassion*, service users appeared to be positioned as fellow human beings and recognised as important in their own right. (4)We also reconstructed metaphorical greenhouses that appeared to facilitate growth conditions for service users to expand their horizons of possibility. Greenhouses were localised in a *humanist developmental discourse*.

The participatory discourse analysis suggests that meeting places offers opportunities that may expand service users’ horizons of possibility, and which appear less accessible in everyday life in a sanist civil society.

3.3 Article 3: Not talking about illness at meeting places

Not talking about illness, or silence about psychosocial hardships, emerged as a central interest during both sets of focus groups with service users and staff. From early on, the contours of silence suggested a complexity beyond discussions of ‘being silenced’ vs. ‘freedom of speech’.

In the third article, based on the participatory discourse analysis, we detailed five discursive constructions of silence concerning illness-talk at meeting places, which drew on five discourses (Ynnesdal Haugen, Haugland, Envy, Borg, Ekeland, & Anderssen, 2020):

(1) Unsurprisingly, service users were identified as being silenced and colonised by the *biomedical discourse*. (2) However, silence was also identified as *restricting* the access of biomedical psychiatry to meeting places, which drew on a *humanist developmental discourse*.

(3) Censorship of service users' freedom of speech was identified, drawing on a *discourse of liberalism*. (4) Frequent discussions, particularly among service users at meeting places, addressed silence as protection against the further burdening and exploitation of nonconsenting people in the midst of struggles, localised in a *social-democratic welfare discourse*.

(5) We also detailed a construction of silent knowledge of the peer community, which was localised in a *discourse of solidarity among peers*. Here, service users appeared to be identified as having shared understanding of hardships, often without saying a word. We analysed that silence could imply a resistance to civil society demands for service users to legitimize their distress and needs for welfare arrangements such as meeting places. As such, our analysis suggests that silence, or not talking about illness, in its complexity appears to range from having under-privileging implications to operating in the interests of people who attend meeting places.

4. Discussion

The aims of this Ph.D.-dissertation and the overall participatory inquiry were to illuminate and explore meeting places from a community psychological perspective and to produce practically relevant knowledge and to stimulate processes that may benefit people who use or may use meeting places. The theoretical lenses guiding the inquiry were a critical community psychology tradition, an emancipatory participatory research tradition, and Foucauldian discourse analysis in psychology. Two discourse-analytical questions have guided the inquiry: (i) how do central contemporary discourses intertwined with Norwegian meeting places appear? and (ii) The positioning of service users: Which consequences do the discourses appear to bring for service users in meeting places, including possibilities and restrictions? The following three more specific research questions were developed to guide the empirical focus related to the three articles (every question below is intended to subsume all elements of both questions above): (1) how do meeting-place employees discuss their encounters with service users and their experiences? (2) how do service users discuss their encounters with the spaces and people of meeting places? and (3) how do service users and staff of meeting places explicitly and implicitly address not talking (silence) about psychosocial hardships in meeting places? What seems to be pronounced implications of central discourses of silence for service users? To illuminate and explore these questions, we engaged in focus group interviews with 37 participants in total; three focus groups with 15 staff-members, and four focus groups with 22 service users from various meeting places in a region of western Norway. Being a wide-angle, contextualised inquiry situated in a particular space and time; we analysed the focus group interviews through participatory discourse analysis.

In the upcoming sub-section, I briefly reflect on how the theoretical lenses generally have informed the analyses and on the historical context of the dissertation.

4.1 Reflections on theory and context vis-à-vis the analysis

Guided by Parker’s (2014/1992) version of Foucauldian discourse analysis and resources from community psychology and emancipatory participatory research traditions, I and the team have followed empirical traces ‘outwards’ in relation to relevant socio-historical, cultural, political, economic, scholarly and material contexts. Such incorporation of aspects of the wider contexts into the analysis, including relevant theoretical resources, appears to be called for in Parker’s version of discourse analysis. At the beginning of the analysis process, making free associations to a literal reading of the material is advised, relating the reading to any aspect of the surrounding contexts that appear relevant, preferably through reflexive work from various subject positions, such as first-hand and academic knowers.

To give a snapshot from the use of this analytic strategy in the analytic work, I went to a union seminar about employee-involvement, seeking wider inspiration concerning the two distinct patterns that we had already identified in the ongoing analysis related to article 1 concerning staff discussions about service users’ involvement. During the seminar, I recognized that the two patterns appeared to resonate with a neoliberal discourse and a social-democratic discourse. Once we saw the material as tentative micro-pieces of these two macro-puzzles it gave fuel to finding relevant literature that we could continue building the analysis on.

Regarding the historical context of the dissertation, in line with community psychology and discourse analyses, in the introduction section, I have sketched a history of the societal exclusion and separation of the social group administratively known as ‘mental health service users’ in Norway today, drawing on the work of Foucault (1965/1988). Building on postcolonial scholar Spivak’s (1988) reflections on similarities between the psychiatric apparatus and the colonisation of nations, decolonisation and deinstitutionalisation can both be traced to the post-WWII period, especially the 1960s, after a colonial and institutional period of roughly 500 years (Blomberg, 2002; Kolonialisme, 2016; Philo, 2005). However, all was not automatically well for former colonies and psychiatric patients at the moment of ‘release’ (LeFrancois et al., 2013; Spivak, 1988). Approximately 40 years *after* the commencement of deinstitutionalisation and community mental health care in the Nordic countries (Bergem & Ekeland, 2004; Rosenberg, 2009), people experiencing psychosocial hardships are still considered to be among the most excluded groups in what is often called western societies (Evans-Lacko et al., 2013; LeFrancois et al., 2013; Sayce & Curran, 2007; Skovbo Rasmussen & Ejbye-Ernst, 2015). Paraphrasing one of our participating service users in article 2, the walls of the institutions seemingly came along with the shift towards community living in civil society.

In the two upcoming sub-sections, I discuss the results from the analyses of the dissertation in relation to two of the major objections raised against meeting places: *4.2 Social exclusion or social inclusion?* and *4.3 Constrained or facilitated horizons of possibility?*. In the third and last sub-section to discuss results from the analyses of the dissertation, I employ a wider lens and discuss *4.4 Concerns regarding the future of meeting places* in light of the troubled waters for welfare arrangements worldwide due to the neoliberalism of our times (Fine, 2012b; Harvey, 2005).

4.2 Social exclusion or social inclusion?

As addressed in the introduction section, from the early 2000s, meeting places became among prioritised services for social inclusion and countering exclusion in Norway following the Action Plan for Mental Health (Ministry of Health and Care Services, 1998). However, at the same time, meeting places were seen to be implicated in the social exclusion of service users from civil society in England (Social Exclusion Unit, 2004). In the reviewed literature, concerns for dependency on meeting places and as such, not participating in the labour market and mainstream society are among the major objections raised against meeting places (e.g., Peloso & Valentini, 2016; Social Exclusion Unit, 2004). Related debates concerning the conversion of service users into dependent, *passive objects of service provision* also figure in mad studies and service user movements (Lee, 2013; O'Hagan, 2014).

In the participatory discourse analysis (from hereon 'the analysis') of article 2, we traced a subject position of being identified as an object for others' care work or social needs, as nested in a social-democratic welfare discourse (Ynnesdal Haugen et al., 2018). Discussions in community psychology related to *gesellschaft-relationships* may be used to inform this pattern of objectification. In community psychology, gesellschaft may be understood as relationships at societal levels that are impersonal and related to instrumentality— relationships that function as means to ends on the basis of the different interests and goals of each party (Kloos et al., 2012).

In the UK context, Bryant et al. (2005) have similarly reported that some service users stated sometimes feeling like an object on the conveyor belt between the GP and services, including meeting places. The authors related these feelings to service users' experiences of alienation from themselves and their surroundings.

In our analysis, however, the objectifying encounters were identified as inadvertent implications of constructions of meeting places as welfare arrangements in the social-democratic welfare discourse. As welfare arrangements, meeting places seemed to bear the responsibility of realising the universal principle of the welfare state to compensate for the *velferð* for citizens in psychosocial hardships who were often described as being situated outside the labour market. For instance, 'Nicholas', one of the participating service users, described meeting places as a counterweight for an existential 'nothingness' in the wake of a lifetime of exclusion in most spheres of civil society, including school and work. The quality of the discussed nothingness in the absence of meeting places resonates with the concept of *social death* as elaborated in mad studies. Social death involves being so marginalised that you are practically a living dead to others and even to yourself (LeFrancois et al., 2013).

Foucauldian discourse analysis intends to situate an analysis historically. In this regard I draw on Foucault's history of madness (1965/1988), and speculate and pose the following question: Could the centuries-long exclusion – including presumed 'expulsion' from workhouses because of "unproductivity" (Dollhus, 2014, para. 2) – have had implications for the historical structuring and dimensioning of the very fabric of modern societies as well as the labour market? If people, who were most strongly marked by what we now consider as psychosocial difference, were physically excluded from ordinary social life for 500 years up until at least the 1970s in the Nordic countries, they have presumably mostly been excluded from the historical development of modern civil societies and labour markets. I argue that this speculation and question could be supported by investigations showing that persons in psychosocial hardships are still among the most excluded social groups in countries such as Norwa, including consistently higher unemployment rates (e.g., Evans-Lacko et al., 2013; Øverland, Knudsen, & Mykletun, 2011). In the administrative category 'severe mental illness', reports state that as many as 85-95% are unemployed (Crowther et al., 2001 referenced in Larsen and Topor, 2017).

This perspective on societal exclusion may also be informed by the social model of disability, which states that the most pronounced barriers to disabled people's participation in the labour market lie in the structuring of civil society and the labour market itself (Beresford & Bryant, 2008, 11/05; e.g., Oliver, 1990, ref. in Grue, 2015, pp. 35-36). Work from, for instance, community psychology and feminist research document tendencies of modern western societies to systematically *individualise social problems* and to *blame victims* for the fallouts of structural inequalities (Henriques et al., 1998/1984; Kloos et al., 2012; Tuck and Fine, 2007). Such work may be used to shed light on how large scale societal exclusion through 500 years could be turned around to appear as if consistently high unemployment rates are caused by individual 'deficits'.

In *The Unemployed of Marienthal,* the classic social psychological study from Austria in the 1930s, Jahoda, Lazarsfeld and Zeisel thoroughly investigated the implications of having nothing to do and nowhere to go (Kloos et al., 2012; Neurath, 1995). Opportunities to go somewhere to regulate everyday life, to engage in meaningful activities, and to be recognised in a social community were suggested to be important measures that could prevent entire communities from deteriorating into an apathy of hopelessness and social withdrawal, which the authors had observed among those who were the worst off/unemployed the longest in the near total unemployment situation in Marienthal at that time (Kloos et al., 2012; Neurath, 1995). Nevertheless, from the field of community psychology, Townley, Miller, and Kloos (2013) have reported that even short and casual helping encounters in commercial spaces in civil society appeared to benefit the self-rated social inclusion of participants experiencing psychosocial hardships.

However, following mad scholars, civil society often does not appear to be a welcoming and inclusive space for people marked by psychosocial difference, which cannot or will not conform to the predominance of sanism, while the conforming majority might experience it as inclusive (Chamberlin, 1990; O'Hagan, 2014; Pool & Ward, 2013). Informed by theoretical resources from mad studies, we identified a discourse of sanism primarily in relation to service users' discussions about the civil society existing outside meeting places. The theoretical concept of sanism describes patterns of exclusion that predominate even in otherwise ethically progressive spaces, such as academia (Pool and Ward, 2013). In mad studies, sanism is described as encroaching on the integrity of people in psychosocial hardships by deeming them as irrational beings who do not know how to act in their best interest and who would have been able to overcome their hardships if they had just listened to rational people who know better, tried harder and 'pulled themselves together' (Pool & Ward, 2013).

Service users in our focus groups described (well-meaning) pressures in civil society to 'pull themselves together' and, by implication, *to be a productive member of society,* as not only *not* helping, but actually making matters worse, because such pressure placed an even heavier burden on their already over-extended backs. In Pinford's (2000) ethnography, normative pressure to be productive was problematized as a threat of increased hardships and, in turn, possible re-institutionalisation. Through an interview study by Argenzell et al (2012), the discussion was nuanced through service users discussing that to be productive at their own premises could be constructive, but external productivity pressures, for instance in the competitive work-force, was considered a threat of increased hardships.

In our analysis, we found the concept of *epistemic violence* to resonate with the observed disqualification of service users' integrity as first-hand knowers of themselves, their life situations, as well as pressures adding to their burdens. This concept originated in postcolonial studies and has been adopted by mad studies (e.g., Liegghio, 2013). Building on Liegghio (2013), I argue that sanism thus appears to be implicated in the denial of a person's very humanity, thereby rendering service users as objects with limited reflexive capacities (*I think, therefore I am*), who are dependent on the knowing guidance of people viewed as sane. Thus, the epistemic violence of civil society's sanism appears to reproduce particularly severe and debilitating forms for paternalism, objectivation, and consequently exclusion.

In the analyses, service users were shown to explicitly call for and defend staffed meeting places to provide protection from what we identified as exploitation and burdens that were potentially lurking without this service. Furthermore, service users appeared to be resisting neoliberal responsibilisation and its eroding on the welfare arrangement of staffed meeting places (Ynnesdal Haugen et al., 2016, 2018). Discussions to protect staffed meeting places have also been addressed by, for instance, the ethnography of Elstad (2014). The reconstruction of meeting places as publically provided welfare arrangements can be argued to be aligned with the concept of *safety nets,* which are commonly used in, for instance, community psychology, feminist research and critical psychology (Bergem & Ekeland, 2006; Brandal et al., 2013; Fine, 2012b; Parker, 2014c; Townley et al., 2013).

We analysed discussions in the service user focus groups about their shared first-hand knowledge of sanist invalidations, hardships, and the hard work involved in keeping afloat, as a depiction of meeting places as peer communities localised in a discourse of solidarity among peers (Ynnesdal Haugen et al., 2018; 2020). We identified first-hand shared knowledge about hardships, which was often understood without speaking a word, for instance, through silent encounters. Silently shared understandings among peers could be implicated in protection and resistance against pressures in civil society for having to justify why you are in a needs-based service, - with reference to the work of Grue's (2015, 2016) and disability studies.

We have drawn on Grue's (2016) revisiting of the concept *illness career* and in particular the concept *illness work.* He analysed the metaphor 'illness is work' in the case of those diagnosed with myalgic encephalomyelitis/chronic fatigue syndrome. Grue discussed that, similar to waged work, illness work could potentially benefit people by, for example, preventing their hardships from getting even worse and possibly relieving at least some of their burdens. Illness work was discussed to involve various laborious and time-consuming efforts, such as informal and formal demands to justify and document merits for using needs-based welfare arrangements.

In contrast to the demands of civil society, the analysis suggest that meeting places seemed to offer a temporary suspension of illness work, especially in times of distress. The suspension appeared to function by sustaining possibilities for spaces with reduced pressure outside the homely private sphere, where service users can interact with other people (Ynnesdal Haugen et al., 2018). Although a social-democratic welfare discourse and a discourse of solidarity among peers appeared to also be involved, the most explicit discussions of opportunities to just be, we traced to a construction of meeting places as spaces of compassion located in a discourse of compassion. In such spaces, service users were afforded the status of human beings who were worthy of recognition by others human beings without having to earn it by *doing* anything other than showing up and *just being* (Ynnesdal Haugen et al., 2018).

As such, meeting places appeared to imply protection against pressures 'to do', for instance, having to engage in productivity or recovery or to justify why one is not currently engaging in such activities. The ethnographic inquiry of Elstad (2014, p. 46) found that 'just' going to the meeting place in times of struggle could be considered a form of mastery and that the option to not *have to* participate was valued among service users (in addition to the opportunity to participate). In a similar vein, an analysis by Rise, Westerlund, Bjørgen, and Steinbekk (2013) based on interviews and focus groups of 415 Norwegian service users across mental health services, suggests that there is a need to be 'safely cared for' and to be faced with reduced demands during times of increased hardships. This also resonates with a recent Norwegian study by Larsen and Topor (2017), and several other inquiries in the reviewed literature about meeting places (e.g., Argentzell, Hakansson, et al., 2012; Elstad, 2014; Holloway, 1991; Iancu et al., 2014; Tjörnstrand et al., 2011).

The participatory analyses of discourses interrelated to meeting places, suggest that meeting places offer service users opportunities for *social citizenship* and s*ocial rights* to compensate for their exclusion from the labour market and civil society, borrowing terms from sociologist Marshall (Brandal et al., 2013). In meeting places, it could be acceptable not only to just be and not do but also to be part of a community of understanding and recognising people outside of the private sphere and inside the greater society. Therefore, to me, it is no wonder that participating service users in our inquiries and those of others have consistently emphasised that the meeting place opened up possibilities that, by and large, were not available in their day-to-day civil society encounters outside the meeting place spaces (e.g., Bryant et al., 2011; Conradson, 2003; Horghagen et al., 2014; Pinford, 2000). By suggesting that meeting places appear to offer opportunities for social inclusion and compensation for inequality for people marginalised by psychosocial hardships, I also consider that our analyses offer a contribution to Nordic community psychology.

4.3 Constrained or facilitated horizons of possibility?

As reviewed in the introduction section *1.4.3*, scholars from fields such as community mental health care (e.g., Andersen et al., 2016; Topor et al., 2015) and mad studies (Shimrat, 2013) have raised objections to the potency of community mental health care as a field of practice, and meeting places in particular, to address the needs, guarantee the rights, and expand the horizons of possibility for persons in psychosocial hardships. Peloso and Valentini (2016) discussed whether meeting places could be involved in the *new chronicity* that have been described in Italy after the passing of the 1978 *Basaglia Law*, which intended to emancipate the *chronic psychiatric patient.* In a similar vein, Andersen et al. (2016) found similarities between house rules in meeting places and psychiatric institutions in Norway (e.g., Skorpen et al., 2008), for instance, rules discouraging discussion of certain topics, such as *illness talk*. Questions were raised about whether such similarities suggest a reproduction of the critiqued constraints on the freedom of speech of the institutional psychiatric patient, with implications of continuing to oppress her horizons of possibility in the post-deinstitutionalised era. Similar objections appear to be central to ongoing discussions concerning the viability of the welfare state and especially claims concerning that welfare arrangements are constraining people from striving towards their personal horizons of possibility (Brandal et al., 2013, e-ch. 6, p. 7).

Not talking about psychosocial hardships or *silence* about illness talk in common areas is a central topic of article 3 (Ynnesdal Haugen et al., 2020). As Foucault (1965/1988) and those inspired by him thoroughly documented and discussed before us (e.g., Georgaca, 2014; LeFrancois et al., 2013; Parker, Georgaca, Harper, McLaughlin, & Stowell-Smith, 1995), in the material, we traced the presence of a biomedical psychiatry discourse and its 'monologue' about madness. Biomedical discourse is generally considered a predominating discourse (Foucault, 1965/1988; Georgaca, 2014). We analysed that medical doctors were positioned as experts who could legitimately engage in medical talk about illness and treatment, whilst service users were positioned as being supposed to listen carefully to the experts and follow directions and not talk about illness in other ways than prescribed. Thus, we analysed the biomedical psychiatry discourse as having consequences of silencing the service user and colonising psychosocial difference and hardships.

Interestingly, the analysis showed that not talking about illness at meeting places entailed a complexity beyond the anticipated biomedical constraints. Censorship of service users' civil and human rights to freedom of speech was identified as a consequence of the silencing of illness talk and as a separate construction of silence, drawing on a discourse of liberalism. This analysis resonated with the reviewed research literature, such as the just mentioned study by Anderson et al. (2016), which questioned whether constraints imply a continued oppression of horizons of possibility in the field of community mental health care.

However, unlike biomedically predominated institutional psychiatry (Ekeland, 2014; Skorpen et al., 2008; Thomas et al., 2005), based on the discussions among staff in particular, we analysed another construction of silence as the restricted access of biomedical psychiatry to meeting places. The restrictions of biomedical psychiatry have also been described in some of the reviewed meeting place literature (e.g., Cocchi & DeIsabella, 1996; Larsen and Topor, 2017; Tucker, 2010). The analysis identified this construction as drawing on a resource- and strength-focused humanist developmental discourse. A study by Larsen and Topor (2017) from Southern Norway, describe a similar observation in terms of staff discussing that the meeting place is intended to focus on people's resources rather than illness. We traced a dilemma, on the one side involving the resistance against the colonising implications of the biomedical discourse. Such resistance could be viewed as necessary to prevent the perpetuation of silenced patients and to make space for more empowering alternatives, a shared interest across community mental health care, community psychology, critical psychology, disability studies and mad studies (Editorial Tidsskrift for Psykisk Helsearbeid, 2008; Grue, 2015; Hanlin et al., 2008; Parker, 2014b; Russo & Beresford, 2015). On the other side, the well-meaning restrictions also have the consequence of positioning service users as 'doubly silenced' by leaving them with an even more constrained range of words and ways of legitimately talking about psychosocial hardships given biomedical predominance over available language to use (Beresford et al., 2010; Ekeland, 2001; Georgaca, 2014).

In analysing this doubled silencing, postcolonial studies and in particular Spivak's (1988) seminal work have contributed to elucidating what could seem to be a paradoxical effect of a progressive discourse—as a humanist development discourse is often viewed as. Spivak (1988) has thoroughly analysed and discussed the concept of the *subaltern.* In this inquiry the subaltern is used to address social groups who are marginalised to such a degree that there is no validating language for their unique positioning in social reality. Together with the classic work of Foucault, mad scholar O'Hagan (n.d.) has provided strong arguments for mad people fitting this description in terms of not having an acknowledged language about first-hand experiences of madness. Through a postcolonial frame of reference and metaphor, the main issue may be viewed as follows: the 'native' positioning of subalterns (here service users) in social reality, including their experiences and talk, is automatically filtered and sanctioned through ‘foreign’ predetermined sets of rule for articulating experiences and actions. The first foreign set of rules came from the dethroned, but long-time ‘coloniser’s’ language (here biomedical psychiatry). The second foreign set of rules came from the believed to be ‘new and better order’s’ language (here humanist development). In both of the predetermined sets of rules, certain ways of articulating experiences and actions are recognised as ‘right and wrong’, and both lead to consequences of restricting subalterns’ experiences and actions– much of the time without awareness of the forces constraining the horizons of possibility. Following the analysis and the metaphor, the critiqued paternalistic practice of psychiatric institutions appears to be re-enacted within the field of community mental health care by implicitly laying claims to knowing service users’ best interest *better* than service users themselves through, for instance, restricting access to the predominating biomedical discourse as a rule (Editorial Tidsskrift for Psykisk Helsearbeid, 2008, p. 98). Paradoxical implications of well-meaning inquiry and practice are common in the fields of mental health and disability (e.g., Deegan, 2010; Grue, 2013).

From roughly the 1970s, service users’ movements in the Anglo-American context have collectively mobilised against the under-privileging of the first-hand knowledge of people in psychosocial hardships (Chamberlin, 1990). Civil rights-based movements, often associated with North America (Grue, 2015), may appear to be intertwined with a discourse of liberalism. In the analysis, we traced paradoxical and possibly constraining consequences in relation to liberalism. We traced that possibilities for less formal regulation, and as such, more autonomy, were discussed in relation to more self-control, implying that self-control may be a prerequisite for being afforded/affording oneself autonomy (Ynnesdal Haugen et al., 2020). On the other hand, less self-control was discussed in relation to service users’ opting for more formal rules and staff’s stewarding of rules at meeting places. Building on discussions in the field of political philosophy (Gaus, Courtland, & Schmidtz, 2014), this analysis suggested that liberalism could entail paternalism by viewing gradually more distressed people as being in gradually lower degrees of self-control, by default.

Drawing on feminist psychology, critical psychology and discourse analysis, Walkerdine (1993) has analysed that, historically, setting the individual on a path of progressional development, with the ultimate goal of becoming a rational agent who 'obey[s] the moral and political order of their own free will' (p. 456) stands out as a prerequisite for 'rationally ordered' liberal democracies. The analysis aligns with the work of Foucault and followers in which concepts such as autonomy and *responsibilisation* are analysed as technologies that govern by making individuals the subjects of their own constant monitoring, control and self-improvement (*technologies of the self*) (O'Malley, 2009; Rose, O'Malley, & Valverde, 2006). Through such theoretical and empirical insights, the current analysis can be viewed as an empirical example of how governing of, for instance, illness talk, paradoxically, can operate with similar constraining consequences with and without formal external control. Positioning people who do not "obey[s] the moral and political order of their own free will" (Walkerdine, 1993, p. 456) as less autonomous may seem to align a discourse of liberalism with sanism and its 'blaming of victims' for failing to take responsibility and control for being heard and understood as making sense. This discussion can be seen to build on Foucault's (1965/1988) historical tracing of how liberalism, rationality and psychiatry are intertwined.

Not all meeting places had rules against illness talk. Some staff members discussed aims to promote freedom of speech, which was in line with their service users' wishes. Nevertheless, some of the descriptions suggested that the absence of collective regulations did not necessarily increase individual freedom from encroachments. Building on work from diverse fields, such as political philosophy and social psychology, the absence of regulations can also be viewed as 'freeing' predominating discourses in civil society, typically at the expense of less dominant values and people (Augoustinos, Walker, & Donaghue, 2006; Berg & Sterri, 2016; Brandal et al., 2013; Fine, 2012b; Harvey, 2005; Parker, 2014b). More specifically, following Parker's (2014b) work, allowing predominating discourses to operate even more unrestricted entails the strengthening of a socio-cultural status quo where people in psychosocial hardships are experiencing systematic subjugation.

In the same vein, among the most unanticipated occurrences in our inquiry of silence, was that silence surrounding psychosocial hardships was discussed as being broadly supported and decided upon through service user involvement in most of the meeting places involved. Mainly based on the focus groups with service users, these lines of discussion led us to analyse silence as silent knowledge of the peer community, and as protection from exploitation and additional burdens, which were localised in a discourse of solidarity among peers and a social-democratic welfare discourse.

The construction of silent knowledge of the peer community facilitated spaces in meeting places to function as normal and sense-making members of 'the gang'. Given that first-hand knowledge about psychosocial difference and subjugation was described as implicitly shared among peers, there seemed to be a sense of being temporarily freed from distress and distressing inequality by not *having to* talk about or to justify one's life situation. As such, one may question if discussing troubles may risk letting that distress and psychosocial difference 'back in'? If so, this idea could possibly help illuminate how service users in Smith and Tucker's (2015) ethnographical inquiry could account for experiencing acceptance in the meeting place, which resonates with many inquiries in the reviewed literature (e.g., Bergem & Ekeland, 2004; Bryant et al.; Elstad, 2014; Hall & Cheston, 2002), while peers where correcting one another for talking and acting in ways that were associated with distress. Possibly aligned with this idea, some of Elstad's (2014) interviews with service users suggested preferring a more resource-oriented focus rather than a problem-focus at meeting places. This idea notwithstanding, peers correcting one another could also point to sanism. We traced instances of sanism in relation to meeting places, though they were rare compared with discussions concerning sanism in civil society. From a Foucauldian perspective of power, the predominating discourses would not have been dominating without people participating in the subjugation of their own social groups (Gaventa & Cornwall, 2008; Parker, 2004).

Either way, the identification of rules for silencing illness talk and problem talk as protection from exploitation and burdens was described as safeguarding the welfare and integrity of service users and their peers. Protection appeared to be especially important during periods in which service users possibly had more than enough with which to grapple without what could easily (and unwittingly) become the additional burden of becoming the object of others' self-interests without the former's consent.

We identified a social-democratic discourse as predominant in relation to meeting places' spaces through the accounts of service users, which resonates with the salience of this discourse in the Nordic context (Brandal et al., 2013). Service users opting to not engage in illness talk in meeting places, may as such be interpreted as illuminating aspects of how the Nordic socio-cultural ordering of society differs from Anglo-American contexts, where a discourse of liberalism and liberal rights (rather than social rights) is generally more strongly socio-culturally present. Anglo-American dominated service users' movements and North-American mad studies and community psychology, often suggest an understandable scepticism against 'protective' services provided by the public sector, related to histories of victimisation through state-sanctioned oppression, often considered as the best 'help' available at the time (e.g., Chamberlin, 1990: Deegan, 2010; Nelson et al., 2001; O'Hagan, 2014; Shimrat, 2013). However, drawing on theory and analyses from, for example feminist and decolonial research (e.g., Fine, 2012b: Tuck and Fine, 2007), our analysis shares a deep concern for the so-called 'freedom' of neoliberal deregulation of public welfare services that were originally put in place to counter social inequality (Brandal et al., 2013; Harvey, 2005). Deregulation of safety nets entails a clear threat against leaving the individual in hardships with the economic and human costs of not only one's own 'mess' but also the fallouts of structural social inequality (see the next sub-section) (Ynnesdal Haugen et al., 2016, 2018).

In the analyses related to welfare arrangements, staff members in meeting places were explicitly discussed as positioned as being responsible for the protection of service users. As such, in this inquiry, situated in a Nordic welfare state, staff appeared to be preferred to be the stewards of the welfare state's regulation of burdens and privileges to make space for increased freedom from encroachment and increased welfare, as also discussed in the previous sub-section. This result from the analyses resonates with studies by, for example, Larsen and Topor (2017) and Elstad and Eide (2009), in terms of meeting places facilitating service users' identified needs for reduced demands and responsibilities in times of distress.

In the analysis of meeting places as greenhouses, staff support was also seemingly described as facilitating growth conditions after a person was ready to try to change her situation on her own terms and in her own time, as remarked by, for instance Larsen and Topor (2017), Bachke (2007), and Bryant et al. (2011). As the previously discussed construction of the restricted access of biomedical discourse, greenhouses drew on a discourse of developmental humanism. This discourse entails a basic belief in the potential for a person to recover, expand, and follow his horizons of possibility (*self-actualisation*), given conditions that facilitate *self-determination* and reduce external pressures. The emphasis placed on recovering and expanding one's life can be viewed as aligned with the recovery tradition (Borg, 2007; Fjellfeldt et al., 2016).

As introduced in the previous sub-section, through their analysis of 415 qualitative interviews with service users, Rise et al. (2013) furthermore described that the increased facilitation of self-determination was accounted for as a sign of good service provision in times when service users were *less distressed*. In the reviewed meeting place literature, I also read a pattern of needing to just be in times of distress and to *do* a variety of occupations in times characterised by less struggles (e.g., Elstad, 2014; Horghagen et al., 2014; Iancu et al., 2014; Larsen and Topor, 2017; Tjörnstrand et al., 2015). Based on this analysis, when experiencing less distress and fewer external demands, service users presumably occupy positions in which less effort is needed to survive and more 'expendable' capacity can be used to work towards a better life situation. Using expendable resources to strive for a better life after securing necessities seems to resonate with the struggle of diverse marginalised social groups/classes (Walkerdine, 1993).

The analyses can be seen to align with those of Pinford (2000) and Bergem and Ekeland (2006), as well as discussions in disability studies, by suggesting that to support persons in psychosocial hardships in recovering their own horizons of possibility, the normative pressures and goals of a civil society — as valued by and fitted for a sane majority — appear to provide contraindicated goals against which a good and worthy life of difference can be scaled. Our analysis instead suggests that facilitation and support for the person to be able to work on changing her situation on her own terms, being protected from normative pressures, burdens and distress were key in helping her become positioned to build and recover capacity and becoming empowered to expand one's horizons of possibility. Larsen and Topor (2017) describe similar results. In general, to facilitate a balance between reduced pressure and productive possibilities for a person in psychosocial hardships, in order to work on expanding competencies while compensating for hardships, is also emphasised by Ringø and Høgsbro (2017) in the sister-field of social work.

Before I close this section, I briefly return to reflect on the topic of 'self-actualisation'. As discussed earlier, self-actualisation entails engaging in self-determined progressional self-development (Walkerdine, 1993). Self-actualisation in terms of freedom to expand one's horizons does not oppose being governed. It is rather considered a form for governing that we willingly partake in, according the work of Foucault and successors on power-knowledge and technologies of the self (e.g., Pålshaugen, 2005; Rose, O'Malley, & Valverde, 2006). Discourses are contradictory, and as such, they may be a part of a symptom and a cure of a particular social ailment (Parker, 2014/1992). Considering the discourses that we have identified as being predominating in the current analysis of meeting places, I argue that several of the combined discursive consequences and allowances would appear to align with the interest of persons in psychosocial hardships to 'actualise oneself' by expanding one's horizons of possibility, given having expandable resources to do so, within a compensational welfare arrangement wherein normative pressure is restricted. It is crucial to be reflexive regarding that liberal ideology oriented towards improving and adapting the individual can and does compete with and displace critical ideology oriented towards improving and adapting social conditions in practical social reality (e.g., Ringø and Høgsbro, 2017). Related, in the upcoming section, I discuss neoliberalism and concerns regarding the future of meeting places.

Concluding the main discussion of this sub-section, critiques aimed at meeting places for not pushing service users towards becoming ‘productive citizens’ and thus ‘constraining’ their possibilities, can be turned around to serve as arguments *for* the continuation of meeting places. Our participatory analyses of discourses interrelated to meeting places, with support from others, suggests that the horizons of possibility for service users appear to be facilitated in meeting places (e.g., Bergem & Ekeland, 2004; Bryant et al., 2010; Conradson, 2003; Elstad & Eide, 2009; Hall & Cheston, 2002; Iancu et al., 2014; Pinford, 2000; Swan, 2010).

4.4 Concerns regarding the future of meeting places

In 2015, a service user representative in a different part of Norway asked me if our research could help prevent the decommissioning of their meeting place. During our focus groups with service users, several participants asked us — unprompted — to be careful to avoid contributing to the closure of meeting places (Ynnesdal Haugen et al., 2018). Concerns about the future of meeting places have also been raised in previous work (e.g., Beresford & Bryant, 2008, 11/05; Bryant et al., 2010; Elstad & Eide, 2009; Fjellfeldt et al., 2016; Larsen and Topor, 2017; Pinford, 2000).

Considering the review of literature about meeting places and social exclusion (see Section *1.4.3),* concerns for the future appear to be well founded. For instance, following the national assessment in England in the 2000s that concluded that meeting places were under-efficient in promoting participation in the labour market (Social Exclusion Unit, 2004), in concert with the National Social Inclusion Programme (2008) and financial recessions, services such as meeting places have been reported to be shrinking across the U.K. (Beresford & Bryant, 2008, 11/05; Bryant et al., 2010; Mattheys, 2015; Stickley & Hui, 2012; Wood, 2012). Furthermore, the prospective case study of the ‘freedom of choice’ (NPM) reform in Sweden has described reductions in time allowances for attendance, satisfaction and staffing levels and increases in the administration, cuts, mergers and closures of meeting places (Andersson et al., 2016; Eklund & Markstrom, 2015; Fjellfeldt et al., 2016). Moreover, in a recent ethnography about meeting places in Norway, Larsen and Topor (2017) have reported on some similarities with the Swedish case study, such as discussions of increased goal direction, time allowances, administration, and plans on mergers and closures of meeting places.

As addressed in the Swedish case study, the targets and outcomes of the reforms resonate with the market logics of NPM (Fjellfeldt et al., 2016). As addressed in the Introduction, drawing on neoliberalism (Harvey, 2005), NPM reforms change and model the public sector to operate in line with market mechanisms, thereby seeking to standardize and increase cost efficiency and productivity (Ekeland et al., 2011). Gaining momentum in Norway since the 1990s, NPM reforms have steadily recast public services as *sites of production* to be evaluated according to *results-related indicators* and *efficiency targets* (Ekeland et al., 2011). A business that fails to operate cost efficiently will eventually close down, which could also be the fate of under-performing public services in line with neoliberalism.

As stated, a much debated reform of local government reform has been implemented in Norway (Government.no, 2019). 'The result is a reduction from 428 municipalities to 356 and from 19 to 11 counties, from 1.1.2020.' (Government.no, 2019, para.1). In principle, mergers may enable the centralisation and shrinking of services from former local locations, though in keeping with laws and regulations. Even with the shorter distances that the people interviewed in our project had to travel to get to meeting places, some described needing staff to drive them, for instance, because of previous victimisation. Service users in the Swedish study also emphasised geographical closeness (Fjellfeldt et al., 2016). Moreover, the participating employees in our inquiry and in the Swedish study have stressed that meeting places can be especially vulnerable to political and economic changes, as such services are not required by law (Andersson et al., 2016; Ynnesdal Haugen et al., 2016; Ynnesdal Haugen et al., 2018). This vulnerability can be illustrated by the share of Norwegian municipalities providing meeting places — rising from approximately 80% to 90% during the Action Plan reform funding period (Kalseth et al., 2008) and then dropping to below 80% only a few years later (Osborg Ose & Slettebak, 2012).

In the first line of inquiry and article, based on the focus groups with staff, we were surprised to find that the Norwegian concept for *service user involvement (brukermedvirkning)* was predominantly discussed along the lines of neoliberal consultations for management, thus resonating with the so-called managerialist/ consumerist involvement implicated in tokenism (Beresford & Carr, 2012; Ynnesdal Haugen et al., 2016). In identifying a neoliberal responsibilisation strategy, involvement appeared even clearer as a duty to be performed for management rather than a statutory right intended to act in service users' interests (Ministry of Health and Care Services, 1999; Norwegian Directorate of Health, 2006). The second discursive construction of involvement was the democratic collaboration between service users and staff, which was localised in a social-democratic discourse. While a neoliberal discourse entails basic beliefs that management and those being managed share the same interests, unilaterally set by upper management, a social-democratic discourse acknowledges social inequality and diverging interests and seeks to reduce inequality through collective efforts (Beresford, 2002; Bjerke & Eilertsen, 2011; Brandal et al., 2013). The marginal presence of a social-democratic discourse concerning the concept of service user involvement stands in stark contrast to accounts of the centrality of a social-democratic welfare discourse in meeting places, as discussed in the two preceding sub-sections and in articles 2 and 3.

I speculate that none of our discursive constructions of meeting places as social-democratic welfare arrangements, spaces of compassion, peer communities, and greenhouses for self-determined growth seems to conform well to the market logic of neoliberalism. For instance, spaces of reduced pressure and suspended demand for production, and materialised welfare spaces to constantly compensate for civil society's shortcomings, suggest that meeting places may prove difficult to model according to a linear industrial production model of a somewhat predicable flow of input/people entering, assembly line/service activity, and output/people exiting. Through the lenses of neoliberalism, the public funding of a service without clear revenue may be considered to be the spending of precious assets 'without getting a measurable return', a point that was also raised by participants in the Swedish study (Andersson et al., 2016). If meeting places imply a contradiction of neoliberal logics, it could contribute to illuminate why this and similar services for people in hardships seem to be targets for decommissioning (Bryant et al., 2010), especially in countries with more advanced neoliberalism, such as the U.K. (e.g., Mattheys, 2015). My speculation is aligned with discussions of attempts to shield areas of community mental health care in Norway and less structured meeting places in Sweden from NPM reforms (Andersson et al., 2016; Hammerstad, 2006). Compared with the market-modelled health services (Ekeland et al., 2011), meeting places appear to have more in common with disability benefits, which also compensates for a labour market that appears to be poorly dimensioned for people in psychosocial hardships.

Following the discussions in our focus groups, during daytime there were few to no other public spaces available that provided somewhere that a person could go to structure her day and just be in times of distress, and be together with other people outside the private sphere, where distress could even be temporarily reduced. There were furthermore few to no places to get staff support throughout the day when needed, and to engage with activities according to changing expendable resources after working hard to keep afloat, to mention some of the benefits of meeting places suggested by our analyses and the reviewed literature (e.g., Bryant et al., 2010; Elstad, 2014; Fjellfeldt et al., 2016; Horghagen et al., 2014; Iancu et al., 2014; Larsen and Topor, 2017; Pinford, 2000). In civil society, there was no shortage of systematic sanist rejection, correction, and demands (e.g., Bergem & Ekeland, 2004; Bryant et al., 2011; Hall & Cheston, 2002; Liegghio, 2013). Thus, for people attending meeting places, this service was discussed as profoundly valuable (e.g., Conradson, 2003; Fjellfeldt et al., 2016; Larsen and Topor, 2017). Our analysis and much of the literature suggests that until civil society is able to make meeting places redundant, their closure works *against* the interests of the people attending them (e.g., Beresford & Bryant, 2008, 11/05; Bryant et al., 2011; Elstad, 2014; Fjellfeldt et al., 2016).

Viewing the analysis through a wider lens, our inquiry resonates with others describing a proliferation of market logics in the Nordic public sector since the 1990s which is discussed as competing with the logics of the social-democratic welfare state (Bjerke & Eilertsen, 2011; Ekeland et al., 2011; Hammerstad, 2006; Høgsbro, 2017;

Nafstad, Blakar, Carlquist, Phelps, & Rand-Hendriksen, 2009). Such societal changes can be considered worrisome in light of the sociohistorical and structural significance of a social-democratic welfare discourse in the Nordic countries, which are considered as strongholds for welfare politics (Brandal et al., 2013). Thus, empirical descriptions of neoliberal proliferation in the Nordic countries can also be regarded as disconcerting signs for the collective solidarity of welfare politics on a global scale.

These observations coincide with those of scholars across fields, who are sounding alarms about shrinking welfare and humanity and increasing inequality across the globe (Fine, 2012b; Goodley, Lawthom, & Runswick-Cole, 2014; Iversen, 2016; Madsen, 2009; Nelson, 2013). Neither people in hardships nor society or humanity at large benefit from the deregulation of the very arrangements that were originally implemented to reduce inequality. The accumulated documentation reads clearly. Not only those on the underprivileged margins of social hierarchies but *all of us* lose with increasing inequality in terms of increased psychosocial hardships, less trust, more criminality, higher death rates, and so on (Brandal et al., 2013; Fine, 2012b; Nelson, 2013; Wilkinson & Pickett, 2010).

The Norwegian Action Plan for Mental Health (Ministry of Health and Care Services, 1998) still embodies the official policy of the Norwegian community mental health sector, which means that, in principle, meeting places continue being prioritised as welfare state safety nets in local communities – at least for now.

4.5 Discussion of methodology and ethics

Many methodological and ethical issues can be discussed in relation to this participatory inquiry of meeting places in community mental health care. In participatory research, methodological and ethical issues are considered as inseparable (Brydon-Miller et al., 2011). Therefore I engage in a combined discussion of methodological and ethical limitations and strengths, structured in terms of the following headings: *Sampling; Focus group interviews; Transcriptions, Interpretation of data and Foucauldian discourse analysis; The tension between* *academic- and first-hand knowledge; Alternative interpretations of results; and Institutional reflexivity.* Reflexivity concerning my positions, relations of power, and actions is integrated throughout the dissertation, but is particularly present in the sub-section *The tension between academic- and first-hand knowledge.*

4.5.1 Sampling

We engaged in purposive sampling and recruited participants from over 10 meeting places in community mental health care in an area of Western Norway. A typical sampling limitation in this type of recruitment is that the people who did not participate could have offered other perspectives than those who did. In this project, the limitation is related to participants being required to travel and to meet unfamiliar people from other meeting places, in line with project objectives of variability. During the recruitment, we encouraged that up to three people from each meeting place could participate together to facilitate safe spaces.

4.5.2 Focus group interviews

We conducted seven focus group interviews with altogether 37 persons; three focus groups with 15 staff-members and four focus groups with 22 service users. A limitation with the focus groups interviews is that critical comments in relation to meeting places were rare in our material. Possibly, alternative perspectives and dissent may have been quieted in the context of unfamiliar settings and people and in the formation of a new temporary in-group of people who identify with one another (Brown, 2000; Malterud, 2012; Ynnesdal Haugen et al., 2018). If we had conducted the research within a particular meeting place, and for instance used focus group interviews or, or a different method, such as ethnography (e.g., Larsen and Topor, 2017), we might have attracted other participants and critical comments towards meeting places. However, a low bar for all types of alternative perspectives has been incorporated into the very focus group design with the interest in variability. We made this interest clear during recruitment and focus group interviews, and sought to initiate discussions about different experiences with meeting places, and asked direct and indirect questions that opened up for critique.

Another perspective on limited critical comments on meeting places is related to the discussion about the neoliberal threat in the preceding sub-section *4.1.4 Concerns for the future*. In line with a critical community psychology tradition (Nelson, 2013), emancipatory participatory research traditions (e.g., Fine, 2012b) and Parker's (2014/1992) discourse dynamic theory, a strength of the dissertation is that we have taken the threat seriously and striven to use this project to benefit people who attend or could attend meeting places. However, other dangers can be lurking if critically reflecting on problems and limitations is a taboo. For future research, I suggest considering a combination of ethnography and individual interviews to strive to generate more problematisations in the service of serving the interests of service users. Another strategy to consider is to recruit people who have attended meeting places at some point, but not anymore (Bachke and Larsen, 2017).

A different potential pitfall that we encountered related to the focus group interviews were concerned with focus group size. Guidelines advise to over-recruit to each focus group because of expected withdrawal, aiming to include 4-10 participants per group (Malterud, 2012). The number of participants was approximately 4–7 in most of the focus groups; however, in the first and last groups with service users, 10 and 2 participants came, respectively. The conversations in these two groups seemed as generative as in the others. The clearest difference appears to be that the large group appeared to cover a particular breath of discussions, and the small group appeared to cover more details. I suspect that a potential pitfall was that some focus group-participants in the largest group, and also other groups, might not have gotten the chance to share as much as they might have intended, whilst the participants in the smallest group, and some in other groups, might have shared more than they might have been comfortable with given the sensitivity of some topics.

Under sharing and oversharing could be considered ethical issues and potential limitations concerning respect for participants' integrity. Regarding under sharing, we sought to actively include everyone in the conversations in line with participants' wishes. In terms of oversharing, I sought to moderate carefully when participants talked about sensitive issues, and to ask whether the conversation should move on in some cases. In retrospect, if I could have done it again, I could have more frequently talked directly with the quietest participants, and asked those who talked the most about sensitive issues to reflect on whether they were comfortable with going on talking. The issues notwithstanding, no one withdrew after having participated. We generally set a low bar to withdraw and people did withdraw during the recruitment. Staff and service users often commented that they had found meeting peers and discussing common experiences engaging.

4.5.3 Transcriptions

In the transcription process, I repeatedly encountered a dilemma and potential pitfall between ensuring the right of anonymity of participants, and the verbatim integrity of transcriptions from audio recordings of the focus group interviews. In compliance with NSD's (n.d.) research ethical guidelines on anonymity, words that could, directly and indirectly, identify the focus group participants were changed or deleted. Changing words could, however, significantly change constellations of meanings. Thus, in a few instances, when I considered that changes could be more detrimental to the analysis than the risk of the particular word to entail recognition, I kept them in the transcripts, but did not necessarily use them as excerpts in the articles.

4.5.4 Interpretation of data and Foucauldian discourse analysis

We have interpreted the material through the analytical lens of Foucauldian discourse analysis in psychology, – accompanied by a critical community psychology tradition and an emancipatory participatory research tradition. A limitation with predetermined lenses may be related to the confirmation-bias, that one often finds what one seeks. Focusing on macro discourses and their functions for service users, we have, for instance, not taken full advantage of focus group interviews as a prime method for data on micro-level social interactions (Kitzinger, 1994).

By mainly interpreting the material through the lenses of Foucauldian discourse analysis, there has furthermore been a risk of colonizing first-hand knowledge of co-researchers (e.g., Krog, 2011). A closer discussion of this risk follows in the upcoming sub-section.

Most analysis methodologies necessarily guide the researcher to seek patterns according to a framework that includes some aspects of the world and excludes others. As such, Parker's (2014/1992) Foucauldian discourse analysis may be discussed as a strength of the project given the emphasis to trace what is conceived as the internal contradictions of discourses and their overlaps with other discourses.

4.5.5 The tension between academic- and first-hand knowledge

In this sub-section, I engage in an in-depth discussion concerning the tension between academic knowledge and first-hand knowledge, which I introduced in Section *1.2.1.* As a remainder; although I started off with discussing a tension between critical theories and participatory worldview as paradigms of science, I argued that it also operates *within* each of the two paradigms. As such, I argued that it is pragmatically more fruitful for a dissertation within community psychology, an applied field, to continue to discuss the tension as an issue within and related to both paradigms. The tension involves a dilemma and risk of falling into the two ditches of colonising first-hand knowledge through academic discourse or taking peoples' intuitive accounts of reality to represent the interests of a particular social group in an 'uncritical' manner – that is, with a limited socio-historical and theoretically developed grounding and analysis (Malterud and Elvbekk, 2019; Parker, 2005, 2013; Spivak, 1988). Here I discuss how this tension has been negotiated in the Ph.D.-project. Through this discussion, I continually reflect on my positions, relations of power, and actions.

Predominating discourses in Norway grant me, as a psychologist and researcher, a position as a high-status expert on psychosocial hardships. As previously discussed, predominating psy-discourses and sanism in contrast position people who have experienced psychosocial hardships as, for instance, having lapses in rationality and even being denied a status as knowers, including restricted human rights and physical and chemical restrictions on their entire person (LeFrancois et al., 2013). Throughout the project, I and the team striven to set the bar and access to participate as easily traversed as possible for co-researchers, in line with the team-agreement and ideals in the emancipatory participatory research tradition. However, as the day-to-day leader and fulltime employee of this Ph.D.-project, power and privilege unevenly fell on me. Without losing sight of the necessity of continuous critical counter-action, acknowledging that a single project cannot escape historical structural inequality is crucial. There are deep-seated power-differences associated with the positions of academic researchers and co-researchers (e.g., Russo and Beresford, 2015).

To give a practice-example of structural inequality and how it was negotiated here, one of the co-researchers who had co-authored one of the articles decided to withdraw the authorship before publication. The co-researcher discussed the decision with the collaborative team, and we discussed what we could learn from the situation. The narrative was that the co-researcher was far along in a process of personal recovery and building a new life path and identity. He/she took an active decision that she/he was not interested in going public with a service user identity. Without devaluing the forethought and strength involved with coming to this decision and without doubting that the decision was right for the co-researcher, it can be viewed in relation to societal sanism given the concern for a public service-user identity (e.g., LeFrancois, 2013). Sanist stigma appears to be difficult to shake even from categories set to work for the interests of people in psychosocial hardships and with weak ties to 'mental illness', such as *co-researcher.* Although we cannot make major structural changes on our own, this project is a part of the struggle against sanism.

Reflecting on the participatory research process, from the onset I was concerned with facilitating as much space as possible for the co-researchers to include their first-hand knowledge of psychosocial hardships and to reduce the risk of tokenism (e.g., Beresford, 2013a; Glover, 2009). I also strove to contribute to a respectful collaboration and to work on the deep-seated power differences in practice. I considered that engaging with the participatory tenet of sharing control over the full research process within the limitations of academia was essential (e.g., Askheim and Borg, 2010; Grant et al., 2008). A central approach was limiting my control over the research as a psychologist, academic and project leader, and putting the position as a fellow human being to the front of the collaboration. In practice, this approach meant to be attentive, and in the moment during interactions, taking our time at every step and clearing ample space for social processes and building the team. This approach has been intended to build a solid relational fundament and to work, bit by bit, on the power-relations amongst us to collaborate on developing and doing the project within and against the present boundaries of academia and society. I argue that it is strength of the project that co-researchers, supervisors and I met one another as human beings of equal value, on different life paths and with different knowledges, aiming to show mutual respect and trust. Historical knowledge supporting that interaction and trust amongst people of different social positions contribute to reducing inequality exists (Brandal et al., 2013; Wilkinson and Pickett, 2010).

After a focus group interview with service users, the co-researchers challenged the idea that I was mainly supposed to let go of control. It became clear that I had been moderating the conversations more actively than I had thought. The co-researchers considered that the active regulation on my part had been constructive and that participants were looking at us to regulate the conversations fairly. These reflections gave fuel to further critical reflexivity on the potential constructive power of facilitating more actively in process regulation when relevant and/or in the interests of the people who participate. In some ways, the strategy of letting go of control resembles the level of control in Arnstein's (1969) classic hierarchical ladder of citizen involvement and the 'humanist power conceptualizations' of the 1970s in which power exercised from above is viewed as oppressive and power from below is empowering (e.g., Gaventa and Cornwall, 2008; Henriques et al., 1998/1984). However, as has later been documented historically, theoretically and analytically, the struggle for social equality entails a greater complexity than simply to deregulate the powers to be (e.g., Fine, 2012b; Harvey, 2005; Henriques et al., 1998/1984).

In this practice example from the participatory discourse analysis process, I went to the other extreme by slipping into the position of the academic charged with policing the boundaries for how to do discourse analysis according to 'the book' and thus amplified the power-differences between me and the co-researchers. To enter complex methodologies such as discourse analysis always entails a clear risk of academic co-option instead of co-researchers voicing alternative ways of seeing the world, as intended (Carey, 2011; Parker, 2005). Because we as a team had worked on keeping the bar low for critical reflexivity and disagreements, especially to contradict me, the co-researchers rightfully criticised my academic policing. This critique facilitated us to pause and reflect on my slips and to work out ways to negotiate and craft our own version of doing participatory discourse analysis to better accommodate our inquiry and the interests of people who attend meeting places (Ynnesdal Haugen et al., 2016, 2018). A concrete example concerns how we decided to encounter alternative discourse-analytical readings of the same excerpt. We chose to include the various alternative analytical readings of a single excerpt and continued to trace the alternative readings to be related to different discursive objects and discourses when that was relevant, and the material supported it. Thus, in some cases, the same utterance is interrelated to more than one discourse in line with viewing languages as open dynamic systems (Parker, 2014/1992). Methodological tailoring resonates with our lenses and traditions (e.g., Borg & Kristiansen, 2009; Brydon-Miller et al., 2011; Parker, 2013), and is considered a strength of the project.

To provide a practice-example of nearly falling into the other ditch, in the articles, our particular collaboratively created tailoring can be critiqued for showing a limited discussion of socio-historical analysis and theoretical frameworks. Yet, analysts are bound to prioritise which paths to follow as the ‘figure’ and the ‘ground’ when doing and presenting a Foucauldian discourse analysis because a full analysis is substantially wide-angled (Parker, 1997). In writing the articles, we only to an extent discussed historical analyses and theoretical frameworks because our aims, research questions and collaborative efforts led us to prioritise to focus on the most central aspects of theories and contemporary history and consequences of the identified discourses for the people whom meeting places are meant to serve. I have sought to more thoroughly integrate theoretical frameworks and historical considerations in the dissertation to mitigate the limitation.

Through the research process, the team strove to make important analytic decisions together in line with the team agreement and central ideals in the emancipatory participatory research tradition (e.g., Borg and Kristiansen, 2009). Nonetheless, we made the decisions within current limits of structural inequality. For instance, following the collaborative discourse analysis-workshops, as a Ph.D.-candidate, I did the thorough analysis and presented preliminary analysis back to the team. The team then reviewed the presented version, and I integrated the responses. On the whole, in my perspective, the full research process has been influenced by the co-researchers, the supervisors and me, but most of all, it has been a co-production. As a co-produced research project, a particular strength of our work is that it meets the criteria for participant validation of the research (Willig, 2013). In general, this way of collaborating could also resemble 'ordinary' research collaborations in academia.

However, a limitation with the project and a clear difference from ordinary collaborations is that I was privileged and the co-researchers were not when entering a traditional academic structure where the right academic merits are the key to get employed and to receive a salary (Rose, 2003). From the onset, we knew that procuring funding to compensate the co-researchers would be difficult, and everyone was informed about this before joining the project. This inequality has been thoroughly reflected on in the team throughout the project period. Through avenues outside of academia, we managed to obtain some funding and other ways to compensate the co-researchers for their time and efforts (see Section *2.1*). However, most of the co-researchers have primarily worked on the project as volunteers.

I have many times discussed concerns for exploitation related to not being able to offer co-researchers a salary. The co-researchers have often answered my 'capitalist-concerns' by pointing out personal benefits with participating, such as having the opportunity to contribute to society and people in psychosocial hardships through research, to gain experience with research, and to be a part of something meaningful that also provided a new constructive position as a 'co-researcher'. In this context, 'co-researcher' stood out as more empowering than 'service user'. In line with discourse-analytical understandings of contradiction, I reflect that benefits related to the co-researcher position should be considered to co-exist with its potentially disempowering implications, as discussed earlier in this sub-section.

Literature studies, individual and collective reflexivity, and the analytic work, has contributed to developing my understanding of power-relations in practice, and of the risk of falling into the two ditches of colonising first-hand knowledge through academic discourse, or taking peoples' intuitive accounts of reality to represent interests of a particular social group in an uncritical manner. For instance, drawing on the analysis in article 3 and on postcolonial studies, I argue that I could conceivably have limited my control to a high degree, but first-hand knowledge could still end up with being silenced. In power vacuums, predominating discourses quickly enter and find fertile ground to prosper (e.g., Parker, 2014b), as discussed in Section *4.3.*

Generally, through the Ph.D.-process, I have developed an understanding of power-relations in practice that is more akin to a Foucauldian conceptualisation, in which I consider power as being productive and contingent (Gaventa and Cornwall, 2008). For instance, my talk–silence and action–inaction have consequences that can facilitate or restrict the space for collaboration for the co-researchers depending on the situation. I consider that the overall work with this dissertation supports the understanding that for those who are currently in underprivileged positions, it may be conducive and called for that the academic researcher facilitates the collaboration in different ways, including letting go of control and engaging in active involvement and setting up supporting structures on the basis of relevant scholarly theory and analysis. How to proceed to balance the risks of colonising first-hand knowledge through academic discourses, to take peoples' intuitive accounts of reality as representative for social reality uncritically and for predominating discourses growing in power vacuums, always depends on a particular situation and should follow careful considerations and critical reflexivity, preferably together with first-hand knowers.

Critical community psychologists Kagan and Burton (2000) have discussed that participatory research might entail concretely engaging with the limits of the current discursive order. I consider that the team and I have concretely engaged with limits that places persons in psychosocial hardships in subversive positions. Importantly, the practical interaction with limits has facilitated us to gain knowledge about how some freedom of movement in action may be possible within current limitations (Kagan & Burton, 2000). According to political scholar Clarissa Hayward, ‘freedom is the capacity to participate effectively in shaping the social limits that define what is possible’ (1998, p. 21).

4.5.6 Alternative interpretations of results

The participatory discourse analyses of the three articles only lays forth the readings that we have considered as especially salient and relevant, inextricably bound with the positionings of our participatory team. However, in Foucauldian discourse analysis, language entails open dynamic systems that always enable alternative interpretations (Parker, 2014/1992). That people of different positionings would read the material and perform the analyses in different ways, is at the very centre of participatory research traditions and discourse analysis (Borg & Kristiansen, 2009; Parker, 2014a). For instance, different team-members are considered to be positioned in different ways of being-in and seeing the social world, which again gives rise to different knowledge to draw on when actively co-constructing an analysis of a material. Thus, other readers and analysts could and presumably would read, interpret and analyse the material and analyses in other ways and come to alternative interpretations of the results. For instance, the analysis of a social-democratic discourse would presumably strike clearer resonance within the context of the Nordic countries than for instance the context of North America where discourses of network-based solidarity are more salient. As discussed in the previous section, in some ways even studying meeting places appears as an increasingly local matter to countries that seek to uphold public welfare arrangements in a neoliberal era.

The possibility for alternative interpretations of results notwithstanding, I consider that our analyses of the three articles are thoroughly and properly conducted. Although an analysis is never finished, I consider that we have generated well founded and traceable analyses, as presented in the three articles. In our dissemination seminars of article 1 and 2 with representatives from the involved municipalities and NGOs, the analysis of service users' accounts of meeting places seemed to strike a positive resonance, while service user involvement as neoliberal consultation appeared negatively surprising, but conceptually recognizable for the attendants. I view the feedback at the seminars as a processual form for participant validation with service providers. Evaluating our analyses further, there seems to be much in common between our analyses and descriptions in the reviewed meeting place-literature. Even in the literature on consumer-run drop-in centres in the US, which was excluded from this inquiry, spaces similar to those that we analysed seem to be described. However, a major difference between meeting places and consumer-run drop-in centres is that the latter are not part of a welfare state, but consumer-run organisations who struggle with scarce resources to make ends meet (Mowbray et al., 2002; Segal et al., 2002). Our analyses furthermore seem to resonate with wider changes discussed even in global contexts. As such, I consider that our discourse analyses might be transferable to illuminate and ignite reflections and discussions around similar concerns in different contexts, at the reader's discretion. I furthermore believe that the participatory inquiry of meeting places entails a unique contribution to Nordic community psychology and to the field of community mental health care through our thoroughly contextualized analyses.

4.5.7 Institutional reflexivity

Widening my gaze to engage in institutional reflexively to discuss whose interests our research seems to serve, several parties could be addressed. For instance, despite our best intentions, qualitative inquiries such as ours can be co-opted to contribute to 'new markets' related to where and how to conduct research (Parker, 2014b). On a personal reflexive note, the project allowed me to make a living by pursuing an inquiry with and for people in psychosocial hardships, which can also be seen to serve my white European colonial heritage of privileged explorer- and helper-proclivities (Glesne, 2007). I have not intended to exploit anyone, yet history has shown that good intentions do not necessarily do good (e.g., Deegan, 2010). However, as previously discussed the co-researcher team have met my concerns with discussions of how the collaboration has been beneficial for them. This reassurance co-exists with my ethical worries, and as with ethical questions in general, these concerns are never ‘answered’ once and for all (Denzin & Giardina, 2007b).

This research furthermore serves the interests of the social-democratic welfare state. Although the welfare state is a predominating sociohistorical system — in Nordic countries — in line with the reviewed meeting place literature and our participatory discourse analyses, the welfare arrangements of a social-democratic discourse generally also seemed to operate in the interests of those experiencing hardships by compensating for inequality and sanist exclusion in civil society.

However, the history of an authoritarian biomedical psychiatry operating on behalf of the welfare state — often in well-meaning, but dehumanising ways (Larsen & Terkelsen, 2013) — has understandably made people who have survived experiences of dehumanisation less trusting of state efforts to ‘help’ (Deegan, 2010; Shimrat, 2013). This distrust seems to be strongly emphasised in North American consumer/survivor/ex-patient movements that argue for service user-controlled services (Chamberlin, 1990). The importance of service users movements notwithstanding, according to our analysis, ‘control’ can be co-opted to realise neoliberal responsibilisation, privatisation, and retrenched safety nets (Ynnesdal Haugen et al., 2016). As discussed in community psychology, feminist research and decolonial studies, patterns of oppression are also maintained by leading those who already carry the heaviest burdens of social inequality to believe that they should also take the blame and responsibility for cleaning and patching together the human spillage caused by increasing inequality (Fine, 2012b; Orford, 2008; Tuck & Fine, 2007).

Together with Grue’s (2016) inquiry of the metaphor ‘illness is work’, our analyses suggest that people in the midst of distress can have more than enough with which to grapple in keeping their heads above water and that they should be afforded reduced external pressure rather than increased productivity demands. I believe that future research should continue exploring the hard work involved in staying afloat for those experiencing various forms of hardships, to achieve better understandings and facilitation of pressure-reduction at times of distress, in a political and economic climate in which productivity is increasingly demanded, even from people needing emergency relief (Government.no, 2016).

To be clear, this participatory inquiry has mainly been concerned with people who attend meeting places. Although we held separate focus groups with staff, also these revolved around the interests of people attending meeting places, as grounded in our aims and research questions. Nevertheless, staff also provided us with interesting discussions about their everyday practices at meeting places, and I consider that explorations of staff's practice could also be a fruitful avenue for future research. As is the case with people in general, people in psychosocial hardships have a plethora of different interests and horizons of possibility (O'Hagan, n.d.). For people in psychosocial hardships who are outside of the labour market and not going to meeting places, I believe that it could be of great value for future research and developmental initiatives to further investigate other kinds of everyday spaces that may facilitate reduction of pressure and community when people are working hard to staying afloat. As described by Lauveng, Tveiten, Ekeland, and Ruud (2016), Danish schools for people experiencing various types of hardships, which resemble what is officially translated as Nordic *Folk high school*s (Folkehøgskolene, n.d.), are an example of other kinds of everyday spaces. The social innovation initiative *recovery colleges* are another example of relevant everyday spaces (Blich, 2019).

In line with central ideals guiding this participatory inquiry, we have worked to benefit people attending meeting places. As discussed in sub-section *4.4*, this task entailed ethical accountability towards pleas from people attending meeting places for us to take great care to avoid contributing to the closure of meeting places. Given the neoliberal threat, I consider that it would be in the interests of people in hardships for future research to engage in prospective studies of meeting places and similar safety nets, reporting on potential changes and implications of changes. Given the increase in global social inequality (OECD, 2014), I hope our inquiry might inspire at least some scholars and their future research to increasingly question whose interests may be served when they conduct research that can be read as critical evaluations of welfare state safety nets and to take precautions so that they are not co-opted as ammunition to dismantle safety nets (for suggestions, see Fine, 2012b).

4.6 Implications for politics, policy, and practice

This participatory community psychological inquiry and the reviewed meeting place literature have the following central implication: in line with the Norwegian Action Plan (Ministry of Health and Care Services, 1998), the continued prioritisation of meeting places as welfare state safety nets in people's *local communities* appears to be in the interest of people who attend meeting places, despite the shortcomings and contradictions of and room for improvement in this service.

At a time of political, structural, and economic changes in the Norwegian municipal sector, based on the analyses and discussions herein, my hope for and suggestion to local authority politicians and policymakers is that they, when possible, continue to reflexively and strategically work in spaces that facilitates to prioritise a person's everyday welfare and worth, although it may be less compatible with NPM-models and neoliberalism. This suggestion is also supported by research that has shown on a wide range of indicators, including psychosocial hardships, that reducing inequality by sharing burdens and privileges as a people benefits us all (Wilkinson & Pickett, 2010). Slashing safety nets, such as meeting places, seem to do the opposite (Fine, 2012b; Mattheys, 2015; Wilkinson & Pickett, 2010; Wood, 2012).

Furthermore, following our analyses and my discussions, and the Swedish case study mentioned previously (Andersson et al., 2016), the use of a corporate logic seems contradictory in the spaces of meeting places, especially with regard to reduced pressure and the presence of the materialised welfare arrangement, but also for spaces of compassion, peer community and self-determined growth. I thus suggest to leaders, staff and service users at local meeting places to reflexively work together to identify gaps and cracks in potentially growing neoliberal corporate logics within unavoidable limits. Finding gaps could help to locate spaces where more democratic collaboration is possible and for coproducing the meeting places according to the interests of service users, in line with the Norwegian statutory right to service user involvement (Ministry of Health and Care Services, 1999; Norwegian Directorate of Health, 2006).

Given the proliferation of NPM also in the Nordic countries, and our analysis suggesting a predomination of service user involvement as neoliberal consultation, I also believe that the interests of service users may greatly benefit from strengthening the educations and increasing the ethical, reflexive and practical knowledge of public service-professionals about the humane, non-technical sides of socio-cultural histories and the value of social welfare, especially the value of reducing inequality and inhumanity through democratically chosen institutionalised forms of solidarity. I believe that *not* learning enough about socio-cultural history and the value of welfare arrangements can and will leave our welfare ripe for the neoliberal taking.

4.7 Summary and conclusion

The aims of this Ph.D. dissertation and the overall participatory inquiry were to illuminate and explore meeting places from a community psychological perspective and to produce practically relevant knowledge and to stimulate processes that may benefit people who use or may use meeting places. The theoretical lenses guiding the inquiry were a critical community psychology tradition, an emancipatory participatory research tradition, and Foucauldian discourse analysis in psychology. The dissertation has explicitly intended to engage in wide-angle contextualised, moral and socio-political analyses and discussion of meeting places and their functions, possibilities and restrictions for the real lives of people attending them, in line with the theoretical lenses, and as underlined by the practice-oriented aims. Resonating with the team's general focus on the interests of people in psychosocial hardships, two discourse-analytical questions have guided the inquiry: (i) how do central contemporary discourses intertwined with Norwegian meeting places appear? and (ii) the positioning of service users: Which consequences do the discourses appear to bring for service users in meeting places, including possibilities and restrictions? The following three more specific research questions were developed to guide the empirical focus related to the three articles (every question below was intended to subsume all elements of both questions above): (1) how do meeting-place employees discuss their encounters with service users and their experiences? (2) how do service users discuss their encounters with the spaces and people of meeting places? and (3) how do service users and staff of meeting places explicitly and implicitly address not talking (silence) about psychosocial hardships in meeting places? What seems to be pronounced implications of central discourses of silence for service users?

To illuminate and explore these questions, co-researchers with first-hand knowledge of psychosocial hardships and I engaged in focus group interviews with 37 participants in total: three focus groups with 15 staff members and four focus groups with 22 service users from various meeting places in a region of western Norway. Guided by Parker's (2014/1992) version of Foucauldian discourse analysis, and also the other theoretical lenses, we developed a participatory discourse analysis and traced and analysed the empirical data ‘outwards’ in relation to relevant socio-historical, cultural, political, economic, scholarly and material contexts.

Briefly summarising the participatory discourse analyses of the three articles, in article 1, we analysed two forms of service user involvement in relation to meeting places; service users’ being consulted on behalf of management, and to a lesser extent, social-democratic collaboration between staff and service users, respectively localised in a neoliberal discourse and a social-democratic discourse.

In article 2, meeting places stood out as public safety nets drawing on a social-democratic welfare discourse that to an extent appeared to provide people in hardships with protection against sanism; spaces of compassion localised in a discourse of compassion; a community of peers, localised in a discourse of solidarity among peers: and greenhouses for growth, localised in a humanist developmental discourse.

In article 3, not talking about psychosocial hardships (silence) in meeting places was analysed as the biomedical discourse silencing service users; restricting biomedical psychiatry’s access to meeting places, localised in a humanist developmental discourse; censorship of service users' freedom of speech, drawing on a discourse of liberalism; protection against the further burdening and exploiting of unconsenting people in the midst of struggles, localised in a social-democratic welfare discourse; and silent knowledge of the peer community, localised in a discourse of solidarity among peers.

Through the participatory analyses of the dissertation, meeting places appear to afford service users opportunities for social citizenship and -rights to compensate for their social exclusion from the labour market and civil society. By suggesting that meeting places seemed to entail a compensation for social exclusion and inequality, I consider that the analyses offer a contribution to Nordic community psychology. In meeting places, it could be acceptable to just be and not be productive while also being a part of a community of understanding people outside of the private sphere and inside the greater society. Our analyses can be seen to align with those of Pinford (2000) and Bergem and Ekeland (2006), as well as discussions in disability studies, by suggesting that to support persons in psychosocial hardships in expanding horizons of possibility, the normative pressures of a civil society — as fitted for a sane majority — appear to provide contraindicated goals against which a good and worthy life of difference can be scaled. The analyses instead suggests that facilitation for the person to be able to work on changing her situation on her own terms, being protected from normative pressures and distress were key in helping her become positioned to build capacity and to expand her horizons of possibility. As such, critiques aimed at meeting places for not pushing service users towards becoming 'productive citizens' can be turned around to serve as arguments *for* the continuation of meeting places.

Since roughly the 1990s, neoliberal logics have increasingly recast public services in Norway as sites of production (Ekeland et al., 2011). In the discussion, I speculated that the analysed discursive constructions of meeting places did not seem to conform well to neoliberal logics, particularly not spaces of suspended demands for production and materialised welfare arrangements as constant compensation for civil society's shortcomings. If meeting places imply a contradiction of neoliberal logics, it could contribute to illuminate why this service seems to be targeted for decommissioning in countries with more advanced neoliberalism, such as the U.K. As described and discussed, concerns regarding the future of meeting places also appear to be warranted in the Nordic context (Fjellfeldt et al., 2016).

A central concern of this dissertation was to trace which consequences that the identified discourses interrelated to meeting places appear to bring for service users, including possibilities and restrictions. Through the analyses of these discourses, meeting places stand out as profoundly valuable for people who attend this service. Without the meeting place, few to no public community spaces were available during the daytime that provided somewhere that a person could go to structure her day and just be in times of distress together with other people outside the private sphere, where distress could be temporarily assuaged. Moreover, few to no places were available to obtain staff support and facilitation when needed throughout the day, and to occupy themselves with activities according to their changing expendable resources after working hard to keep themselves afloat, to mention some of the possibilities of meeting places suggested by our analyses and the reviewed literature. No shortage of systematic sanist rejections and demands emerged in everyday life of civil society.

Unless civil society is able to make meeting places and the possibilities they appear to bring, redundant, an implication of this dissertation and most of the reviewed literature is that the continued prioritisation of meeting places as safety nets in local communities appears to be in the interest of people who attend meeting places.

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Article I

Disability & Society

ISSN: 0968-7599 (Print) 1360-0508 (Online) Journal homepage: https://www.tandfonline.com/loi/cdso20

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Lill Susann Ynnesdal Haugen, Andreas Envy, Marit Borg, Tor-Johan Ekeland & Norman Anderssen

To cite this article: Lill Susann Ynnesdal Haugen, Andreas Envy, Marit Borg, Tor-Johan Ekeland & Norman Anderssen (2016) Discourses of service user involvement in meeting places in Norwegian community mental health care: a discourse analysis of staff accounts, Disability & Society, 31:2, 192-209, DOI: 10.1080/09687599.2016.1139489

To link to this article: https://doi.org/10.1080/09687599.2016.1139489

DISABILITY & SOCIETY, 2016
VOL. 31, NO. 2, 192–209
http://dx.doi.org/10.1080/09687599.2016.1139489

Routledge
Taylor & Francis Group

Discourses of service user involvement in meeting places in Norwegian community mental health care: a discourse analysis of staff accounts

Lill Susann Ynnesdal Haugen[a], Andreas Envy[a], Marit Borg[b], Tor-Johan Ekeland[c] and Norman Anderssen[a,d]

[a]Department of Psychosocial Science, University of Bergen, Bergen, Norway; [b]Faculty of Health Sciences, University College of Southeast Norway, Drammen, Norway; [c]Faculty of Social Science and History, Volda University College, Volda, Norway; [d]Research Unit for General Practice, Uni Research Health, Bergen, Norway

ABSTRACT
In previous research, meeting places have been favourably addressed by service users, but they have also been contested as exclusionary. In this participatory explorative study, we sought to perform a contextual analysis of meeting places in Norway based on a discourse analysis of three focus group discussions with 15 staff members. We asked the following question: how do meeting-place employees discuss their concrete and abstract encounters with service users and their experiences? We focused on service user involvement, which was largely analysed as neoliberal consultation and responsibilisation. Service users were positioned as resisting responsibility trickling down and defending staffed meeting places. Social democratic discourse was identified in the gaps of neoliberal discourse, which is noteworthy given that Norway is a social democracy. This relates to global concerns about displacements of democracy. We suggest that meeting places appear to hold the potential for staff and service users to collaborate more democratically.

ARTICLE HISTORY
Received 4 May 2015
Accepted 5 January 2016

KEYWORDS
Participatory research; service user involvement; mental health day centres; discourse analysis; neoliberalism; social democracy

Points of interest

- We are a participatory research team that explored meeting places in Norwegian community mental health care in relation to their larger contexts.
- In this article, we report on an analysis of employees' group discussions that primarily focus on service user involvement.
- In Norway, service user involvement is a legally protected right.
- The dominant form of involvement looked less like a right and more a duty and responsibility for service users, and appeared to relate to management requesting suggestions and then making decisions on behalf of service users. Throughout the analysis, service users were portrayed as resisting such processes.

CONTACT Lill Susann Ynnesdal Haugen lill.haugen@uib.no

- The analysis also found democratic collaboration to be another form of service user involvement, but this alternative was in the minority. Our findings relate to global signs and concerns about threats to democracy.
- We suggest that meeting places could offer opportunities for staff and service users to collaborate more democratically.

Introduction

In the field of community mental health care, meeting places – also known as day or activity centres – appear to have a recent history that is especially contested. In England, a national assessment was conducted, after which meeting places were questioned about whether they contributed to maintaining (rather than combating) social exclusion; meeting places were deemed under-efficient and were slated for modernisation (National Inclusion Programme, National Institute of Mental Health England, and Care Services Improvement Partnership 2006; National Social Inclusion Programme 2008; Social Exclusion Unit 2004).

In contrast, meeting places appear to be consistently favourably addressed by service users and in most of the identified relevant literature, dilemmas and untoward implications notwithstanding (for example, Bryant, Tibbs, and Clark 2011; Conradson 2003; Elstad and Kristiansen 2009; Hultqvist, Eklund, and Leufstadius 2015; Swan 2010; Tucker 2010). Similar findings were also reported in the Social Exclusion Unit's (2004) assessment.

In Norway, meeting places were prioritised in the National Action Plan for Mental Health (1999–2008) with regard to combating social isolation (Ministry of Health and Care Services 1998, para. 4.2.4.). These apparent contradictions question whose and what evidence counts, why and when.

In the neoliberal era, whether services are claimed to lack evidence of efficiency or whether they are tested and fall short of target indicators of efficiency, modernisation seems to be the solution. The preferred method of obtaining evidence seems to be through research designs with a narrow gaze (i.e. randomised controlled trials), stripped of any contextual analysis of the complex social landscapes involved (Fine 2012). This could entail discarding most peer-reviewed research as poor evidence. For instance, in a Cochrane review of meeting places (Catty et al. 2008), randomised controlled trials could not be identified, resulting in the claim that provision of day centres is 'not based on good evidence as to their effectiveness for people suffering from severe mental illness' (2008, 2). This argument was made in spite of inquiries stretching back to the 1940s attesting to benefits of meeting places in all their 'untidy' complexity (Bryant 2011, 554). Similarly, the increasing global social inequality (OECD 2014) does not count as evidence in designs with a narrow gaze, although the devastating implications of inequalities are intimately bound to individuals who use services. Instead of documenting that something is wrong with society, testing might therefore find that something is not right with the individuals or the investigated service, thus perpetuating historical circuits of dispossession (Fine 2012).

However, critical scholars, such as Michelle Fine (2012), counter the narrow gaze with calls for wide-angle lenses tracing broad and complex landscapes of human lives situated in history, politics, economics and social dynamics, rooted in the Lewinian social psychological heritage and in line with participatory predecessors such as Martín-Baró. Despite the rich, everyday complexities involved in meeting places (Bryant, Tibbs, and Clark 2011;

Tucker 2010), the reviewed literature offers few studies that view this particular service from wide-angle lenses, with some exceptions (for example, Bryant 2011; Ekeland and Bergem 2006; Pinford 2000).

This article seeks to engage in an exploration of Norwegian meeting places in relation to their larger contexts through wide-angle lenses calibrated via a participatory research team with first-hand (co-researchers) and academic knowledge of mental health services and the approaches of service user-involved participatory research (Borg and Kristiansen 2009; Brydon-Miller et al. 2011; Russo and Beresford 2015) and community psychology (Hanlin et al. 2008). The study is based on a discourse analysis (Parker 1992) of focus group discussions with staff members from different meeting places.

Meeting places in community mental health care

In Norway, municipalities are the main providers and funders of meeting places. The service is not required by law, although the National Action Plan for Mental Health (Ministry of Health and Care Services 1998) did prioritise it. In a 2012 report (Osborg Ose and Slettebak 2012), approximately 80% of municipalities provided at least one meeting place. They often constitute easy-access drop-in centres or groups, although some require formal referrals. In a 2008 report (Kalseth, Pettersen, and Kalseth 2008), these centres were found to be the second most-populated service in municipal community mental health care, after individual outreach services. Given that meeting places offer community, affordable meals and a variety of daytime activities (Norwegian Directorate of Health 2005), they play a noteworthy role in the everyday lives of many people. The significance of meeting places is further emphasised by the systematic barriers to accessing sustainable employment confronted by many people who are administratively categorised as service users (Sayce and Curran 2007).

As previous research has suggested (for example, Bryant, Tibbs, and Clark 2011), meeting places thus stand out as a highly complex and contextually tailored service. This diversity seems to be echoed in the Norwegian guidelines for *Community Mental Health Care for Adults in the Municipalities*, which call for different types of meeting places that promote ideals such as service user involvement, social equality, recognition, safety, community, support, possibilities for meaningful things to do and general development (Norwegian Directorate of Health 2005).

The concept and practice of 'service user involvement' gained momentum in Norway from the 1990s, and was institutionalised as a right in health and care services in The Patients' and Service Users' Rights Act of 1999 (Ministry of Health and Care Services 1999, § 3-1). Leading up to the aforementioned Action Plan for Mental Health (Ministry of Health and Care Services 1998), 'psychiatric patients' were considered 'the neglected group of the welfare state' (Norwegian Council for Mental Health 1995, 1), and the Action Plan officially represented a new direction.

Thus, adherence to patients' and service users' rights is officially a responsibility of the Norwegian welfare state, which has issued guidelines, reports and teaching materials (for example, Norwegian Directorate of Health 2006). In practice, however, many service providers purportedly struggle with service user involvement (Osborg Ose and Slettebak 2012).

The political landscape

During the project period, the discourse of neoliberalism appears to have been strengthened in the Norwegian welfare state, flagged by the first coalition government between the conservative party and the classic liberalist party. Neoliberalism, which emerged globally during the late 1970s and early 1980s, entail freeing markets from state regulations, deregulating previous state responsibilities, such as health, care and welfare services, and implementing market mechanisms as the governing principle (Harvey 2005).

Across the North Sea from Norway is the United Kingdom. In the United Kingdom, health, social and welfare services have seen massive reforms since the first waves of neoliberalism (Conradson 2003; Harvey 2005) and, more recently, following the global financial crisis and the Conservative Government's politics. According to a two-year prospective case study, 'Destination Unknown', the reforms have amounted to 'an ever-diminishing civic and community life, the end of the safety net, deteriorating mental health, and the burden of care' for disabled people (Wood 2012, 79).

Similarly, the Norwegian government has announced welfare modernisations of its municipalities by 2017 (Government.no 2014). Because municipalities are the main providers of meeting places, the destination for meeting places are also arguably unknown given an expert committee's advice to merge Norway's 428 municipalities into approximately 100 (Vermes 2014).

Viewing and working through wide-angle lenses

We understand meeting places to be intended as social safety nets. Critical scholars are discussing that states are increasingly assessing their safety nets for efficiency through research designs with a narrow gaze, as already introduced (for example, Fine 2012). A basic belief of all of our theoretical–methodological lenses is that there are great diversities in how to see, be in and know social worlds (Brydon-Miller et al. 2011; Hanlin et al. 2008; Parker 1992; Russo and Beresford 2015). Standardised designs with a narrow gaze are not equipped to include diverse versions of social realities and their differential historical privileging in society (Fine 2012). Thus, narrow assessments omit vast amounts of information on the social terrains that are central to understanding the need for safety nets and their complex interrelations with gaps in social equality (Fine 2012). Thus, service modernisations and deregulations are strongly critiqued for being based on overly limited information that results in incorrect interpretations of what is actually found when measures indicate inefficiency (Fine 2012; Mattheys 2015). The critical dimensions to this problem unfold in light of analyses and documentation indicating that narrow assessments and modernisations have cost many former service users their safety nets, resulting in even greater inequality (Dean 2014; Fine 2012; Harvey 2005; Mattheys 2015; Wood 2012).

In contrast, following our theoretical–methodological approaches, we sought to accompany those who are positioned in complex social realities – here, service users and staff – and their comprehensive insights into and knowledges of these terrains (Brydon-Miller et al. 2011; Hanlin et al. 2008; Russo and Beresford 2015). In this article, we focus on staff accounts, and in another line of inquiry in progress we focus on service users' accounts, in order to analyse and discuss how meeting places appear from the two positionings in their own rights. As service providers in a setting that is considered to serve as a social safety net, staff members are seen as uniquely positioned to discuss concrete and abstract encounters between staff and service users, and between the meeting places' spaces and service users. To explore meeting places in relation to their larger contexts in light of this focus, we considered the following research question to be a good point of departure: how do meeting-place employees discuss their concrete and abstract encounters with service users and their experiences?

Methodology

This participatory inquiry of meeting places in community mental health care was initiated in 2012 in western Norway and is part of a PhD project. A participatory research team co-developed and co-conducted most of the project. We found focus group interviews to be suitable for engaging in discussions about how service users and their experiences are encountered in meeting places given the method's facilitation of inquiries into the variability of social worlds. To engage in a wide-angle, contextually oriented analysis, we saw discourse analysis as most relevant because it views all meaning as parts of larger systems of meaning (i.e. discourses). We follow Parker's (1992, 3–22) Foucauldian working definition of discourse as a system of statements that construct objects and position subjects. In this line of inquiry, we report on a discourse analysis of staff accounts that were generated through three focus group discussions with employees from different meeting places in Norway

The participatory research team

The first author (a PhD student) initiated the collaboration and suggested anchoring it in community psychology (Hanlin et al. 2008) and emancipatory participatory research traditions (Borg and Kristiansen 2009), supported by mentors (the third, fourth and fifth authors). Subsequently, more than 10 people with lived experiences of psychosocial distress from organisations, services and programmes oriented towards mental health service users, participated in co-creating the research project from scratch.

At the time of this writing, we had collaborated for three years on most of the aspects of the inquiry, including continuous project developments, focus groups, discourse analysis, academic authorship and other disseminations. We have continuously engaged in informal and formal capacity-building and critical reflexivity to strengthen our team's collaboration, along with our theoretical, ethical, critical and practical competencies, and understandings, in line with participatory ideals (Grant, Nelson, and Mitchell 2008).

From the outset, we have continuously reflected on and discussed how to facilitate participatory principles of maximising benefits and minimising costs for co-researchers. Ultimately, our guiding principle is self-determination on whether benefits outweigh disadvantages, as discussed by Grant, Nelson, and Mitchell (2008). In terms of material resources, we have been awarded a modest sum from a trust to collectively benefit co-researchers. In addition, the second author (co-researcher) is currently formally employed through the project, and another co-researcher held a temporary transcriber position. The routes to these positions were not through project funding, which primarily covers basic operating costs.

Focus groups

Recruitment process

Our main inclusion criterion was being employed as staff in meeting places of different shapes and sizes across a delimited region of western Norway. This criterion aimed to facilitate focus group discussions that would enable inquires into meeting places' variability, complexities, and contradictions. We made formal agreements with relevant municipalities and non-governmental organisations: they would assist in recruitment, and we would discuss the project's progression with them.

Participants

The 15 participants who volunteered reported backgrounds in fields such as art, craftsmanship, health, and social and societal studies. Some had learned to be service providers from practice. Many had worked in one or two meeting places for between five and 20 years. Men were the minority. Roughly one-third of the participants reported lived experiences as carers or with psychosocial distress.

The focus group discussions

We arranged three separate focus groups, each of which included staff from at least three different meeting places. Each of the focus groups lasted for approximately 90 minutes and was held during working hours, supported by the participants and the municipalities/non-governmental organisations. Everyone agreed to the focus groups being held in a university lunchroom.

Between focus groups, our research team engaged in collaborative reflexive and revisionary work. The focus group topic guide covered service user involvement, job descriptions, conflicts, rules and regulations, and relationships between meeting places and their surrounding communities. The first author was responsible for moderating the dialogues. The second author co-moderated all of the focus groups. Another co-researcher co-moderated one focus group. The co-moderators took notes on non-verbal interactions and asked follow-up questions based on their first-hand knowledges of meeting places and hardships. Often, the topics were discussed with minimal moderating. Many staff members commented that they had found the participation to be beneficial. The Norwegian Social Science Data Services approved the project (reference number 34030).

Transcriptions

The audio-recorded discussions were in Norwegian and were transcribed verbatim primarily by the first author, assisted by the second author and another co-researcher. The excerpts discussed in this article are freely translated from oral Norwegian dialects to a written English format in which non-essential information is kept to a minimum to increase readability. To protect participants' anonymity and dignity, characteristics that could possibly identify them were altered.

Discourse analysis as a theoretical–methodological approach

Our analysis was guided by psychologist Ian Parker's (1992, 3–22) version of discourse analysis, which consists of seven basic and three auxiliary criteria for identifying discourses. In practical order, we thus understand discourses as (1) coherent systems of meaning that are (2) realised in texts and that construct particular (3) objects and (4) subjects in society. They are situated in (5) time and space, standing in traceable relationships with (6) themselves as self-reflecting systems, (7) other discourses and (i) societal institutions. Moreover, they (ii) reproduce or oppose dominant power relations and have (iii) ideological effects. Similar basic views appear to be shared within community psychology (for example, Hanlin et al. 2008) and participatory research traditions (for example, Brydon-Miller et al. 2011).

During a tailored two-day discourse analysis research seminar and spread-out collaborative analysis sessions thereafter, we focused on two approaches: using free association to trace and develop preliminary suggested contours of a discourse; and a collaborative speed analysis of delimited sections of text. To analyse the material comprehensively, individual work was also performed. The first author began with a time-consuming word-to-word approach to the 230 pages but turned to a more intuitive approach to Parker's criteria as discussed by Kvale et al. (2009, 232–236). The second author and another co-researcher offered to participate more with discursive readings and reflections on full transcripts. The first author synthesised and analysed contributions and presented the preliminary analysis, at which time everyone was again welcome to contribute with their readings and critical reflections.

Analysis and discussion

The topic of service user involvement caught our attention during the focus groups and analysis. Relevant sections from the interviews proved difficult to analyse, and it was not until we read them aided by other relevant texts that we began to distinguish names and contours of discourses (see Parker [1992] for more information on analysis of discourses' self-reflections). In the following, we will account for and discuss the particular analysis that emerged, generally guided by the question: how do meeting-place employees discuss their concrete and abstract encounters with service users and their experiences? We emphasise that our discourse analysis relates staff accounts and discussions to the larger webs of meaning in which they are understood to be parts of. Our analysis is not directly concerned with the phenomenology of participating employees' subjective experiences or what they might have intended to say.

Co-determination as neoliberal consultation

In our three focus group discussions, questions regarding service user involvement were consistently met with descriptions of standardised co-determination or involvement procedures/processes. These procedures consisted of technically named meetings at pre-determined time intervals during the year, as described by 'Tracy':

> Interviewer L: … I was wondering, could everyone say something about what service users are involved in deciding at your places?
>
> Tracy: We have a service user council that has been led by a person who is a co-worker with service user experiences. What's more, they have several regular prearranged meetings during a year …
>
> L: Do you have an example of wh-what they are involved in then?
>
> Tracy: We have a suggestion box we usually check for suggestions before a meeting. And we set the agenda together from meeting to meeting, with like, 'what should we address next time', for example. Then, there is a dialogue between service users and staff about what should be on the meeting agenda or what we want their opinions on, or, yeah. One of the topics has been alcohol on trips, rules for comfort. We have been working on the suggestion of a name change, not calling it 'house rules' but rather 'rules for comfort'. And that was a very long

> process. So basically, yes. That is basically it. What things are happening, if they are satisfied with the existing service, if we should do it differently, if they miss something, and also for Christmas they had wishes about a Christmas fair, so we set up a Christmas fair, sales fair …

We identified the contours of the neoliberal discourse through prolonged analytical work on these diverging yet interrelated notions of involvement, such as 'what we want their opinions on'. Here co-determination appeared to involve consultation at the discretion of management, and seemed to operate as a device for governing rather than a mode of collaboration, as the next excerpt illustrates:

Tracy: … The person who used to lead it [the service user council] is quitting, so I thought 'Who do we have who could be utilised for that?'. Then, it turned out that someone wanted to take over. But at the same time, I thought that it would be important that there is a staff member present [another staff member: Yes!] through the meeting, so that we – I've thought a bit about if we should have some kind of alternation.

Two staff members: Yeah.mmm

Tracy: So that we gain even more, how to say, interactional influence. Basically, so that those who work at the house know what happens in the service user council …

Tracy and her staff appeared to be positioned as mandated to manage, regulate and monitor service user involvement. Following Tracy's account, here service user involvement paradoxically did not involve consulting service users, even on the topic of the service user council. As such, our reconstruction of co-determination as neoliberal consultation would appear to be discursively coherent with discussions in the broader service user involvement literature of the managerialist/consumerist ideology of service user involvement (Beresford and Carr 2012). Both in the literature and in our focus groups, this construction of involvement explicitly raises questions of whether service user involvement is only 'pretend' co-determination directed at practicalities rather than involving users in fundamental decisions. This is sometimes discussed as tokenistic involvement in the literature. As such, tokenistic involvement appears to involve concerns for people being led to believe that their influence is greater than it is (for example, Arnstein 1969; Beresford and Carr 2012; Borg, Karlsson, and Kim 2009; Meehan and Glover 2007).

The benefits of tokenistic group consultations for neoliberal discourse could be understood in light of the classic action research findings of Lewin (1947). Lewin and colleagues documented that groups appeared to take more responsibility for making changes when they had been involved in the decision-making that led to the changes than if those changes were initiated from above.

Responsibilisation – a neoliberal strategy

Often initiated by staff, the topic of responsibility arose at various points implicitly or explicitly related to service user involvement, as in the following excerpt:

Ramona: So we get a lot of 'Staff doesn't do that, well they don't. They don't they don't take responsibility!', from service users.

Maryanne: No, right.

Ramona: But we experience that we are running our legs off. We just aren't able to manage to do everything right.

?: No.

Ramona: But when you say; 'Yes, but what could you do?' Like, 'No, it isn't our job!' [Ramona chuckles.]

Alyssa: Have the different roles ever been defined? Just thinking about it, users and staff, like, have it like?

Ramona: No, we try all the time, right. And it is discussed from time to time.

Alyssa: Yes.

Ramona: But it is, like, no one actually speaks of the service users' responsibility. That is, is there a responsibility attached to being able to be in control?

Alyssa: The general assembly should take up the question of 'what is a service user responsibility?' [Interrupts and talks simultaneously.]

The importance of this topic and section was particularly emphasised by the team members with first-hand knowledge and was decisive for engaging in the prolonged work necessary to analyse what now appears obvious: the excerpt triggers an image of the welfare state's responsibility for service user involvement trickling down, first to the meeting-place employees, who must 'make do' within economic limits that were questioned and problematised during some discussions. Moreover, with staff overwhelmed by service users highlighting their poorly met needs given increasing inequality, responsibility inevitably trickles further down to the service users. We suggest that this could be understood in terms of the neoliberal strategy of responsibilisation:

> … a term developed in the governmentality literature to refer to the process whereby subjects are rendered individually responsible for a task which previously would have been the duty of another – usually a state agency – or would not have been recognized as a responsibility at all. The process is strongly associated with neo-liberal political discourses, where it takes on the implication that the subject being responsibilized has avoided this duty or the responsibility has been taken away from them in the welfare state era and managed by an expert or government agency. (O'Malley 2009, 277)

These quotations also attest to splitting between services and service users in which each blames the other for difficulties with service user involvement. In the neoliberal discourse, service users who do not partake in managing the meeting place appear to be positioned as not taking responsibility and to be implicitly portrayed as lazy, irresponsible and ungrateful, leaving all of the heavy lifting to the responsible (and exhausted) staff members. Simultaneously, staff seem to be positioned as doing service users a disservice by taking away their responsibility.

In our focus groups, staff explicitly discussed cost-cutting and deregulating measures. Some constantly had to negotiate the threat of having to close the meeting place. The employees discussed this threat in relation to meeting places not being legally protected and in relation to reductions in and restrictions on available fixed assets. A recently enforced registration system for service users' data was also addressed as raising concerns for staff and users alike after obviously tokenistic consultations from higher levels. A quick gaze at the United Kingdom's shattered services demonstrates that it is wise to take these modernisations seriously (Mattheys 2015; Wood 2012).

Resisting responsibilisation

We have also identified the contours of service users being positioned as resisting the responsibility placed on them, as seen in Ramona's earlier excerpt. We particularly identified resistance of responsibilisation in relation to what might otherwise be viewed as employees' jobs, such as managing the meeting place, as discussed by 'Barbara':

> Barbara: We have tried to have the place open without staff. That went a little bit well the first night, not so well the second, and eventually, no one came.
>
> Jake: Mmm.
>
> Barbara: At all.
>
> Several other staff members: Mmm.
>
> Barbara: So that didn't work. To have staff present in an environment like that, that safety factor, it means incredibly much.
>
> Several other staff members: Mmm, mmm.

These rejections of attending unstaffed meeting places were discussed multiple times during the focus groups. Service users were obviously also positioned to assume responsibilities and to manage the meeting places – often in situations involving higher user-to-staff ratios and unavailable staff. In such cases, we understand service users positioned as responsible for managing meeting places as attesting to the power of neoliberalism because a discourse only functions and grows if people occupy its positions (Parker 1992). Through its thorough intertwinement with most aspects of life in the late modernity, neoliberalism could be said to position most of us, for instance, telling us that the right thing to do is to maintain ourselves as able-bodied and healthy, or at least able-disabled, to decrease the need for public safety nets (Goodley, Lawthom, and Runswick-Cole 2014).

In our focus groups, certain service users were discussed as always having to step up to manage in employees' stead because those users were the only volunteers. For years, feminist research has critiqued the practice of exhausting those who chronically take responsibility when those who should be answering the calls are absent (Fine 2012).

Sometimes, staff discussed it as confusing that service users were not more eager to initiate activities. This concern might be viewed in light of a neoliberal campaign of undermining professional power because it implies that untrained persons can do employees' jobs. Service users, in contrast, appeared to be positioned as safeguarding staffed meeting places. The importance of staff appears to be consistently emphasised by service users across studies (for example, Elstad and Kristiansen 2009; Pinford 2000).

Responsibilisation threatens safety nets

In their discussion on threats to service user involvement, Russo and Beresford (2015) particularly discuss colonisation and exclusion. We argue for adding responsibilisation, which is interrelated with being colonised into believing you are responsible for being caught in inequality gaps and excluded as lazy, and because you know better but you do not do anything about it, you deserve distress. However, at the risk of inciting a controversy, our analysis suggests caution against viewing the highest level of Arnstein's (1969) ladder, citizen control, as the answer. Our analysis raises concerns that control could be co-opted to be serving the neoliberal agenda of deregulating and freeing state-owned resources, a process that takes place through positioning individuals and non-governmental organisations to increasingly take responsibility for what has thus far been the state's responsibility. If responsibility is accepted and we waive our collective rights to state resources, it would logically follow that we are led to believe that we decided this for ourselves and thus must live with the austere consequences. This process occurs while state resources are claimed to be reducing the liberty of ordinary citizens, whereas the 1%, to the contrary, appear very liberated by the deregulated versions of those same resources.

Thus, service users' movements' important struggle for equality vis-à-vis professionals and State (for example, Chamberlin 2005) could be at risk of being exploited towards such neoliberal agendas (Ekeland, Stefansen, and Steinstø 2011; Harvey 2005). If this was to occur, we might find a different liberty than what was sought, such as the deregulation of our public safety nets.

Finding ourselves critically aware of at least the possibilities of such clearly unintended scenarios of taking control, we suggest that there are pressing needs for further work on this threat, including examinations of alternatives.

Co-determination as social democratic collaboration

From the gaps in neoliberal discourse, we untangled another thread of co-determination, which we termed social democratic collaboration. As we can see in the following excerpt, even foundational issues at meeting places, such as the content of house rules, were decided together by both service users and staff:

> Interviewer L: … So we just wonder a little bit about what the users are involved in deciding, regarding these limits and rules. Could you say something about that?
>
> Layla: We have made house rules together with the service users. And the service users are basically involved in deciding in every service user council and general assembly. And most of the time, there is something to disagree about. And then the majority decides on it at general assembly. We have a handful of user councils every year [two staff-members: mmm, mmm], and thereafter – by the way, service users are in the majority and staff in the minority …

At a later point in this discussion, the limits to democracy were discussed in terms of what would happen if staff found a majority decision made by service users to be professionally inadvisable (brief interruptions are marked by brackets):

> Jessica: But who, I mean, this is what I'm so concerned with; who 'wins' then?
>
> Staff member: Yes.
>
> Layla: Well, but I mean … Well, but, I mean [], ehh, yes, but we have ehr []…If and when there is voting [], right, then there is the majority. But we do let them [service users] know it if we judge it to be professionally inadvisable.

Several times it was emphasised that majority rule trumped professional opinion. This signifies democracy, perhaps especially so in the mental-health field in which professional opinion still mostly dominates, service user movements' struggle notwithstanding (Russo and Beresford 2015). Brandal, Bratberg, and Thorsen (2013, 1–15) contend that a central characteristic of Nordic social democracy is to acknowledge that there exist different interests and social inequalities among social groups that this ideology seeks to reduce, as exemplified in the earlier excerpts. This clearly contrasts with the previously discussed neoliberal consultation model that does not acknowledge the differing interests of management and those being managed on the assumption that everyone is working towards the same targets, which are unilaterally decided by upper management (Beresford 2002; Bjerke and Eilertsen 2011).

Social inequality is also clearly among the central foci of service user movements and their democratic approaches and emancipatory ideologies aimed at social equality for service users (Beresford 2002). Important ideological overlaps aside, we nevertheless see distinctions between a Nordic social democratic discourse and our readings of the ideals of Anglo-American service user movements. For instance, service user movements appear to favour a more participatory route to democracy – taking understandable precautions concerning state arrangements given psychiatric oppression (Beresford 2002; Chamberlin 2005). The social democratic discourse, on the other hand, seeks to counter inequalities through institutionalised solidarity and arrangements within the welfare state (Brandal, Bratberg, and Thorsen 2013).

The social democratic discourse is as such extensively embedded in Nordic culture – gaining momentum from the turn of the twentieth century (Brandal, Bratberg, and Thorsen 2013). Thus, it is noteworthy that we only identified this discourse in a few sections of the focus groups. The interruptions during Layla's discussion might be read as another sign of marginalisation. Reviewing the service user involvement literature, this resonates with discussions of the neoliberal managerialist construction of involvement, gaining increasing predominance since approximately the 1980s (Beresford and Carr 2012).

Another central aspect of Nordic social democracy, and an example of mentioned institutionalised solidarity processes, is the tripartite collaborative co-determination between trade unions, employers and the state (Brandal, Bratberg, and Thorsen 2013). Norwegian trade unions are voicing concern about the future of social democratic collaboration. The knowledge centre for trade unionists, De Facto, reports on a case study of the Norwegian Tax Administration which documented that the consultation model seemed to have displaced tripartite social democratic collaboration to a considerable degree following major restructuring and modernisations (Bjerke and Eilertsen 2011).

Reflecting on the field of community mental health care, it is situated in the highly women-dominated frontline care landscapes, which are globally characterised by weaker labour rights and lower pay, and the job is positioned as a labour of love (Razavi and Staab 2010). As a labour of love, the claiming of rights might be rendered unethical for care workers, especially if those rights are suspected of being detrimental to the rights and needs of service users.

Viewing signs of displacement of democracy through even wider lenses, there are deep global concerns about neoliberalism's threat to democracy itself (Harvey 2005). That threat is related to corrosions from below (as addressed here) and co-options from above though a high concentration of the world's resources among a relatively small elite (Kornbluth 2013).

Spaces of restriction, protection and possibilities

Although there is potential for fruitful collaborations embodied in the social democratic discourse, we found what seemed to be many similarities between the described concrete interactions in social democratic and neoliberal service user involvement. In both, involvement was addressed as encounters between rational parties in dispassionate decision-making about decontextualised cases. We understand this to be related to a classical version of deliberative democracy that is criticised not only for excluding people who are marked by difference and disabilities but also for excluding affect and inequality (Raisio, Valkama, and Peltola 2014). A similar pattern was also found in a conglomerate of other relevant discourses, which triggered an image of a check-in desk where service user experiences have to be checked-in upon entry to the meeting place, to leave them in the wardrobe so to speak, as illustrated in the following excerpt:

Interviewer L: Could you say something about why it [mental disease] is off-topic?

Rebecca: Our meeting place is supposed to be a free space.

Several staff members: Yes, mmm, yes.

Rebecca: This is supposed to be a free space. The focus doesn't revolve around the fact that you have a mental disease. That is completely uninteresting when you are at our place.

Many of those with whom we spoke in this study supported regulated freedom of speech concerning certain topics such as psychosocial distress. This regulation was discussed as necessary to avoid burdening others at the meeting place. Similar rules also seem to have been reported in previous studies of meeting places (Tucker 2010) and psychiatric hospitals (Skorpen et al. 2008). The regulation of civil rights is discussed as an issue of concern in the broader Anglo-American service user movement (Chamberlin 2005). This notwithstanding, the detailing of this topic in our focus groups seem to point to a highly complex terrain of social regulation and discipline that future studies are suggested to explore, and we hope to do so at a later point.

Beyond 'check-ins', however, employees were positioned to enable and protect service users bringing with them their full ranges of experiences and difference in what appeared to be designated areas. For instance, taboo topics such as psychosocial hardships were described as 'allowed' and protected on the edges of the meeting places, as described in the following excerpt by 'Maryanne'. Parts of what is going on in this excerpt calls for future discursive inquiries of the social realities of service users:

Maryanne: And, and they [service users] really benefit from each other socially. After all, there is a social network in which they in a way meet peers and of course talk about disease aaand about all these things, right. [Many supportive comments from others.]

Alyssa: Medicaaations and …

Maryanne: About medications, about … they know all about these things, and of course, we don't interfere with that.

Ramona: No.

Interviewer L: Mmm.

Maryanne: Not in the slightest; they have to be allowed [to talk] among themselves.

Ramona: Yes.

Maryanne: Unless it happens like (1.5-second pause).

L: Unless it happens in plenum? But …

Maryanne: Yes, in plen … [simultaneous talk by L and Maryanne]

Reflections on limitations

Our collaborative inquiry has been based on the understanding that knowledge is constructed through the actions engaged in to obtain it and that such actions should benefit those who are exposed to them, particularly co-researchers, service users and staff of meeting places. As a team, we have continually worked in and on the unjust power relations and privileges of academia, while remaining critically aware of the numerous discursive, material and institutional barriers that require collective efforts for social transformations (Parker 2014).

Reviewing specific strengths and limitations, a strength with Parker's (1992) approach to discourse analysis is that it encourages participation, and facilitates collaborative analysis. Nevertheless, it unavoidably tilted power relations of the team towards academic knowledges. However, to our understanding, our capacity-building and capability-building workshops empowered our team to discuss and disagree on both analytical readings of transcripts and how to craft our discourse analysis.

This said, we acknowledge that our approach to discourse analysis has its limitations. For instance, we have focused less on a historical analysis than emphasised in 'Foucault proper', and more on discourses' variability and consequences for service users. In contrast to following an academic recipe, our understanding of Parker's theorising is that every inquiry by default involves new readings, and should therefore be reflexively crafted to its purposes within malleable guidelines, preferably together with experts by experience in the area of question, as we have done here.

Widening our lens, we furthermore understand our inquiry to be inextricably bound to our positions in social worlds and to the particular Norwegian meeting places and the people who we met there. For instance, the Norwegian context enabled us to study meeting places in community mental health care, a service that appears to be retrenched in advanced neoliberal western countries, somewhat questioning the relevance for our analysis. This notwithstanding, our analysis indicates that overall patterns similar to those based on our focus groups seem to resonate far beyond Norwegian meeting places.

Closing reflections

In this article, the participatory research team discourse analysed three focus group discussions with staff from various meeting places in Norwegian community mental health care, seeking to engage in a wide-angle contextual analysis. We identified neoliberal consultation and responsibilisation strategies in most of the spaces discussed as 'service user involvement'. In contrast, a discourse of social democratic collaboration was identified in the gaps in the neoliberal discourse. This resonates with Norwegian trade unions' concern about signs of neoliberal consultation displacing social democratic collaboration in work life. In Norway, co-determination is considered a pillar of democracy (Brandal, Bratberg, and Thorsen 2013) and therefore signs of displacements of democracy in everyday life are disconcerting in contexts far beyond meeting places. This aligns with warnings at the global level for neoliberalism's threat to democracy itself.

In our focus groups, however, resistance to neoliberalism was also identified, with service users being positioned as not accepting neoliberal responsibilisation and defending the safety net of staffed meeting places. We argue that meeting places and similar day services seem to provide an advantageous position for local staff and service users to strengthen the possibilities for democracy. This is because service user involvement is already required in most such spaces and to a certain degree, democracy might be available. The predominant discourse of neoliberalism and its allies cannot be changed at will: they are deeply intertwined with how society is structured in webs of discourses, practices, material conditions and power relations. However, as we have shown through this analysis, critical questioning, reflexivity and discussion can identify gaps in dominant discourses and spaces for resistance that make it possible to work on changes (within limits). We thus encourage staff and service users to ask critical questions and reflect on their ways of doing things in edge spaces such as smoking areas, service user councils, staff meetings, general assemblies and informally in the common areas. For example, the following questions could be posed: are there other, possibly better, ways of involving service users? How can we make more space to meet service users' self-defined interests and needs? How can we use gaps in tokenistic involvements to make them as democratic as possible?

We do understand that every reading is new, and we welcome understandings from other angles. In the current political and economic climate, however, we had some concerns about discussing this analysis because of the looming threat to deregulate meeting places, at least in some districts. Thus, we emphasise that the analysis and discussions in this article highlight neoliberalism and its consequences as embedded in the fabric of society and trickling down to meeting places. However, through this analysis, staffed meeting places seem also to embody safety nets by offering spaces from which it is possible to resist responsibilisation, to defend the need for staff and to engage in everyday democracy.

Acknowledgements

The authors thank Vegard Haugland for important contributions to the project, and everyone who generously participated in the collaborative research team, the focus groups and who otherwise contributed to the research process. Thanks to Mental Health Norway, Bergen and The Norwegian Association of Youth Mental Health, Bergen, for their support.

Disclosure statement

The authors have no conflicts of interest to declare.

Funding

This work was funded by the University of Bergen, and supported by the charitable Norwegian trust Josef og Haldis Andresens Legat.

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Article II

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A participatory discourse analysis of service users' accounts of staffed meeting places in Norwegian community mental health care

Lill Susann Ynnesdal Haugen*
Department of Psychosocial Science
University of Bergen, Norway
Email: lill.haugen@uib.no

*corresponding author

Andreas Envy
Department of Psychosocial Science
University of Bergen, Norway
Email: andreasnv@hotmail.com

Tor-Johan Ekeland
Faculty of Social Science and History
Volda University College, Norway
Email: tje@hivolda.no

Marit Borg
Faculty of Health Sciences
University College of Southeast Norway, Norway
Email: marit.borg@usn.no

Norman Anderssen
Department of Psychosocial Science
University of Bergen, Norway
Research Unit for General Practice, Uni Research Health,
Bergen, Norway
Email: norman.anderssen@uib.no

Abstract

Since the 1960s, deinstitutionalisation has been salient in mental health reforms across the West. In Norway, this culminated in the *National Action Plan for Mental Health* (1999-2008), where *meeting places in community mental health care* were deemed a prioritised strategy to counter social isolation among people in psychosocial hardships. However, during the same period in England, meeting places were beginning to be contested for contributing to social exclusion. This is an inquiry of meeting places in Norway guided by the following research question: How do service users discuss their encounters with the spaces and people of meeting places? Situated in community psychology and participatory research traditions, we engaged in a participatory discourse analysis of four focus group discussions with 22 service users from meeting places. We detail and discuss four central discursive constructions of meeting places against the backdrop of a civil society identified as fraught with sanism that stigmatises and excludes service users: a compensatory public welfare arrangement positioning service users as citizens with social rights; a peer community positioning service users as peers who share common identities and interests; spaces of compassion validating service users as fellow human beings who are precious in their own right; and greenhouses facilitating service users to expand their horizons of possibility. This inquiry implies that meeting places could mean everything to the people who attend them by facilitating opportunities considered less accessible elsewhere in their everyday lives in a sanist civil society.

Keywords: Participatory research; community mental health care; mental health day centres; discourse analysis; service users; sanism; social democratic welfare state

Introduction

Since the 1960s, deinstitutionalisation and the building of community mental health care have been salient in mental health reforms across the West following several hundreds of years of exclusion from civil society (Bachke & Larsen, 2017; Foucault, 1961/1988; Hamre, Fristrup, & Christensen, 2016; LeFrancois, Menzies, & Reaume, 2013). By the mid-1990s, the Norwegian Council for Mental Health (1995) had concluded that people with psychosocial hardships were still among the most neglected groups of the welfare state. Since 1999, the Norwegian *National Action Plan for Mental Health* (1999-2008) (Ministry of Health and Care Services, 1998) has been described as advocating a new direction for the everyday lives of people in psychosocial hardships through such efforts as strengthening community mental health care and the rights to citizenship of the social group administratively called ‘mental health service users’ (Bergem & Ekeland, 2006).

The focus of this article is one of the prioritised areas of the Action Plan intended to counter social isolation and exclusion: *meeting places (‘day centres’) in community mental health care* (*treffsteder/dagsenter*) (Ministry of Health and Care Services, 1998). Norwegian meeting places could be described as daytime and sometimes evening spaces where people in psychosocial hardships can spend their days with peers and professional staff on an easy-access volunteer basis, participate in diverse activities located inside and/or outside of dedicated houses or apartments and share meals and coffee at fair prices.

While meeting places were being prioritised in Norway, the community mental health care politics in England of the early 2000s included a national assessment that concluded that meeting places appeared to be undereffective at achieving the assessment’s targets of increased participation in the labour market and mainstream services and, thus, by implication, contributed to social exclusion (Social Exclusion Unit, 2004). Such problematisations of meeting places constitute the background for discussing findings from the present analyses. Additionally, a Cochrane review of meeting places (‘mental health day centres’) did not find adequate randomised controlled trials, leading the authors to assert that compelling evidence for the continued provision of meeting places was lacking (Catty, Burns, Comas, & Pool, 2008). Following the National Social Inclusion Programme (2008) and economic recessions, meeting places and other community-based services have been reported to be shrinking across the United Kingdom (Mattheys, 2015). More recently, shrinking services have also been documented in relation to a modernisation reform in the Swedish community mental health sector (Andersson, Eklund, Sandlund, & Markström, 2016).

Meeting places have been described as valued and favoured by people attending them (e.g., Bachke & Larsen, 2017; Bryant, 2011; Eklund & Tjörnstrand, 2013; Larsen & Topor, 2017). In several inquiries, meeting places generally appear to be portrayed as being among a select few publicly available spaces where the people attending them can go and be together with other people during the daytime, outside of the private sphere (e.g., Argentzell, Leufstadius, & Eklund, 2012; Bryant, Craik, and McKay, 2004; Elstad & Eide, 2009; Pinford, 2000). The favouring of meeting places appears related to the systematic exclusion and subjugation that people labelled with mental health problems encounter in society. Such exclusion is conceptualised as *sanism* or *mentalism* in the emerging field of Mad studies, which is concerned with explorations of the history, colonisation, culture, human diversity and knowledge of *Mad people* (LeFrancois et al., 2013). The concept of sanism entails that 'sanity' is considered normal and right in society while being viewed as psychosocially different is automatically considered pathological and bad (LeFrancois et al., 2013). The consequences of sanism are, thus, that psychosocially different people experience systematic under-privileging in society. The extent of sanist exclusion is well-documented across most domains and includes systematic barriers to accessing sustainable employment (Evans-Lacko, Knapp, McCrone, Thornicroft, & Mojtabai, 2013; Social Exclusion Unit, 2004). Thus, less expendable income causes public spaces of commerce (e.g., cafes) to also become less accessible.

From a participatory research tradition within community psychology and based on discourse analysis, this article focuses on service users' first-hand knowledge and accounts of meeting places, generated through four focus group discussions. The following research question guided our inquiry: How do service users discuss their encounters with the spaces and people of meeting places?

Staffed meeting places in Norway

Guidelines from the Norwegian Directorate of Health (2005, pp. 25-27) emphasise the facilitation of diverse meeting places tailored to local contexts and needs that promote ideals, such as social equality, service user involvement, community, validation/recognition and self-determined development. Such diversity is also discussed in the reviewed literature (e.g., Bachke & Larsen, 2017; Bryant, 2011).

Meeting places often operate as easy-access drop-in centres, although some require a first-time referral. The universal principle of the Nordic social democratic welfare states prescribes that health and welfare services, such as meeting places, should be available to citizens based on need (Brandal, Bratberg, & Thorsen, 2013). The social democratic discourse, which gained democratic momentum in the Nordic countries over the twentieth century, is constituted of basic beliefs in redistributive justice through, for instance, taxation to compensate for unavoidable social inequalities and to promote human welfare through institutionalised solidarity (Brandal et al., 2013). Most meeting places appear to be provided by the municipal level of the welfare state, with some operated by third-sector non-governmental organisations (NGOs) (Kalseth, Pettersen, & Kalseth, 2008).

Meeting places are not required by law, and they may be vulnerable to political and economic changes (Andersson et al., 2016). For instance, during the 2008 evaluation of the Action Plan funding period, meeting places were reported to be the second most used municipal community mental health service in Norway, covering over 90% of the 428 municipalities at the time (Kalseth et al., 2008). Shortly thereafter, the number of municipalities that reported having a meeting place dropped to below 80% (Osborg Ose & Slettebak, 2012).

Neoliberalism has been on the rise in the Nordic countries (Hedegaard, 2016). In short, following central neoliberal ideals, welfare arrangements that were originally politically designed to compensate for social inequalities in civil society (Brandal et al., 2013) are often portrayed as state interventions that hinder 'freedom of choice' and 'free markets' unburdened by state regulation (Fine, 2012; Harvey, 2005; Hedegaard, 2016). A prospective case study in a Swedish city found few indications that the 'freedom of choice' reform implemented in the 2010s had benefited service users in meeting places (Andersson et al., 2016; Fjellfeldt, Eklund, Sandlund, & Markström, 2016). On the contrary, it reported on changes such as reductions in time allowances for attending the service, satisfaction and staffing levels, as well as increases in administration, cutbacks and concerns for the future. As addressed in this case study, targets and outcomes of the reforms resonate with the market logic of new public management (NPM) (Fjellfeldt et al., 2016). NPM draws on neoliberalism (Harvey, 2005), and the main logic is to model the public sector to operate in line with market mechanisms to increase cost efficiency and productivity (Ekeland, Stefansen, & Steinstø, 2011). A business that fails to operate cost-efficiently will eventually close down, which could also be the fate of under-performing public services in line with neoliberalism.

Theoretical and methodological lenses

With bases in critical branches of community psychology (e.g., Nelson, Prilleltensky, & MacGillivary, 2001), participatory research traditions related to service user involvement (Borg & Kristiansen, 2009) and discourse analysis (Parker, 2014/1992), we accompany Mad-identified scholars (e.g., LeFrancois et al., 2013) in the struggle against a history of exclusion (Foucault, 1961/1988). We hold that listening to current or former service users as legitimised knowers entails sophisticated, nuanced and robust knowledge maps over complex social terrains (e.g., Brydon-Miller, Kral, Maguire, Noffke, & Sabhlok, 2011). Moreover, in agreement with critical scholars, we believe that it is increasingly vital to listen to the knowledge of the people who bear the ever-growing toll of social inequalities in the era of the neoliberal deregulation of welfare states and safety nets, both on empirical and ethical grounds (e.g., Dencker-Larsen & Lundberg, 2016; Fine, 2012). Adhering to Parker's (2014 /1992, p. 5) Foucauldian working definition, we understand *discourses* as statements that make up systems that generate certain objects and position subjects. In line with Parker, our underlying interest is in the practical and real-life consequences that discourses make possible and generate.

Methodology

This article is part of a project aimed at exploring and illuminating meeting places in Norwegian community mental health care from a participatory community psychological perspective. As a team of co-researchers with first-hand knowledge of hardships and service use, as well as academic researchers from the fields of community psychology, social psychology and community mental health care, we co-produced this research project from the outset in 2012. Initially, 10 persons with first-hand knowledge of psychological hardship and meeting places volunteered to participate in a collaborative research process. The full team developed the research topic of ‘meeting places’. Later, three of the co-researchers participated in one or more of the following phases: conducting the focus group interviews, taking part in important parts of the analysis, disseminating knowledge by communicating with the municipalities that were involved and by co-authoring publications. While the present analysis is based on focus group interviews with service users of staffed meeting places, another report from the project is based on focus group interviews with members of staff from several staffed meeting places (Ynnesdal Haugen, Envy, Borg, Ekeland, & Anderssen, 2016).

Here, we centre on the first-hand knowledge of service users based on four separate focus group interviews. Guided by the work of psychologist Ian Parker (2014/1992), we engaged in a participatory discourse analysis.

Recruitment and participants

With assistance from the municipalities and NGOs providing the meeting places in our selected region of western Norway, the first and second authors visited roughly 10 meeting places in the fall of 2013 to recruit a variety of persons attending different meeting places. Twenty-two participants volunteered to participate and provided their explicit informed consents. Ethical approval for the project was obtained from the Norwegian Social Science Data Service, the Data Protection Official for Research (project reference number: 33810/3/KH).

Approximately half of the participants typically attended meeting places in suburban or rural municipalities, while the remainder attended meeting places in a city municipality. The participants were six men and 16 women, aged between 27 and 67 years, with a majority being over 50 years. First visits to a meeting place occurred between 1985 and 2011, with the majority after the year 2000. Not all, but many, participants stated that they had been in contact with other mental health services from less than a year to 15 years or more. While many reported being home when not at the meeting place, some also reported spending time with family and friends, exercising, attending church and cafes and engaging in paid and voluntary work.

Focus group discussions

Focus group interviews could be considered advantageous in facilitating discussions about shared but variable aspects of everyday life among persons from different places (Malterud, 2012), which was relevant to this inquiry. We arranged four focus groups in agreed-upon locations, with each group comprising participants from two to five meeting places. The first and second authors moderated the focus groups, which lasted approximately 90 minutes. Based on the participants’ preference, we actively moderated and facilitated conversations and discussions.

Following participatory principles (e.g., Brydon-Miller et al., 2011), the team co-developed and revised the interview/topic guide during cycles of reflection between the focus groups. The guide was intended to encourage conversations about meeting places based on the following topics: the experience of simply being in meeting places; perspectives on ‘service use’ (first-hand knowledge, involvement and difference); being accepted and rejected in meeting places as compared with civil society; and interrelations of meeting places and the surrounding community and society.

Discourse analysis

One of the co-researchers transcribed the audio-recorded focus group interviews verbatim. The participants’ anonymity and integrity were protected in the transcriptions. We translated the quotations used in the current article from raw transcriptions with Norwegian dialects to a written English format in which we sought to limit transcription code and less relevant noise and interruptions to increase reader-friendliness. We show some transcription code to keep the quotations verbatim, such as underlining emphasised words in a sentence and marking irony with italics. In some instances, it was necessary to compress longer elaborations to include aspects of the full storyline. The reduction of noise and speech compression is indicated by three ellipses (…).

An important early step in Parker’s (2014/1992) outline of discourse analysis is to locate discursive constructions of relevant objects and subjects in a text (i.e., how subjects and objects are spoken of and produced in the text). The discursive constructions are then analysed as related to broader discourses. Parker’s guidance is based on seven criteria and three auxiliary criteria that can be utilised to reconstruct the contours of discourses and their workings. These criteria entail (1) tracing textually (2) coherent systems of meaning (3) that construct certain discursive objects and (4) position subjects and are (5) located in history and sociocultural space. Discourses can be traced to reflect on (6) other discourses and (7) themselves and to be implicated with (i) societal institutions, (ii) power relations and (iii) ideological effects (Parker, 2014/1992, pp. 3-22).

In accordance with participatory research traditions (Borg & Kristiansen, 2009), we arranged several capability-building seminars; in one of them, the aim was to facilitate what we have called *participatory discourse analysis*. The primary analysis team (co-researchers and first author) had access to the transcripts and suggested particularly interesting sections for discourse analysis in collaborative workshops. Two analytic strategies guided our collaborations: (a) we formed free associations with words and segments of the sections, relating them to social phenomena and ideas on a path to identifying preliminary traces of discourses, in line with Parker’s guidance; and (b) we collectively engaged in a speed analysis of a section with as many of Parker’s criteria as possible in the timeframe of a workshop.

The first author engaged in an analysis of the full material. Because the full material was extensive, the first author started by engaging in a preliminary analysis using Parker’s 10 criteria and the analytic work from the participatory workshops, where relevant, while consecutively reading each transcript. The different suggestions for discursive constructions of meeting places were gathered and grouped. The constructions were scrutinised for accountability in relation to the material, the surrounding society and service users. The preceding steps built the foundation for a thorough analysis of each of the discourses that meeting places were identified as drawing on, the subjects and the discourses’ sociohistorical ties. To enable a more nuanced analysis of the discursive constructions and discourses of meeting places and the surrounding civil society, the full research team reflexively reviewed the preliminary analysis in cycles.

Analysis

Sanism in civil society

‘Pull yourself together!’ This comment was discussed as something commonly said to service users by people without service user experiences. Such comments were discussed as making things worse, as ‘Kristie’s’ passage below illustrates. We read the participants’ laughs and sarcasm as emphasising the ridiculousness of such comments.

> Kristie: … If you have hurt your hand or … foot or something else that people can see … Right. But, what’s in our hearts and up here [head] … people cannot [see], so when people say, ‘Oh my goodness, you have to pull yourself together now’ …
> …
> Interviewers and participants: Mm, Yes, That’s right [endorsing comments interrupting throughout].
> Kristie: Right?
> Interviewer L: It’s not that helpful [chuckles].
> Kristie: No, it isn’t!
> Audrey: [laughs]
> Patrick: It’s not possible! It’s not possible!
> Kristie: It actually makes things kind of <u>worse</u>.
> Audrey: Just try it! [chuckles]
> Interviewer L: Yes.
> Joel: Yes, that’s right.
> Kristie: Because you so sincerely want to ‘pull yourself together’, right, but you cannot control it.

Here, we see the contours of a *discourse of sanism* in which people positioned as mentally ill appear to be blamed for not trying hard enough to emerge from their struggle. Furthermore, they seem to be positioned as not knowing their own best interests, while the versions of reality of people positioned as sane are systematically privileged, allowing for paternalising corrections.

Although we observed glimpses of sanism in talk related to meeting places’ spaces, sanist exclusions were discussed as worse in civil society outside of meeting places. We view ‘Anna’s’ following statement as an example of how pronounced the experience of sanist exclusion from civil society could be: ‘It feels like the <u>walls</u> surrounding people with mental health problems are moving from the institutions out to civil <u>society</u>’.

Sanism was discussed as especially tangible in attempts at interactions with civil society, as described by ‘Joel’, a man in his 50s who lived in a rural municipality:

> Joel: … In the café … I feel their gazes on my back, and…
> Several service users: [endorsing, recognising]
> Joel: I can hear them whispering in the background.
> Several service users: [endorsing, recognising]
> June: Oh, that’s so painful!

Discursive constructions of meeting places

i) Public welfare arrangement

A central construction of meeting places was as *a public welfare arrangement* for service users who have been excluded from civil society and the labour market. Traces of this construction can be read in this excerpt by 'Nicholas', who discussed having been bullied during childhood and at his place of work, culminating in being pushed into a disability pension after he was diagnosed with a chronic disease:

> Nicholas: And then I thought, when I got it, that there wasn't anything [left] … it became a very monotonous life. But, after many years with different experiences, then it came to my homestead, this, this service.
> Interviewer L: Your meeting place.
> Nicholas: … And then I have a place to go because I always make sure to get myself out the door … and it is important to me. Because then, then you have some kind of purpose. But, I didn't the first years, nothing was in place then.

As alluded to above, meeting places appeared to be constructed as compensating for some qualities of work life, such as having a purpose to get out every day, and as possibly providing service users the opportunities to feel like contributing citizens who belong in society. As such, we traced the contours of a *social democratic welfare discourse*, which could be described as institutionalised solidarity to facilitate every citizen being ensured social rights and opportunities to live a good life (Brandal et al., 2013).

The public welfare arrangement and professionally employed staff were portrayed as irreplaceable in the everyday lives of many users. Staff bore the formal responsibility for ensuring that everyone was included and cared for and were also responsible for organising and facilitating many routines and activities. This seemed related to the shortcomings of civil society and the situation of people positioned in distress who were described as already working hard 'just' to keep their heads above water. However, meeting places as welfare arrangements were not without dilemmas. Service users could be positioned as passive objects to other people's ends, such as staff's work and fellow service users' social needs.

Service users were, nevertheless, also positioned as equal citizens in setting agendas and working towards facilitating their needs and social rights through service user involvement. Staff members were positioned as not always 'liking' the demands of service users but still accepting of democratic decisions. Both in the current analysis of service users' accounts and in the study based on staff accounts (Ynnesdal Haugen et al., 2016), concerns were raised about the future of public welfare arrangements with regard to economic matters.

ii) Peer community

We also reconstructed meeting places as a *peer community* inhabited by people who understand and accept each other and share a distaste for sanism, as 'June's' account demonstrates:

> June: You go free of having to sit and say, 'Yes, I'm on disability pension, I was put on disability pension over 20 years ago'. 'You're on disability pension?', and … '<u>Just for</u> mental health problems?' … Then, it's good to be with people who know that there is no such thing as ***<u>just</u>* mental health problems** ...

As illustrated through June’s account above and ‘Wilma’s’ account below, we discerned the contours of a *discourse of solidarity among service users*:

> Wilma: … But, once you’ve made your way over it [the high doorstep] and make it to a centre, or … yeah, we call it a day centre …
> Interviewer L: Mm.
> Wilma: —and meet peers—you could be depressed and out of it, but when you get inside and meet ‘the gang’, as I call them—and we talk and stuff, then, yeah—it lets go.
> Service user: Lets go.
> [Ongoing interruptions with endorsing comments while Wilma talks]
> Wilma: So, not always, like—it’s not some kind of miracle cure, but it really helps. And to get to talk with others with—who are in the same situation as you …
> Service user: To socialise.
> Wilma: —without sitting talking about the disease, but you know they understand … that you have a bad day, right … And many say what she [Ruth] says, that it’s not that easy for family or others who <u>aren’t</u> ill to <u>understand</u> …
> Ruth: Not for those who work with it [either]. They say it themselves: ‘We can’t know what you’re thinking on the inside’ …

As traced through Wilma’s account, a discourse of solidarity among service users appeared to position service users as those who implicitly know, share and accept each other's ‘situation’, identity, and interests in everyday life. Our analysis suggests that the peer community could imply exclusivity for people who self-identify as service users. Upholding belongingness to the peer community might, as such, imply being delimited to a ‘service user identity’ and, thus, constitute a form of dependency.

This said, outsiders to the peer community, including mental health professionals, were positioned as lacking understanding of service users’ lived situations and also being implicated in exacerbating their burdens, as discussed by ‘Ruth’ below:

> Ruth: … As bad of shape as I was in when I got out of the [mental] hospital, and … the level of critique I was faced with all the time, bombarded with [for not ‘pulling herself together’] then, I would have turned mad if I hadn’t had the meeting place to go to …

iii) Spaces of compassion

In meeting places constructed as *spaces of compassion,* service users encountered care and validation. As discussed by ‘Trudy’ below, spaces of compassion could even be viewed as saving lives:

> Trudy: I <u>believe</u> I can at least say that I <u>believe</u> that these activity centres have saved many lives.
> Loretta: Yes.
> Interviewer L: Yes.
> Trudy: I believe I can honestly say so.
> Loretta: I <u>absolutely</u> agree with you.
> Interviewer L: Yes.
> Trudy: They have saved <u>many</u> lives!
> Loretta: Yes, yes.
> Trudy: And for sure, one life, just <u>one</u> life is precious, <u>extremely</u> precious …

We traced accounts such as this to draw on a *discourse of compassion* in which life is unconditionally valued and recognised in its own right. The people who worked in such places appeared to be positioned as compassionate carers, even saviours, who helped people live a fuller life, as ‘Molly’s’ quotation below testifies:

> Molly: I could [leave the house] before, but ehm, after the rape and everything, I wasn’t able to … Now, I turn off the lights when I’m home by myself, and it’s dark … So, if it hadn’t been for the ladies [staff] down there [meeting place], I’d be sitting at home …

Carers were also positioned to help people on their own terms, as in the following passage by ‘Frank’:

> Frank: … In the beginning, I could contact her ten times during the day … Now … I call if I need to … To be that patient. I bombarded her with text messages in the middle of the night, it didn’t matter … And such a good person. It’s incredible that there are people working in a municipality who are so dedicated to their work … Far beyond the job requirements …

The continued positioning of service users as being in need of help could, nevertheless, limit their movement away from a disempowered help-seeking position. However, service users were also positioned as possible carers, whose care could be especially warming after they found their footing. This might imply that acts of kindness extending beyond the self-interests of a carer, such as ‘job requirements’, could position the carer as a fellow human being rather than, for instance, an ‘employee’ of a service. As such, a service user encountering a carer’s compassion might be positioned as a human being worthy of the compassion of another human being.

iv) Greenhouses

Meeting places were also reconstructed as inhabiting various spaces that resembled *greenhouses*, in that they facilitated growth conditions for people attending meeting places. Greenhouses appeared to help people explore the world and themselves and to expand their constructions of personhood and horizons of possibility. We view this construction as drawing on a *humanist developmental discourse,* which is traced to involve bringing out the best in people (‘self-actualisation’) based on self-directed and self-determined transformations and people’s inner potentials. As ‘Audrey’ and ‘Patrick’ discussed in the following excerpt, freedom of movement could be reconstructed to facilitate transformations:

> Audrey: … My friend ‘Christina’ … has really grown … with her … artistic side … And she’s having an art exhibit now … and she has amazing paintings.
> Patrick: Yes, she has.
> …
> Audrey: [Christina] is someone who has blossomed without anyone pressuring her
> [voice cracks, touched].
> Two service users: Mm, mm [endorsing].
> Audrey: No pressure/don’t press [dual meanings, soft whisper].
> Patrick: To the contrary, they’ve [staff] let her [grow] … with kindness and …
> Warmth … so she … just like the porcupine …
> Audrey: [Chuckles]
> Patrick: … awakens from hibernation … and like has become a blossoming person. Instead of a person just sitting there not knowing …

Within this discourse, the last sentence might imply that individual change appears not only possible but also preferable. This could limit the range of possibilities for service users to *just be*. Following Mad studies (LeFrancois et al., 2013), working for societal acceptance, rather than seeking to change people with psychosocial differences, should be a central concern for service users' movements. Nevertheless, the discussed change processes appeared to be constructed as being directed by the person's self-determined needs and pace. In contrast, normative developmental pressures, such as becoming a 'productive citizen', were discussed as limiting rather than facilitating transformations. Still, meeting places could be reconstructed as expanding the horizons of possibility concerning people's livelihoods, such as Christina's art exhibit.

Moreover, the humanist developmental discourse appeared to position staff as facilitating many of the conditions of possibility for transformations through *being there*, being ready to see even small glimmers of *something* to build on and providing support, as 'Caroline' described:

> Caroline: … I see them [staff] as my angels.
> Interviewer L: They're your angels.
> Wilma: Yes, they surely are.
> [Endorsing comments from several throughout]
> Caroline: Because they build you up again … They see the small piece, and build you up from there.
> Interviewer L: Yes.
> Caroline: And they stand behind and support you. And you aren't stigmatised in any way whatsoever, they only build you up …

Discussion

Generally, our analysis of service users' accounts of meeting places appears to align with much of the reviewed literature in contouring meeting places' importance in the everyday lives of the people who attend them. Our analysis also resonates with the literature regarding the rejection and exclusion experienced in civil society by many people in psychosocial hardship (e.g., Elstad & Eide, 2009; Hall & Cheston, 2002; Larsen & Topor, 2017; Pinford, 2000).

As indicated in the introduction, problematizations of meeting places exist. A recent analysis of house rules in sheltered houses and meeting places in a Norwegian city noted that the house rules may reproduce criticized institutional practices and identities for persons with mental illnesses and substance abuse problems (Andersen, Larsen & Topor, 2016). Also, studies about staffed meeting places in terms of well-being and functioning of users are not clear-cut (e.g., Eklund, Hansson, & Ahlqvist, 2004; Eklund & Sandlund, 2014). Such problematizations relate to a pronounced objection—that people become passive objects of service provision, obscured from participating in the labour market and mainstream society (e.g., Social Exclusion Unit, 2004). We will discuss the findings in light of aspects of this objection. We organize this around the four central discursive constructions of meeting places identified in the analysis section, and we will keep an eye to the practical and real-life consequences for users of meeting places.

i) Compensatory public welfare arrangement positioning service users as citizens with social rights

Our analysis, as well as an inquiry by Bryant et al. (2004), has identified occurrences where people attending meeting places were described as objects of service provision. However, in our analysis, such objectifications stood out as unintended consequences of meeting places constructed as staffed welfare arrangements that seemed to compensate for exclusion from the labour market and civil society. Through our analysis of a social democratic discourse, meeting places and staff appeared to embody the universal principle by providing opportunities for social rights to a good life and the materialisation of such rights.

As discussed in the literature (e.g., Hall & Cheston, 2002), our analysis suggests that civil society does not seem to be particularly inclusive towards people who are psychosocially different from the normativity of sanity, which is also in line with Mad studies (Chamberlin, 1990; LeFrancois et al., 2013). In our focus groups, people described sanist comments and questions as resembling demands to legitimise one's psychosocial hardships and entitlements to welfare benefits, implying that there were pressures towards becoming a productive citizen.

In this article, and based on staff accounts (Ynnesdal Haugen et al., 2016) in another article from the same project, service users were positioned as defending staffed meeting places and resisting pressures for responsibilisation. In short, *responsibilisation* could be described as a neoliberal process in which, for instance, state responsibility becomes viewed as the responsibility of individuals (O'Malley, 2009). The objections regarding meeting places could suggest the presence ofresponsibilisation by placing the responsibility for lower employment rates on people attending meeting places rather than viewing the unavailability of sustainable work and social acceptance of their differences as larger-scale social, economic and political matters. In this analysis and in, for instance, Elstad and Eide's (2009) and Pinford's (2000) ethnographic studies, added pressure in addition to the hard work of keeping one's head above water was described as entailing even heavier tolls, possibly with implications of increased hardship. This is, however, nuanced by studies suggesting that there appears to be a pattern of differing preferred occupations among users. Some users in greater distress preferred to just be in the meeting place while others preferred to engage in more task-orientated occupations that were increasingly demanding (Argentzell, Håkansson, & Eklund, 2012; Horghagen, Fostvedt, & Alsaker, 2014; Tjörnstrand, Bejerholm, & Eklund, 2011).

ii) Peer community positioning service users as peers who share common identities and interests

One of the most predominant discursive constructions of meeting places in the focus group conversations was a peer community, described as a group of people who implicitly know distress, hardships and sanism. The significance and support of a peer community is discussed across studies inside and outside of meeting places (e.g., Andvig & Hummelvoll, 2016; Hall & Cheston, 2002; Larsen & Topor, 2017). We located a peer community in a discourse of solidarity among peers, drawing on ideas and values in the interests of service users and interrelated with service users' movements that have been gaining momentum since the late 1970s (Chamberlin, 1990). Following our analysis, a peer community appeared to facilitate spaces for being temporarily 'freed' from distress and sanist demands. This aligns with Bachke and Larsen (2017), who point to a possible need for a society within the society for this group. Thus, in relation to a potential 'dependency' on the peer community and to objections raised regarding participation in mainstream society (Social Exclusion Unit, 2004), engaging in such spaces appears more appealing than engaging with a sanist civil society.

iii) Spaces of compassion validating service users as fellow human beings who are precious in their own right

As a related topic, possibilities for *just being* in meeting places were analysed as being particularly facilitated by spaces of compassion and were localised in a discourse of compassion. Here, service users were positioned as worthy of being accepted as a fellow person by other human beings without needing to *do* anything to earn it. Space for service users to just be stands in stark contrast to local and global neoliberal production demands (Harvey, 2005; Hedegaard, 2016).

Altogether, the discourses of social democracy, solidarity and compassion appeared to facilitate spaces where productivity pressure is reduced while users are taking part in society by simply being with others who accept and understand them. In line with our analysis, reconstructing the hard work that could go into staying afloat at times of distress and the identification of a need for reduced pressure during distress also appear to resonate with the reviewed literature (e.g., Bryant et al., 2004; Elstad & Eide, 2009; Larsen & Topor, 2017; Rise, Westerlund, Bjørgen, & Steinbekk, 2013; Tjørnstrand et al., 2011).

iv) Greenhouses facilitating service users to expand their horizons of possibility

In our analysis of greenhouses, located in a discourse of developmental humanism, the staff of meeting places appeared to provide support to the person when the person was ready to expand his horizons of possibility without normative pressuring. According to the literature, times of less distress seemed related to greater interest in self-determination and engagement in occupations (e.g., Horghagen et al., 2014; Rise et al., 2013).

The literature’s critique of service users being made into passive objects in need of help (Social Exclusion Unit, 2004) was also noted in our analysis of a discourse of compassion. However, our analysis also delineates that supportive spaces to just be - with reduced external pressure and being temporarily freed from distress - appeared important to accommodate the person in acquiring expendable capacity after the work needed for keeping one’s head above water and in venturing into expanding her horizons of possibility when ready and able. This is in line with an analysis and discussion of meeting places based on dialogues with users of a meeting place in southern Norway (Larsen, 2015). Here, it is emphasized that it is important to establish an atmosphere of inclusion and equality.

In relation to the objections regarding meeting places, our discussion suggests that reducing rather than increasing civil society pressures seemed to be in the interest of people in distress.

Limitations

Although we inquired about problematic aspects of meeting places, few were addressed in the focus groups. This might be due to a potential disadvantage with focus group interviews, where persons identifying with each other may quiet their dissent (Malterud, 2012). However, in an era of rising neoliberalism and reductions in welfare services (Fjellfeldt et al., 2016; Hedegaard, 2016), limited problematisation could also be related to concerns raised by several service users in this inquiry and in other inquiries regarding the future of staffed meeting places (e.g., Andersson et al., 2016; Elstad & Eide, 2009). As a community psychology and participatory inquiry, we consider it to have resonated with our aims that we have taken this threat seriously and sought to benefit the people our inquiry could affect (e.g., Fine, 2012; Nelson et al., 2001).

In line with Parker's (2014/1992) discussions, the participatory discourse analysis we have detailed here presents only one possible discursive reading of the material and is intertwined with our team's sociocultural positioning as Norwegians and as persons with first-hand and academic knowledge of psychosocial hardships. Given that language is here understood as an open system, other readers can and will analyse the material differently (Parker, 2014/1992).

Furthermore, this article touches upon historical relations of the analysed discourses only to a limited extent, despite the importance of history in Foucauldian discourse analysis (Parker, 2014/1992). Nevertheless, we still view as legitimate our collectively reached decisions to focus on the discourses' present forms and implications for people attending meeting places. We consider the decisions to be legitimate given the tenets of qualitative research that emphasise that every analysis is unique and necessitates critical and reflexive tailoring of one's lenses and craft (Denzin & Lincoln, 2011).

Another potential limitation is that discourse analysis, as a complex methodology, could have limited the co-researchers' participation in the analytic process. However, through our many hours of negotiations and constructive disagreements in the analytic process, we consider that we have co-constructed the analysis and our version of participatory discourse analysis.

While the purpose of the current analysis was to study 'how service users discuss their encounters with the spaces and people of meeting places', quite another line of inquiry is to study the effects of meeting places on meaningfulness and well-being (e.g., Eklund et al., 2004). Related to such alternative research questions, there is a need for methodologies other than discourse analysis (e.g., validated questionnaires; see Nilsson, Argentzell, Sandlund, Leufstadius, & Eklund, 2011). Future in-depth studies within the field might even combine research questions encompassing discourses, experiences and effects, thus necessitating a variety of methodologies.

Conclusion

This participatory discourse analysis of service users' accounts of meeting places, together with the reviewed literature, implies that meeting places could mean everything to the people who attend them by facilitating opportunities that were discussed as being less accessible elsewhere in their everyday lives (e.g., Horghagen et al., 2014; Pinford, 2000). Until ordinary civil society can offer people in psychosocial hardships opportunities similar to staffed meeting places, our inquiry suggests that meeting places appear to be in the interest of the people who attend them.

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Appendix A

Literature search strategy 1

Table 1

Example of search strategy number 1

Category	Implemented searches	Number of hits
"Day centers"	TOPIC: ("day center") *OR* TOPIC: ("day centre") *OR* TOPIC: ("day centre*") *OR* TOPIC: ("day service") *OR* TOPIC: ("day services") *OR* TOPIC: ("drop in center") *OR* TOPIC: ("drop in centre") *OR* TOPIC: ("drop in centers") *OR* TOPIC: ("drop in centres") *OR* TOPIC: ("day care") *OR* TOPIC: ("activity center") *OR* TOPIC: ("activity centre") *OR* TOPIC: ("activity centers") *OR* TOPIC: ("activity centres") *OR* TOPIC: ("Meeting place") *OR* TOPIC: ("Meeting places") *OR* TOPIC: ("Adult-day-care") *OR* TOPIC: ("club house") *OR* TOPIC: ("club houses") *OR* TOPIC: (drop in)	9648

“Community mental health”	TOPIC: ("mental health") *OR* TOPIC: ("community mental health") *OR* TOPIC: ("mental ill") *OR* TOPIC: ("mental illness") *OR* TOPIC: (psychiatry) *OR* TOPIC: ("psychiatric disability") *OR* TOPIC: (psychiatric NEAR/3 disability) *OR* TOPIC: (Mental NEAR/3 problems) *OR* TOPIC: ("mental problems") *OR* TOPIC: (Mental NEAR/3 distress) *OR* TOPIC: (Mental NEAR/3 issues) *OR* TOPIC: ("mental disease") *OR* TOPIC: ("mental disorder") *OR* TOPIC: (psychosocial NEAR/3 problems) *OR* TOPIC: (psychosocial NEAR/3 distress) *OR* TOPIC: (psychosocial NEAR/3 issues)	Ca.207,800-209,800
All search-term categories combined with AND		Ca.470-560

Appendix B

Literature search strategy 2

Table 2

Example of search strategy 2

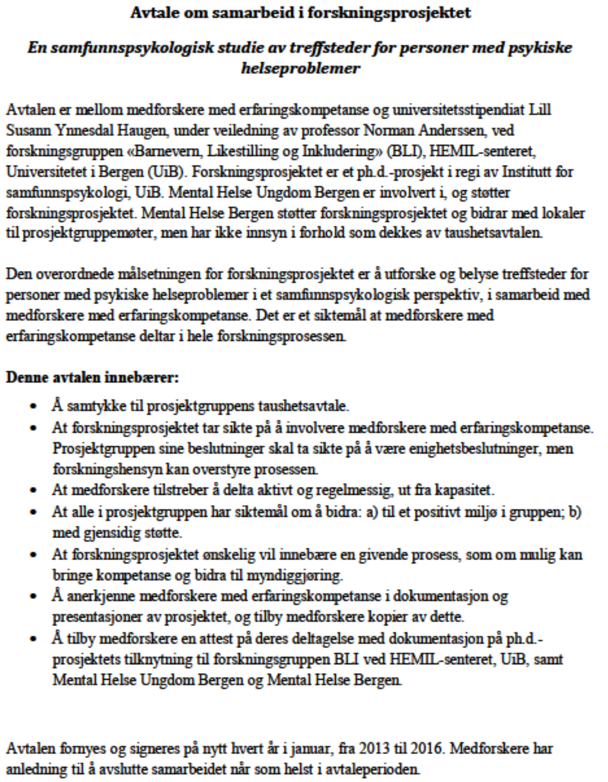
Category	Implemented searches	Number of hits
"Community service"	TOPIC: ("community service") *OR* TOPIC: ("community services") *OR* TOPIC: (community NEAR/3 service) *OR* TOPIC: (community NEAR/3 services) *OR* TOPIC: ("Community care") *OR* TOPIC: (community NEAR/3 care) *OR* TOPIC: (Community integration) *OR* TOPIC: ("Community-based") *OR* TOPIC: ("community center") *OR* TOPIC: (community NEAR/3 center) *OR* TOPIC: ("community centre") *OR* TOPIC: (community NEAR/3 centre) *OR* TOPIC: ("Community-	Ca.100,000

	based care") *OR* TOPIC: ("Community-based units") *OR* TOPIC: ("Low threshold" NEAR/3 community) *OR* TOPIC: (community NEAR/3 drop-in) *OR* TOPIC: (community NEAR/3 "mental health")	
"day center"	TOPIC: ("day center*") *OR* TOPIC: ("day center") *OR* TOPIC: ("day centre") *OR* TOPIC: ("day service") *OR* TOPIC: ("day services") *OR* TOPIC: ("drop in center") *OR* TOPIC: ("drop in centre") *OR* TOPIC: ("drop in centers") *OR* TOPIC: ("drop in centres") *OR* TOPIC: ("day care") *OR* TOPIC: ("activity center") *OR* TOPIC: ("activity centre") *OR* TOPIC: ("activity centers") *OR* TOPIC: ("activity centres") *OR* TOPIC: ("Meeting place") *OR* TOPIC: ("Meeting	Ca.50,000

	places") *OR* TOPIC: ("Adult-day-care") *OR* TOPIC: ("club house") *OR* TOPIC: ("club houses") TOPIC: ("drop in") *OR* TOPIC: (community NEAR/3 center) *OR* TOPIC: (community NEAR/3 centre) *OR* TOPIC: ("community center") *OR* TOPIC: ("community centre")	
“Mental health”	TOPIC: ("mental health") *OR* TOPIC: (psych*)	Ca.960,000
“User”	TOPIC: (user) *OR* TOPIC: (users) *OR* TOPIC: (consumer) *OR* TOPIC: (consumers) *OR* TOPIC: (survivor) *OR* TOPIC: (staff) *OR* TOPIC: (professionals) *OR* TOPIC: (employees)	Ca.900,000
All search-term categories combined with AND		Ca.620

Appendix C

The agreement for the collaboration



Avtale om samarbeid i forskningsprosjektet

En samfunnspsykologisk studie av treffsteder for personer med psykiske helseproblemer

Avtalen er mellom medforskere med erfaringskompetanse og universitetsstipendiat Lill Susann Ynnesdal Haugen, under veiledning av professor Norman Anderssen, ved forskningsgruppen «Barnevern, Likestilling og Inkludering» (BLI), HEMIL-senteret, Universitetet i Bergen (UiB). Forskningsprosjektet er et ph.d.-prosjekt i regi av Institutt for samfunnspsykologi, UiB. Mental Helse Ungdom Bergen er involvert i, og støtter forskningsprosjektet. Mental Helse Bergen støtter forskningsprosjektet og bidrar med lokaler til prosjektgruppemøter, men har ikke innsyn i forhold som dekkes av taushetsavtalen.

Den overordnede målsetningen for forskningsprosjektet er å utforske og belyse treffsteder for personer med psykiske helseproblemer i et samfunnspsykologisk perspektiv, i samarbeid med medforskere med erfaringskompetanse. Det er et siktemål at medforskere med erfaringskompetanse deltar i hele forskningsprosessen.

Denne avtalen innebærer:

- Å samtykke til prosjektgruppens taushetsavtale.
- At forskningsprosjektet tar sikte på å involvere medforskere med erfaringskompetanse. Prosjektgruppen sine beslutninger skal ta sikte på å være enighetsbeslutninger, men forskningshensyn kan overstyre prosessen.
- At medforskere tilstreber å delta aktivt og regelmessig, ut fra kapasitet.
- At alle i prosjektgruppen har siktemål om å bidra: a) til et positivt miljø i gruppen; b) med gjensidig støtte.
- At forskningsprosjektet ønskelig vil innebære en givende prosess, som om mulig kan bringe kompetanse og bidra til myndiggjøring.
- Å anerkjenne medforskere med erfaringskompetanse i dokumentasjon og presentasjoner av prosjektet, og tilby medforskere kopier av dette.
- Å tilby medforskere en attest på deres deltagelse med dokumentasjon på ph.d.-prosjektets tilknytning til forskningsgruppen BLI ved HEMIL-senteret, UiB, samt Mental Helse Ungdom Bergen og Mental Helse Bergen.

Avtalen fornyes og signeres på nytt hvert år i januar, fra 2013 til 2016. Medforskere har anledning til å avslutte samarbeidet når som helst i avtaleperioden.

Sted og dato: ------------------------------------
Navn og rolle: ------------------------------------

Sted og dato: ------------------------------------
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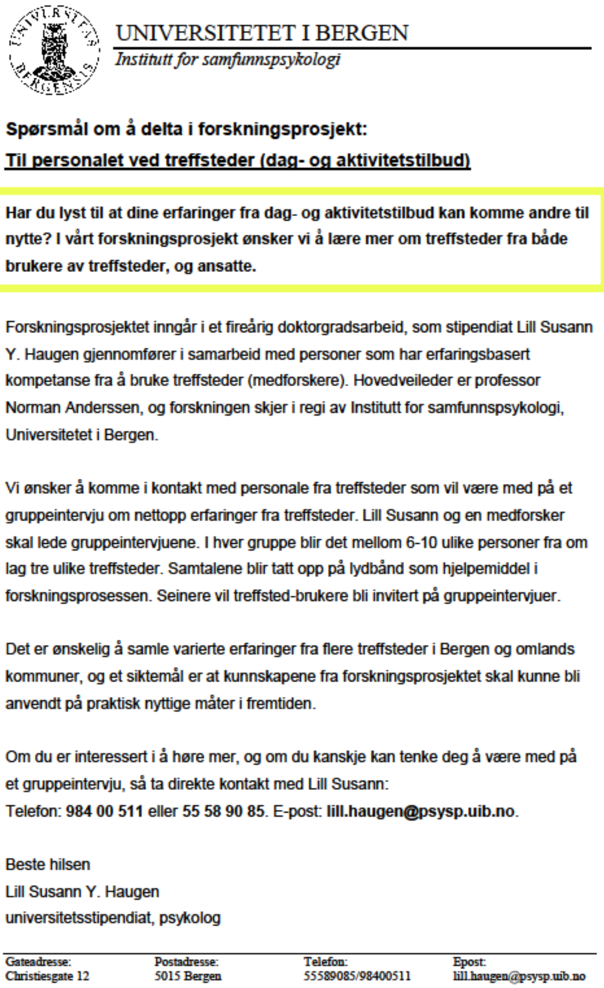
Appendix D

Information-flyer about the focus group interviews for staff



UNIVERSITETET I BERGEN
Institutt for samfunnspsykologi

Spørsmål om å delta i forskningsprosjekt:

Til personalet ved treffsteder (dag- og aktivitetstilbud)

Har du lyst til at dine erfaringer fra dag- og aktivitetstilbud kan komme andre til nytte? I vårt forskningsprosjekt ønsker vi å lære mer om treffsteder fra både brukere av treffsteder, og ansatte.

Forskningsprosjektet inngår i et fireårig doktorgradsarbeid, som stipendiat Lill Susann Y. Haugen gjennomfører i samarbeid med personer som har erfaringsbasert kompetanse fra å bruke treffsteder (medforskere). Hovedveileder er professor Norman Anderssen, og forskningen skjer i regi av Institutt for samfunnspsykologi, Universitetet i Bergen.

Vi ønsker å komme i kontakt med personale fra treffsteder som vil være med på et gruppeintervju om nettopp erfaringer fra treffsteder. Lill Susann og en medforsker skal lede gruppeintervjuene. I hver gruppe blir det mellom 6-10 ulike personer fra om lag tre ulike treffsteder. Samtalene blir tatt opp på lydbånd som hjelpemiddel i forskningsprosessen. Seinere vil treffsted-brukere bli invitert på gruppeintervjuer.

Det er ønskelig å samle varierte erfaringer fra flere treffsteder i Bergen og omlands kommuner, og et siktemål er at kunnskapene fra forskningsprosjektet skal kunne bli anvendt på praktisk nyttige måter i fremtiden.

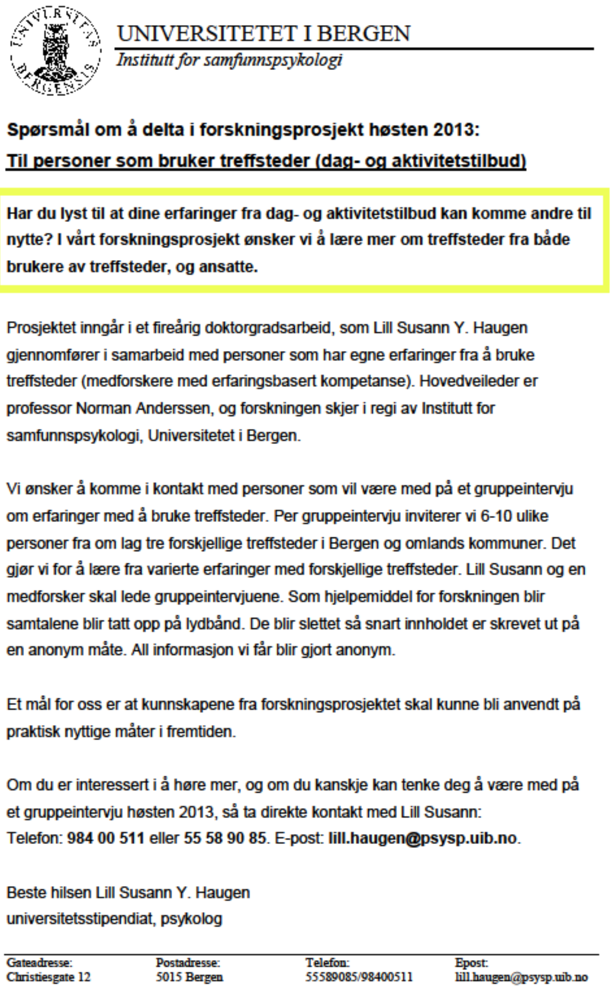
Om du er interessert i å høre mer, og om du kanskje kan tenke deg å være med på et gruppeintervju, så ta direkte kontakt med Lill Susann:
Telefon: **984 00 511** eller **55 58 90 85**. E-post: **lill.haugen@psysp.uib.no**.

Beste hilsen
Lill Susann Y. Haugen
universitetsstipendiat, psykolog

Gateadresse:	Postadresse:	Telefon:	Epost:
Christiesgate 12	5015 Bergen	55589085/98400511	lill.haugen@psysp.uib.no

Appendix E

Information-flyer about the focus group interviews for service users



UNIVERSITETET I BERGEN
Institutt for samfunnspsykologi

Spørsmål om å delta i forskningsprosjekt høsten 2013:
Til personer som bruker treffsteder (dag- og aktivitetstilbud)

Har du lyst til at dine erfaringer fra dag- og aktivitetstilbud kan komme andre til nytte? I vårt forskningsprosjekt ønsker vi å lære mer om treffsteder fra både brukere av treffsteder, og ansatte.

Prosjektet inngår i et fireårig doktorgradsarbeid, som Lill Susann Y. Haugen gjennomfører i samarbeid med personer som har egne erfaringer fra å bruke treffsteder (medforskere med erfaringsbasert kompetanse). Hovedveileder er professor Norman Anderssen, og forskningen skjer i regi av Institutt for samfunnspsykologi, Universitetet i Bergen.

Vi ønsker å komme i kontakt med personer som vil være med på et gruppeintervju om erfaringer med å bruke treffsteder. Per gruppeintervju inviterer vi 6-10 ulike personer fra om lag tre forskjellige treffsteder i Bergen og omlands kommuner. Det gjør vi for å lære fra varierte erfaringer med forskjellige treffsteder. Lill Susann og en medforsker skal lede gruppeintervjuene. Som hjelpemiddel for forskningen blir samtalene blir tatt opp på lydbånd. De blir slettet så snart innholdet er skrevet ut på en anonym måte. All informasjon vi får blir gjort anonym.

Et mål for oss er at kunnskapene fra forskningsprosjektet skal kunne bli anvendt på praktisk nyttige måter i fremtiden.

Om du er interessert i å høre mer, og om du kanskje kan tenke deg å være med på et gruppeintervju høsten 2013, så ta direkte kontakt med Lill Susann:
Telefon: **984 00 511** eller **55 58 90 85**. E-post: **lill.haugen@psysp.uib.no**.

Beste hilsen Lill Susann Y. Haugen
universitetsstipendiat, psykolog

Gateadresse:	Postadresse:	Telefon:	Epost:
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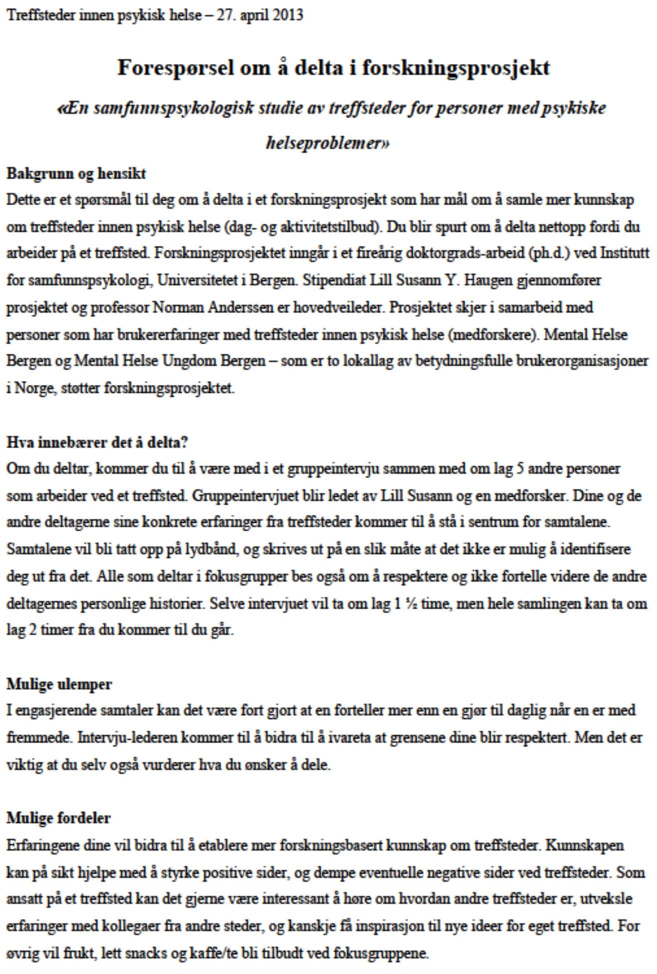
Appendix F

Informed consent document for staff



Treffsteder innen psykisk helse – 27. april 2013

Forespørsel om å delta i forskningsprosjekt

«En samfunnspsykologisk studie av treffsteder for personer med psykiske helseproblemer»

Bakgrunn og hensikt

Dette er et spørsmål til deg om å delta i et forskningsprosjekt som har mål om å samle mer kunnskap om treffsteder innen psykisk helse (dag- og aktivitetstilbud). Du blir spurt om å delta nettopp fordi du arbeider på et treffsted. Forskningsprosjektet inngår i et fireårig doktorgrads-arbeid (ph.d.) ved Institutt for samfunnspsykologi, Universitetet i Bergen. Stipendiat Lill Susann Y. Haugen gjennomfører prosjektet og professor Norman Anderssen er hovedveileder. Prosjektet skjer i samarbeid med personer som har brukererfaringer med treffsteder innen psykisk helse (medforskere). Mental Helse Bergen og Mental Helse Ungdom Bergen – som er to lokallag av betydningsfulle brukerorganisasjoner i Norge, støtter forskningsprosjektet.

Hva innebærer det å delta?

Om du deltar, kommer du til å være med i et gruppeintervju sammen med om lag 5 andre personer som arbeider ved et treffsted. Gruppeintervjuet blir ledet av Lill Susann og en medforsker. Dine og de andre deltagerne sine konkrete erfaringer fra treffsteder kommer til å stå i sentrum for samtalene. Samtalene vil bli tatt opp på lydbånd, og skrives ut på en slik måte at det ikke er mulig å identifisere deg ut fra det. Alle som deltar i fokusgrupper bes også om å respektere og ikke fortelle videre de andre deltagernes personlige historier. Selve intervjuet vil ta om lag 1 ½ time, men hele samlingen kan ta om lag 2 timer fra du kommer til du går.

Mulige ulemper

I engasjerende samtaler kan det være fort gjort at en forteller mer enn en gjør til daglig når en er med fremmede. Intervju-lederen kommer til å bidra til å ivareta at grensene dine blir respektert. Men det er viktig at du selv også vurderer hva du ønsker å dele.

Mulige fordeler

Erfaringene dine vil bidra til å etablere mer forskningsbasert kunnskap om treffsteder. Kunnskapen kan på sikt hjelpe med å styrke positive sider, og dempe eventuelle negative sider ved treffsteder. Som ansatt på et treffsted kan det gjerne være interessant å høre om hvordan andre treffsteder er, utveksle erfaringer med kollegaer fra andre steder, og kanskje få inspirasjon til nye ideer for eget treffsted. For øvrig vil frukt, lett snacks og kaffe/te bli tilbudt ved fokusgruppene.

Hva skjer med informasjonen du gir?

Når gruppeintervjuet er over, kommer all informasjon som du har gitt til å bli gjort anonym. Lydbåndene vil bli oppbevart trygt og nedlåst og blir slettet straks de er skrevet ut, seinest 31.12.2014. Den anonyme informasjonen vil bli brukt i dette prosjektet. Informasjonen kan i tillegg komme til å bli brukt i annen forskning eller utdanningsarbeid i fremtiden. Det at all informasjon vil være anonym innebærer at det ikke vil være mulig å identifisere deg i vitenskapelige arbeider. Du har rett til å få vite om resultatene fra forskningen når dette blir ferdig. Forsknings-prosjektet er meldt til Personvernombudet for forskning, Norsk samfunnsvitenskapelig datatjeneste (NSD). Ved prosjektslutt vil den anonyme informasjonen lagres av NSD.

Frivillig deltakelse

Det er frivillig å delta i forskningsprosjektet. Selv om du sier ja nå, har du rett til å trekke deg når som helst uten å måtte begrunne det, også etter at gruppeintervjuet er ferdig. Til orientering kan det være vanskelig å trekke sin informasjon fra forskningsprosjektet etter at gruppeintervjuet er ferdig, fordi det ikke alltid er mulig å skille mellom hvem som sier hva på lydopptak eller i utskrifter fra gruppeintervjuer.

Om du ønsker å delta, så samtykker du til å bli med i en fokusgruppe ved å: a) lese informasjonen som står på disse to sidene; og b) å møte opp på et fokusgruppeintervju og delta.

Kontakt:

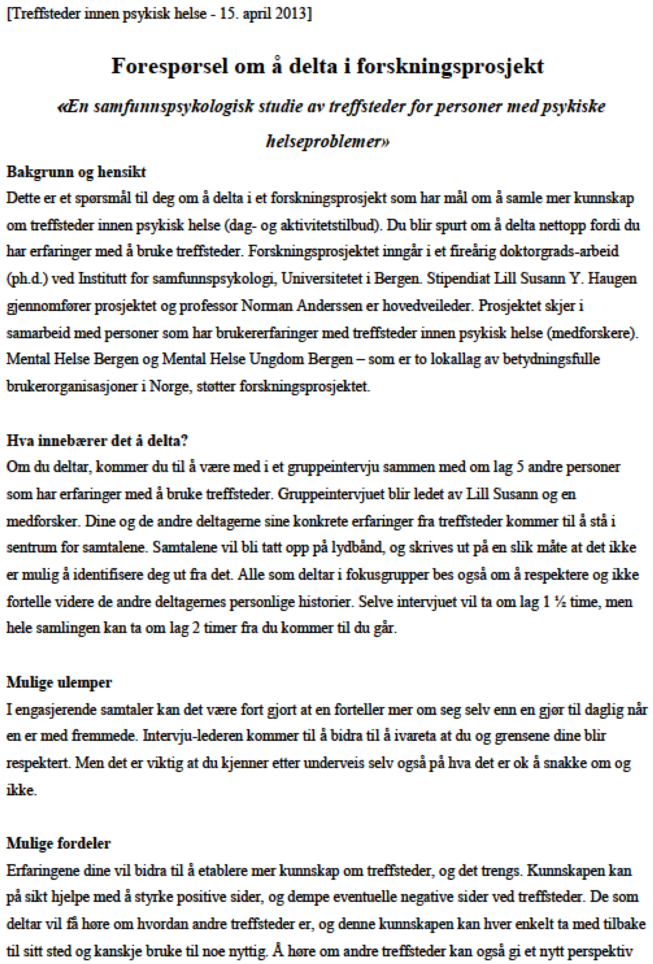
Lill Susann tar i mot alle henvendelser om prosjektet:
Telefon: **984 00 511** eller **55 58 90 85.**
E-post: **lill.haugen@psysp.uib.no**

Beste hilsen

Lill Susann Y. Haugen
stipendiat, psykolog

Appendix G

Informed consent document for service users



[Treffsteder innen psykisk helse - 15. april 2013]

Forespørsel om å delta i forskningsprosjekt

«En samfunnspsykologisk studie av treffsteder for personer med psykiske helseproblemer»

Bakgrunn og hensikt

Dette er et spørsmål til deg om å delta i et forskningsprosjekt som har mål om å samle mer kunnskap om treffsteder innen psykisk helse (dag- og aktivitetstilbud). Du blir spurt om å delta nettopp fordi du har erfaringer med å bruke treffsteder. Forskningsprosjektet inngår i et fireårig doktorgrads-arbeid (ph.d.) ved Institutt for samfunnspsykologi, Universitetet i Bergen. Stipendiat Lill Susann Y. Haugen gjennomfører prosjektet og professor Norman Anderssen er hovedveileder. Prosjektet skjer i samarbeid med personer som har brukererfaringer med treffsteder innen psykisk helse (medforskere). Mental Helse Bergen og Mental Helse Ungdom Bergen – som er to lokallag av betydningsfulle brukerorganisasjoner i Norge, støtter forskningsprosjektet.

Hva innebærer det å delta?

Om du deltar, kommer du til å være med i et gruppeintervju sammen med om lag 5 andre personer som har erfaringer med å bruke treffsteder. Gruppeintervjuet blir ledet av Lill Susann og en medforsker. Dine og de andre deltagerne sine konkrete erfaringer fra treffsteder kommer til å stå i sentrum for samtalene. Samtalene vil bli tatt opp på lydbånd, og skrives ut på en slik måte at det ikke er mulig å identifisere deg ut fra det. Alle som deltar i fokusgrupper bes også om å respektere og ikke fortelle videre de andre deltagernes personlige historier. Selve intervjuet vil ta om lag 1 ½ time, men hele samlingen kan ta om lag 2 timer fra du kommer til du går.

Mulige ulemper

I engasjerende samtaler kan det være fort gjort at en forteller mer om seg selv enn en gjør til daglig når en er med fremmede. Intervju-lederen kommer til å bidra til å ivareta at du og grensene dine blir respektert. Men det er viktig at du kjenner etter underveis selv også på hva det er ok å snakke om og ikke.

Mulige fordeler

Erfaringene dine vil bidra til å etablere mer kunnskap om treffsteder, og det trengs. Kunnskapen kan på sikt hjelpe med å styrke positive sider, og dempe eventuelle negative sider ved treffsteder. De som deltar vil få høre om hvordan andre treffsteder er, og denne kunnskapen kan hver enkelt ta med tilbake til sitt sted og kanskje bruke til noe nyttig. Å høre om andre treffsteder kan også gi et nytt perspektiv på sitt eget sted, og kanskje inspirere til å besøke nye. For øvrig vil frukt, lett snacks og kaffe/te bli tilbudt ved fokusgruppene.

Hva skjer med informasjonen du gir?

Når gruppeintervjuet er over, kommer all informasjon som du har gitt til å bli gjort anonym. Lydbåndene vil bli oppbevart trygt og nedlåst og blir slettet straks de er skrevet ut, seinest 31.12.2014. Den anonyme informasjonen vil bli brukt i dette prosjektet. Informasjonen kan i tillegg komme til å bli brukt i annen forskning eller utdanningsarbeid i fremtiden. Det at all informasjon vil være anonym innebærer at det ikke vil være mulig å identifisere deg i vitenskapelige arbeider. Du har rett til å få vite om resultatene fra forskningen når dette blir ferdig. Forsknings-prosjektet er meldt til Personvernombudet for forskning, Norsk samfunnsvitenskapelig datatjeneste (NSD). Ved prosjektslutt vil den anonyme informasjonen lagres av NSD.

Frivillig deltakelse

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Kontakt:

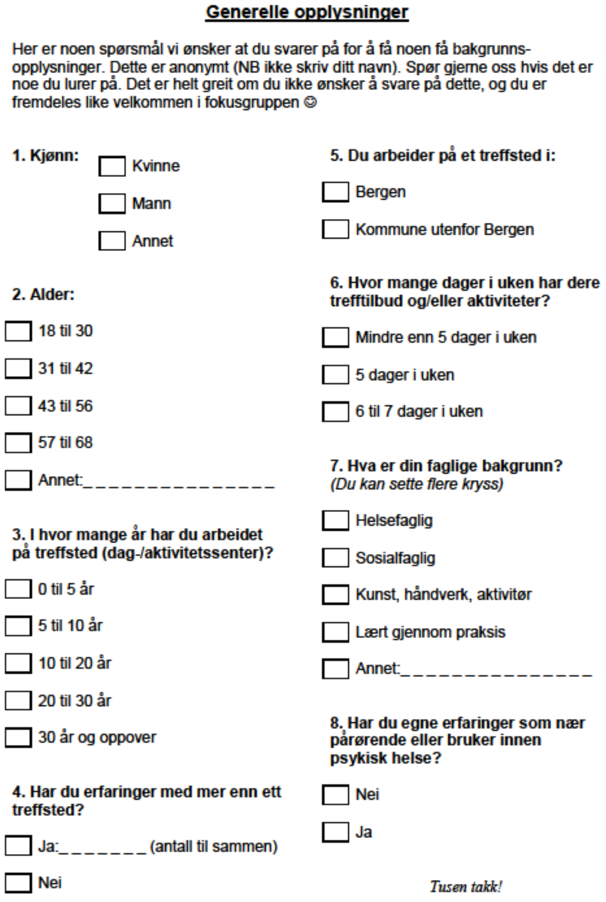
Lill Susann tar i mot alle henvendelser om prosjektet:
Telefon: **984 00 511** eller **55 58 90 85.**
E-post: **lill.haugen@psysp.uib.no**

Beste hilsen

Lill Susann Y. Haugen
stipendiat, psykolog

Appendix H

Demographic information gathered from staff



Generelle opplysninger

Her er noen spørsmål vi ønsker at du svarer på for å få noen få bakgrunnsopplysninger. Dette er anonymt (NB ikke skriv ditt navn). Spør gjerne oss hvis det er noe du lurer på. Det er helt greit om du ikke ønsker å svare på dette, og du er fremdeles like velkommen i fokusgruppen ☺

1. Kjønn:

☐ Kvinne

☐ Mann

☐ Annet

2. Alder:

☐ 18 til 30

☐ 31 til 42

☐ 43 til 56

☐ 57 til 68

☐ Annet:_______________

3. I hvor mange år har du arbeidet på treffsted (dag-/aktivitetssenter)?

☐ 0 til 5 år

☐ 5 til 10 år

☐ 10 til 20 år

☐ 20 til 30 år

☐ 30 år og oppover

4. Har du erfaringer med mer enn ett treffsted?

☐ Ja:_______ (antall til sammen)

☐ Nei

5. Du arbeider på et treffsted i:

☐ Bergen

☐ Kommune utenfor Bergen

6. Hvor mange dager i uken har dere trefftilbud og/eller aktiviteter?

☐ Mindre enn 5 dager i uken

☐ 5 dager i uken

☐ 6 til 7 dager i uken

7. Hva er din faglige bakgrunn?
(Du kan sette flere kryss)

☐ Helsefaglig

☐ Sosialfaglig

☐ Kunst, håndverk, aktivitør

☐ Lært gjennom praksis

☐ Annet:_______________

8. Har du egne erfaringer som nær pårørende eller bruker innen psykisk helse?

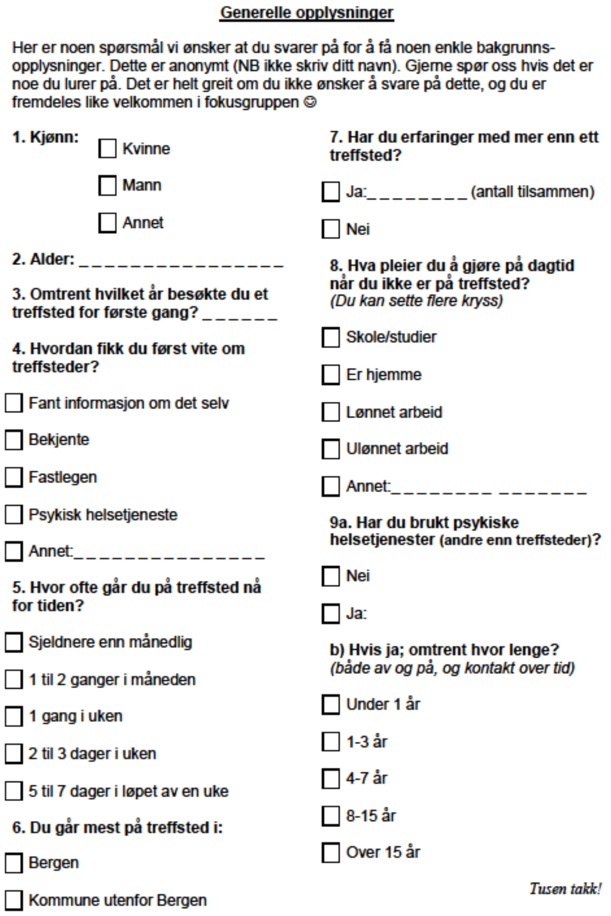
☐ Nei

☐ Ja

Tusen takk!

Appendix I

Demographic information gathered from service users



Generelle opplysninger

Her er noen spørsmål vi ønsker at du svarer på for å få noen enkle bakgrunnsopplysninger. Dette er anonymt (NB ikke skriv ditt navn). Gjerne spør oss hvis det er noe du lurer på. Det er helt greit om du ikke ønsker å svare på dette, og du er fremdeles like velkommen i fokusgruppen ☺

1. Kjønn:

☐ Kvinne

☐ Mann

☐ Annet

2. Alder: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

3. Omtrent hvilket år besøkte du et treffsted for første gang? _ _ _ _ _ _

4. Hvordan fikk du først vite om treffsteder?

☐ Fant informasjon om det selv

☐ Bekjente

☐ Fastlegen

☐ Psykisk helsetjeneste

☐ Annet:_ _ _ _ _ _ _ _ _ _ _ _ _ _ _

5. Hvor ofte går du på treffsted nå for tiden?

☐ Sjeldnere enn månedlig

☐ 1 til 2 ganger i måneden

☐ 1 gang i uken

☐ 2 til 3 dager i uken

☐ 5 til 7 dager i løpet av en uke

6. Du går mest på treffsted i:

☐ Bergen

☐ Kommune utenfor Bergen

7. Har du erfaringer med mer enn ett treffsted?

☐ Ja:_ _ _ _ _ _ _ _ (antall tilsammen)

☐ Nei

8. Hva pleier du å gjøre på dagtid når du ikke er på treffsted?
(Du kan sette flere kryss)

☐ Skole/studier

☐ Er hjemme

☐ Lønnet arbeid

☐ Ulønnet arbeid

☐ Annet:_ _ _ _ _ _ _ _ _ _ _ _ _ _ _

9a. Har du brukt psykiske helsetjenester (andre enn treffsteder)**?**

☐ Nei

☐ Ja:

b) Hvis ja; omtrent hvor lenge?
(både av og på, og kontakt over tid)

☐ Under 1 år

☐ 1-3 år

☐ 4-7 år

☐ 8-15 år

☐ Over 15 år

Tusen takk!

Appendix J

Interview topic guide for staff

Temaguide datert 19.11.13: Hvordan møter treffsteders ansatte brukere og deres erfaringer?

1. Personalets arbeidsområder, interesser, kompetanse, og roller

Hvis noen som har null peiling på treffsteder spør dere om hva dere jobber med der:

- Hva svarer dere? (Hvordan jobber dere med dette i praksis?)

Kan dere fortelle om en gang dere følte at dere hadde gjort en god jobb på treffstedet?
(Hva gjorde dere den gangen?; sammenheng med kompetansebakgrunn?)

Hva er noen typiske utfordringer for at dere får gjort en så god jobb som dere ønsker å gjøre?

Hvis ordføreren kom til dere og sa at **hver enkelt kunne bestemme helt fritt** hvordan treffstedet skulle være:

- hva ville dere lagt vekt på?
  (hva ville dere beholdt som det er?)

2. Uenigheter/konflikter

Nå som det nylig har vært valg er det tydelig at uenigheter er en viktig side ved demokrati. Flere har fortalt at det noen ganger heter seg opp under brukerråd og allmøter.

- Hvis dere kjenner det igjen, kan dere fortelle om en gang det var en saklig diskusjon mellom brukere og personalet som vanskelig å bli enige i? (hva handlet det om?; hva ble konklusjonen; Hvordan ville en av brukerne skildret situasjonen?; *Andre steder utvisning, nye regler*)

3. Brukeres handlingsrom (takhøyden), fra personalets perspektiv

Så vidt vi forstår har alle treffsteder husregler; hva går de ut på hos dere?
(Hvordan kom dere frem til disse reglene?; Var brukerne med å bestemme?; hvorfor)

Hvordan er det om folk begynner å prate om tro og politikk hos dere? (Hvorfor er det ikke ok å snakke om slikt?; hvordan tror dere at det er for brukerne?)

Nå har vi snakket med mange og jeg har noen ganger fått følelsen av at 'psykiske plager' blir et ikke-tema

- Hvis jeg var bruker hos dere og kjente behov for å snakke med andre med brukererfaringer om noe vanskelig jeg hadde opplevd, hvordan ville det vært?
  (hvordan tror dere at det hadde vært for meg?; hva er deres erfaringer med 'likemannsarbeid' på deres treffsteder?)

Kan dere fortelle om en gang dere kjente at dere hadde håndtert en vanskelig situasjon på en verdig og god måte? (Kan dere fortelle om en gang en vanskelig situasjon ble håndtert på en uheldig måte?)

4. Brukermedvirkning: samarbeid og individuell tilrettelegging

På mange måter kan vi si at brukermedvirkning handler om samarbeid mellom ansatte og brukere:

- Kan dere fortelle et eksempel fra treffstedet der samarbeidet med brukere virkelig fungerte godt? (Hva gjorde dere for å få det til?; det motsatte da?)

Hva er brukerne ikke med på å bestemme hos dere? (Hva er brukerne med på å bestemme?; f.eks. økonomi, drift, aktiviteter?; *hvis jeg var bruker hos dere, -hvordan ville jeg merket dette?*; Hvor ofte?)

Hvis jeg var fersk bruker hos dere og hadde det tøft, og spurte dere om hjelp, hvordan ville dere møtt dette?

4. Møter mellom treffstedet og lokalsamfunnet

Noen synes at det er godt og trygt om treffsteder og tilbudene de har er litt atskilt fra omverdenen, mens andre synes at det blir stigmatiserende med egne turgrupper eller teaterkvelder kun for folk med psykiske plager:

- hva tenker dere om det?
  (Hva kan gjøres med dette?; Har treffstedet tilbud om aktiviteter som er sammen med folk som ikke er innen psykisk helse? Kan dere fortelle om et eksempel?)

Hvis dere kunne bestemt helt fritt hvordan forholdet mellom treffstedet og omverdenen skulle vært, hva ville dere lagt opp til? (Hvordan er dette sammenlignet med forholdet som er mellom treffstedet og omverdenen nå?; hvordan tror dere at brukere hadde reagert?)

Tilleggsspørsmål:

Er det noe vi burde spurt om som vi ikke har spurt om?

Er det noe dere har lyst til å spørre oss om?

Appendix K

Interview topic guide for service users

Temaguide datert 2.12.13: «Hvordan møtes brukere og deres erfaringer på treffsteder?»

1. **Å være på treffsteder på godt og vondt**
Tror vi bare går rett på sak: Hva gir treffsteder dere personlig?

(Hvilken plass er et treffsted for dere?; Har det bidratt med noe som har vært betydningsfullt i livet generelt? Er det noe spesielt med treffstedet i forhold til andre steder? Hva med første gangen dere besøkte stedene dere er på nå, hvordan var det?)

Noen sier at treffsteder er **fristeder**, andre sier at de er **springbrett ut fra psykiatrien**, andre igjen synes at enkelte treffsteder minner for mye om hvordan det er å være på **psykiatriske institusjoner**

- Hvordan er det for dere?
  (På hvilke måter har det fungert som fristed/springbrett/institusjon for dere?; Hvordan ville jeg merket dette hvis jeg brukte stedene deres?)

Hvis ordføreren kom til dere og sa at **hver enkelt kunne bestemme helt fritt** hvordan treffstedet skulle være:

- hva ville vært viktigst for dere?
  (Har dere nevnt dette for de ansatte før? Hvorfor? Blir det fulgt opp?; Hva er det som gjør at dere fortsatt går der selv om det ikke er helt som dere skulle ønske?

2. Takhøyden (handlingsrom), og aksept og avvisning
Når det gjelder å kjenne seg **akseptert eller avvist**, hvordan er treffstedet i forhold til samfunnet ellers?

(F.eks. Jobb, i butikken, behandler, kafe…; Hva om jeg var en som trengte ett par øl for å orke å komme på treffstedet, -hvordan ville jeg blitt tatt imot da?)

Har dere vært med på at noen samtaletemaer har blitt stanset eller dempet på et vis i fellesrommene? (Kan dere fortelle mer om det?; Hvorfor er det ikke ok å snakke om slikt?; Hvordan skulle dere ønske at det var?)

Nå har vi snakket med ganske mange om treffsteder og vi har noen ganger fått følelsen av at 'psykiske plager' blir et ikke-tema

- Men hva med å utveksle brukererfaringer, -hvordan blir det hos dere?

(Andre har pekt på at det helst skjer utenfor fellesområdet, hvordan er det hos dere?; Har dere fått anledning til å bruke **egne erfaringer** fra noe vanskelig til å hjelpe noen andre på treffstedet?; Har dere selv fått slik erfaringsbasert hjelp fra andre på stedet?; Hvordan ville dere at det ideelt sett skulle vært?)

Mange som har fått psykiatri-merkelapper har opplevd diverse **nedverdigende situasjoner** og vi lurer på om dere har sett noe sånt skje i forbindelse med et treffsted? (Gi et eksempel)

Sett fra deres perspektiver, hvordan er forholdene mellom dere som bruker treffstedet og de som jobber der? (trygghet?; tilrettelegger for utfordringer og bevegelser?; pleier-pasient?;)

3. Brukermedvirkning og rom for erfaringer og erfaringskompetanse

Kan dere prøve å huske en gang dere virkelig kjente dere hørt og sett på treffstedet?
(Kan dere fortelle om den gangen?; Er det forskjell på hvem som blir hørt på og ikke?)

Nå hadde vi jo Stortingsvalg i høst, og politiske valg minner alltid om at uenigheter er en viktig side ved demokrati. Så vidt vi forstår skal treffsteder også være demokratisk, for brukermedvirkning er jo en lovfestet rett.

- Så vi lurer på om dere har vært med på å diskutere en sak med personalet som det ikke ble enighet om?

(Kan dere fortelle om en sånn sak?; **husregler**, økonomi, drift, aktiviteter?; Hvordan ble konklusjonen?; Hvordan ser dere for dere at dette hadde vært om diskusjonen skjedde på en bedrift? *utvisning, nye regler*)

Hvis det er noe dere ønsker å få til på stedet, men som de ansatte ikke kan eller vil bistå med, hvordan gjør dere det da? (Har det skjedd før?; Hvordan er for eksempel mulighetene for at de som vil kan bidra med noe selv?)

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4. Møter mellom treffstedet og lokalsamfunnet
Har dere vært med på at treffstedet har bidratt til kontakt med noe utenfor som har betydd noe spesielt for dere? (Kan dere fortelle om det?; Hva med det motsatte da, kontakt som ble veldig uheldig?)

Noen synes at det er godt og trygt om treffsteder og tilbudene de har er litt atskilt fra omverdenen, mens andre synes at det blir stigmatiserende med egne turgrupper eller teaterkvelder kun for folk med psykiske plager:

- Hva tenker dere rundt dette?
  (Har treffstedet tilbud om aktiviteter som er sammen med folk som ikke er innen psykisk helse? Kan dere fortelle om et eksempel?)

Hvis treffstedet var skreddersydd til dere, hvordan skulle forholdet mellom treffstedet og omverdenen vært?
(Hvordan er dette sammenlignet med forholdet som er mellom treffstedet og omverdenen nå?)

Tilleggsspørsmål (ca.15 min igjen):
Er det noe vi burde spurt om som vi ikke har spurt om?

Har noen lyst til å spørre oss om noe?

Appendix L

Official statement from the Norwegian Centre for Research Data (NSD) that they have given the project proposal for the study with staff of meeting places, an ethical consideration and recommendation.

Norsk samfunnsvitenskapelig datatjeneste AS
NORWEGIAN SOCIAL SCIENCE DATA SERVICES

Harald Hårfagres gate 29
N-5007 Bergen
Norway
Tel: +47-55 58 21 17
Fax: +47-55 58 96 50
nsd@nsd.uib.no
www.nsd.uib.no
Org.nr. 985 321 884

Lill Susann Ynnesdal Haugen
Institutt for samfunnspsykologi
Universitetet i Bergen
Christiesgate 13
5020 BERGEN

Vår dato: 23.04.2013   Vår ref: 34030 / 3 / LMR   Deres dato: Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 26.03.2013. Meldingen gjelder prosjektet:

34030	*En samfunnspsykologisk studie av treffsteder for personer med psykiske helseproblemer (delstudie 2)*
Behandlingsansvarlig	*Universitetet i Bergen, ved institusjonens øverste leder*
Daglig ansvarlig	*Lill Susann Ynnesdal Haugen*

Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstiller kravene i personopplysningsloven.

Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema http://www.nsd.uib.no/personvern/meldeplikt/skjema.html. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, http://pvo.nsd.no/prosjekt.

Personvernombudet vil ved prosjektets avslutning, 31.12.2014, rette en henvendelse angående status for behandlingen av personopplysninger.

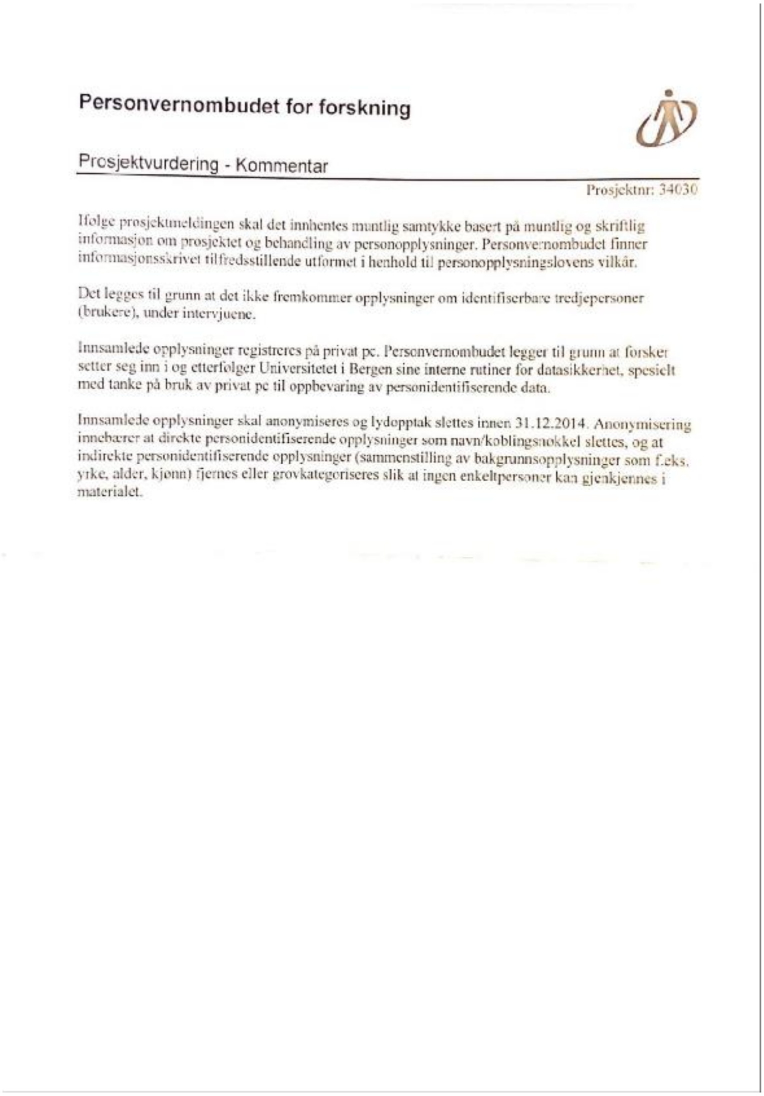
Vennlig hilsen

Vigdis Kvalheim

Vigdis Namtvedt Kvalheim

Linn-Merethe Rød

Linn-Merethe Rød tlf: 55 58 89 11
Vedlegg: Prosjektvurdering



Personvernombudet for forskning

Prosjektvurdering - Kommentar

Prosjektnr: 34030

Ifølge prosjektmeldingen skal det innhentes muntlig samtykke basert på muntlig og skriftlig informasjon om prosjektet og behandling av personopplysninger. Personvernombudet finner informasjonsskrivet tilfredsstillende utformet i henhold til personopplysningslovens vilkår.

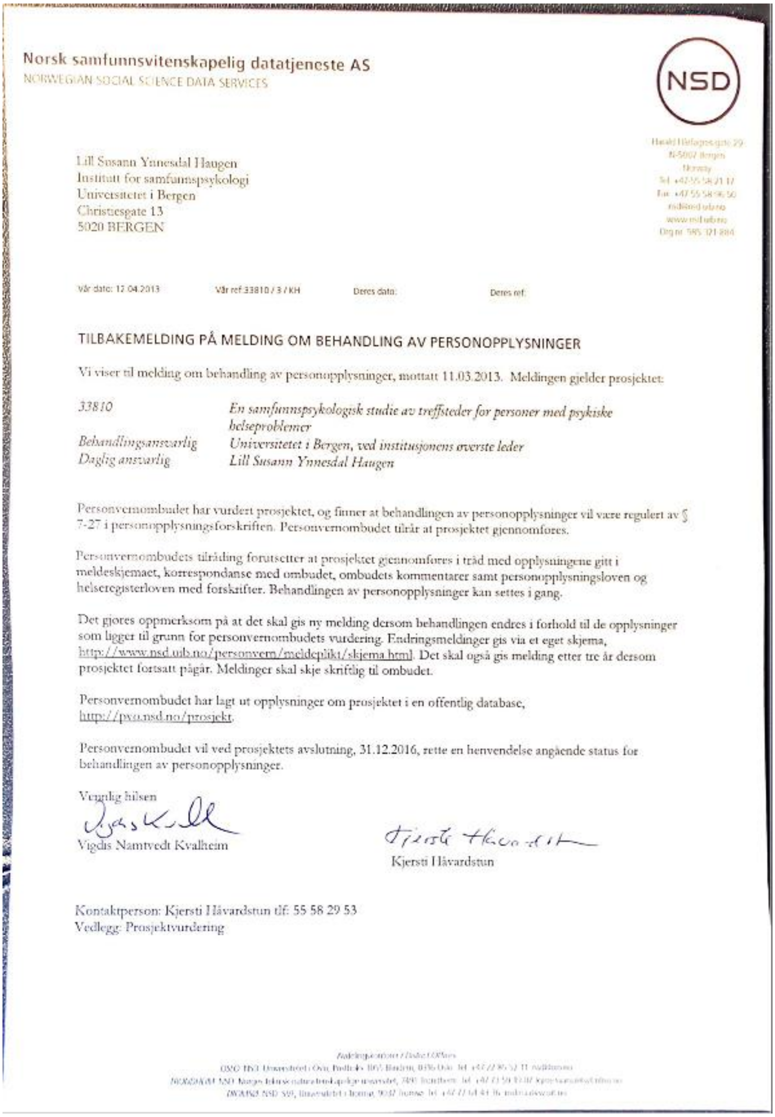
Det legges til grunn at det ikke fremkommer opplysninger om identifiserbare tredjepersoner (brukere), under intervjuene.

Innsamlede opplysninger registreres på privat pc. Personvernombudet legger til grunn at forsker setter seg inn i og etterfølger Universitetet i Bergen sine interne rutiner for datasikkerhet, spesielt med tanke på bruk av privat pc til oppbevaring av personidentifiserende data.

Innsamlede opplysninger skal anonymiseres og lydopptak slettes innen 31.12.2014. Anonymisering innebærer at direkte personidentifiserende opplysninger som navn/koblingsnøkkel slettes, og at indirekte personidentifiserende opplysninger (sammenstilling av bakgrunnsopplysninger som f.eks. yrke, alder, kjønn) fjernes eller grovkategoriseres slik at ingen enkeltpersoner kan gjenkjennes i materialet.

Appendix M

Official statement from the Norwegian Centre for Research Data (NSD) that they have given the project proposal for the study with service users of meeting places, an ethical consideration and recommendation



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NSD
Harald Hårfagres gate 29
N-5007 Bergen
Norway
Tel: +47-55 58 21 17
Fax: +47-55 58 96 50
nsd@nsd.uib.no
www.nsd.uib.no
Org.nr. 985 321 884

Lill Susann Ynnesdal Haugen
Institutt for samfunnspsykologi
Universitetet i Bergen
Christiesgate 13
5020 BERGEN

Vår dato: 17.04.2013 Vår ref: 33810 / 3 / KH Deres dato: Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 11.03.2013. Meldingen gjelder prosjektet:

33810	*En samfunnspsykologisk studie av treffsteder for personer med psykiske helseproblemer*
Behandlingsansvarlig	*Universitetet i Bergen, ved institusjonens øverste leder*
Daglig ansvarlig	*Lill Susann Ynnesdal Haugen*

Personvernombudet har vurdert prosjektet, og finner at behandlingen av personopplysninger vil være regulert av § 7-27 i personopplysningsforskriften. Personvernombudet tilrår at prosjektet gjennomføres.

Personvernombudets tilråding forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, http://www.nsd.uib.no/personvern/meldeplikt/skjema.html. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, http://pvo.nsd.no/prosjekt.

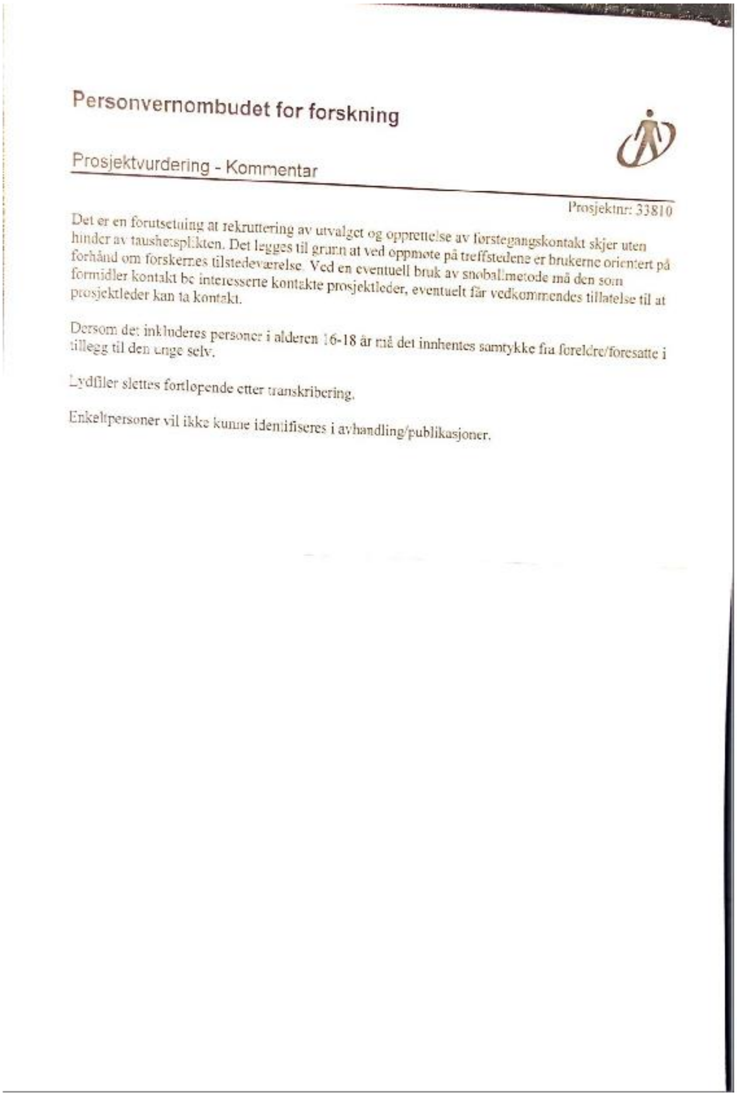
Personvernombudet vil ved prosjektets avslutning, 31.12.2016, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Vigdis Namtvedt Kvalheim

Kjersti Håvardstun

Kontaktperson: Kjersti Håvardstun tlf: 55 58 29 53
Vedlegg: Prosjektvurdering



Personvernombudet for forskning

Prosjektvurdering - Kommentar

Prosjektnr: 33810

Det er en forutsetning at rekruttering av utvalget og opprettelse av førstegangskontakt skjer uten hinder av taushetsplikten. Det legges til grunn at ved oppmøte på treffstedene er brukerne orientert på forhånd om forskernes tilstedeværelse. Ved en eventuell bruk av snoballmetode må den som formidler kontakt be interesserte kontakte prosjektleder, eventuelt får vedkommendes tillatelse til at prosjektleder kan ta kontakt.

Dersom det inkluderes personer i alderen 16-18 år må det innhentes samtykke fra foreldre/foresatte i tillegg til den unge selv.

Lydfiler slettes fortløpende etter transkribering.

Enkeltpersoner vil ikke kunne identifiseres i avhandling/publikasjoner.

Appendix N

Official statement from Regional Committees for Medical and Health Research Ethics (REK) that our project is not considered to be under their jurisdiction

Zimbra https://webmail.netcom.no/zimbra/h/printmessage?id=10700&xim=1

Zimbra **lill.susann_y.haugen@netcom.no**

Sv: REK vest 2013/482 En samfunnspsykologisk studie av treffsteder for personer med psykiske helseproblemer

Fra : post@helseforskning.etikkom.no ti, mar 05, 2013 10:38 AM

Emne : Sv: REK vest 2013/482 En samfunnspsykologisk studie av treffsteder for personer med psykiske helseproblemer

Til : lill susann y haugen <lill.susann_y.haugen@netcom.no>

Vår ref.nr.: 2013/482

Vi viser til ditt skjema for fremleggingsvurdering datert 23.02.2013.

Etter vår oppfatning er dette prosjektet ikke fremleggingspliktig for REK.

Slik prosjektet er beskrevet søker du primært ny kunnskap om hvordan treffsteder for personer med psykiske helseproblemer fungerer. Her ønsker du å intervjue bruker, ansatte og fastleger for å få frem ulike aspekt ved denne tjenesten. Ingen av delprosjektene har som formål å skaffe ny kunnskap om sykdom og helse og prosjektet vil således ikke være fremleggingspliktig for REK. Prosjektet skal registrere personopplysninger og må derfor meldes til personvernombudet for Universitetet i Bergen.

Vi gjør oppmerksom på at konklusjonen er å anse som veiledende, jfr. Forvaltningslovens § 11.

Dersom du allikevel ønsker å søke REK vil søknaden blir behandlet i komitémøte og det vil bli fattet enkeltvedtak etter Forvaltningsloven.

Med vennlig hilsen
Anne Berit Kolmannskog
sekretariatsleder
post@helseforskning.etikkom.no
T: 55978496

Regional komité for medisinsk og helsefaglig forskningsetikk REK vest-Norge (REK vest)
http://helseforskning.etikkom.no

1 of 1 05.03.2013 15:11

Doctoral Theses at The Faculty of Psychology, University of Bergen

1980	Allen, Hugh M., Dr. philos.	Parent-offspring interactions in willow grouse (Lagopus L. Lagopus).
1981	Myhrer, Trond, Dr. philos.	Behavioral Studies after selective disruption of hippocampal inputs in albino rats.
1982	Svebak, Sven, Dr. philos.	The significance of motivation for task-induced tonic physiological changes.
1983	Myhre, Grete, Dr. philos.	The Biopsychology of behavior in captive Willow ptarmigan.
	Eide, Rolf, Dr. philos.	PSYCHOSOCIAL FACTORS AND INDICES OF HEALTH RISKS. The relationship of psychosocial conditions to subjective complaints, arterial blood pressure, serum cholesterol, serum triglycerides and urinary catecholamines in middle aged populations in Western Norway.
	Værnes, Ragnar J., Dr. philos.	Neuropsychological effects of diving.
1984	Kolstad, Arnulf, Dr. philos.	Til diskusjonen om sammenhengen mellom sosiale forhold og psykiske strukturer. En epidemiologisk undersøkelse blant barn og unge.
	Løberg, Tor, Dr. philos.	Neuropsychological assessment in alcohol dependence.
1985	Hellesnes, Tore, Dr. philos.	Læring og problemløsning. En studie av den perseptuelle analysens betydning for verbal læring.
	Håland, Wenche, Dr. philos.	Psykoterapi: relasjon, utviklingsprosess og effekt.
1986	Hagtvet, Knut A., Dr. philos.	The construct of test anxiety: Conceptual and methodological issues.
	Jellestad, Finn K., Dr. philos.	Effects of neuron specific amygdala lesions on fear-motivated behavior in rats.
1987	Aarø, Leif E., Dr. philos.	Health behaviour and sosioeconomic Status. A survey among the adult population in Norway.
	Underlid, Kjell, Dr. philos.	Arbeidsløyse i psykososialt perspektiv.
	Laberg, Jon C., Dr. philos.	Expectancy and classical conditioning in alcoholics' craving.
	Vollmer, Fred, Dr. philos.	Essays on explanation in psychology.
	Ellertsen, Bjørn, Dr. philos.	Migraine and tension headache: Psychophysiology, personality and therapy.
1988	Kaufmann, Astrid, Dr. philos.	Antisosial atferd hos ungdom. En studie av psykologiske determinanter.

	Mykletun, Reidar J., Dr. philos.	Teacher stress: personality, work-load and health.
	Havik, Odd E., Dr. philos.	After the myocardial infarction: A medical and psychological study with special emphasis on perceived illness.
1989	Bråten, Stein, Dr. philos.	Menneskedyaden. En teoretisk tese om sinnets dialogiske natur med informasjons- og utviklingspsykologiske implikasjoner sammenholdt med utvalgte spedbarnsstudier.
	Wold, Bente, Dr. psychol.	Lifestyles and physical activity. A theoretical and empirical analysis of socialization among children and adolescents.
1990	Flaten, Magne A., Dr. psychol.	The role of habituation and learning in reflex modification.
1991	Alsaker, Françoise D., Dr. philos.	Global negative self-evaluations in early adolescence.
	Kraft, Pål, Dr. philos.	AIDS prevention in Norway. Empirical studies on diffusion of knowledge, public opinion, and sexual behaviour.
	Endresen, Inger M., Dr. philos.	Psychoimmuniological stress markers in working life.
	Faleide, Asbjørn O., Dr. philos.	Asthma and allergy in childhood. Psychosocial and psychotherapeutic problems.
1992	Dalen, Knut, Dr. philos.	Hemispheric asymmetry and the Dual-Task Paradigm: An experimental approach.
	Bø, Inge B., Dr. philos.	Ungdoms sosiale økologi. En undersøkelse av 14-16 åringers sosiale nettverk.
	Nivison, Mary E., Dr. philos.	The relationship between noise as an experimental and environmental stressor, physiological changes and psychological factors.
	Torgersen, Anne M., Dr. philos.	Genetic and environmental influence on temperamental behaviour. A longitudinal study of twins from infancy to adolescence.
1993	Larsen, Svein, Dr. philos.	Cultural background and problem drinking.
	Nordhus, Inger Hilde, Dr. philos.	Family caregiving. A community psychological study with special emphasis on clinical interventions.
	Thuen, Frode, Dr. psychol.	Accident-related behaviour among children and young adolescents: Prediction and prevention.
	Solheim, Ragnar, Dr. philos.	Spesifikke lærevansker. Diskrepanskriteriet anvendt i seleksjonsmetodikk.
	Johnsen, Bjørn Helge, Dr. psychol.	Brain assymetry and facial emotional expressions: Conditioning experiments.
1994	Tønnessen, Finn E., Dr. philos.	The etiology of Dyslexia.
	Kvale, Gerd, Dr. psychol.	Psychological factors in anticipatory nausea and vomiting in cancer chemotherapy.

	Asbjørnsen, Arve E., Dr. psychol.	Structural and dynamic factors in dichotic listening: An interactional model.
	Bru, Edvin, Dr. philos.	The role of psychological factors in neck, shoulder and low back pain among female hospitale staff.
	Braathen, Eli T., Dr. psychol.	Prediction of exellence and discontinuation in different types of sport: The significance of motivation and EMG.
	Johannessen, Birte F., Dr. philos.	Det flytende kjønnet. Om lederskap, politikk og identitet.
1995	Sam, David L., Dr. psychol.	Acculturation of young immigrants in Norway: A psychological and socio-cultural adaptation.
	Bjaalid, Inger-Kristin, Dr. philos.	Component processes in word recognition.
	Martinsen, Øyvind, Dr. philos.	Cognitive style and insight.
	Nordby, Helge, Dr. philos.	Processing of auditory deviant events: Mismatch negativity of event-related brain potentials.
	Raaheim, Arild, Dr. philos.	Health perception and health behaviour, theoretical considerations, empirical studies, and practical implications.
	Seltzer, Wencke J., Dr. philos.	Studies of Psychocultural Approach to Families in Therapy.
	Brun, Wibecke, Dr. philos.	Subjective conceptions of uncertainty and risk.
	Aas, Henrik N., Dr. psychol.	Alcohol expectancies and socialization: Adolescents learning to drink.
	Bjørkly, Stål, Dr. psychol.	Diagnosis and prediction of intra-institutional aggressive behaviour in psychotic patients
1996	Anderssen, Norman, Dr. psychol.	Physical activity of young people in a health perspective: Stability, change and social influences.
	Sandal, Gro Mjeldheim, Dr. psychol.	Coping in extreme environments: The role of personality.
	Strumse, Einar, Dr. philos.	The psychology of aesthetics: explaining visual preferences for agrarian landscapes in Western Norway.
	Hestad, Knut, Dr. philos.	Neuropsychological deficits in HIV-1 infection.
	Lugoe, L.Wycliffe, Dr. philos.	Prediction of Tanzanian students' HIV risk and preventive behaviours
	Sandvik, B. Gunnhild, Dr. philos.	Fra distriktsjordmor til institusjonsjordmor. Fremveksten av en profesjon og en profesjonsutdanning
	Lie, Gro Therese, Dr. psychol.	The disease that dares not speak its name: Studies on factors of importance for coping with HIV/AIDS in Northern Tanzania
	Øygard, Lisbet, Dr. philos.	Health behaviors among young adults. A psychological and sociological approach
	Stormark, Kjell Morten, Dr. psychol.	Emotional modulation of selective attention: Experimental and clinical evidence.

	Einarsen, Ståle, Dr. psychol.	Bullying and harassment at work: epidemiological and psychosocial aspects.
1997	Knivsberg, Ann-Mari, Dr. philos.	Behavioural abnormalities and childhood psychopathology: Urinary peptide patterns as a potential tool in diagnosis and remediation.
	Eide, Arne H., Dr. philos.	Adolescent drug use in Zimbabwe. Cultural orientation in a global-local perspective and use of psychoactive substances among secondary school students.
	Sørensen, Marit, Dr. philos.	The psychology of initiating and maintaining exercise and diet behaviour.
	Skjæveland, Oddvar, Dr. psychol.	Relationships between spatial-physical neighborhood attributes and social relations among neighbors.
	Zewdie, Teka, Dr. philos.	Mother-child relational patterns in Ethiopia. Issues of developmental theories and intervention programs.
	Wilhelmsen, Britt Unni, Dr. philos.	Development and evaluation of two educational programmes designed to prevent alcohol use among adolescents.
	Manger, Terje, Dr. philos.	Gender differences in mathematical achievement among Norwegian elementary school students.
1998 V	Lindstrøm, Torill Christine, Dr. philos.	«Good Grief»: Adapting to Bereavement.
	Skogstad, Anders, Dr. philos.	Effects of leadership behaviour on job satisfaction, health and efficiency.
	Haldorsen, Ellen M. Håland, Dr. psychol.	Return to work in low back pain patients.
	Besemer, Susan P., Dr. philos.	Creative Product Analysis: The Search for a Valid Model for Understanding Creativity in Products.
H	Winje, Dagfinn, Dr. psychol.	Psychological adjustment after severe trauma. A longitudinal study of adults' and children's posttraumatic reactions and coping after the bus accident in Måbødalen, Norway 1988.
	Vosburg, Suzanne K., Dr. philos.	The effects of mood on creative problem solving.
	Eriksen, Hege R., Dr. philos.	Stress and coping: Does it really matter for subjective health complaints?
	Jakobsen, Reidar, Dr. psychol.	Empiriske studier av kunnskap og holdninger om hiv/aids og den normative seksuelle utvikling i ungdomsårene.
1999 V	Mikkelsen, Aslaug, Dr. philos.	Effects of learning opportunities and learning climate on occupational health.
	Samdal, Oddrun, Dr. philos.	The school environment as a risk or resource for students' health-related behaviours and subjective well-being.
	Friestad, Christine, Dr. philos.	Social psychological approaches to smoking.

	Ekeland, Tor-Johan, Dr. philos.	Meining som medisin. Ein analyse av placebofenomenet og implikasjoner for terapi og terapeutiske teoriar.
H	Saban, Sara, Dr. psychol.	Brain Asymmetry and Attention: Classical Conditioning Experiments.
	Carlsten, Carl Thomas, Dr. philos.	God lesing – God læring. En aksjonsrettet studie av undervisning i fagtekstlesing.
	Dundas, Ingrid, Dr. psychol.	Functional and dysfunctional closeness. Family interaction and children's adjustment.
	Engen, Liv, Dr. philos.	Kartlegging av leseferdighet på småskoletrinnet og vurdering av faktorer som kan være av betydning for optimal leseutvikling.
2000 **V**	Hovland, Ole Johan, Dr. philos.	Transforming a self-preserving "alarm" reaction into a self-defeating emotional response: Toward an integrative approach to anxiety as a human phenomenon.
	Lillejord, Sølvi, Dr. philos.	Handlingsrasjonalitet og spesialundervisning. En analyse av aktørperspektiver.
	Sandell, Ove, Dr. philos.	Den varme kunnskapen.
	Oftedal, Marit Petersen, Dr. philos.	Diagnostisering av ordavkodingsvansker: En prosessanalytisk tilnærmingsmåte.
H	Sandbak, Tone, Dr. psychol.	Alcohol consumption and preference in the rat: The significance of individual differences and relationships to stress pathology
	Eid, Jarle, Dr. psychol.	Early predictors of PTSD symptom reporting; The significance of contextual and individual factors.
2001 **V**	Skinstad, Anne Helene, Dr. philos.	Substance dependence and borderline personality disorders.
	Binder, Per-Einar, Dr. psychol.	Individet og den meningsbærende andre. En teoretisk undersøkelse av de mellommenneskelige forutsetningene for psykisk liv og utvikling med utgangspunkt i Donald Winnicotts teori.
	Roald, Ingvild K., Dr. philos.	Building of concepts. A study of Physics concepts of Norwegian deaf students.
H	Fekadu, Zelalem W., Dr. philos.	Predicting contraceptive use and intention among a sample of adolescent girls. An application of the theory of planned behaviour in Ethiopian context.
	Melesse, Fantu, Dr. philos.	The more intelligent and sensitive child (MISC) mediational intervention in an Ethiopian context: An evaluation study.
	Råheim, Målfrid, Dr. philos.	Kvinners kroppserfaring og livssammenheng. En fenomenologisk – hermeneutisk studie av friske kvinner og kvinner med kroniske muskelsmerter.
	Engelsen, Birthe Kari, Dr. psychol.	Measurement of the eating problem construct.
	Lau, Bjørn, Dr. philos.	Weight and eating concerns in adolescence.

2002 V	Ihlebæk, Camilla, Dr. philos.	Epidemiological studies of subjective health complaints.
	Rosén, Gunnar O. R., Dr. philos.	The phantom limb experience. Models for understanding and treatment of pain with hypnosis.
	Høines, Marit Johnsen, Dr. philos.	Fleksible språkrom. Matematikklæring som tekstutvikling.
	Anthun, Roald Andor, Dr. philos.	School psychology service quality. Consumer appraisal, quality dimensions, and collaborative improvement potential
	Pallesen, Ståle, Dr. psychol.	Insomnia in the elderly. Epidemiology, psychological characteristics and treatment.
	Midthassel, Unni Vere, Dr. philos.	Teacher involvement in school development activity. A study of teachers in Norwegian compulsory schools
	Kallestad, Jan Helge, Dr. philos.	Teachers, schools and implementation of the Olweus Bullying Prevention Program.
H	Ofte, Sonja Helgesen, Dr. psychol.	Right-left discrimination in adults and children.
	Netland, Marit, Dr. psychol.	Exposure to political violence. The need to estimate our estimations.
	Diseth, Åge, Dr. psychol.	Approaches to learning: Validity and prediction of academic performance.
	Bjuland, Raymond, Dr. philos.	Problem solving in geometry. Reasoning processes of student teachers working in small groups: A dialogical approach.
2003 V	Arefjord, Kjersti, Dr. psychol.	After the myocardial infarction – the wives' view. Short- and long-term adjustment in wives of myocardial infarction patients.
	Ingjaldsson, Jón Þorvaldur, Dr. psychol.	Unconscious Processes and Vagal Activity in Alcohol Dependency.
	Holden, Børge, Dr. philos.	Følger av atferdsanalytiske forklaringer for atferdsanalysens tilnærming til utforming av behandling.
	Holsen, Ingrid, Dr. philos.	Depressed mood from adolescence to 'emerging adulthood'. Course and longitudinal influences of body image and parent-adolescent relationship.
	Hammar, Åsa Karin, Dr. psychol.	Major depression and cognitive dysfunction- An experimental study of the cognitive effort hypothesis.
	Sprugevica, Ieva, Dr. philos.	The impact of enabling skills on early reading acquisition.
	Gabrielsen, Egil, Dr. philos.	LESE FOR LIVET. Lesekompetansen i den norske voksenbefolkningen sett i lys av visjonen om en enhetsskole.
H	Hansen, Anita Lill, Dr. psychol.	The influence of heart rate variability in the regulation of attentional and memory processes.
	Dyregrov, Kari, Dr. philos.	The loss of child by suicide, SIDS, and accidents: Consequences, needs and provisions of help.

2004 V	Torsheim, Torbjørn, Dr. psychol.	Student role strain and subjective health complaints: Individual, contextual, and longitudinal perspectives.
	Haugland, Bente Storm Mowatt Dr. psychol.	Parental alcohol abuse. Family functioning and child adjustment.
	Milde, Anne Marita, Dr. psychol.	Ulcerative colitis and the role of stress. Animal studies of psychobiological factors in relationship to experimentally induced colitis.
	Stornes, Tor, Dr. philos.	Socio-moral behaviour in sport. An investigation of perceptions of sportspersonship in handball related to important factors of socio-moral influence.
	Mæhle, Magne, Dr. philos.	Re-inventing the child in family therapy: An investigation of the relevance and applicability of theory and research in child development for family therapy involving children.
	Kobbeltvedt, Therese, Dr. psychol.	Risk and feelings: A field approach.
2004 H	Thomsen, Tormod, Dr. psychol.	Localization of attention in the brain.
	Løberg, Else-Marie, Dr. psychol.	Functional laterality and attention modulation in schizophrenia: Effects of clinical variables.
	Kyrkjebø, Jane Mikkelsen, Dr. philos.	Learning to improve: Integrating continuous quality improvement learning into nursing education.
	Laumann, Karin, Dr. psychol.	Restorative and stress-reducing effects of natural environments: Experiencal, behavioural and cardiovascular indices.
	Holgersen, Helge, PhD	Mellom oss - Essay i relasjonell psykoanalyse.
2005 V	Hetland, Hilde, Dr. psychol.	Leading to the extraordinary? Antecedents and outcomes of transformational leadership.
	Iversen, Anette Christine, Dr. philos.	Social differences in health behaviour: the motivational role of perceived control and coping.
2005 H	Mathisen, Gro Ellen, PhD	Climates for creativity and innovation: Definitions, measurement, predictors and consequences.
	Sævi, Tone, Dr. philos.	Seeing disability pedagogically – The lived experience of disability in the pedagogical encounter.
	Wiium, Nora, PhD	Intrapersonal factors, family and school norms: combined and interactive influence on adolescent smoking behaviour.
	Kanagaratnam, Pushpa, PhD	Subjective and objective correlates of Posttraumatic Stress in immigrants/refugees exposed to political violence.
	Larsen, Torill M. B. , PhD	Evaluating principals` and teachers` implementation of Second Step. A case study of four Norwegian primary schools.
	Bancila, Delia, PhD	Psychosocial stress and distress among Romanian adolescents and adults.

2006 V	Hillestad, Torgeir Martin, Dr. philos.	Normalitet og avvik. Forutsetninger for et objektivt psykopatologisk avviksbegrep. En psykologisk, sosial, erkjennelsesteoretisk og teorihistorisk framstilling.
	Nordanger, Dag Øystein, Dr. psychol.	Psychosocial discourses and responses to political violence in post-war Tigray, Ethiopia.
	Rimol, Lars Morten, PhD	Behavioral and fMRI studies of auditory laterality and speech sound processing.
	Krumsvik, Rune Johan, Dr. philos.	ICT in the school. ICT-initiated school development in lower secondary school.
	Norman, Elisabeth, Dr. psychol.	Gut feelings and unconscious thought: An exploration of fringe consiousness in implicit cognition.
	Israel, K Pravin, Dr. psychol.	Parent involvement in the mental health care of children and adolescents. Emperical studies from clinical care setting.
	Glasø, Lars, PhD	Affects and emotional regulation in leader-subordinate relationships.
	Knutsen, Ketil, Dr. philos.	HISTORIER UNGDOM LEVER – En studie av hvordan ungdommer bruker historie for å gjøre livet meningsfullt.
	Matthiesen, Stig Berge, PhD	Bullying at work. Antecedents and outcomes.
2006 H	Gramstad, Arne, PhD	Neuropsychological assessment of cognitive and emotional functioning in patients with epilepsy.
	Bendixen, Mons, PhD	Antisocial behaviour in early adolescence: Methodological and substantive issues.
	Mrumbi, Khalifa Maulid, PhD	Parental illness and loss to HIV/AIDS as experienced by AIDS orphans aged between 12-17 years from Temeke District, Dar es Salaam, Tanzania: A study of the children's psychosocial health and coping responses.
	Hetland, Jørn, Dr. psychol.	The nature of subjective health complaints in adolescence: Dimensionality, stability, and psychosocial predictors
	Kakoko, Deodatus Conatus Vitalis, PhD	Voluntary HIV counselling and testing service uptake among primary school teachers in Mwanza, Tanzania: assessment of socio-demographic, psychosocial and socio-cognitive aspects
	Mykletun, Arnstein, Dr. psychol.	Mortality and work-related disability as long-term consequences of anxiety and depression: Historical cohort designs based on the HUNT-2 study
	Sivertsen, Børge, PhD	Insomnia in older adults. Consequences, assessment and treatment.
2007 V	Singhammer, John, Dr. philos.	Social conditions from before birth to early adulthood – the influence on health and health behaviour
	Janvin, Carmen Ani Cristea, PhD	Cognitive impairment in patients with Parkinson's disease: profiles and implications for prognosis

	Braarud, Hanne Cecilie, Dr.psychol.	Infant regulation of distress: A longitudinal study of transactions between mothers and infants
	Tveito, Torill Helene, PhD	Sick Leave and Subjective Health Complaints
	Magnussen, Liv Heide, PhD	Returning disability pensioners with back pain to work
	Thuen, Elin Marie, Dr.philos.	Learning environment, students' coping styles and emotional and behavioural problems. A study of Norwegian secondary school students.
	Solberg, Ole Asbjørn, PhD	Peacekeeping warriors – A longitudinal study of Norwegian peacekeepers in Kosovo
2007 H	Søreide, Gunn Elisabeth, Dr.philos.	Narrative construction of teacher identity
	Svensen, Erling, PhD	WORK & HEALTH. Cognitive Activation Theory of Stress applied in an organisational setting.
	Øverland, Simon Nygaard, PhD	Mental health and impairment in disability benefits. Studies applying linkages between health surveys and administrative registries.
	Eichele, Tom, PhD	Electrophysiological and Hemodynamic Correlates of Expectancy in Target Processing
	Børhaug, Kjetil, Dr.philos.	Oppseding til demokrati. Ein studie av politisk oppseding i norsk skule.
	Eikeland, Thorleif, Dr.philos.	Om å vokse opp på barnehjem og på sykehus. En undersøkelse av barnehjemsbarns opplevelser på barnehjem sammenholdt med sanatoriebarns beskrivelse av langvarige sykehusopphold – og et forsøk på forklaring.
	Wadel, Carl Cato, Dr.philos.	Medarbeidersamhandling og medarbeiderledelse i en lagbasert organisasjon
	Vinje, Hege Forbech, PhD	Thriving despite adversity: Job engagement and self-care among community nurses
	Noort, Maurits van den, PhD	Working memory capacity and foreign language acquisition
2008 V	Breivik, Kyrre, Dr.psychol.	The Adjustment of Children and Adolescents in Different Post-Divorce Family Structures. A Norwegian Study of Risks and Mechanisms.
	Johnsen, Grethe E., PhD	Memory impairment in patients with posttraumatic stress disorder
	Sætrevik, Bjørn, PhD	Cognitive Control in Auditory Processing
	Carvalhosa, Susana Fonseca, PhD	Prevention of bullying in schools: an ecological model
2008 H	Brønnick, Kolbjørn Selvåg	Attentional dysfunction in dementia associated with Parkinson's disease.
	Posserud, Maj-Britt Rocio	Epidemiology of autism spectrum disorders

	Haug, Ellen	Multilevel correlates of physical activity in the school setting
	Skjerve, Arvid	Assessing mild dementia – a study of brief cognitive tests.
	Kjønniksen, Lise	The association between adolescent experiences in physical activity and leisure time physical activity in adulthood: a ten year longitudinal study
	Gundersen, Hilde	The effects of alcohol and expectancy on brain function
	Omvik, Siri	Insomnia – a night and day problem
2009 V	Molde, Helge	Pathological gambling: prevalence, mechanisms and treatment outcome.
	Foss, Else	Den omsorgsfulle væremåte. En studie av voksnes væremåte i forhold til barn i barnehagen.
	Westrheim, Kariane	Education in a Political Context: A study of Konwledge Processes and Learning Sites in the PKK.
	Wehling, Eike	Cognitive and olfactory changes in aging
	Wangberg, Silje C.	Internet based interventions to support health behaviours: The role of self-efficacy.
	Nielsen, Morten B.	Methodological issues in research on workplace bullying. Operationalisations, measurements and samples.
	Sandu, Anca Larisa	MRI measures of brain volume and cortical complexity in clinical groups and during development.
	Guribye, Eugene	Refugees and mental health interventions
	Sørensen, Lin	Emotional problems in inattentive children – effects on cognitive control functions.
	Tjomsland, Hege E.	Health promotion with teachers. Evaluation of the Norwegian Network of Health Promoting Schools: Quantitative and qualitative analyses of predisposing, reinforcing and enabling conditions related to teacher participation and program sustainability.
	Helleve, Ingrid	Productive interactions in ICT supported communities of learners
2009 H	Skorpen, Aina Øye, Christine	Dagliglivet i en psykiatrisk institusjon: En analyse av miljøterapeutiske praksiser
	Andreassen, Cecilie Schou	WORKAHOLISM – Antecedents and Outcomes
	Stang, Ingun	Being in the same boat: An empowerment intervention in breast cancer self-help groups
	Sequeira, Sarah Dorothee Dos Santos	The effects of background noise on asymmetrical speech perception
	Kleiven, Jo, dr.philos.	The Lillehammer scales: Measuring common motives for vacation and leisure behavior

	Jónsdóttir, Guðrún	Dubito ergo sum? Ni jenter møter naturfaglig kunnskap.
	Hove, Oddbjørn	Mental health disorders in adults with intellectual disabilities - Methods of assessment and prevalence of mental health disorders and problem behaviour
	Wageningen, Heidi Karin van	The role of glutamate on brain function
	Bjørkvik, Jofrid	God nok? Selvaktelse og interpersonlig fungering hos pasienter innen psykisk helsevern: Forholdet til diagnoser, symptomer og behandlingsutbytte
	Andersson, Martin	A study of attention control in children and elderly using a forced-attention dichotic listening paradigm
	Almås, Aslaug Grov	Teachers in the Digital Network Society: Visions and Realities. A study of teachers' experiences with the use of ICT in teaching and learning.
	Ulvik, Marit	Lærerutdanning som danning? Tre stemmer i diskusjonen
2010 V	Skår, Randi	Læringsprosesser i sykepleieres profesjonsutøvelse. En studie av sykepleieres læringserfaringer.
	Roald, Knut	Kvalitetsvurdering som organisasjonslæring mellom skole og skoleeigar
	Lunde, Linn-Heidi	Chronic pain in older adults. Consequences, assessment and treatment.
	Danielsen, Anne Grete	Perceived psychosocial support, students' self-reported academic initiative and perceived life satisfaction
	Hysing, Mari	Mental health in children with chronic illness
	Olsen, Olav Kjellevold	Are good leaders moral leaders? The relationship between effective military operational leadership and morals
	Riese, Hanne	Friendship and learning. Entrepreneurship education through mini-enterprises.
	Holthe, Asle	Evaluating the implementation of the Norwegian guidelines for healthy school meals: A case study involving three secondary schools
H	Hauge, Lars Johan	Environmental antecedents of workplace bullying: A multi-design approach
	Bjørkelo, Brita	Whistleblowing at work: Antecedents and consequences
	Reme, Silje Endresen	Common Complaints – Common Cure? Psychiatric comorbidity and predictors of treatment outcome in low back pain and irritable bowel syndrome
	Helland, Wenche Andersen	Communication difficulties in children identified with psychiatric problems
	Beneventi, Harald	Neuronal correlates of working memory in dyslexia

	Thygesen, Elin	Subjective health and coping in care-dependent old persons living at home
	Aanes, Mette Marthinussen	Poor social relationships as a threat to belongingness needs. Interpersonal stress and subjective health complaints: Mediating and moderating factors.
	Anker, Morten Gustav	Client directed outcome informed couple therapy
	Bull, Torill	Combining employment and child care: The subjective well-being of single women in Scandinavia and in Southern Europe
	Viig, Nina Grieg	Tilrettelegging for læreres deltakelse i helsefremmende arbeid. En kvalitativ og kvantitativ analyse av sammenhengen mellom organisatoriske forhold og læreres deltakelse i utvikling og implementering av Europeisk Nettverk av Helsefremmende Skoler i Norge
	Wolff, Katharina	To know or not to know? Attitudes towards receiving genetic information among patients and the general public.
	Ogden, Terje, dr.philos.	Familiebasert behandling av alvorlige atferdsproblemer blant barn og ungdom. Evaluering og implementering av evidensbaserte behandlingsprogrammer i Norge.
	Solberg, Mona Elin	Self-reported bullying and victimisation at school: Prevalence, overlap and psychosocial adjustment.
2011 V	Bye, Hege Høivik	Self-presentation in job interviews. Individual and cultural differences in applicant self-presentation during job interviews and hiring managers' evaluation
	Notelaers, Guy	Workplace bullying. A risk control perspective.
	Moltu, Christian	Being a therapist in difficult therapeutic impasses. A hermeneutic phenomenological analysis of skilled psychotherapists' experiences, needs, and strategies in difficult therapies ending well.
	Myrseth, Helga	Pathological Gambling - Treatment and Personality Factors
	Schanche, Elisabeth	From self-criticism to self-compassion. An empirical investigation of hypothesized change prosesses in the Affect Phobia Treatment Model of short-term dynamic psychotherapy for patients with Cluster C personality disorders.
	Våpenstad, Eystein Victor, dr.philos.	Det tempererte nærvær. En teoretisk undersøkelse av psykoterapautens subjektivitet i psykoanalyse og psykoanalytisk psykoterapi.
	Haukebø, Kristin	Cognitive, behavioral and neural correlates of dental and intra-oral injection phobia. Results from one treatment and one fMRI study of randomized, controlled design.
	Harris, Anette	Adaptation and health in extreme and isolated environments. From 78°N to 75°S.

	Bjørknes, Ragnhild	Parent Management Training-Oregon Model: intervention effects on maternal practice and child behavior in ethnic minority families
	Mamen, Asgeir	Aspects of using physical training in patients with substance dependence and additional mental distress
	Espevik, Roar	Expert teams: Do shared mental models of team members make a difference
	Haara, Frode Olav	Unveiling teachers' reasons for choosing practical activities in mathematics teaching
2011 H	Hauge, Hans Abraham	How can employee empowerment be made conducive to both employee health and organisation performance? An empirical investigation of a tailor-made approach to organisation learning in a municipal public service organisation.
	Melkevik, Ole Rogstad	Screen-based sedentary behaviours: pastimes for the poor, inactive and overweight? A cross-national survey of children and adolescents in 39 countries.
	Vøllestad, Jon	Mindfulness-based treatment for anxiety disorders. A quantitative review of the evidence, results from a randomized controlled trial, and a qualitative exploration of patient experiences.
	Tolo, Astrid	Hvordan blir lærerkompetanse konstruert? En kvalitativ studie av PPU-studenters kunnskapsutvikling.
	Saus, Evelyn-Rose	Training effectiveness: Situation awareness training in simulators
	Nordgreen, Tine	Internet-based self-help for social anxiety disorder and panic disorder. Factors associated with effect and use of self-help.
	Munkvold, Linda Helen	Oppositional Defiant Disorder: Informant discrepancies, gender differences, co-occuring mental health problems and neurocognitive function.
	Christiansen, Øivin	Når barn plasseres utenfor hjemmet: beslutninger, forløp og relasjoner. Under barnevernets (ved)tak.
	Brunborg, Geir Scott	Conditionability and Reinforcement Sensitivity in Gambling Behaviour
	Hystad, Sigurd William	Measuring Psychological Resiliency: Validation of an Adapted Norwegian Hardiness Scale
2012 V	Roness, Dag	Hvorfor bli lærer? Motivasjon for utdanning og utøving.
	Fjermestad, Krister Westlye	The therapeutic alliance in cognitive behavioural therapy for youth anxiety disorders
	Jenssen, Eirik Sørnes	Tilpasset opplæring i norsk skole: politikeres, skolelederes og læreres handlingsvalg
	Saksvik-Lehouillier, Ingvild	Shift work tolerance and adaptation to shift work among offshore workers and nurses

	Johansen, Venke Frederike	Når det intime blir offentlig. Om kvinners åpenhet om brystkreft og om markedsføring av brystkreftsaken.
	Herheim, Rune	Pupils collaborating in pairs at a computer in mathematics learning: investigating verbal communication patterns and qualities
	Vie, Tina Løkke	Cognitive appraisal, emotions and subjective health complaints among victims of workplace bullying: A stress-theoretical approach
	Jones, Lise Øen	Effects of reading skills, spelling skills and accompanying efficacy beliefs on participation in education. A study in Norwegian prisons.
2012 H	Danielsen, Yngvild Sørebø	Childhood obesity – characteristics and treatment. Psychological perspectives.
	Horverak, Jøri Gytre	Sense or sensibility in hiring processes. Interviewee and interviewer characteristics as antecedents of immigrant applicants’ employment probabilities. An experimental approach.
	Jøsendal, Ola	Development and evaluation of BE smokeFREE, a school-based smoking prevention program
	Osnes, Berge	Temporal and Posterior Frontal Involvement in Auditory Speech Perception
	Drageset, Sigrunn	Psychological distress, coping and social support in the diagnostic and preoperative phase of breast cancer
	Aasland, Merethe Schanke	Destructive leadership: Conceptualization, measurement, prevalence and outcomes
	Bakibinga, Pauline	The experience of job engagement and self-care among Ugandan nurses and midwives
	Skogen, Jens Christoffer	Foetal and early origins of old age health. Linkage between birth records and the old age cohort of the Hordaland Health Study (HUSK)
	Leversen, Ingrid	Adolescents’ leisure activity participation and their life satisfaction: The role of demographic characteristics and psychological processes
	Hanss, Daniel	Explaining sustainable consumption: Findings from cross-sectional and intervention approaches
	Rød, Per Arne	Barn i klem mellom foreldrekonflikter og samfunnsmessig beskyttelse
2013 V	Mentzoni, Rune Aune	Structural Characteristics in Gambling
	Knudsen, Ann Kristin	Long-term sickness absence and disability pension award as consequences of common mental disorders. Epidemiological studies using a population-based health survey and official ill health benefit registries.
	Strand, Mari	Emotional information processing in recurrent MDD

	Veseth, Marius	Recovery in bipolar disorder. A reflexive-collaborative exploration of the lived experiences of healing and growth when battling a severe mental illness
	Mæland, Silje	Sick leave for patients with severe subjective health complaints. Challenges in general practice.
	Mjaaland, Thera	At the frontiers of change? Women and girls' pursuit of education in north-western Tigray, Ethiopia
	Odéen, Magnus	Coping at work. The role of knowledge and coping expectancies in health and sick leave.
	Hynninen, Kia Minna Johanna	Anxiety, depression and sleep disturbance in chronic obstructive pulmonary disease (COPD). Associations, prevalence and effect of psychological treatment.
	Flo, Elisabeth	Sleep and health in shift working nurses
	Aasen, Elin Margrethe	From paternalism to patient participation? The older patients undergoing hemodialysis, their next of kin and the nurses: a discursive perspective on perception of patient participation in dialysis units
	Ekornås, Belinda	Emotional and Behavioural Problems in Children: Self-perception, peer relationships, and motor abilities
	Corbin, J. Hope	North-South Partnerships for Health: Key Factors for Partnership Success from the Perspective of the KIWAKKUKI
	Birkeland, Marianne Skogbrott	Development of global self-esteem: The transition from adolescence to adulthood
2013 H	Gianella-Malca, Camila	Challenges in Implementing the Colombian Constitutional Court's Health-Care System Ruling of 2008
	Hovland, Anders	Panic disorder – Treatment outcomes and psychophysiological concomitants
	Mortensen, Øystein	The transition to parenthood – Couple relationships put to the test
	Årdal, Guro	Major Depressive Disorder – a Ten Year Follow-up Study. Inhibition, Information Processing and Health Related Quality of Life
	Johansen, Rino Bandlitz	The impact of military identity on performance in the Norwegian armed forces
	Bøe, Tormod	Socioeconomic Status and Mental Health in Children and Adolescents
2014 V	Nordmo, Ivar	Gjennom nåløyet – studenters læringserfaringer i psykologutdanningen
	Dovran, Anders	Childhood Trauma and Mental Health Problems in Adult Life
	Hegelstad, Wenche ten Velden	Early Detection and Intervention in Psychosis: A Long-Term Perspective
	Urheim, Ragnar	Forståelse av pasientaggresjon og forklaringer på nedgang i voldsrate ved Regional sikkerhetsavdeling, Sandviken sykehus

	Kinn, Liv Grethe	Round-Trips to Work. Qualitative studies of how persons with severe mental illness experience work integration.
	Rød, Anne Marie Kinn	Consequences of social defeat stress for behaviour and sleep. Short-term and long-term assessments in rats.
	Nygård, Merethe	Schizophrenia – Cognitive Function, Brain Abnormalities, and Cannabis Use
	Tjora, Tore	Smoking from adolescence through adulthood: the role of family, friends, depression and socioeconomic status. Predictors of smoking from age 13 to 30 in the “The Norwegian Longitudinal Health Behaviour Study” (NLHB)
	Vangsnes, Vigdis	The Dramaturgy and Didactics of Computer Gaming. A Study of a Medium in the Educational Context of Kindergartens.
	Nordahl, Kristin Berg	Early Father-Child Interaction in a Father-Friendly Context: Gender Differences, Child Outcomes, and Protective Factors related to Fathers’ Parenting Behaviors with One-year-olds
2014 H	Sandvik, Asle Makoto	Psychopathy – the heterogenety of the construct
	Skotheim, Siv	Maternal emotional distress and early mother-infant interaction: Psychological, social and nutritional contributions
	Halleland, Helene Barone	Executive Functioning in adult Attention Deficit Hyperactivity Disorder (ADHD). From basic mechanisms to functional outcome.
	Halvorsen, Kirsti Vindal	Partnerskap i lærerutdanning, sett fra et økologisk perspektiv
	Solbue, Vibeke	Dialogen som visker ut kategorier. En studie av hvilke erfaringer innvandrerungdommer og norskfødte med innvandrerforeldre har med videregående skole. Hva forteller ungdommenes erfaringer om videregående skoles håndtering av etniske ulikheter?
	Kvalevaag, Anne Lise	Fathers’ mental health and child development. The predictive value of fathers’ psychological distress during pregnancy for the social, emotional and behavioural development of their children
	Sandal, Ann Karin	Ungdom og utdanningsval. Om elevar sine opplevingar av val og overgangsprosessar.
	Haug, Thomas	Predictors and moderators of treatment outcome from high- and low-intensity cognitive behavioral therapy for anxiety disorders. Association between patient and process factors, and the outcome from guided self-help, stepped care, and face-to-face cognitive behavioral therapy.
	Sjølie, Hege	Experiences of Members of a Crisis Resolution Home Treatment Team. Personal history, professional role and emotional support in a CRHT team.
	Falkenberg, Liv Eggset	Neuronal underpinnings of healthy and dysfunctional cognitive control

	Mrdalj, Jelena	The early life condition. Importance for sleep, circadian rhythmicity, behaviour and response to later life challenges
	Hesjedal, Elisabeth	Tverrprofesjonelt samarbeid mellom skule og barnevern: Kva kan støtte utsette barn og unge?
2015 V	Hauken, May Aasebø	«*The cancer treatment was only half the work!*» A Mixed-Method Study of Rehabilitation among Young Adult Cancer Survivors
	Ryland, Hilde Katrin	Social functioning and mental health in children: the influence of chronic illness and intellectual function
	Rønsen, Anne Kristin	Vurdering som profesjonskompetanse. Refleksjonsbasert utvikling av læreres kompetanse i formativ vurdering
	Hoff, Helge Andreas	Thinking about Symptoms of Psychopathy in Norway: Content Validation of the Comprehensive Assessment of Psychopathic Personality (CAPP) Model in a Norwegian Setting
	Schmid, Marit Therese	Executive Functioning in recurrent- and first episode Major Depressive Disorder. Longitudinal studies
	Sand, Liv	Body Image Distortion and Eating Disturbances in Children and Adolescents
	Matanda, Dennis Juma	Child physical growth and care practices in Kenya: Evidence from Demographic and Health Surveys
	Amugsi, Dickson Abanimi	Child care practices, resources for care, and nutritional outcomes in Ghana: Findings from Demographic and Health Surveys
	Jakobsen, Hilde	The good beating: Social norms supporting men's partner violence in Tanzania
	Sagoe, Dominic	Nonmedical anabolic-androgenic steroid use: Prevalence, attitudes, and social perception
	Eide, Helene Marie Kjærgård	Narrating the relationship between leadership and learning outcomes. A study of public narratives in the Norwegian educational sector.
2015 H	Wubs, Annegreet Gera	Intimate partner violence among adolescents in South Africa and Tanzania
	Hjelmervik, Helene Susanne	Sex and sex-hormonal effects on brain organization of fronto-parietal networks
	Dahl, Berit Misund	The meaning of professional identity in public health nursing
	Røykenes, Kari	Testangst hos sykepleierstudenter: «Alternativ behandling»
	Bless, Josef Johann	The smartphone as a research tool in psychology. Assessment of language lateralization and training of auditory attention.
	Løvvik, Camilla Margrethe Sigvaldsen	Common mental disorders and work participation – the role of return-to-work expectations

	Lehmann, Stine	Mental Disorders in Foster Children: A Study of Prevalence, Comorbidity, and Risk Factors
	Knapstad, Marit	Psychological factors in long-term sickness absence: the role of shame and social support. Epidemiological studies based on the Health Assets Project.
2016 V	Kvestad, Ingrid	Biological risks and neurodevelopment in young North Indian children
	Sælør, Knut Tore	Hinderløyper, halmstrå og hengende snører. En kvalitativ studie av håp innenfor psykisk helse- og rusfeltet.
	Mellingen, Sonja	Alkoholbruk, partilfredshet og samlivsstatus. Før, inn i, og etter svangerskapet – korrelater eller konsekvenser?
	Thun, Eirunn	Shift work: negative consequences and protective factors
	Hilt, Line Torbjørnsen	The borderlands of educational inclusion. Analyses of inclusion and exclusion processes for minority language students
	Havnen, Audun	Treatment of obsessive-compulsive disorder and the importance of assessing clinical effectiveness
	Slåtten, Hilde	Gay-related name-calling among young adolescents. Exploring the importance of the context.
	Ree, Eline	Staying at work. The role of expectancies and beliefs in health and workplace interventions.
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Graphic design: Communication Division, UiB / Print: Skipnes Kommunikasjon AS

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ISBN: 9788230848272 (print)
9788230856703 (PDF)