Attachment I

Acceptance from:

1. The Norwegian Regional Ethics Committee for Research
2. The Norwegian Social Science Data Services
3. Vestfold Hospital Trust

REGIONAL KOMITE FOR MEDISINSK FORSKNINGSETIKK

Helseregion Sør

Professor Ph.D
Maurice B. Mittelmark
HENÆR-senteret
Høgskolen i Vestfold
Pb. 2243
3103 Tønsberg

Deres ref.: 4.01.02 **Vår ref.:** S-02029 **Dato:** 06.02.02

Selvhjelpsgruppers betydning for bemyndigelse hos kvinner med brystkreft
Prosjektleder: Professor Ph.D. Maurice B. Mittelmark, HENÆR-senteret, Høgskolen i Vestfold (Student: Ingun Stang, Høgskolen i Vestfold)

Komiteen behandlet prosjektet i sitt møte torsdag 24. januar 2002 og gjorde slikt vedtak:

"Det bør stå uttrykkelig i pasientinformasjonen at det er frivillig å delta.

I nest siste avsnitt i pasientinformasjonen står det følgende: "Deltakerne i selvhjelpsgruppen har gjensidig taushetsplikt, hvilket innebærer at det som snakkes om på møtene, ikke skal snakkes om til andre utenfor gruppen". Komiteen vil i den forbindelse bemerke følgende: Prosjektleder har en rettslig taushetsplikt, men det gjelder ikke for deltakerne. De kan ikke pålegges taushetsplikt i rettslig forstand. Det vil være tale om en etisk forpliktelse, som pasientene oppfordres til å overholde. De vil ikke kunne straffes for brudd på taushetsplikt i denne sammenheng. Overfor deltakerne må dette formuleres slik at det er klart at det er en oppfordring og ikke et rettslig krav.

Prosjektleder anbefaler at prosjektleder søker råd hos Kreftregisteret mht. når kvinnene bør forespørres om å delta i prosjektet.

Under disse forutsetninger tilrår komiteen at prosjektet gjennomføres. Revidert pasientinformasjon bes sendt komiteen til orientering."

Vi ønsker lykke til med prosjektet.

Med vennlig hilsen

Sigurd Nitter-Hauge (sign)
professor dr.med.
leder

Ola P. Hole
avdelingsleder
sekretær

RETT KOPI
HØGSKOLEN I VESTFOLD
26.02.02

Kopi: Høgskolelektor Ingun Stang, Avdeling for helsefag, Høgskolen i Vestfold

REGIONAL KOMITE FOR MEDISINSK FORSKNINGSETIKK

Helseregion Sør

Professor Ph.D
Maurice B. Mittelmark
HENÆR-senteret
Høgskolen i Vestfold
Pb. 2243
3103 Tønsberg

Deres ref.: IS 12.03.02 **Vår ref.:** S-02029 **Dato:** 19.03.02

Selvhjelpsgruppers betydning for bemyndigelse hos kvinner med brystkreft
Prosjektleder: Professor Ph.D. Maurice B. Mittelmark, HENÆR-senteret, Høgskolen i Vestfold (Student: Ingun Stang, Høgskolen i Vestfold)

Revidert pasientinformasjon

Vi takker for brev av 12.03.02 fra stipendiat Ingun Stang vedlagt revidert pasientinformasjon.

Komiteen finner at den reviderte pasientinformasjonen har fått en god utforming, og tar den til etterretning.

Vi ønsker igjen lykke til med prosjektet.

Med vennlig hilsen

Sigurd Nitter-Hauge (sign)
professor dr.med.
leder

Ola P. Hole
avdelingsleder
sekretær

Kopi: Høgskolelektor Ingun Stang, Avdeling for helsefag, Høgskolen i Vestfold

Norsk samfunnsvitenskapelig datatjeneste AS
NORWEGIAN SOCIAL SCIENCE DATA SERVICES

NSD
[illegible]

Ingun Stang
Avdeling for helsefag
Høgskolen i Vestfold

Postboks 2243
3103 TØNSBERG

Vår dato: 10.03.2003 Vår ref: 200300251 LT /RH Deres dato: Deres ref:

KVITTERING FRA PERSONVERNOMBUDET

Vi viser til melding om behandling av personopplysninger, mottatt 06.03.2003. Meldingen gjelder prosjektet:

9916 Selvhjelpsgruppers betydning for bemyndigelse, sosial støtte og sosial endring hos kvinner med brystkreft

Norsk samfunnsvitenskapelig datatjeneste AS er utpekt som personvernombud av Høgskolen i Vestfold, jf. personopplysningsforskriften § 7-12. Ordningen innebærer at meldeplikten til Datatilsynet er erstattet av meldeplikt til personvernombudet.

Personvernombudets vurdering

Etter gjennomgang av meldeskjema og dokumentasjon finner personvernombudet at behandlingen av personopplysningene vil være regulert av § 7-25 i personopplysningsforskriften. Dette betyr at behandlingen av personopplysningene vil være unntatt fra konsesjonsplikt etter personopplysningsloven § 33 første ledd, men underlagt meldeplikt etter personopplysningsloven § 31 første ledd, jf. personopplysningsforskriften § 7-20.

Unntak fra konsesjonsplikten etter § 7-25 gjelder bare dersom vilkårene i punktene a) – e) alle er oppfylt:

a) forstegangskontakt opprettes på grunnlag av offentlig tilgjengelige registre eller gjennom en faglig ansvarlig person ved virksomheten der respondenten er registrert,
b) respondenten, eller dennes verge dersom vedkommende er umyndig, har samtykket i alle deler av undersøkelsen,
c) prosjektet skal avsluttes på et tidspunkt som er fastsatt for prosjektet settes i gang,
d) det innsamlede materialet anonymiseres eller slettes ved prosjektavslutning,
e) prosjektet ikke gjør bruk av elektronisk sammenstilling av personregistre.

Personvernombudets vurdering forutsetter at prosjektet gjennomføres slik det er beskrevet i vedlegget.

Behandlingen av personopplysninger kan settes i gang.

Ny melding

Det skal gis ny melding dersom behandlingen endres i forhold til de punktene som ligger til grunn for personvernombudets vurdering.

Selv om det ikke skjer endringer i behandlingsopplegget, skal det gis ny melding tre år etter at forrige melding ble gitt dersom prosjektet fortsatt pågår.

Ny melding skal skje skriftlig til personvernombudet.

Offentlig register

Personvernombudet har lagt ut meldingen i et offentlig register, www.nsd.uib.no/personvern/register/

Ny kontakt

Personvernombudet vil ved prosjektets avslutning, 31.12.2005, rette en henvendelse angående status for prosjektet.

Vennlig hilsen

Bjørn Henrichsen

Lis Tenold

Kontaktperson: Lis Tenold tlf: 55583377

Vedlegg: Prosjektbeskrivelse

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

Ingun Stang
Avdeling for helsefag
Høgskolen i Vestfold
Postboks 2243
3103 TØNSBERG

Vår dato: 08.02.2006 Vår ref: 9916

STATUS FOR BEHANDLING AV PERSONOPPLYSNINGER

9916 *Selvhjelpsgruppers betydning for bemyndigelse, sosial støtte og sosial endring hos kvinner med brystkreft*

Vi viser til tidligere innsendt meldeskjema for forskningsprosjekt som medfører meldeplikt eller konsesjonsplikt. Videre vises det til vårt svarbrev hvor det gikk frem at vi ville ta kontakt ved prosjektslutt angående prosjektets status.

Ifølge våre opplysninger skal prosjektet nå være avsluttet og datamaterialet anonymisert. Personvernombudet for forskning ber om en bekreftelse på at data er anonymisert.

Dersom data ikke er anonymisert og det fortsatt er behov for oppbevaring av personopplysninger, må prosjektleder gi en redegjørelse til personvernombudet for hvorfor data ikke kan anonymiseres på nåværende tidspunkt. Denne tilbakemeldingen er nødvendig for at prosjektleder skal ha lovlig grunnlag for behandling av personopplysninger.

NSD arkiverer forskningsdata for fremtidig bruk. Dersom lagring av data ved NSD er ønskelig ber personvernombudet om at data oversendes sammen med nødvendig dokumentasjon og utfylt Arkiveringsskjema. Vi viser til våre nettsider for veiledning www.nsd.uib.no/personvern. Forskere som gjennomfører forskningsprosjekt med støtte fra Norges forskningsråd (NFR) minnes om at arkivering ved NSD er et kontraktsvilkår for den gitte støtte (dersom data er egnet for arkivering ved NSD).

Tilbakemelding skjer fortrinnsvis på vedlagt statusskjema, men kan også gies pr. brev, e-post eller telefon. Vi ber om tilbakemelding innen 3 uker. Ta gjerne kontakt dersom noe er uklart.

Vennlig hilsen

Bjørn Henrichsen Synnøve Serigstad

Vedlegg: Statusskjema

VESTFOLD FYLKESKOMMUNE
Sentralsykehuset i Vestfold

KIRURGISK AVDELING - TØNSBERG
Saksbehandler / innvalgsnummer
Paul Anders Malme
klinikksjef

Vår dato
07.01.02
Deres dato
17.12.01.

Vår referanse
PAM/KIR
Deres referanse
IS

Doktorgradsstipendiat Ingun Stang
Høgskolen i Vestfold
Avdeling for helsefag
Postboks 2243
3103 TØNSBERG

ANGÅENDE SØKNAD OM TILLATELSE TIL Å FORESPØRRE BRYSTKREFTOPERERTE KVINNER VED KIRURGISK KLINIKK OM DELTAGELSE I DOKTORGRADSSTUDIE

Henviser til ditt brev av 17.12.01 og vil med dette bekrefte at kirurgisk klinikk, Sykehuset i Vestfold, vil være behjelpelig med å forespørre brystkreftopererte kvinner til å inngå i studien. Den vedlagte prosjektbeskrivelse var både interessant og spennende lesning, og det er å håpe at det kan komme ut av prosjektet viktig informasjon omkring behandling og omsorg av kreftpasienter.
Jeg vil gjerne under veis holdes underrettet om prosjektets fremgang i den grad det er mulig. Når det gjelder det rent praktiske samarbeid om organiseringen, kan henvendelse rettes til overlege Hans Aas.

Lykke til.

Vennlig hilsen

Paul Anders Malme
klinikksjef

Kopi: Overlege Hans Aas, kirurgisk klinikk.

Besøksadresse
Halfd.Wilhelmsens allé 17
3116 TØNSBERG

Postadresse
Postboks 2168 Postterminalen
3103 TØNSBERG

Telefon
33 34 20 00
Telefaks
33 34 39 45

Bankgiro
7058.06.49279
Postgiro
0807 5 50 12 00

Attachment II

Invitation letter and informed consent

HØGSKOLEN I VESTFOLD
Avdeling for helsefag

Vår saksbehandler / telefon / e-post
Ingun Stang / 33 03 12 76 / Ingun.Stang@hive.no

Vår dato 14.02.02
Deres dato

Vår referanse IS
Deres referanse

Invitasjon til deltakelse i selvhjelpsgruppe

Jeg heter Ingun Stang og er doktorgradsstipendiat ved Det psykologiske fakultet, Universitetet i Bergen og Avdeling for Helsefag, Høgskolen i Vestfold. Som en sentral del av mitt doktorgradsprosjekt skal det igangsettes tre selvhjelpsgrupper for kvinner som er operert for brystkreft. De tre selvhjelpsgruppene vil ikke fungere parallelt, men følge etter hverandre i tid. Selvhjelpsgruppene bestående av 5 – 8 deltakere, vil bli ledet av en profesjonell veileder, Margit Krabbe, som er godkjent veileder, familieterapeut og psykiatrisk sykepleier.

Du inviteres til å delta i den første gruppen som igangsettes i månedskiftet februar/mars d.å. og avsluttes etter fire måneder, det vil si i siste del av juni. Selvhjelpsgruppen vil ha et ukentlig møte av 1 ½ time i lokalene til Kreftfforeningens Omsorgssenter i Vestfold, Bulls gt. 2 A, 3110 Tønsberg. Her er det gode parkeringsmuligheter og kort vei til buss- og jernbane-stasjon.

Selvhjelpsgrupper har som formål å bidra til gjensidig støtte og hjelp blant likestilte mennesker som er i en utfordrende og/eller vanskelig livssituasjon. Forskning og erfaring viser at deltakelse i selvhjelpsgrupper gjennom gjensidig hjelp og støtte kan ha en positiv effekt på livskvalitet og mestring. Alvorlig sykdom innebærer spesielle utfordringer når det gjelder å mestre sin livssituasjon, og til tross for støtte en kan få fra familie og venner, kan en lett føle seg alene med sine tanker og reaksjoner. Forskning viser at det å snakke med likesinnede om sin livssituasjon uten å føle at en belaster noen med vonde og plagsomme tanker, bidrar til reduksjon av stress og at forholdet til familie og venner bedres.

For å øke kunnskapene om selvhjelpsgrupper og hvilken effekt de kan ha for deltakerne, vil jeg undersøke om selvhjelpsgrupper også kan ha betydning for den enkelte kvinnes opplevelse av å ha kontroll over eget liv i en spesiell og utfordende livssituasjon. Bemyndigelse, som er den faglige benevnelsen for opplevelse av kontroll, innebærer å styrke den enkeltes kompetanse, rett til selvbestemmelse og aktiv deltakelse i beslutninger som angår en selv. Sentralt ved bemyndigelse er også å styrke den enkeltes ressurser og krefter, og å unngå stress og mulig maktesløshet.

For å innhente data som forskningen skal bygge på, vil jeg foreta gruppeintervjuer med deltakerne i selvhjelpsgruppen både ved oppstart og avslutning av selvhjelpsgruppen. Intervjuene vil være delvis strukturerte etter bestemte temaer, men deltakerne vil stå fritt til å komme med det en selv opplever som sentralt innenfor disse temaene. Intervjuene tas opp på lydbånd.

I tillegg til intervjuene vil jeg delta på alle møter, både for å bli bedre kjent med deltakerne, og for å observere den samhandlingen som finner sted. Jeg vil derfor gjøre observasjonsnotater underveis. Informasjonen jeg får gjennom gruppeintervjuene vil allikevel utgjøre det viktigste datamaterialet, fordi det er deltakernes egne opplevelser og erfaringer som er det sentrale i dette prosjektet. Informasjonen eller datamaterialet som samles inn via intervjuer og observasjon vil bli oppbevart utilgjengelig for uvedkommende, og vil bli slettet etter to år. Som deltaker i dette doktorgradsprosjektet er du sikret full anonymitet. Forsker og veileder har taushetsplikt, noe som i utgangspunktet ikke gjelder de øvrige deltakerne i selvhjelpsgruppen. Men av hensyn til å skape en atmosfære av tillit og åpenhet i selvhjelpsgruppen, vil det være naturlig at deltakerne avtaler gjensidig taushetsplikt. Det innebærer med andre ord at deltakerne blir enige om at det som snakkes om på møtene ikke skal snakkes om til andre utenfor selvhjelpsgruppen.

Dersom du sier deg villig til å delta, vil jeg be deg om å skrive ditt samtykke, navn, addresse og telefonnummer på vedlagte svarslipp og levere den til den legen eller sykepleieren som ga deg dette brevet. Når jeg mottar ditt svar, vil jeg ta telefonisk kontakt for å avtale nærmere tidspunkt for første møte for selvhjelpsgruppen. Jeg vil gjøre oppmerksom på at at deltakelse i prosjektet er frivillig, og at du, dersom du ønsker å delta, på et hvilket som helst tidspunkt kan trekke deg fra deltakelse i prosjektet uten å oppgi årsak til det.

Vennlig hilsen

Ingun Stang
Høgskolelektor/stipendiat

SAMTYKKE – ERKLÆRING

På bakgunn av den informasjonen jeg har fått om Ingun Stangs doktorgradsprosjekt og deltakelse i selvhjelpsgruppe, sier jeg meg villig til å delta i studien:

Navn

Addresse

Telefon

Attachment III

Examples of interview guides 1-3

Semi-strukturert intervju-guide – fokusgruppe intervju 1
(Semi-structured interview-guide – Focus group 1)

Åpningsspørsmål (Opening question)

1. Fortell oss hva du heter, hvor du kommer fra og hvor lenge det er siden du fikk diagnosen brystkreft.
   (Please tell us your name, where you come from and when you where diagnosed with breast cancer?)

Temaer (Themes)

2. Fortell oss om hvilke refleksjoner og tanker du har gjort deg etter at du fikk brystkreft.
   (Please tell us about your reactions and thoughts after being diagnosed with breast cancer.)
3. Hvilke erfaringer har du med familie, venner, kollegaer, helsepersonell eller andre fra du oppdaget at du hadde brystkreft og fram til i dag.
   (What have you experienced in relationships to family, friends, colleagues and health professionals during the period from being diagnosed and up till today?)
4. Er det andre erfaringer – positive eller negative – du har gjort deg etter at du fikk brystkreft, som du vil fortelle oss om? Eller om det er noe som har overrasket deg?
   (Were there other experiences – either positive or negative – you would like to tell us about? Or, has something surprised you?)
5. Hva har framstått som viktig for deg etter at du fikk brystkreft og fram til i dag?
   (What has been the most important during this period?)
6. På hvilke måter har livet endret seg etter at du fikk brystkreft, og hvilken betydning har dette for deg og familien din eller de som står deg nær?
   (In what ways has life changed after being diagnosed with breast cancer? What impact did it have on yourself, your family or other close related people?)

Kort oppsummering (Brief résumé)

Avslutningsspørsmål (Closing question)

7. Er det noe vi har glemt å snakke om som du mener er viktig? Stemmer oppsummeringen med det dere har sagt? Er det noe dere ønsker å tilføye?
   (Did we forget to speak about something you regard as important? Is the résumé correct? Would you like to add something?)

Semi-strukturert intervju-guide – fokusgruppe intervju 2
(Semi-structured interview-guide – Focus group 2)

Åpningsspørsmål (Opening question)

1. Hvilke forventninger, håp, frykt eller bekymringer hadde dere da dere sa ja til å delta i selvhjelpsgruppa?
   (Which expectations, hopes, fears or worries did you have when you consented to participate in the self-help group?)
2. Hvordan har virkeligheten eller erfaringene fra denne gruppa svart til deres forventninger, håp, frykt eller bekymringer?
   (Did these expectations, hopes, fears or worries correspond with the reality?)

Temaer (Themes)

3. Hva tenker dere om gruppa? Har det noen hensikt å delta i en selvhjelpsgruppe?
   (What are your thoughts about the group? Was participation of any use?)
4. Hva har det betydd for dere å delta i selvhjelpsgruppa? Hva har vært viktig for dere?
   (What did it mean to you to participate in the self-help group? What has been important?)
5. Har hver enkelt fått anledning til å snakke om det som har vært viktig der og da?
   (Did each one of you have the opportunity to speak about things being important there and then?)
6. Hvordan har dere opplevd å få støtte fra de andre i gruppa?
   (How did you experience getting support from the other members?)
7. Kan du huske noe spesielt som har bidratt til å løfte deg og gjøre deg sterk? Er det noe de andre har sagt eller gjort som har vært godt for deg?
   (Do you remember anything in particular that contributed to enhance your state of mind or made you feel strong? Did the others say or do anything that made you feel good?)
8. Fortell om viktige erfaringer dere har fra deltakelse i gruppa, positivt eller negativt?
   (Please tell us about positive and negative experiences from group participation?)
9. Har deltakelse i gruppa vært belastende eller problematisk på noen måte?
   (Was group participation burdening or problematic in any kind?)
10. Har dere opplevd å ha forskjellige roller i gruppa?
    (Did you experience that you played different roles in the group?)
11. Har dere opplevd å ha innflytelse og kunne påvirke det som har skjedd i gruppa?
    (Did you experience to have genuine influence on group activities?)
12. Hvordan har dere opplevd at vi som gruppeledere har fungert i forhold til dere?
    (How did you experience us as group facilitators?)
13. Har deltakelse i gruppa ført til at dere opplever større grad av kontroll? Eller har det gjort dere mer bevisste på noen måte?
    (Did group participation improve your sense of control? Or did it make you more aware of thing?)
14. Har dere lært noe spesielt eller har det ført til forandringer av noe slag?
    (Did you learn something in particular or did it pormote changes of any kind?)
15. Hva med livet framover? Har deltakelse i selvhjelpsgruppa gjort dere mer bevisste på hvilke ressurser og muligheter dere har?
    (What about future? Did participation increase your awareness of your resources and abilities?)
16. Hvis dere skulle ha vært med på å planlegge en ny gruppe: Hva ville der lagt vekt på, og hvordan ville dere organisert en slik gruppe?
    (When planning a new group; what would you have emphasised, and how would you have organised the group?)

Kort oppsummering (Brief summary)

Avslutningsspørsmål (Closing question)

17. Er dere enige i oppsummeringen? Er det noen som vil tilføye noe? Er det noe vi har glemt?
    (Is the résumé correct? Would you like to add something? Did we forget something?)

Semi-strukturert intervju-guide – fokusgruppe intervju 3
(Semi-structured interview-guide – Focus group 3)

Åpningsspørsmål (Opening question)

1. Hvordan har dere hatt det, og hvordan har livet vært siden vi avsluttet gruppa?
   (How have you been and what has life been like since group cessation?)

Temaer (Themes)

2. Når dere ser tilbake – hadde det betydning for dere å delta i selvhjelpsgruppa? I tilfelle, på hvilke måte?
   (Looking back – did group partcipation have any impact? If it did, can you please tell us about it.)
3. Var det noe som var spesielt viktig?
   (Was there anything in particular that was important?)
4. Opplever dere at det fortsatt har betydning, og i tilfelle, hvordan?
   (Do you still experience it as of any importance? If it does, in what ways?)
5. Var det noe vi kunne ha gjort annerledes? Var det noe dere savnet?
   (Do you think that we should have done anything differently? Did you miss anything?)
6. Var det noe dere opplevde som vanskelig, problematisk eller belastende ved å delta i gruppa?
   (Did you experience participation as difficult, problematic or burdening?)
7. Husker dere om det var noe de andre sa eller gjorde som gav dere et løft eller som styrket dere? Eller som tynget dere eller som ble en belastning?
   (Do you remember if there were anything the others said or did that contributed to enhance your state of mind or made you feel strong? Or that depressed you or burdened you?)
8. Har deltakelse i selvhjelpsgruppa ført til at dere møter utfordringer, problemer eller vanskeligheter på en annen måte enn før?
   (Did group participation contributed to change your coping style when facing challenges, problems or difficulties?)
9. Det ble en gang sagt i gruppa at felles skjebne er felles trøst. Hvilken betydning hadde fellesskapet i gruppa og det å være sammen med andre i samme båt?
   (Earlier, you said that common destiny is common comfort. What impact did the fellowship have? What did it mean to be with peers, being in the same boat?)
10. Har deltakelse i gruppa hatt betydning for deres forhold til familie, venner, kollegaer, helsepersonell eller andre? I så tilfelle, på hvilken måte?
    (Did group participation impact your relationships to family, friends, colleagues, health professionals or others? If it did, in what ways?)
11. Førte deltakelse i gruppa til noen form for forandring i livene deres? Hva besto eventuelt det i?
    (Did group participation have any influence on your lives, and eventually, what kind of influence?)
12. Opplever dere at deltakelse i gruppa har gjort dere mer bevisst på egne muligheter, styrke og ressurser? Eller på andre ting?
    (Do you experience that group participation has increased your awareness of your abilities, strengths and resources? Or about other things?)

13. Bidro deltakelse i gruppa til at dere opplevde sterkere kontroll over livene deres? I tilfelle, på hvilken måte?
    (Did group participation contribute to a stronger sense of control in life? If it did, in what ways?)
14. Hvor viktig var gruppa sammenliknet med andre forhold i livene deres på det tidspunktet?
    (Comparing to other factors, how important was the group in that period of life?)
15. Hva tenker dere om gruppas varighet: Skulle vi holdt på lenger? Skulle gruppa fortsatt alene uten ledere? Eller skulle vi avsluttet tidligere?
    (How do you regard the duration of the group: Should we continue for a longer period of time? Or should the group have ended earlier?)
16. Hva tenker dere om å ha ledere for selvhjelpsgrupper? Hva er fordelene og ulempene med ledere?
    (What do you think about having group facilitators in self-help groups? What are the advantages and disadvantages?)
17. Vil dere anbefale andre å delta i selvhjelpsgruppe?
    (Would you recommend others to participate in self-help groups?)

Kort oppsummering (Brief summary)

Avslutningsspørsmål (Closing question)

18. Er dere enige i oppsummeringen? Er det noe vi har glemt? Er det noe dere vil tilføye?
    (Is the résumé correct? Did we forget something? Would you like to add something?)

Attachment IV

Examples of analysis

Meaning categorisation, meaning condensation and structuring of meaning through narratives

The self-help groups and the focus group interviews as well as the analytic process were conducted in Norwegian. Thus, as all quotes are translated into English. The meaning may therefore have been slightly influenced when translated into English. However, in qualitative studies, it is important to disclose the process of transforming raw data into theory, and as such, one has to be tolerant to minor diversities of meaning. Nevertheless, the translations have been proofed by a person with English as the first language and Norwegian as the second language.

The process of analysis was reading the transcripts repeatedly before dividing the text into meaning categories. The next step was condensation, not into sentences, but rather short summaries. Thereafter, meaning units from each participant were clustered as to structure a narrative. This represents the first level of the analytic process. Below, two different examples of meaning categories from two different groups are presented. The second level of the analytic process will follow this presentation.

The use of '….' represents pauses.

Steps of data analysis
Step 1: reading the transcripts
Step 2: meaning categorisation
Step 3: meaning condensation
Step 4: clustering each participant's expressions within each meaning category = structuring of meaning through narratives

Example 1

Step 2: Meaning categorisation

Meaning category: ***Being in the same boat***

Researcher: *What did group participation mean to each one of you?*
Irene: In a way, it was a kind of therapy. You meet someone who is in the same boat as yourself. It's helpful. That's what I think.
Linda: It was helpful to meet others in the same situation. It has helped me enormously that I wasn't alone.

Grete: But still, we're of course pretty much in the same situation. Yes,we are. Because we've got a diagnosis that is not very funny, if you can say so. Even if the result mostly is good, we think….
Linda: As I previously said, we're a team, right? And yes, each one of us has presented her story and it was helpful to be in the same situation. So, this has helped me tremendously. Not being alone. It has been great – it has given me a lot. Yes, to me it has been good to be with you all.
Researcher: *Do you remember if there is something the others have said or done that has been relieving to you?*
Linda: Well, I can't say that it was this or that, or that particular situation. But I realize that we're all in the same situation – that you're not alone. That was a relief to me. I just know that we all have this diagnosis, a cancer disease. Yes. I think it's wonderful to see how you all have flourished. For example, you, Grete. Look at you. You look so good.
Nina: Of course the relief from being in the same boat. That was probably the main…
Grete: But there is also something else which I very much appreciated, and that is the fact that both Frida and Linda joined the group, because I was the only one…. You have been through the same as me. She lost her hair, right, and I've been through it all. The two of us, or …. she… We have relatively parallel courses, and that's kind of good! Because I think that no one can understand the situation you face before you have been in a situation like this. So, I think it probably was… So, you have to think about the composition perhaps.
Nina: Both regarding age and treatment! *The others agree.*
Grete: A bit.
Frida: I also think it's very much like that.
Grete: A bit. We've been through the same, so we understand how…
Irene: Each other, yes.
Grete: How horrible this is! It's horrible even if I think I've coped well. That's for sure. When you're in the middle of it… like you, that's probably somewhat different. But it can be a good exp… Or all right in a way. But you, you had completed treatment.
Irene: Yes, yes.
Grete: You're in the middle of… you were in the middle of it.
Nina: I was in the middle … or, it was like that.
Grete: Yes, I had started radiation therapy. You started a little later.
Nina: Yes, I was to start after you.
Grete: Yes, so we were… Yes… But it can be all right… that it's a kind like that.
Nina: But I can understand that chemo therapy was somewhat tough and… in the meantime you lost your…
Grete: But to… Yes, it's obvious that that is the toughest part. It's no doubt about that! That's for sure! So…But at least you have to have someone here knowing what it's like. I think that's somewhat important. If you hadn't joined the group, then there wouldn't have been anyone here like me. Because I was the only one who joined the group from start together with the two of you (*who didn't experience the same treatment trajectory – researcher's comment*).
Frida: I was also met them first, and then you came… I met you later.
Grete: Yes, I started at the beginning, but yes, I was absent a few times.
Frida: Yes, but we met several times.
Grete: And then it was somewhat… then it was all right to have someone who had experienced the same, that's for sure.
Frida: It was very good. So, that's important.
Grete: Because it's somewhat exceptional – it's so enduring. You're constantly undergoing therapy for eight months, at least I was.

Nina: Yes, you've been going on for a long time. Much longer…
Frida: Yes, it's an enduring process.
Irene: Absolutely.

Step 3: Meaning condensation

- Being in the same boat. Sharing destinies.
- Relief from not being alone.
- Having breast cancer is straining
- Mutual understanding without in-depth explanations

Step 4: Clustering each participant's expressions within each meaning category – structuring of meaning through narratives

Irene: In a way, it was a kind of therapy. You meet someone who is in the same boat as yourself. It's helpful. That's what I think.
Linda: It was helpful to meet others in the same situation. It has helped me enormously that I wasn't alone. As I previously said, we're a team, right? And, yes, each one of us has presented her story and it was helpful to be in the same situation. So, it has helped me tremendously. Not being alone. It has been great – it has given me a lot. Yes, to me it has been good to be with you all. Well, I can't say that it was this or that, or that particular situation. But I realize that we're all in the same situation – that you're not alone. That was a relief to me. I just know that we all have this diagnosis, a cancer disease. Yes. I think it's wonderful to see how you all have flourished. For example, you, Grete. Look at you. You look so good.

Frida: I also think it's very much like you say. I was also with them, and then you… I met you later. Yes, but we met several times. It was very good. So, that's important. Yes, it's an enduring process.

Nina: And of course the relief from being in the same boat. That was probably the main… Both regarding age and treatment! I was in the middle … Yes, I was starting later. But I can understand that chemo therapy was somewhat tough and… in the meantime you lost your… Yes, you've been going on for a long time.

Grete: But still, we're of course pretty much in the same situation. We are. Because we've got a diagnosis that is not very funny, if you can say so. Even if the result mostly is good, we think…. But there is also something else which I very much appreciated, and that is the fact that both Frida and Linda joined the group, because I was the only one…. You have been through the same as me. She lost her hair, right, and I've been through it all. The two of us, or …. she… we have relatively parallel courses, and that's kind of good! Because I think that no one can understand the situation you face before you have been in a situation like this. So, I think it probably was… So, you have to think about the composition perhaps. A bit. We've been through the same, so we understand how horrible this is! It's horrible even if I think I've coped well. That's for sure. When you're in the middle of it… Like you, that's probably somewhat different. But it can be a good exp… Or all right in a way. But you had completed treatment. You're in the middle of… you were in the middle of it. Yes, I had started radiation therapy. You started later. But it can be all right… that it's somewhat like that. Yes, it's obvious that that is the toughest part. It's no doubt about that! That's for sure! But you do

have someone here knowing what it's like. I think that's somewhat important. If you hadn't joined the group, then there wouldn't have been anyone here like me. Because I was the only one who joined the group from start together with the two you. Yes, I started at the beginning, but yes, I was absent a few times. And then it was good to have someone who had experienced the same, that's for sure. Because it's somewhat exceptional – it's so enduring. You're constantly undergoing therapy for eight months, at least I was.

Example 2

Step 2: Meaning categorisation

Meaning category: ***Straining experiences***

Researcher: *Have you experienced group participation as straining?*
Unni: I left it all behind when I walked out of the door. The others' problems aren't mine. I can of course understand the grief, but I don't bring it home with me. Of course, I can understand their feelings, but it's not depressing me. It is not. But of course, if some of them had telephoned me, I would have been there for them. I felt for a while that it … that we depressed each other. And that was my fear when I joined the group.
Researcher: *What do you think about that?*
Solveig: Well, there have been a few occasions when I could not sleep at night after listening to stories that I thought were horrible. I really felt sorry for those who lived through that. So I thought: How do they manage? But of course, it wasn't like that all the time. I think the process here has been bumpy. Not least because of people's irregular attendance and I thought the group would be larger. And then, several times only a few were present. And suddenly, someone you feel somewhat connected to disappears. And then… I think that it has been somewhat tough.
Researcher: *Margrete? Listening to the other's stories, was it straining?*
Margrete: Not worse than I can manage. No, it hasn't been particularly straining to me. Really.
Researcher: *In relation to the others'….*
Margrete: Yes, you asked if it was straining. I think it has been…. It has been okay for me to listen to the others' stories. Yes.
Unni: What I kind of miss is that we could have been a little bit more intimate at an earlier stage. However, later on we can.
Researcher: *It is possible to continue the group.*
Unni: That's possible.
Researcher: *Would you like to add something else? In regard to what have been problematic or straining?*
Unni: The only thing, probably, is that you are sitting there and expose yourself and someone else is silent, time after time after time after time.
Researcher: *Who doesn't give anything in return?*
Unni: Yes. So, then you sit there wondering: Why are they here? This is supposed to be a self-help group, and we were supposed to speak. I noticed that Vibeke sat there without saying one single word. But that was perhaps the session after she had telephoned and said that she would drop out.
Researcher: *Yes, you mean the last time she was here?*

Unni: Yes. Didn't say one word. And Ellen didn't say anything the first two sessions, so… Then you start wondering: Shall I say everything or shall I wrap it up? Or what?
Researcher: *Did you feel like saying something to them?*
Unni: I told Vibeke.
Researcher: *Yes, but I was thinking about when they were here in this group?*
Unni: Yes, but really, I felt like doing it… But then, I didn't know them, so I was afraid that I could be hurting them, because they are also in a process like we all are. But Ellen opened up after being at Montebello. And there was one occasion when only three participants were present? I don't think that would have happened if we all had been here.
Researcher: *No, that's possible.*
Unni: I don't think so. So I'm very glad that Ellen opened up. Vibeke too.
Researcher: *Is there anything here that has stopped you from speaking freely?*
Unni: Sometimes one has a thousand questions and then we have to go the rounds around the table, and then again, we've been many present here. And then, only one and a half an hour. So, when I walked out the door I thought: I should have asked of that, that, that…. Unfortunately, it feels like I've lost some of my memory. You also, fail to focus. Have you lost some of your memory too? Have you considered that?
Margrete: It's… I fail to focus sometimes, but that has something to do with my other disease. I have somewhat… I have this problem sometimes, but it has nothing to do with the cancer.
Unni: Sometimes there has been a shortage of time and…
Researcher: *Too many?*
Unni: Too many themes discussed. But of course, one had the opportunity to ask the next time, but then they are forgotten. Probably, they weren't important, but they were important there and then.
Margrete: You should have written them down, probably.
Unni: But it was probably in relation to the themes we discussed. And for sure, sometimes when we had become familiar, we had to leave. But I can understand that too – that one and a half hour is enough.
Solveig: That's the limit for keeping your concentration. But it is something about … when we sometimes were turned on, it would have been nice to continue a little bit longer just there and then. I agree with you, there were times when I could have stayed longer.
Unni: Yes, and then you get into your car and you're almost feeling high or something was missing.
Researcher: *What about you, Solveig? Do you think there was anything that stopped you from speaking freely?*
Solveig: I felt that it was very troublesome when Ellen was here with us, not saying one single word. I really felt so. It's something about participating in such a group, and you expect that all are willing to say and to share something.
Margrete: After all, I can agree on that.
Solveig: And it was probably Vibeke who said that she thought that we were so depressed. I'm not quite sure if it was Vibeke, but I think someone said that she felt that she wasn't at the same place as us.
Researcher: *It was Vibeke.*
Solveig: Yes. And then I thougth: Oh my God, have I been….? Because I did present some really black poems and stuff. Oh my, have I been too pessimistic or melancholic, or did I expose too much of that side of me? I've been thinking very much about that. So I thought: Now I have to tighten myself up. Yes. That's really the only thing.
Solveig: Yes, I think it had a purpose, and in way, if I shall elaborate, it must be related to what I said earlier. I'm glad that I joined the group.

Researcher: *Yes, like you said earlier, for a period you consider to drop out?*
Solveig: Yes, I did. I said the process was bumpy and that it was somewhat back and forth.

Step 3: Meaning condensation

- Sometimes straining to listen to others' problems
- Some remarks on group organization (group size, time-limit, themes)
- The process was perceived as 'bumpy'
- For a while, there was a depressed group atmosphere
- Silent members were perceived as straining by the others
- Negative feedback from another participant was straining
- Drop-outs induced stress

Step 4: Clustering each participant's expressions within each meaning category = structuring of meaning through narratives

Margrete
Not worse than I can manage. No, it hasn't been particularly straining to me. Really. Yes, you asked if it was straining. I think it has been okay for me to listen to the others' stories. Yes. It's… I fail to focus sometimes, but that has something to do with my other disease. I have somewhat… I have this problem sometimes, but it has nothing to do with the cancer. You should have written them down, probably. (*When one forgets the questions one wants to ask.*) After all I can agree on that. (*When participants don't take part in the conversation)*

Solveig
Well, there have been a few occasions when I could not sleep at night after listening to stories that I thought were horrible. I really felt sorry for those who lived through that. So I thought: How do they manage? But of course, it wasn't like that all the time. I think the process here has been bumpy. Not least because of people's irregular attendance and I thought the group would be larger. And then, several times only a few were present. And suddenly, someone you feel somewhat connected to disappears. And then… I think that it has been somewhat tough. That's the limit for keeping your concentration. But it is something about … when we sometimes were turned on, it would have been nice to continue a little bit longer just there and then. I agree with you, there were times when I could have stayed longer. I felt that it was very troublesome when Ellen was here with us, not saying one single word. I really felt so. It's something about participating in such a group, and you expect that all are willing to say and to share something. And it was probably Vibeke who said that she thought that we were so depressed. I'm not quite sure if it was Vibeke, but I think someone said that she wasn't at the same place as us. Yes. And then I thougth: Oh my God, have I been….? Because I did present some really black poems and stuff. Oh my, have I been too pessimistic or melancholic, or did I expose too much of that side of me? I've been thinking very much about that. So I thought: Now I have to tighten myself up. Yes. That's really the only thing. Yes, I think it had a purpose, and in way, if I shall elaborate, it must be related to what I said earlier. I'm glad that I joined the group. Yes, I did. I said the process was bumpy and that it was somewhat back and forth.

Unni

I left it all behind when I walked out of the door. The others' problems aren't mine. I can of course understand the grief, but I don't bring it home with me. Of course, I can understand their feelings, but it's not depressing me. It is not. But of course, if some of them had telephoned me, I would have been there for them. I felt for a while that it … that we depressed each other. And that was my fear when I joined the group. What I kind of miss is that we could have been a little bit more intimate at an earlier stage. But we can be that later on. That's possible. The only thing, probably, is that you are sitting there and expose yourself and someone else is silent, time after time after time after time. Yes. So, then you sit there wondering…. Why are they here? This is supposed to be a self-help group, and we were supposed to speak. I noticed that Vibeke sat there without saying one single word. But that was perhaps the session after she had telephoned and said that she would drop out. Yes. Didn't say one word. And Ellen didn't say anything the first two sessions, so… Then you start wondering: Shall I say everything or shall I wrap it up? Or what? I told Vibeke. Yes, but really, I felt like doing it… But then, I didn't know them, so I was afraid that I could be hurting them, because they are also in a process like all of us are. But Ellen opened up after being at Montebello. And there was one occasion when only three participants were present? I don't think that would have happened if we all had been here. I don't think so. So I'm very glad that Ellen opened up. Vibeke too. Sometimes one has a thousand questions and then we have to go the rounds around the table, and then again, we've been many present here. And then, only one and a half an hour. So, when I walked out the door I thought: I should have asked of that, that, that…. Unfortunately, it feels like I've lost some of my memory. You also, fail to focus. Have you lost some of your memory too? Have you thought about that? Sometimes there has been a shortage of time and… Too many themes discussed. But of course, one had the opportunity to ask the next time, but then they are forgotten. Probably, they weren't important, but they were important there and then. But it was probably in relation to the themes we discussed. And for sure, sometimes when we had become familiar, we had to leave. But I can understand that too. That one and a half an hour is enough. Yes, and then you get into your car and you're almost feeling high or something was missing.

The second level of analysis

Below, the table illustrates an example of the process of developing meaning units – expressions reflecting the same meaning – into categories, thereafter transforming the categories into sub-themes, and finally, the transformation of the sub-themes into themes (see figure below).

Meaning unit	Category	Sub-theme	Theme
I felt that I have become stronger. In particular, the exercise we did when I wrote about feeling security. It really made me feel good when I was able to talk about it. Yes, it has been good to be helped to get back on the feet and to find my old strength.	Awareness of own strength, resources and sense of control Thoughts about who one is Achievement of expectations on group participation	Consciousness-raising	**Learning as an empowerment process**
	Telling each other about disease and treatment	Aquisition of objective knowledge	
	Learning and being role models Differences and multiplicities	Learning from each other	
	Reflections on changes in life Breast reconstruction Reminders Suffering, pain and concerns following treatment regiments	Discovery of new perspectives about life and about self	

Doctoral Theses at The Faculty of Psychology, University of Bergen

1980	Allen, H.M., Dr. philos.	Parent-offspring interactions in willow grouse (Lagopus L. Lagopus).
1981	Myhrer, T., Dr. philos.	Behavioral Studies after selective disruption of hippocampal inputs in albino rats.
1982	Svebak, S., Dr. philos.	The significance of motivation for task-induced tonic physiological changes.
1983	Myhre, G., Dr. philos.	The Biopsychology of behavior in captive Willow ptarmigan.
	Eide, R., 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, R.J., Dr. philos.	Neuropsychological effects of diving.
1984	Kolstad, A., Dr. philos.	Til diskusjonen om sammenhengen mellom sosiale forhold og psykiske strukturer. En epidemiologisk undersøkelse blant barn og unge.
	Løberg, T., Dr. philos.	Neuropsychological assessment in alcohol dependence.
1985	Hellesnes, T., Dr. philos.	Læring og problemløsning. En studie av den perseptuelle analysens betydning for verbal læring.
	Håland, W., Dr. philos.	Psykoterapi: relasjon, utviklingsprosess og effekt.
1986	Hagtvet, K.A., Dr. philos.	The construct of test anxiety: Conceptual and methodological issues.
	Jellestad, F.K., Dr. philos.	Effects of neuron specific amygdala lesions on fear-motivated behavior in rats.
1987	Aarø, L.E., Dr. philos.	Health behaviour and sosioeconomic Status. A survey among the adult population in Norway.
	Underlid, K., Dr. philos.	Arbeidsløyse i psykososialt perspektiv.
	Laberg, J.C., Dr. philos.	Expectancy and classical conditioning in alcoholics' craving.
	Vollmer, F.C., Dr. philos.	Essays on explanation in psychology.
	Ellertsen, B., Dr. philos.	Migraine and tension headache: Psychophysiology, personality and therapy.
1988	Kaufmann, A., Dr. philos.	Antisosial atferd hos ungdom. En studie av psykologiske determinanter.

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

	Bru, E., Dr. philos.	The role of psychological factors in neck, shoulder and low back pain among female hospitale staff.
	Braathen, E.T., Dr. psychol.	Prediction of exellence and discontinuation in different types of sport: The significance of motivation and EMG.
	Johannessen, B.F., Dr. philos.	Det flytende kjønnet. Om lederskap, politikk og identitet.
1995	Sam, D.L., Dr. psychol.	Acculturation of young immigrants in Norway: A psychological and socio-cultural adaptation.
	Bjaalid, I.-K., Dr. philos	Component processes in word recognition.
	Martinsen, Ø., Dr. philos.	Cognitive style and insight.
	Nordby, H., Dr. philos.	Processing of auditory deviant events: Mismatch negativity of event-related brain potentials.
	Raaheim, A., Dr. philos.	Health perception and health behaviour, theoretical considerations, empirical studies, and practical implications.
	Seltzer, W.J., Dr.philos.	Studies of Psychocultural Approach to Families in Therapy.
	Brun, W., Dr.philos.	Subjective conceptions of uncertainty and risk.
	Aas, H.N., Dr. psychol.	Alcohol expectancies and socialization: Adolescents learning to drink.
	Bjørkly, S., Dr. psychol.	Diagnosis and prediction of intra-institutional aggressive behaviour in psychotic patients
1996	Anderssen, N., 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.	Pridicting 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	Gramstad, Arne, PhD	Neuropsychological assessment of cognitive and emotional functioning in patients with epilepsy.
H		
	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