Refugees and mental health interventions

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Scientific environments

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Summary

This thesis focuses on refugees and mental health interventions. A literature review and 24 months of participant observation among Tamil refugee parents in Norway form the basis of the findings presented here. The first study is concerned with refugees and public mental health services in Norway. Many refugees may have difficulties trusting professional helpers within the bureaucratically organized public health care system, replacing these services with relationships to other refugees from their home country. Refugees may also have negative perceptions of mental health institutions in the home country. At the same time, the qualities of mental health services in Norway are not found to be adequate for the particular demands of refugees. There is a lack of systematic routines for securing adequate communication between providers and users. There is also a tendency to group all refugee clients into one artificial and homogenous cultural category which may influence diagnosis, treatment programmes and compliance. Low threshold mental health services are available to refugees, but these are under-utilized by refugees. The second and third studies investigate practices among refugee families for consulting other sectors *outside* public health services. Tamil parents have established social arenas in which they may generate stabile social networks and cooperate to tend to the well-being of Tamil children. Resource persons within the Tamil community also draw Norwegian resource persons into their agendas. Focusing on preventive measures, the achievements of Tamil children in educational institutions is monitored, and additional tuition is organized to improve their opportunities for access to higher education and relevant employment. Collective trauma is transformed into a social resource motivating social engagement and voluntary effort in both home- and host country. These practices were highly dynamic social processes, responding to the social contexts they occurred in, and subject to constant negotiation.

List of papers

Guribye, E. & Sam, D.L. (2008). Beyond Culture: A Review of Studies on Refugees and Mental Health Services in Norway. ***Norsk tidsskrift for migrasjonsforskning*****, Nr. 1, 2008.**

Guribye, E., Oppedal, B., Mjeldheim, G. S. & Sam, D.L. Collective Coping Strategies among Tamil Refugee Parents in Norway. Submitted to: ***Transcultural Psychiatry***

Guribye, E. Turning Points: Trauma as Resilience among Tamil refugee parents in Norway. Submitted to: ***Medical Anthropology Quarterly***

Abbreviations

GoSL: Government of Sri Lanka

LTTE: Liberation Tigers of Tamil Eelam

NTHO: Norwegian Tamil Health Organization

PTSD: Post Traumatic Stress Disorder

TRCC: Tamil Resource and Counselling Centre

YCC: Youth Culture and Competence Study (at the National Institute of Public Health, Division of mental health)

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Refugees and mental health interventions

General introduction to the thesis

Health, and perhaps in particular mental health, is a highly relative term. How people understand and explain health and illness, what they do to remain healthy, who they consult when ill, and how they treat illness, tends to vary across, and even within, societies. In some parts of the world, public mental health services may largely be associated with forms of structural violence. Consequently, many refugees may have all the reasons in the world for fearing confinement, infringement, violence and stigma in relation to governmental agencies concerned with their mental composure. Of course, people do not necessarily merely consult the professional health sector when they experience illness. Rather, or in addition, they may also consult the overlapping "popular" and "folk" sectors (including self-treatment, family care, self-help groups, religious practitioners, healers, and so forth) (Kleinman, Eisenberg & Good, 1978). In fact, it has been argued that the majority of self-recognized episodes of sickness may be managed *outside* public health services (ibid).

This thesis is about refugees and mental health interventions. A broad perspective on mental health and mental health problems is employed here. In this context, "*mental health interventions"* refers to efforts within and outside public mental health services for the well-being of refugees. The term "*refugee"* is also used in a wide sense, including all persons arriving as a result of flight, regardless of their legal status according to the Geneva Convention. The first study is concerned with refugees and public mental health services in Norway. Low threshold mental health services are available to refugees, but does that imply that these are utilized by refugees, and that the qualities of the services are adequate for the particular demands of refugees? The findings indicate that many refugees with mental health

problems do not make use of public mental health services. What *do* they do then? In what ways do refugee parents organize psychosocial resources for the well-being of their children? In what ways are social actors within the host community involved in efforts for the well-being of refugees outside public health services? The second and third studies make use of ethnographic fieldwork methods to deal with these issues. The focus is on interventions for the well-being of refugee children and adolescents that are directed from within a particular refugee community (Tamils in Norway) rather than within public health services. It should be noted that in these studies, the focus is as much on efforts to *prevent* mental health problems as on approaches to deal with mental health problems once they occur. While this focus largely originates from the activities of the participants of the study, it also represents a wish to focus on resources within refugee communities, rather than exclusively associating them negatively with various problems and victimization.

Study contexts

Refugees and mental health

Since the great political turmoils of the 20th century, forced migrants have been considered an international problem which has demanded coordinated international efforts involving politics, economy, psychology, culture and law. In the aftermath of the Vietnam War, lawyers and psychologists helped consolidate the Post Traumatic Stress Disorder (PTSD) diagnosis (Young 1995; Summerfield 2001). Although the diagnosis was originally used in connection with claims for economic compensations for American soldiers in the war, it quickly became exported and associated with refugees. However, clinical researchers continue to observe that PTSD is a relative rare response to trauma (Yehuda & McFarlane, 1995). Even among those who are exposed to severe and prolonged trauma, a substantial number of individuals do not

seem to develop PTSD, or other psychiatric illnesses. A meta-review of 20 studies in seven western countries including Norway concludes that the prevalence rate of PTSD among refugees in western countries was about 9%, far lower than frequently cited claims (Fazel et al., 2005). However, in Norway, both clinical studies (Larsen & Skreslett, 2002; Lavik et al. 1997) and community studies (Lavik et al. 1996; Lie, 2003; Lie et al., 2001; Hauff, 1998; Hauff & Vaglum, 1995 and 1997) report high rates of PTSD among refugees. Children from immigrant families may furthermore experience greater problems related to stress, somatic illness, adaptation difficulties, anxiety, and depression compared to ethnic Norwegian children (Oppedal & Røysamb, 2004).

Importantly however, longitudinal studies have suggested that the effects of war and persecution are influenced by life situation in exile ((Lie, 2003; Hauff and Vaglum, 1997). The exile situation in refugee centres in Norway is reported to be characterized by implied force, feelings of isolation, incapacitation and little possibilities for influencing own lives and futures (Borchgrevink, 2001; Lavik et al. 1996). Long term detention, exposure to interviews by immigration officials and general disempowerment may all have serious deleterious effects on the mental health of asylum seekers (Silove et al., 2000; Fazel and Silove, 2006). Furthermore, the complex process of cultural and social adaptation within host countries may invoke stress which may lead to the development of health problems.

Consequently, there may be a need to supplement the strong focus on PTSD with a focus the interplay between socio-economical contexts and mental health among refugees. More recently, there has also been a growing focus on ways in which trauma gives people opportunities for dealing with challenges in life (Borge, 2003; Linley and Joseph, 2004; Karlsen et al., 2006). The point has been made that people exposed to trauma may experience

at the least some benefits emerging from their experience. Difficult situations can be handled in different ways, and the stress these situations produce may both increase and decrease people's experiences of their own well-being.

Socio-economical conditions for refugees in Norway

Norway received more than 10 000 asylum applications per year between 2000 and 2003, making the country one of the European countries receiving the largest number of asylum applications per capita at the time. More recently, the number of asylum applications to Norway has decreased, but more applications have been granted. According to the Central Bureau of Statistics of Norway, there were 132 367 refugees (defined as all persons who came to Norway as a result of flight regardless of legal status according to the Geneva Convention) living in Norway at the start of 2008. Figures from 2005 indicate as many as 25 refugees to 1000 inhabitants. While contrasts in working definitions of *refugees* tend to make statistical comparisons difficult, these numbers suggest that there is a relatively high quota of refugees per capita in Norway. The largest groups come from Iraq, Somalia, Bosnia-Herzegovina, Iran, and Vietnam, the majority originating from developing countries with perceptions, practices and social conditions which may be relevantly different from those in Norway.

Figures from Statistics Norway (in Syed and Vangen, 2003) indicate that refugees generally have lower levels of employment, education and income, while having larger households compared to immigrants from western countries. However, refugees are not a heterogeneous group and important differences between and within distinct nationalities exist. For instance, Iranian refugees have higher levels of education than among the total population, and refugees from Sri Lanka have higher income than immigrants from Pakistan, Marocco, and Turkey

who all have corresponding lengths of stay in the country. Households that have equal income levels may also differ markedly in terms of accumulated assets. Many refugees distribute part of their income among family members who are left behind in their home country, or displaced across the globe. Djuve and Hagen (1995) found that among 329 refugees from six nationalities, one of two sent money to family in their home country, regardless of economical situation in Norway. A study by the International Fund for Agricultural Development (2007) suggests that migrant remittances far exceed international aid given to developing countries. While this is important for development processes in the home countries of refugees, it may also lessen the ability of refugees in exile to respond to and buffer social and economic stress by calling on savings.

All legal residents in Norway are entitled membership to the Norwegian National Insurance Scheme, giving benefits such as healthcare, financial benefits and pension. Refugees have the same rights to access the full range of medical services as other citizens. Primary health services are generally free of charge, and most specialist services are subsidized. This means that refugees have access to high standard low threshold health services which may not be available in many other countries. This does not imply that these rights per se help secure adequate health services to refugees, since communicative, cultural and underlying social issues may mediate between health services and refugee patients. For instance, it has been indicated that illiteracy among migrant patients may prevent them from obtaining sufficient information to comply with ordained treatment programs and the like (Hansteen, 2005). Hence, the socio-economic life situation of many refugees may put them at risk for developing mental health problems, while at the same time making them less able to develop preventive strategies, and making compliance with treatment programs more difficult.

Tamil refugees

Tamil refugees in Norway make an interesting case study in resilience, since they face the socio-economical challenges outlined above, but nevertheless seem to thrive in exile. Before entering into a discussion on this issue however, it is necessary to briefly outline some important contextual information. People on Sri Lanka have come to group themselves according to criteria for ethnic identities, although Pfaffenberger (1994) suggests that conceptions of ethnic identity were formerly closely connected to conceptions of caste. While the minority Tamil ethnic identity on the islands may be divided into further fractions based on conceptions of origin and religion, Tamils now tend to consider themselves as a common group as a result of the ongoing civil war with the Sinhala majority. According to Daniel and Thangaraj (1995), even Tamils and Sinhalese co-existed in a relatively conflict-free interethnic relationship until fairly recently, "losing and gaining identities as easily as chameleons" (ibid: 231). Following independence from British hegemony in 1948, Singhalese nationalism, colonization of traditional Tamil areas, and political measures which partly blocked Tamil access to education and the labour marked, contributed to the escalation of violent conflicts between the Singhalese majority and the Tamil minority on Sri Lanka.

In 1956 Sinhala was made the only official language in the country, effectively closing labour opportunities in the public service for Tamils. The 1970 "standardisation" of examination scores for admission to the universities effectively barred many Tamil youths from higher education, which had been the traditional prerogative of well-standing Tamil families, often resulting in a civilian career (Fuglerud 1999). The situation led to the growth of militant Tamil groups with a background in student movements. Violent riots in Colombo in 1983 led the country into a violent civil war which eventually was to stand between the Liberation Tigers of Tamil Eelam (LTTE) and the Government of Sri Lanka (GoSL). Millions of Tamil

refugees have been forced into exile as a result of the conflict, establishing a well organized transnational Tamil diaspora committing itself to the maintenance and restoration of the homeland through remittances, projects of investment, political support and lobbying (Cheran 2003).

Asked to broker the conflict in 2000, Norwegian diplomatic efforts resulted in a formal cease fire agreement in 2002. However, by 2005 hostilities had escalated drastically and new peace negotiations with Norway still brokering the process were unsuccessful. There has been considerable discontent among the Singhalese concerning the objectivity of Norwegian special envoys, resulting in the public burning of the Norwegian flag and hundreds of Buddhist monks demonstrating against Norwegian presence in the country. Additional stories about diplomatic ruptures have circulated in the media. In January 2008, the cease fire agreement was officially abrogated by the GoSL who had reconceptualised the conflict as a war on terror and become determined to settle it by military means.

According to the Central Bureau of Statistics in Norway, there were about 12 000 Tamils residing in Norway in 2007. It should be noted that a Norwegian-Tamil fishery project in Northern Norway in the 1960's had already established a small population of Tamils in the country which quickly gained a good reputation as hard and trustworthy workers. Consequently, the next stream of Tamil immigrants Norway after the eruption of the civil war on Sri Lanka in 1983, were able to make use of the knowledge and good reputation of the Tamils already residing in the country. Tamil refugees in Norway today experience little crime-related problems, make little use of social services, are well integrated in the labour market and have a relatively high level of education, especially among second generation Tamils (Lie, 2004; Østby, 2002).

However, there are indications that this may not provide an entirely accurate picture of Tamils in Norway. It has been pointed out that although the participation in the labour market is high, many Tamils have to resort to low-status professions (Balasingham & Sebastian, 2007). There are also few studies that allow us to make reliable generalizations about the mental health of young Tamils in Norway. Data from a study in Oslo in 2000-2001, suggest that Tamil adolescents do not report more symptoms on anxiety and depression compared to ethnic Norwegian adolescents (Oppedal, 2008). However, a study in Oslo in 2006, suggests an increased risk for internalizing problems among Tamil adolescents, particularly girls (Engebrigtsen & Fuglerud, 2007). The 6 years separating these two studies may suggest changing patterns of psychosocial adaptation among Tamil youth in Oslo. These findings are interesting in the light of observations that Tamil refugees in general make little use of public mental health services (Grønseth, 2006). Tamil nationalism and a determination to take matter into their own hands (as opposed to expecting governmental support), have been pinpointed as factors contributing to the relative success of Tamils among Norwegian immigrant populations (Fuglerud, 2001; Kanagaratnam et al., 2005). By downplaying traditional internal diversity in favour of a common nationalist project, the Tamil diaspora is to a certain extent able to coordinate their resources and cooperate towards common goals.

However, we know little about individual adaptation among Tamil youth in other parts of the country. The particular history of immigration and residence patterns of Tamil refugees into the country may also be of importance. For instance, informants in the present study suggested that many Tamils in Bergen did not arrive as asylum-seekers, but as students who were later granted permission to stay on humanitarian grounds. In Oslo, the cost of housing and living is high while competition is hard within the labour market. As a consequence,

many Tamil men are reported to have as much as 3-4 separate jobs to make a living (Balaginsham & Sebastian, 2007). This has contributed to making some Tamil fathers in Oslo little involved in the daily lives of their children (ibid). Thus, socio-economical patterns and living conditions among Tamils in different parts of the country may be of high variation, influencing their patterns of adaptation among Tamil youth.

Theoretical background

The importance of social networks for mental health

Research has demonstrated that mental health concerns are related to the kinds of social resources available to an individual, a family, a community, or even a nation (Desjarlais et al., 1995), and significant correlations between social factors and mental health have been demonstrated in numerous studies (in Norway including Dahl, 1991 and 2002; Rognerud et al., 2002). The term *social capital* (Bourdieu 1986; Coleman, 1988) has been embraced both in science and in public services a possible explanation for differences in health that are found between places or between groups of people. The definition offered by Coleman (1988) emphasizes that social capital is anything that facilitates individual or collective action, generated by networks of relationships, reciprocity, trust, and social norms. The role of social support in relation to health has received considerable scientific attention. Cohen & Wills (1985) found that while there is evidence that social support is related to well-being for persons under stress, social resources also have beneficial effects irrespective of whether persons are under stress. The density of social networks seems to correlate with better disease outcomes in general (Berry and Sam, 1997; Nguyen and Pechard, 2003; Dalgard, 2005). Social support networks have also been considered to be a central factor in determining the well-being of immigrants and refugees (Williams, 1993).

The role of the family in relation to social support and health has been a returning research focus. It is common for people with mental health problems to rely upon family action and advice prior to seeking professional help. Kleinman et al. (1978) suggest that an estimated 70% - 90% of all self-recognized episodes of sickness are managed exclusively outside professional health services. Consequently, the family has been characterized as "unpaid therapeutic agents" (Good, 1997), providing a supportive environment that may lessen the severity of mental illnesses. It has been found that parents play a central role in identifying children's problems and initiating contact with mental health services (Stanger & Lewis, 1993; Weisz, Suwanlert, Chaiyasit & Weiss, 1993). Furthermore, clinical treatment of children and adolescents necessarily involves contact with their parents. Consequently, parents represent an important buffer between children with mental health problems and public mental health services.

Studies reveal that refugee parents may prefer to use their own social networks rather than public mental health services when their children experience problems. Engebrigtsen and Farstad (2004) have show that among Somali refugees in Norway, their own networks are preferred to public services when families experience problems with children and adolescents. However, war conflicts, clan dichotomies, difficulties in the labour market, and a tendency towards dependence upon social welfare, has made Somali social networks vulnerable. Consequently, first generation Somalis seem to have lost important protective factors in relation to mental health problems. In contrast, a study on former Tamil child soldiers relocated to Bergen (Kanagaratnam et al., 2005) suggested that by downplaying traditional caste- and class distinctions, and nurturing social bonds among Tamils, individuals with a strong nationalism seemed to be safeguarded from developing mental health problems. These

studies remind us that we need a broader understanding of how social networks are created, maintained and broken down within the complex socio-economic reality facing refugees in the host country, and how this influences the mental health of refugees.

Coping strategies

Research on coping has developed from a concern with unusual populations and events into a focus on the ways most people cope with stressful events (Folkman & Lazarus, 1980). Attention has been given to specific behavioural and psychological responses to stressors, often by asking individual respondents to rate the degree to which they typically use predetermined sets of coping strategies when under stress (Folkman and Lazarus, 1980; Carver et al., 1989; Compas et al., 2001). Broad distinctions, such as problem-solving and emotion-focused coping strategies (Lazarus, 1991), and active and avoidant coping strategies (Holahan & Moos, 1987) have been suggested. Problem-solving strategies are efforts to do something active to alleviate stressful circumstances, while emotion-focused strategies involve efforts to regulate the emotional consequences of stressful events. Active strategies are either behavioural or psychological responses aiming to change the nature of the stressor itself or how one thinks about it, while avoidant strategies aim to keep one from directly addressing the stressful events.

These approaches limit coping strategies to responses to particular stressors. Others, including Hobfoll (1988), Aspinwall and Taylor (1997), and Schwarzer (2001) have ventured beyond this focus on *reactive* coping strategies to identify *preventive* coping strategies as a missing link in coping research. In this perspective, it is allowed for ways in which people may build up resistance factors in advance of both impending and unforeseen challenges. Schwarzer (2001) distinguishes between *proactive*, *preventive*, and *anticipatory* coping strategies. Anticipatory coping deals with critical events that are certain to occur in the near future, such as a job

interview or a dentist appointment. Preventive coping is defined as efforts to build up general resistance resources to face critical events that may or may not occur in the near future, such as disaster or physical impairment. Proactive coping is defined as efforts to build up general resources that facilitate promotion towards challenging goals or personal growth. Difficult situations are in the latter case perceived as challenges, not threats, and individuals initiate constructive paths of action and create opportunities for growth. In this view, the motivation emanates from challenge, rather than threat appraisal, and stress is perceived as beneficial and productive. This opens up for an approach in which coping is not merely associated with negative life events, but also with people's visions, ambitions and goals.

The conventional framing of stress as a private, individualistic and mentalistic burden has also been questioned. Hobfoll (2001) argues that coping strategies related to stress are also embedded in people's social relationships. According to this perspective, the individual is firmly nested both within his or her family, and what Hobfoll refers to as *tribe*: complex social aggregations of groups beyond the level of the family, including formal and informal groups of friends, colleagues, organisations and communities (Hobfoll, 2001). In this view, the self derives from primary attachments within biological families and intimate social groups. However, while this approach deserves merit for transgressing the traditional focus on individual coping, there are certain western ethnocentric flaws within it that need attention. Firstly, the western genealogical perception of the primacy of biological kinship has been empirically challenged by ethnographic studies that show how parental roles may be distributed among individuals outside the biological family (Goody, 1982; Schneider, 1984).

Furthermore, modern reproduction technology, international adoption, and lesbian parenthood have also challenged western kinship models based on the primacy of biology (Strathern, 1992;

Howell, 2001). Secondly, the focus on group and *community*, as opposed to *networks*, tends to connote views of closed communities with clearly marked boundaries, and may obscure an understanding of important social processes related to coping. People hold membership in a variety of groups that differ in scope and organizational levels, and in groups which transcend the boundaries of any designated nation, region or community (Barth, 1992). A broader context may thus be constituted by overlapping social networks that crosscut national, regional and communal boundaries. Hence, types of translocal and transnational flows of relationships may play important parts in relation to both individual and collective coping strategies. Finally, there is little knowledge about the interplay between coping strategies on collective and individual levels, and the ways in which these may influence each other across levels (Kirmayer et al., 2007). Consequently, there is a need for a further theoretical, methodological and empirical reassessment of our understanding of coping strategies.

Summary and scope of thesis

Studies on the mental health of refugee populations have shown that the effects of traumatic experiences in the home country are also influenced by life situation in the host country. Refugees in Norway generally have lower levels of employment, education, income, and larger households than the remaining population. These factors combined with traumatic experiences from the home country put many refugees at risk for developing mental health problems. Low threshold mental health services are available to refugees, but community studies show that these are underutilized by refugees with mental health problems. What do studies tell us about refugee clients' and public health providers' experiences with public mental health services? There is also a further need to investigate ways in which refugees may deal with or attempt to prevent mental health problems outside the public sector.

The role of parents, the family and social networks in relation to the mental health of refugee children and adolescents is explored in this thesis. Prior research has shown that social capital, the density of social networks, and the family play important roles in relation to prevention and treatment of mental health problems. Parents are particularly important in relation to prevention, identification of problems, referral, and treatment of problems among children and adolescents. Furthermore, families, in particular refugee families may prefer their own social networks to public services. However, we have little knowledge about how refugee families may draw on resources within the host country outside public services. Research on coping strategies has developed from a focus on individual responses to stressors to include socially constituted preventive interventions. However, there is a further need to broaden the current focus on coping strategies within groups and communities to include coping strategies that are implemented within social networks transgressing communities.

Tamil refugees form an interesting case study in resilience, since they in general experience little problems in the host country although they have been exposed to traumatic experiences in the home country. It has been suggested that this relative success is a result of their determination to take matters into their own hands rather than expecting help from the host country. However, the role of social actors and institutions outside the Tamil community has been little explored, and will come into focus in this thesis.

Aims and objectives

Overall aims and objectives

It has been established that many refugees with mental health problems tend to underutilize public mental health services in the country. Consequently, there is a need for extended knowledge concerning refugees and mental health interventions both within and outside public services. The overall aim of this project is to systematize existing knowledge within this field, as well as collect information that might have theoretical and clinical implications. A particular concern is with the role of refugee parents in mental health interventions outside public services. More specifically, the study is organized around the following objectives:

- Systematize existing knowledge on the experience of refugees and health providers within public mental health services.
- Systematize existing knowledge on mental health interventions among refugees outside public services.
- Gain knowledge on the strategies of refugee parents to take care of the well-being of their children
- Expand our knowledge on social and cultural processes that might influence refugees' attitudes towards public mental health services

Research questions

These aims and objectives have been operationalized in the study through the following overarching research questions:

- What do studies among mental health workers and refugees tell us about the ability of public health services to meet the particular needs of individual refugees in a country with extensive health care resources? (Paper 1)
- What strategies do Tamil refugee parents employ in relation to events and processes that may challenge the well-being of their children? (Paper 2)
- How do Tamil refugee parents negotiate and implement interventions for the well-being of their children in cooperation with other social actors and agencies both within and outside the Tamil community? (Paper 2)
- What is the relationship between past experiences among Tamil refugee parents and practices related to the mental health of their children? (Paper 3)

Method

Ethics

The study is a subproject within a research program within the Division of mental health of the Norwegian institute of public health, The Youth, Culture and Competence Study (YCC). The aim of the program is to study the role of ethnicity and migration for the psychological development and quality of life of ethnic minority children and their families. The program has been approved by the Data Inspectorate and the Regional Committee for Medical and Health Research Ethics (REK). The current study did not involve recording of sensitive personal or health information. The names of key informants have been replaced with pseudonyms in the field notes and have been omitted throughout the article to secure anonymity. The study has also been approved by the Tamil Resource and Counselling Centre (TRCC), and was conducted in close cooperation with this organization.

General methodological approach

The methodological approach has been twofold, according to the demands of the research issues. An initial qualitative analysis of scientific literature on refugees and mental health services became the starting point for further research issues, warranting a different methodological approach. Initially, access to refugee informants had been considered a major challenge. The intention was to complete qualitative interviews among 10-20 informants within the YCC study. It was desirable to choose informants within two different ethnic groups. However, recruitment of participants within the YCC study proved to be a time consuming project. At an early stage, and only through the efforts of Tamil resource persons who expressed an interest in the study, Tamils was the only group in which we were able to recruit a sufficient number of participants for the YCC study. During this collaboration with a Tamil resource centre for the recruitment of participants, I became aware of the importance of the centre as a social arena among Tamil parents. Far from being a distinct issue within separate Tamil families, the well-being of Tamil children seemed to be a matter that involved cooperation between families. Consequently, it was decided that a qualitative, exploratory approach was required to follow events as they occurred in this field. Field research is particularly suited to documenting social life as process, as emergent meanings established in and through social interaction (Emerson, Fretz & Shaw, 1995). Consequently, participant observation was employed among Tamil refugee parents at the Tamil resource centre.

Study 1

Aims of the study

The primary goal of this study was to investigate all available studies on the relationship between refugees and public mental health services to identify recurring findings in these

studies. In particular, we wanted to investigate whether the studies could indicate about the ability of public health services to meet the particular needs of refugees. In what ways do cultural and social contexts influence treatment? What can the studies tell us about practices refugee families may have for consulting various sectors in which mental health problems are explained and treated?

Method

A variety of sources were used to find relevant publications for the literature review, including computer-based searches of scientific publications; searches in databases, reference lists, publication lists in annual reports of relevant governmental units, and personal correspondence with scientists and health workers working within the field. Reviewed literature was grouped into six major categories, and recurring themes were organized into subcategories corresponding to the research issues. These subcategories formed the basis of a thematic narrative.

Results

The studies show that negative perceptions of mental health problems in the home country may prevent refugees with mental health problems from utilizing public mental health services in the host country. Taboo restrictions connected to mental health problems may also make it important for refugees who utilize public mental health service to keep this a well-kept secret. While there is a lack of more mental health interventions directed towards social arenas which are used by refugees on a daily basis, these negative perceptions of mental health problems poses a serious challenge for mental health services. One approach has been

to establish collaboration with trusted social resources within refugee communities, such as the Mosque.

Some studies reveal discrepancies between the expectations of refugee clients and their therapists regarding the nature of the service. Requests for assistance in negotiating the local benefits system is basically out of bonds within psychotherapeutic sessions. While it is reported to be rare, intersectoral cooperation is an approach in which connections between challenges related to the exile situation, socioeconomic life conditions, and the mental health of refugees are acknowledged. Another approach has been to make use of so-called natural helpers within the refugee communities to aid in contributing with welfare advice and act as navigators for refugees within health- and social services.

The studies show that there is a lack of systematic routines for securing adequate communication between providers and users, making patient participation according to the Patient Law (*Pasientrettighetsloven)* difficult. The use of professional interpreters is often ignored, and communicative problems that may derive from language barriers and poor flow of information are often interpreted as unbridgeable culture barriers among health providers. On the part of refugee clients, the experience of being perceived as representatives of a cultural category rather than individuals with particular problems may result in further distrust with public health services. Some researchers also warn us about the risk of grouping all refugee clients into one artificial and homogenous cultural category which may influence diagnosis. For instance, one study reports that many refugee children were diagnosed with PTSD even without a history of trauma, and without the aid of professional interpreters.

Although low threshold mental health services are available to refugees, they are still underutilized by many refugees with mental health problems. Some of the studies show that professional helpers in Norway may be met with distrust by refugees. Help and the role of helpers may be exclusively associated with kinship or friendship. Having difficulties trusting professional helpers within the bureaucratically organized public health care system, refugees may instead attempt to replace or supplement these services with multiplex obligating relationships to other refugees from their home country.

The literature review reveals that there is a lack of more research on how groups of refugees perceive and deal with their own problems outside public mental health services. Some case studies among particular groups of refugees show that these may prefer their own networks when family members experience mental health problems. However, as a result of the migration process and adaptation processes within the host country, social networks may be broken down and inadequate for dealing with these kinds of problems. This seems to be particularly relevant for groups of refugees who lack effective ways of organizing into coherent units beyond kin, class, caste, etc. In contrast, groups of refugees who organize themselves according to common goals such as a strong nationalist commitment seems to safeguard some refugees from developing mental health problems.

Study 2 & 3

Aims of the study

The primary aim of these studies was to investigate practices among refugee families for consulting other sectors outside public health services to tend to the well-being of their

children. Another goal was to investigate how they respond to events that challenge the well-being of their children, and whether past experiences influence these approaches.

Method

Participant observation was employed among Tamil refugee parents at a Tamil resource centre in Bergen and by following loops of interaction among informants, also in Oslo. The fieldwork largely followed regular activities at TRCC across 24 months between September 2006 and September 2008. Initially, participant observation was employed from two to seven hours, one to three times a week. Towards the end of the fieldwork I only followed events and activities that I became engaged in, or that had particular interest for the research project. Throughout this period, focus was on what participants experienced and reacted to as significant or important for the well-being of their children. Specific connections within the setting to outside social influences were also looked for. Emphasis was on naturally occurring talk and the particular meanings participants attributed to various activities, in context. Key informants provided translations of discourses that occurred in Tamil, giving access to participants' own interpretations and assumptions about the statements of other participants. Records of actual words, phrases or dialogue were recorded as accurately as possible, using sets of abbreviations. Details of what happened, and specific circumstances or context involved, was also noted.

After the completion of the fieldwork, fieldnotes were treated as a data set that was validated against the general impression and understanding that was obtained from participating in Tamil activities across time. Recurring themes, patterns, and variations within the record were identified. In-process analyses were elaborated and revaluated by subjecting the broad corpus of fieldnotes to close reflection and analysis. This process involved line by line categorization

of paragraphs and extended entries. Abbreviated codes were created and written in the margins of the fieldnotes to group the specific events into more general categories, relating events to other events. By comparison with other events coded similarly, more general analytic categories were identified. Fieldnotes were then sorted according to these categories, and rearranged into new data sets by collecting together all data fragments that were related to each category. This was organized according to the main study questions of the study, reread and recoded into series of subcategories. In this way, a sustained examination of the study questions was provided by linking together a variety of discrete observations.

Eventually, a thematic narrative was developed, tying fieldnotes together into a more coherent whole in which several more specific claims about key patterns, processes, and regularities in approaches among Tamil to ensure the well-being of Tamil children were incorporated. The emergent theories were compared to other theoretical framework in the scientific literature, establishing a general domain to which the findings of the study could be generalized, and made transferable.

Results

From the perspective of Tamil parents, the primary challenges to the well-being of Tamil children in Norway are twofold. The civil war on Sri Lanka posed a continual point of concern for most Tamil parents, and experiences from the conflict on the island tended to influence their priorities. Secondly, Tamil children growing up in Norway face general prejudice, difficult access to the labour market, and fractured social support systems. There was also a concern for the general good reputation of Norwegian Tamils. Given these challenges, efforts were made to organize preventive psychosocial resources. These efforts involved cooperation of individuals within the social networks of Tamil parents. In this

context, the analytical construct *collective coping strategies* was employed to refer to the practices people within social networks employ together in a threatening or difficult situation. Central to these efforts were Tamil resource persons who were typically parents with higher education, relevant employment and extensive social networks. These put in voluntary work in Tamil organizations for the well-being of Tamil children. Norwegian resource persons including researchers, health workers, public servicemen, and politicians also formed important parts of the social networks of Tamil resource persons, and were frequently drawn into Tamil agendas. The social bonds seemed to have developed from collegial relationships in workplaces, NGO's, and political parties.

The collective coping strategies aimed toward generating reliable social networks for the benefit of Tamil children. Furthermore, the achievements of Tamil children at school or in higher education was monitored, and additional tuition was organized to improve the opportunities for access to higher education, relevant employment, and strategic social positions from which work for the Tamil community could be of greater effect. Events that challenged the well-being of Tamil children were responded to in a similar way, emphasis being put on the generation of reliable social networks and long-term preventive strategies involving the efforts of both Tamil and non-Tamil resource persons.

Activities at the Tamil resource centre occurred in the context of the ongoing conflict on Sri Lanka and the role of the Tamil diaspora in this conflict. Tamil parents also had strategies for motivating engagement in a common Tamil future on Sri Lanka, and notions of trauma were integral to the process of shaping collective Tamil identities in exile. Recurring cultural narratives shared a basic structure in which individual stories were organized around a continuum in which individual suffering was transformed into positive social action. Themes

of suffering and coping recurred in these narratives to encourage personal sacrifice for collective well-being. Individual trauma was collectivized in storytelling, films and ritual practices, and transmitted to the second generation of Tamils to evoke social engagement.

Notions of personal sacrifice were partially developed from a martyr cult related to the separatist struggle on Sri Lanka fronted by LTTE, but the local meanings of sacrifice were embedded in socio-economic-political strategies in exile. In this context, the actions of self-sacrificing martyrs on Sri Lanka had become allegories in exile, inspiring mundane voluntary efforts to improve Tamil living conditions. Some parents feared that the strong focus on education and socio-economical living standards should be complemented by a stronger focus on social commitment. Accordingly, practices among Tamil refugee parents for the well-being of their children were highly dynamic social processes, responding to the social contexts they occurred in, and subject to constant negotiation.

Discusssion

Validity, reflexivity, relevance

Concern about assessing the quality of qualitative research has manifested itself in the proliferation of discussions about standards for judging qualitative work. In qualitative research, evaluation of reliability, validity, and generalisability issues cannot be based on statistical analysis as in quantitative research methods. By what criteria then, should qualitative research be judged? Hammersley (1990) has proposed that quality in qualitative research may be assessed with the same broad concepts of validity and relevance used for quantitative research, but these need to be operationalized differently to take into account the

distinctive goals of qualitative research (May & Pope, 2000). Malterud (2001) concurs with these criteria, but emphasizes reflexivity as a particularly important measure.

Meta analysis is often performed on studies that address a set of related research hypotheses and describe their findings in correlation coefficients. In the literature review of this study (paper 1), both qualitative and quantitative studies were included. We did not make any attempt to perform a proper quantitative meta analysis on the included quantitative studies. Rather, the aim was to look beyond individual findings and provide a critical examination of multiple accounts of the phenomenon, regardless of method of data collection used in the studies. As such, the study does not represent an accurate account of the most reoccurring themes within the studies in a quantitative sense. Rather, after reading and coding the included studies, we selected certain themes that were suited for critical examination in light of the clinical, social and cultural contexts of the investigated phenomenon. This selection of themes was developed from discussion with some of the researchers of the included studies, as well as with other researchers within the field. Improvement of validity by this kind of investigator triangulation (Huberman & Miles, 1994) means that information collected by one researcher is evaluated by another researcher who is knowledgeable of the research issues and its contexts. In this case, the triangulation technique was further strengthened by the fact that the researchers also represented different scientific disciplines, including psychology, medicine, and medical anthropology. Additionally, the findings of both the literature- and case study were presented to, and discussed with health- and social workers, politicians and health planners at national, regional and local levels. This overall approach also strengthened the relevance of the study, ensuring that it provided knowledge of theoretical, clinical and practical value.

In the Tamil case study (papers 2 and 3), validity was improved by methods of triangulation; clear exposition of methods of data collection, theoretical frame and analysis; and reflexivity. Ethnographic fieldwork allows for method triangulation by not merely collecting data obtained from talking to people, but also by observing their activities. In this way, information collected by the first method may be checked against information collected by the second, complimentary method. Preliminary conclusions were also continually controlled by confronting them with the observable detail and circumstance of events in the field. Ethnographic fieldwork methods furthermore have the advantage of permitting the researcher to return to the field between periods of analyzing data. In this way, discrepancies between theory and observation were monitored throughout the study.

It should be noted however, that the field is not a static phenomenon remaining unchanged throughout a study running across several years. Rather, the field consists of highly dynamic social processes in which events occurring during the fieldwork period may change the nature of the activities of the informants. As the study came closer to its finish (in terms of funding), several events in the field proved to have a major impact on the Tamil community. The Samurai-sword incident in Oslo was partly described in the second paper of this study. Around the same time, the publication of a research report (Engebrigtsen and Fuglerud, 2007) indicated that many adolescent Tamil girls in Oslo suffered from mental health problems. The Tamil communities in both Oslo and Bergen responded to these events by implementing a number of psychosocial interventions directed towards Tamil children, adolescents and their parents. In the course of this process, mental health was becoming a commonplace concept which was frequently discussed among parents at the resource centres. In the beginning of the fieldwork however, the concept was virtually absent. As a result of this ongoing process, fieldwork continued long after the analysis comprising the two papers included in this study

was completed. At the time of writing, applications have been made for a post doc study following up the complex social processes resulting partly from the influence of scientific research within the community.

It is usual to assume that researchers influence the activities of their informants to some degree. The fieldwork involves a negotiation of social roles and frames of reference between strangers (Briggs, 1986). In this case, the researchers were given the role of resource persons who were drawn into Tamil agendas for the well-being of Tamil children. The continual discussions of preliminary theories with key informants formed an integral part of Tamil cooperative coping strategies described in this article. But what is more, the research on mental health issues may be conceptualized as an integral part of the cultural changes occurring within the Tamil community towards the end of the fieldwork in which stigmas related to mental health issues were diminishing.

This process is also an important reminder of the complex relationship between observation and theory. Theoretical assumptions have a bearing on what is looked for, what is overlooked, what is asked, and what remains unasked, who is asked, and whose voices remain mute in the field. In this way, empirical data may be influenced by the theoretical point of view of the researcher. However, theory may also directly influence the very activities of the informants. The notion of passive research objects in the far corners of the world with no real agenda related to ongoing ethnographic research is by now rendered obsolete. There are certainly enough studies reminding us that even in remote areas, ethnographers are met by well-informed informants who include the ethnographic enterprise within their own ongoing social, political and economic agendas (Turner, 1990; Borofsky, 2001).

As the events related to the publication of the research report have progressed, it has become clear that to the Tamil community, the research community represents a potential resource. The information may be used as a basis for planning new psychosocial interventions for Tamil adolescents and their parents. Social anthropologist Edvard Hviding (2000) reminds us that representatives of highly different life worlds may participate in common projects, although their respective culturally defined goals that motivate them to participate in the projects may be dissimilar. Although past researchers have become engaged in open, plenary discussions within the Tamil community some Tamils expressed their disappointment with them for not becoming more engaged in the practical task of resolving issues brought to attention in these studies.

My social position as a researcher within the Tamil community was initially broadly defined as a potential resource, and in time I became engaged in Tamil agendas in various ways. Following the activities related to the research report, YCC became engaged in Tamil agendas in an even more substantial way. A Norwegian-Tamil Health Network was formed in cooperation between NTHO, TRCC and YCC. Furthermore, a separate Tamil Study was initiated in 10 municipalities in Norway, employing Tamils in the research project. Participating in this process, my own social role within the Tamil communities was strengthened and more clearly defined.

Throughout these processes, emerging theories were continually discussed with Tamil informants. The external validity of these theories was strengthened by confronting informants in different social positions with emerging theories throughout the fieldwork. I was also invited to present some initial findings in a yearly Tamil magazine, discussing the material with the editors (Guribye, 2007). Conclusions were finally audited to key informants.

Next- to final drafts of the papers 1 and 2 were distributed among them, inviting them to comment on the findings. Some of these comments were finally worked into the final drafts of these papers. These methods of triangulation were particularly important for the study given the fact that I had little prior knowledge about Tamil culture before planning the study. It became clear from an early stage of the fieldwork that if I had been to Sri Lanka, particularly in the North-Eastern areas, my initial entry into the field would have been far easier. Even among Tamil adolescents, there seemed to be a distinction between persons who had been to Sri Lanka, and those who didn't share this experience. In the context of the civil war on the island, first hand experience related to political injustice on Sri Lanka was considered a sort of turning point (as discussed in paper 3) from which social engagement emanated. Consequently, my motivation for becoming engaged in Tamil agendas was initially regarded to be fairly low from a Tamil point of view, since I lacked this kind of seminal experience. Partly as a result (and partly because it was on the top of everyone's agendas), most conversations with Tamils during the early stages of the fieldwork revolved around socio-political conditions on Sri Lanka.

Naturally, there was no particular reason to trust an outside stranger who came out of nowhere with a sudden interest for Tamil activities. Rereading fieldnotes from the early stages of the study, a certain naivety is evident in my approach within the field. For instance, after merely a couple of weeks of fieldwork, I assembled a focus group consisting of three Tamil mothers at TRCC. During this interview session, I discussed the concept of *cheetu* with the participants. Grønseth (2001) has described the relevance of this financial system among Tamils in Northern Norway. Resembling a pyramid scheme, participants agree to pay a specific amount of money each month to the *cheetu* leader. Each participant in turn receives a single month's collection which is normally used to pay for a sister's or daughter's dowry, a wedding, flight

tickets, a car and so forth. Pyramid schemes are illegal in Norway, as in many other countries. Yet, I ventured boldly to ask the participants whether the system was used among them. The following transcription from the focus group interview reveals the uneasiness and confusion which derived from this question:

> Researcher: I have read something about a kind of system which is called, uhm, I don't know how you pronounce it, but, *Chetu*? *Cheetu*? Uhm, it is, uhm, supposed to be a kind of financial system
>
> Participant no. 1: Oh Yes?
>
> Participant no. 2: *Cheetu* (pronounces it correctly)
>
> P 1: You mean dowry or, uhm (addressing participant no. 2)
>
> P 2: No, it is not, *cheetu* is not a dowry
>
> P 1: Oh yes, oh yes, no
>
> P 2: Yes, but you know what, I haven't heard-
>
> P 1: No I haven't, I have no clue (laughs)
>
> R: No
>
> P 2: But, uhm, I don't know many in Bergen who do it, or, I don't know, as far as I know
>
> P 1: No
>
> R: No, you haven't-
>
> P 2: But some do it, but, uhm, I know they have some problems in France and they do it
>
> P 1: Yes
>
> P 2: France and Germany
>
> P 1: Other countries. Sweden, no I mean Switzerland
>
> P 2: Switzerland too? Oh yes

Whether or not the system is used in Bergen is of course not the point here. What is important is that the researcher transgressed his trust and ventured into a discourse in which the participants had every reason to be suspicious about the nature of his questions. In Goffman (1959)'s terms, the issue clearly belonged backstage, and at the time I had no backstage pass.

Similarly, after a couple of months, having become more secure that I had gained the confidence of the Tamils at the centre, I showed up at TRCC to take some photographs of the physical environment. However, for some reason none of the Tamils I had become acquainted with were present at the centre this particular day. Consequently, the people present were obviously uncomfortable with the fact that a complete stranger from the outside had come bursting into their domain with a camera. There were many reasons for Tamils to distrust this stranger's motives for taking photographs at the centre. As discussed in paper 2, the activities of Norwegian Tamils are closely monitored in Sri Lankan press in which small matters may quickly become important. There was also a history of conflicts with the professional cleaning bureau in charge of cleaning the school in which the centre was located. As a result, Tamils were not allowed to use the washing-machine or cupboards for fear of contamination of the air (Tamils enjoy spicy food). My agenda could have been to monitor and document Tamil activities in the cantina. In any event, realizing my *faux-pas*, I packed the camera into my bag and refrained from using it again during the fieldwork.

For these reasons, the study gains strength from the relatively long-term fieldwork involved. Not merely did this allow me to earn more confidence from Tamil informants across time, but theoretical assumptions during the early phases of the fieldwork could be triangulated against insights gained at a later stage of the fieldwork. By ethnographic standards 24 months of fieldwork is not particularly long. It sometimes takes years of painstaking work in one society to discover simple elementary principles (Stoller, 1996).

The size of the sample does not make the findings generalizable by statistical standards. What is presented here is a case study focusing on Tamil parents who are in various ways connected to a specific Tamil organization in Bergen and Oslo. In Bergen, there was another Tamil

language school in which Tamil parents seem to organize themselves differently, and in which the political agenda evident at TRCC may not have been as strong. Generalizing broadly, a *revolutionary* model of Tamil culture (Fuglerud, 1999) was negotiated at TRCC, implying that life in exile for many is perceived as part of the struggle on Sri Lanka. It has been observed in a prior study (Kanagaratnam et al., 2005) that traditional caste- and class distinctions tend to be downplayed in favour of nurturing social bonds among exiled Tamils. To the extent that traditional Tamil cultural traits including the caste-system played a role at TRCC, I did not observe it. Key informants simply asserted that notions of caste had become irrelevant. Some claimed that they did not even know which caste other many Tamils belonged to, including their partner. To the extent that caste did come into play, it seemed to pertain itself to the field of marriage, becoming obsolete in the structures of Tamil organizations, an observation that was corroborated by Tamil informants.

Whereas the findings of this study may not be relevant for the entire Tamil population, they may certainly be relevant for other groups of refugees. In particular, discussions with other researchers within the field who have conducted fieldwork within other refugee populations have indicated that the notions of cooperation, intercommunal networking, and the central position of resourceful key individuals may be as important within those refugee communities (for instance among Somalis in Oslo (Ketil Eide, personal communication)). However, the consistency of these factors needs to be assessed against the particular social organization, cultural values, settlement patterns, and socio-economic conditions among different groups of refugees.

Discussion of findings

In the following paragraphs, I will discuss the findings in light of the main research questions, which are repeated here:

- What do studies among mental health workers and refugees tell us about the ability of public health services to meet the particular needs of individual refugees in a country with extensive health care resources? (Paper 1)
- What strategies do Tamil refugee parents employ in relation to events and processes that may challenge the well-being of their children? (Paper 2)
- How do Tamil refugee parents negotiate and implement interventions for the well-being of their children in cooperation with other social actors and agencies both within and outside the Tamil community? (Paper 2)
- What is the relationship between past experiences among Tamil refugee parents and practices related to the mental health of their children? (Paper 3)

The literature review reveals that many refugees tend to underutilize public mental health services for a number of reasons that are not elaborated on in the paper. There have been many models for analysing immigrant help-seeking behaviours. Early models emphasized individual level predictors including age, sex, education, knowledge of mental health facilities and need for care (Anderson & Newman, 1973). This perspective has been augmented with contextual factors including patterns of service utilization in the homeland, facilitation role of ethnic community networks (Portes et al., 1992), and discrimination in the host country (Aponte and Barnes, 1995). Although the reviewed studies do not enable a proper meta analysis of these factors, there are indications that patterns of service utilization in the homeland plays an important part. However, there is a danger in attributing underutilization of health services solely to factors related to the refugees.

The reviewed studies suggest that public mental health services may not always be able to meet the particular demands of refugee patients. There is a lack of outreach services and intersectoral collaboration that acknowledges connections between socio-economic life conditions and people's mental health. Furthermore, communicative barriers tend to make patient participation and proper diagnosis difficult. Finally, preventive interventions have not been prioritized within mental health work among refugees. Hence, there are processes both within refugee populations and public mental health services that may avert refugees with mental health problems from receiving public help. These observations are corroborated in international studies. For instance, in the US, serious limitations are reported in the delivery of mental health services to refugees throughout the resettlement process (Gong-Guy et al., 1991). Fragmentation of services, communicative barriers, culturally inappropriate treatment methods, and lack of outreach and preventive interventions make treatment of refugee patients difficult. These limitations coupled with the observation that refugees tend to underutilize public mental health services imply that there is a need for more knowledge on how groups of refugees perceive and deal with their own problems *outside* public mental health services.

Considering the case of Tamil refugees, patterns of service utilization in the homeland are likely to have an impact on help-seeking paths in the host country. On Sri Lanka psychologists are rare (Tribe, 2004; Selle, 2006), mental health institutions are war-torn or inadequate (Thasam, 2002; Kaplan, 2005) and frequently associated with stigma (Eliatamby, 2004; Tribe, 2004). Furthermore, mental health work on Sri Lanka is largely communal, and based on outreach services. Health providers rely on the resources and support of local key-role community members, doctors, Ayurvedic healers, and clergy who may know their clients' families and history and emphasise an understanding of their total life situation

(Nichter, 1981; D'Souza and Singh, 2005). The case study provided here also suggests that Tamil refugees in Norway prefer their own networks when they experience problems.

This observation is corroborated in other case studies of refugees, including Somalis (Hjelde and Fangen, 2006) and Vietnamese (Knudsen, 1986). However, as a result of migration- and adaptation processes, social networks may be fragmented and inadequate for dealing with these kinds of problems. This seems to be particularly relevant for groups of refugees who lack effective ways of organizing into coherent units beyond kin, class, caste, etc. In contrast, groups of refugees who organize themselves according to common goals such as a strong nationalist commitment seems to be better equipped to safeguard individuals from developing mental health problems (Kanagaratnam et al., 2005). On the other hand, a study among Tamil refugees in Canada (Beiser et al., 2003) reports high rates of mental health problems although Canadian Tamils organize themselves according to the same national principles as Norwegian Tamils. However, the study also reports high rates of unemployment among Tamil refugees in Canada. Hence, these studies remind us that we need a broader understanding of how social networks are created, maintained and/or broken down within the complex socio-economic reality facing refugees in the host country, and how this affects the mental health of refugees.

Criticizing the focus in studies on refugee coping strategies which has tended to be on pre-migratory experiences, Ryan, Dooley & Benson (2008) argue that the adaptation of migrants to a new environment largely depends on their ability to regain lost resources and gain new ones relevant to their host environment. Denial of past experiences and a focus upon the future within the host society have been identified as recurring coping strategies among both Russian refugee families in the US (Delgado-Gaitan, 1994), and Iranian refugee families in Sweden (Almquist & Hwang, 1999). Tamil refugee parents in the present study were also

concerned with the socio-economical conditions in the host country and worked collectively to improve the socio-economical status of their offspring. However, at the same time they made efforts to gain resources not merely relevant to their host environment, but also to the home country. Migrants do not merely originate from outside host countries, but may have continual social and political interests in their home country. In the case of the Tamil refugee parents in this study, concerns in the host and home country were interconnected. Rather than focusing exclusively upon adaptation processes within the host society then, there may be a need to understand migrational processes including coping in the context of denser international networks and relationships (Fuglerud, 2004).

This perspective is important in assessing processes related to social support among refugees. Social support is not merely transmitted between individuals, but migrants may experience collective emotional and instrumental support on a group level as well. The social status of different groups of migrants within host societies tends to vary. Tamils earned a reputation as good workers in Norway before they started arriving as refugees. They have experienced few problems related to crime, and have relied little on social welfare. These qualities go well with established cultural values in Norway, making Tamils well-respected. Furthermore, the Norwegian role as broker in the conflict on Sri Lanka, the refusal to ban LTTE as a terrorist group in Norway, and the support Tamils in the country received in connection with the 2004 Tsunami on Sri Lanka, have all contributed to transmit a sense of acceptance, empathy and social support within the host country. Given the general lack of international support for the Tamil struggle on Sri Lanka, the importance of this social support within the host country for the Tamil community should probably not be underestimated.

Arguably, the operational distinction between the terms *coping strategies* and *social support* has prevented researchers from investigating important interconnections between the two. Tamil parents actively engaged social actors and institutions both within and outside the Tamil diaspora in their own agendas. This may be regarded as an investment in *social capital*, in the sense of aggregates of resources related to possession of durable networks of relationships (Bourdieu, 1986). The formation of types of durable social networks in place of the systems of mistrust resulting from the civil war and migration process remains fundamental within the Tamil diaspora. These data show similarities with the study on Russian refugees in the US, where the Baptist church provides emotional, economic and social support through a system of community educational programs and family counselling (Delgado-Gaitan, 1999). Furthermore, these Russian refugee families employ a system of collective social and economic support driven by religious beliefs. Similarly, the branches of TRCC across Norway provide important social arenas in which individuals become incorporated into larger social networks, and where social resources to a certain degree become collective.

As among the Russian refugees in the US, social actors within the host community also play important roles in relation to Tamil coping strategies. However, unlike in the former study, the organization of these resources primarily depends upon Tamil initiatives. Well-educated and well-employed Tamil parents have gradually expanded their social networks in the host country through studies, jobs and organizational- and political involvement within the host society. Tamil children growing up in Norway also acquire social networks that include Norwegian friends, parents, teachers and trainers that may become important social resources for them. Appraisals of the status of the civil war on Sri Lanka have also made many Tamils conclude that Tamils depend upon the involvement of the international society. The long-

lasting conflict on Sri Lanka has forced many to accept the possibility that they may remain in exile for the rest of their lives. Consequently, social resources within the Tamil diaspora may need to be complemented with those within the host society.

These findings support the observation that an underlying nationalist framing of research issues and methodologies tends to inhibit research on social processes (Moses, 2007). For instance, forms of methodological nationalism are manifested in the tendency to equate societies with nations and allowing the latter to become the primary focus of social-scientific analysis (Beck & Sznaider, 2006). The result may be a data bias with important methodological and theoretical implications for research on coping strategies. Individuals hold membership in a variety of groups that differ in scope and organizational levels, and in groups which may transcend the boundaries of any designated nation, region or community (Barth, 1992). A broader context may be constituted by overlapping social networks that crosscut communal, regional and national boundaries. As such, translocal and transnational flows of relationships may play important parts in relation to individual and collective coping strategies. In the case of Tamil refugees in Norway, cooperation with social actors within the host society remains important. At the same time, these strategies are also directed towards socio-political processes in the home country. For researchers to grasp this kind of organizational complexity there is a need to methodologically transcend the focus on distinct local communities and groups. Attention needs to be paid to broader contexts constituted by overlapping social networks with crosscutting boundaries and connections in multiple directions (Barth, 1992).

Clinical and practical implications

Tamil refugees organize resources to enlist social support both inside and outside the Tamil community. To improve the long-term well-being of Tamil children, a great deal of effort is made to improve their socio-economic life conditions. Although Tamils may involve public health workers in these collective efforts, they tend to hesitate to involve public mental health services on the terms that these services have to offer. The issue seems to be whether individual psychological interventions – rather than efforts to secure individuals within resourceful social networks, strategies to ensure adequate standards of living in the host country, and contributions towards processes of peace and security in the homeland – provide the best help for refugee communities in exile? Does the disproportionate occupation with PTSD within mental health services entail a medicalization of social problems that demand a more comprehensive social and political response (Scheper-Hughes, 1994; Kirmayer et al., 2007)? While these are complex issues, the collective coping strategies of Tamil refugees do seem to advocate a need to establish collaborative practices within public support systems, coordinating the efforts of mental health services with those of general health services, social services, directorates of immigration, educational institutions, NGO's, ministries of foreign affairs and, most relevantly, resources within refugee communities.

This analysis supports arguments against a framing of resilience as a private, individualistic and mentalistic endeavour (Hobfoll, 2001). Tribe (2004) suggests that on Sri Lanka mental health care among Tamils is for all practical purposes community based (Tribe, 2004). Public mental health workers form necessary coalitions with local communities to enhance and promote both physical and psychological well-being. Key community members play an important role as support for individuals suffering psychological distress. Local individuals, identified as healers and helpers, are easily accessible, knowledgeable about the particular life

situations of individual community members, and not burdened with the types of stigmas associated with mental health institutions on Sri Lanka (Nichter, 1981). Preferred for their resourcefulness, these key individuals in Tamil communities on Sri Lanka reportedly often voluntarily and informally go a long way to help community members with their problems whether social, mental, physical, political or all of the above (Tribe, 2004).

These types of *natural helpers*, or *link workers,* which may be found in many cultural settings, have recently started to be recruited into the services of municipalities and NGO's in Norway (Korbøl, 2004; Aambø, 2005; Hjelde and Fangen, 2006). By complementing the traditional interpreter role, the task of these immigrant link workers has been to help other immigrants with their specific needs in navigating between health services, social services, educational institutions, lawyers and immigration offices. In this way, *link workers* may be perceived as connecting points between refugees and distinct public services.

Although low threshold services are available, they are still underutilized by many refugees with mental health problems. Recognition of taboos connected to mental health problems should foster cooperation between public health services and local institutions which are trusted by refugees, including religious institutions, local resource centres, language schools, voluntary health- and humanitarian organizations. Types of natural helpers or resource persons within refugee communities should be invited to participate in the implementation of preventive health interventions directed towards refugees. Identifying and making use of resources within refugee communities may both be of benefit to public services and contribute towards changing the public image of refugees as helpless victims and "ticking bombs". Scepticism towards public help roles and the tendency among refugees to prefer their own social networks should foster outreach services and interventions directed towards social

arenas used by refugees on a regular basis, including the school, introductory classes, health care centres, social services, immigrant offices, competence centres, community nurses and so forth.

Awareness of the described communicative problems should foster routines for the use of professional interpreters. So-called “information disability” should be countered by providing better information to refugees about their rights, professional secrecy, and the general organization of public services. Community based health services should have a focus on empowerment to support the development of the refugees’ own resources and capacity for self-help, social support, and information. Cooperation with local resource groups, resource persons and organizations within refugee communities should be developed. The patient’s own social network should be used as a resource to reach mutually beneficial solutions. There is a need for intersectoral approaches in which types of link workers may be used as navigators between distinct services. One of the advantages with this approach is that link workers are people in whom refugees have confidence. The use of link workers would also improve the communicative flows both ways between patient and providers. There is also a further need for increased culture competence among health workers in relation to diagnosis of refugees, in particular refugee children.

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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		
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
	Gundersern, 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.