Increased self-awareness in the process of returning to work

Karen Therese Sulheim Haugstvedt MSc (PhD Student)[1,2], **Ulrika Hallberg** DrPh (Associate Professor)[3], **Sidsel Graff-Iversen** MD, PhD (Professor)[4,5], **Marit Sørensen** MSc, PhD (Professor)[6] and **Liv Haugli** MD, PhD (Medical Director)[7]

[1]Center for Health Promotion, Akershus University Hospital, Lørenskog, [2]Institute of Clinical Medicine, University of Oslo, Oslo, Norway, [3]Nordic School of Public Health, Göteborg, Sweden, [4]Norwegian Institute of Public Health, Oslo, [5]Institute for Community Medicine, University of Tromsø, Tromsø, [6]Norwegian School of Sports Sciences, Oslo, and [7]National Competence Center for Occupational Rehabilitation, Rauland, Norway

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Background: A group of employees on sick leave, living in the Oslo area, Norway, was offered participation in a counselling programme, based on Gestalt theory, mindfulness and phenomenological understanding of the body.
Aims: To explore the participants' processes of change related to their increased ability to work.
Method design: This qualitative study is based on modified grounded theory.
Method: A total of 12 female employees, all who had increased work ability 1 year after the programme, participated in open focus-group interviews at the end of the programme.
Findings: The participants' experiences from processes of change are described through the following categories: *becoming more aware of one's own thoughts, emotions and bodily reactions; taking oneself seriously and accepting oneself; being secure enough to face being challenged; realizing new possibilities and choices* and *trying out new ways of acting.* The participants further described what had been helpful in these processes. Experience of a secure setting and open-minded listening seemed important for getting the courage to open up to all reactions. Then, they could explore new ways of thinking, communicating and behaving. Discussing existential issues such as their core values was important. This, together with being allowed to take their own emotions seriously and being challenged by the counsellors, had encouraged the processes of change.
Conclusions: The women described how experiences of increased awareness contributed to reconstruction of their self-understanding and opened up for new possibilities. This seemed to have provided them with new ways of communicating and acting, which enhanced participation in work. The context of the learning programme, the existential issues and counselling challenges appeared as essential in these processes of change. The findings give insights into aspects that may be important when designing rehabilitation programmes.

Keywords: qualitative approaches, grounded theory, focus groups, counselling, health promotion, rehabilitation, chronic illness, patient participation, quality of life.

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Introduction

Long-term or frequent sick leave is a significant problem for individuals, employers, providers of health services and the welfare society as a whole (1, 2). Conventional medical treatment may not lead to increased work ability, and research on the effect of rehabilitation has suffered from methodological problems (1, 3). In a rehabilitation perspective, health is understood as an interactive process of the individual's capacity in relation to the demands of everyday life rather than solely as an individual process (4).

There is growing evidence for a person's understanding and interpretation of her/himself and the situation, the 'self-construction', as being essential for participation in social arenas, including working life (5–8). Knowledge of the importance for patients to be recognized (9–11) and given control instead of being passively treated has resulted in resource-oriented interventions (11, 12). Secure relations and open listening are shown to be important in resource-oriented communication (9, 11, 12). Occupational rehabilitation implies learning and changing processes aiming to increase the participants' work ability (4).

In line with these perspectives, Haugli and Steen constructed and evaluated a counselling and learning

Correspondence to:

Karen Therese Sulheim Haugstvedt, Center for Health Promotion, Akershus University Hospital, P.O. Box 70, N-1478 Lørenskog, Norway.
E-mail: karen.therese.haugstvedt@ahus.no

programme for patients with chronic pain (13–15). During 1999–2000, the first and last authors of this article implemented an adapted version of the programme with six instead of 12 meetings, for employees with long-term or frequent sick leave (16). Previous articles have presented the methods and quantitative results of the original (14, 15) and the short (16) versions of the programme.

The programme was based on Gestalt theory, mindfulness and a phenomenological understanding of the body (6, 7, 17–19). According to these theories, human beings construct (gestalten) and reconstruct their self-understanding from subjective perceptions of their own experiences (self-construction). The Gestalt theory and phenomenology emphasize the simultaneous integration of cognitive, bodily and affective elements in all experiences, the human beings' ability to become aware of and reflect upon oneself and learning as subjective processes of awareness. Mindfulness is commonly defined as the state of being attentive to, aware of and to accept what is taking place in the present (19, 20), and awareness is 'giving attention to the whole of one's physical sensations and feelings, both internal and environmental, as well as of one's thought processes' (7: 127). Through the programme, we wanted to challenge the participants' awareness of themselves, to be able to make their own new discoveries and reconstruct central components of their understanding. By 'themselves', we mean what is happening within each participant, with respect to thoughts, emotions and bodily reactions, at that particular moment. As a part of the process, we encouraged the participants to find their own solutions. Throughout the programme, we emphasized the participants' attention and awareness, resources and possibilities.

The six meetings each lasted four hours and were held during a 3-month period. The experience-oriented learning focus involved activities such as writing, creative drawing, moving to music, guided imagery and mindfulness training (15, 21). Each meeting addressed one specific theme: one's own identity, one's own qualities, one's own potentials and needs, one's own emotions like joy and anger, core values that guide one's life and one's own resources and possibilities (16). Individual exercises as well as counselling and group processes were important parts of the programme. Through self-formulated, relevant 'lessons' at home, the participants had the opportunity to try out their new discoveries and obtain experiences also in the time between the group meetings. The two group leaders were a physician specialized in occupational medicine (last author) and a physiotherapist specialized in rehabilitation and education, both trained in confluent counselling for groups (first author).

After the programme, most participants rated their quality of life and coping skills higher and worked longer hours than they did before (16). At the 1-year follow-up study, their ratings and ability to work were further improved (22).

The aim

The aim of the present study was to explore the participants' processes of change related to their increased ability to work.

Method

Design

As the main aim of our study was to explore the participants' experiences of the processes of change, we chose to use open qualitative interviews and modified grounded theory (23–25). This inductive qualitative research method is especially suitable when studying social processes (24). The theoretical roots are symbolic interactionism, emphasizing that meaning is constructed and changed within the interaction between people (26). Individuals' perceptions of the world are thought to be changed by new experiences from interactions with it (27). The method has been further developed by Corbin and Strauss (24) who state the importance of listening to the voice of the informants and that the researcher interprets data. Further, Charmaz (28) argued that individuals are active, creative and reflective and that grounded theories are the researcher's constructions of reality.

Setting and participants

We collaborated with two typical women's workplaces situated just outside Oslo, a hospital and a factory. In 2000, one hundred and twelve employees, whereof 106 were women, all with chronic health problems and frequent or long-term sick leave during the past 6 months, were invited to an information meeting, most often by a letter (n = 90) or in person by their managers (n = 22). The counselling programme (with six meetings) was conducted by a research group independent of systems and services at the workplaces.

In total, 26 women attended the information meetings, 19 of whom volunteered to participate in the counselling programme: nine invited by letter and 10 by managers. Of these 19 participants, 16 women reported increased work ability at our 1-year follow-up study. Among the 16 women, 12 had participated in one of the first two counselling groups, and all of them were healthcare workers. These 12 women constituted the group we studied. Their age ranged from 26 to 57 years (mean 45.5 years), and their sick leave before entering the programme had lasted from 4 to 13 months (mean 8.7 months). They suffered from different chronic problems, however not life-threatening.

Data collection and analysis

Four weeks after the end of the counselling programme, the 12 women who were working more hours 1 year after the programme participated in one of two focus-group interviews, each interview lasting 1.5–2 hours. The open interviews were conducted by the two group leaders at the same venues as the counselling groups and with the same group members (29–32). Using active interviewing as described by Holstein and Gubrium (33), we encouraged the women to discuss their experiences. We used a checklist during the interviews to keep track of the themes included. For this particular study, themes were such as: 'What was it like for you to participate in this programme? What happened and what was important to you?' This checklist was somewhat modified during the data collection in order to capture the phenomenon under study, all in line with grounded theory. The participants encouraged each other to find the right words, and they continued to develop their understanding also during the interviews, such as their need for what they felt was a context of trust and challenges. The interviews continued until saturation was reached, that is till nothing new seemed to emerge in the interviews. However, one can never be sure if saturation is really reached. The decision of stopping the data collection is therefore up to each research group. The second interview complemented the first in some aspects. The interviews were tape-recorded and transcribed verbatim.

The analysis of the texts was started after the first focus-group interview. Most of this work was performed just after the data collection with some later reformulations in 2008–2009. It was carried out according to steps described in grounded theory (25). In an initial 'open coding' process, the text was read line-by-line and then segmented into text-near units or codes. Then, similar codes were placed together in higher order categories, which were labelled according to a more abstract level than the codes belonging to it. According to an 'axial coding' process, each category was further developed, relationships between categories were sought and data were put together into a new wholeness. We made constant between-subjects and within-subject comparisons. In a 'selective coding' process, the categories were saturated by additional information assessed by the second interview or added by re-coding previously assessed data. When applying grounded theory analysis, the researcher him/herself is the tool. This means that different researchers could interpret the same text in somewhat different ways. As researchers with different professional background, we independently analysed the data and the result was the essence of discussion of our codes.

A core category of increased self-awareness was identified which was central in the data and could be related to all the other categories. During the entire process of analysis, ideas, preliminary assumptions and theoretical reflections were written down in 'memos'.

Ethical considerations

The Norwegian Data Inspectorate approved the project. Ethical principles were considered as the participants were informed that their participation was voluntary and that confidentiality would be assured. During the interviews and working with the data, the participants' integrity and human dignity were safeguarded.

Findings

In their processes of change, the participants expressed their new self-understanding and new ways of acting through stories from their new everyday life. To explain the processes more clearly, they would often compare their situation 'before' the programme, when they were on sick leave, with their situation 'now', when feeling more able to cope with life. They repeatedly mentioned their possibilities to 'be themselves' in the groups and to face what was going on in their own thoughts, emotions and reactions with respect and acceptance. These experiences are further described in the following five categories: *becoming more aware of one's own thoughts, emotions and bodily reactions; taking oneself seriously and accepting oneself; being secure enough to face being challenged; realizing new possibilities and choices* and *trying out new ways of acting*.

Becoming more aware of one's own thoughts, emotions and bodily reactions

The group members described their increased awareness of their negative focus before the intervention in words like '*isolated*', '*ashamed*', '*depressed*' or '*angry*'. As sick, they had thought and acted as if they could be neither happy nor go to work and that they should stay at home and wait until they became healthy again. In different ways, they talked about themselves as passive or uncertain. Some realized that they had been too insecure and disempowered and others too angry and stubborn to be able to really see themselves in their situation when being on sick leave. Even the few who stated that they considered themselves to be strong individuals had felt helpless in a locked position, waiting for someone to solve their problem. At this time, many of them did not think they were being taken seriously by the various helping instances they were in contact with. Several had doubted whether they were wanted back at work, even when they did not have problems with personal relationships to their managers or colleagues. They felt they were not able to 'handle it' because they were not at work.

I was strong all the time, I just wouldn't let go or accept that I really didn't know what would come next … I was so concerned about what to do, I know that I'm sometimes too intense, not willing to give it up (P-7).

Taking oneself seriously and accepting oneself

All participants mentioned contact with others in the same situation at first, when questioned about their processes of change. They further described their experiences of recognition from other group members. Being respected by others helped them to also start to respect themselves. This respect they described as important in order to really listen to themselves, in regards to their thoughts, emotions and bodily reactions. They underlined the group leaders' open-ended follow-up questions as important in order to start listening to themselves. As they began to take themselves seriously, they became enthusiastic about exploring their experiences further. Some recounted how they did not know they had so negative thoughts, but becoming aware of them they also became more aware of the good things in their lives. Accepting their present 'what is', they could discover new ways of looking at themselves and their situation.

> What has been so important is that I've gotten to know myself – in a new way. Because of the security I felt, I could speak out without a second thought… just try to – be myself! A lot of it I didn't know before I told you – very strange actually (P-10).

Being secure enough to face being challenged

The participants emphasized the importance of feeling secure in the group to be able to open up to emotions that frightened them at first, express their reactions or admit what was really important to them. They experienced that this, to a large extent, was because of the projects' independence from their workplaces and healthcare personnel, combined with the group's open listening and recognition. In addition to this trust, the participants underlined their need of being challenged in order to become more aware of and bring up own hurting attitudes and reactions, even if it was tough at first. They emphasized the existential issues that had been brought up in the programme, but also the other group members' comments or stories, as challenging to their usual ways of thinking or being. They pointed at the group leaders' responsibility to keep the group concentrated on uncommon and difficult issues and to allow and support the participants' exploring self-reflexion by open-ended questions. Even though it had been really hard to face oneself, one's own reflections, emotions and reactions, and difficult to verbalize one's own awareness, the participants talked about how they experienced an opportunity to make their own discoveries

and be responsible to find their own way. They agreed that being challenged stimulated them to more creative communication than discussions with peers only. Several times they did not want to come to the meetings, but then they felt they needed it. Even if it was tough for them to participate because it did hurt at the time, they described it as good afterwards.

> Meeting people who talked about and showed their emotions, made me feel more normal than when I talk to my therapist! (…) I did not really dare to face my feelings, I thought they would overwhelm me …In the group I experienced that my fear was not so dangerous after all, when I dared to face it. Now I am the strongest! – It has made me more secure, in a way, to be able to talk about myself! I thought it was really hard in the beginning, to share my inner life with others – but I think I did alright after a while … I had an inner sorrow, and (in the group) it was like poking a hole in it – and since then I haven't had that constant sorrow (P-5).

Realizing new possibilities and choices

During the intervention, the participants stated that they had learned to regard themselves with more and more respect. By accepting their strengths, they could also accept their restricted capacity and weaknesses. Their decisions thereby became more realistic as they tried out new ways of acting. They thought it was hard at the beginning, but as they accepted themselves, they experienced acceptance from others as well. They emphasized that they could see a relationship between their new self-construct and their ability to be responsible and active. The good feeling of being satisfied with themselves also made them feel stronger when making new decisions. At the same time, they were eager not to over focus on self-care and become what they called 'selfish and egoistic'. Some participants named their awareness processes 'important turning points', when they suddenly realized what was most important to them, while others experienced a more longer-lasting process.

> So, I had to turn my ideas upside-down. It was hard – but I did it! – It changed a lot! Now I can look at it differently, like 'just wait and see', I cannot change everything – or understand everything, I don't let it into my body … It is about learning to accept – accept that I don't know – that it will work out step by step – To put things aside a little and concentrate on what I'm doing —I'm much better at that now – It takes time, though…(P-7).

Trying out new ways of acting

Between the group meetings, the participants tried out their experiences and awareness from the groups by

implementing small new steps in their everyday life. This practice of self-assigned new action also gave them important new experiences of coping that supported their processes of change. Instead of binding their resources, they could feel free; they were good enough.

The participants gave many examples of how a new self-understanding also brought up new feelings. This understanding made it possible for them to make more relevant priorities, be responsible and find new ways of living. They gave examples like saying 'no' when feeling tired, writing down strong emotions or asking others for help. As they became aware of what they needed, they were able to take better care of themselves and had increased amounts of resources available to cope with life and to work more hours.

> It was important to learn how to say no! I take the time to find the words for what I mean (…) It's good. I'm proud of myself …I dare to say what I mean, and then others accept it, too! To take care of myself, that is what I try to – it isn't easy! But you have to start, to try (P-6).

The core category: increased self-awareness

The core category was expressed throughout all the above-described categories, from the descriptions of their former experiences of helplessness to a reconstructed self-understanding as basis for new ways of living and acting. The categories were described as phases in a process where some steps seemed dependent on earlier steps, but also as phases coming back and coexisting as the participants made new experiences. From the self-awareness of thoughts, emotions and bodily reactions, each one had a different focus according to what was most pressing or important in their life at the moment. They described how increased awareness opened up for more resources and possibilities through their new experiences from the counselling and the group processes, but also from their everyday life. Their awareness and self-understanding continued to develop during new experiences outside the group meetings. From these experiences, they started to act according to their reconstructed self-understanding.

Discussion

The process of awareness

Awareness of one's own thoughts and ways of acting is important for dealing with everyday problems (34). It is not enough to just become aware of oneself though. The important factor is peoples' ability to change their thought – and acting – patterns, take care of their resources and succeed in participating in work. This is demonstrated in the present study by the 12 women with increased ability to work 1 year after the programme. Still they emphasized their processes of self-awareness as a core issue for starting and continuing

their processes of change. In line with Perls (35), they described how they had to become aware of themselves, of 'what is', before they could evaluate and make appropriate changes of 'what is'. Based on their new awareness, they spoke of how it opened up for a new understanding of themselves. In Gestalt theory, it is not just a matter of 'knowing why', but also 'feeling how', which motivates change, Ginger states (7: 5). The process was described like experimentation and specific detections because of important issues and emotions, which is complementary to the more general open attention in mindfulness training (19). Their existentialistic detections of the self enabled them to make choices in line with own values as described in personal construct theory (6, 17). In Gestalt theory, the attention is also on 'now and how' in contrast to analysing the past to find what may have caused the situation (7: 105). As they began to know themselves better, they could find better ways of taking care of themselves, along with finding their individual ways of coping with life (36).

Becoming more aware of one's own thoughts, emotions and bodily reactions

The participants' stories of little belief in their own resources before the programme sounded like a disempowered self-understanding, like a 'pawn' described by Nygaard (5), and also much in accordance with 'the sick role' described by Parsons in 1951 (37). In part, the descriptions referred to the participants' own understanding of being sick that might fit an acute medical event, but often not a chronic health condition. They described being torn between what one wants to be and what one manages, being dissatisfied with oneself and still being a victim (38). In part, they also referred to disrespecting attitudes received from others. As noted by Jallinoja et al., 'helpers' may seem disrespectful when they actually feel helpless themselves in not being able to solve the problem by means of treatment (39, 40). Like an 'agent', the participants described an increased ability to be responsible and make choices according to their own self-awareness after the programme (5). This might be because of their experience of new 'quality of consciousness', as described by Brown and Ryan (19), an important group process emphasized by Gustafsson et al. (38). The participants actually discovered thoughts, emotions and bodily reactions that they were not initially conscious of. Greeson (20) concludes that 'research is beginning to prove (…) that greater attention, awareness, acceptance, and compassion can facilitate more flexible, adaptive responses to stress, which, in turn, can help free us from suffering and realize greater health and well-being'.

Taking oneself seriously and accepting oneself

In this study, the participants constantly addressed the dialectic between acceptance and change. As they began to

accept themselves, they dared to experience more of themselves. By new experiences, their interpretation of thoughts, emotions and signals from the body changed from uncertainty to more realistic self-knowledge (41). Then, they also experienced making more relevant choices of action, like Gestalt theories states (3, 7).

Not having to watch their words or reactions seemed important for becoming more open-minded, staying concentrated and making discoveries about what was the most important to each one. This is in agreement with knowledge of recognition and inter-subjective relations, documented by other scientists (10, 13, 40–43). The acceptance of others is also important for self-construction, as pointed out in the social theories of Fiske and Taylor (44). Gestalt theory argues that feeling secure is crucial to the processes of discovery, as new discoveries might be frightening because of their consequences of change (7, 21, 35). Here, the participants' expectations or preunderstanding seemed essential, as most of them agreed they had not dared to really speak out when communicating with their managers. This might be contrary to the role today's managers are meant to have in the return-to-work process of employees and research on leadership qualities (45).

Being secure enough to face being challenged

Our participants described their need to be challenged as a condition for being able to continue the process of change. In addition to enhanced mindfulness (19), they also experienced the necessary increased attention to some important issues by being challenged. Even though they wanted to talk about 'the issues of life', they found it difficult at first. Probably, they were not used to verbalize these topics, and they said they were frightened by their own reactions, as described from interviews (46). They also needed to be challenged to see the consequences of their awareness and initiate changes. The group leaders' responsibility and counselling skills to balance the recognition and challenges seemed to support the participants in the process of opening old self-constructs for new experiences leading to a reconstruction, as described by Ginger (7). The programme's meta-perspectives provided each one of the participants with the opportunity to become aware of aspects essential to themselves, especially one's own 'values' and 'emotions' the participants described as challenging subjects, issues not often focused on in health care and rehabilitation, though important in an integrated understanding of human beings (6, 7, 17, 47).

Realizing new possibilities and choices

To learn is to become aware of, which is a subjective process no one else can experience except the individual her/himself (21). As the participants discovered more about how to respond to their own reactions and what was

important to them, they became aware of what made life meaningful and what they really wanted to do. Their experiences seemed to be in line with Antonovsky's (3) concept Sense of Coherence, where meaningfulness, manageability and comprehensibility are aspects that create and promote health. As they acted according to what was important to them, they experienced 'acting in your valued directions in spite of having thoughts and feelings that may be unpleasant' (48: 288). In line with Gestalt theory (8, 29), they described a changed self-understanding at an existential level beyond the emotional or activity level. Our participants described their previous ways of acting as relevant in earlier life, but new awareness made them realize that this way of acting was no longer relevant in their present situation having to deal with current health problems.

Trying out new ways of acting

Our participants emphasized the important issue of values and awareness of living in accordance with their own values (7, 48). van Oostrom et al. (49) suggest that interventions should focus on employees' 'return-to-work behaviour' and interactive processes rather than medical condition in cases where medical treatment does not show any further effect. The most frequently discussed aspect of what is needed in order to change the employees' understanding and behaviour still seems to be the influence of others (50). In our study, the participants emphasized the importance of new self-reconstruction from their own experiences, influenced instead by others' open listening and encouraging challenges to see more possibilities. Then, they were further encouraged by the positive experiences from their more appropriate way of acting itself.

Strengths and limitations of this study

The focus-group interview method, encouraging detailed and individual descriptions among the participants who also knew each other and shared group-experiences, represents strengths of this study (28, 31, 32, 46). The first and last authors acted as both counsellors and interviewers, which is an advantage in respect to the process information obtained. On the other hand, this double role could be a possible weakness (51). Increased awareness was one of the main themes in our counselling programme, and this theme also turned out as the core category in the participants' focus-group discussions. A critical reflection on our result being influenced by a social desirability bias in the information given by the participants is prudent. However, the study's results are the participants' expressed individual experiences of processes of change, and the interviewers' knowledge may have encouraged the participants' descriptions of the wide range of emotions, surprising experiences and

suggestions to improve the programme. These two authors also planned the study and analysed the results, which supported their preconception of which themes are important in the process of change. The possibility of being limited as analysts because of one's theoretical background can never be ruled out: one will often see what one consider important. However, the results also pointed at surprising aspects, such as the importance of the participants' core values. In addition the three other authors, of whom none contributed to the detailed planning of the counselling programme, the counselling or the focus-group interviews, contributed to the analysis of the data and to write the manuscript. The codes and categories in the analysis were issues emerging from the texts transcribed from the focus-group interviews, and the texts were available for all authors. The authors were also conscious of the ethical aspects not only during the planning and doing of the study, but also in own attitude and respect when it comes to the interacting with the participants and the analysis of data (32, 42, 46, 51).

The women we interviewed constituted a small group of healthcare workers who agreed to participate in a learning programme and stated that they wanted to go back to work. Nevertheless, they described themselves as confused and helpless before the programme, in line with a classic description of a passive sick role (4, 37, 38). Many agreed that the programme's independence from their managers and workplace was a success factor. Their experiences could be different from other subgroups of individuals on sick leave. We do not know why so few responded to our invitations. Perhaps the participants' thought they needed traditional treatment rather than counselling, depending on their medical state and symptoms (37), and perhaps our attempted recruitment by letter was not optimal. The invitation through the workplace was more fruitful in terms of participation rate. Because of the limited group of participants in our programme, we may have a somewhat limited saturation in our result. Our results did not indicate any different processes according to neither the length of the participants' sick leave nor their different diagnosis.

Perspectives and implications

A programme like this or elements of it could be implemented in other settings within rehabilitation and also for other groups of people who live in a changed, unexpected and challenging life situation. The issues of one's own values and emotions in relation to self-awareness should be investigated further. Enhanced understanding is needed of how to balance support and challenge in counselling of patients or clients and on how to analyse closely the impact of the context to understand which processes are possible for different groups of people in different settings. People on sick leave need medical treatment, but in addition many seem to need support to increased self-awareness. They should be provided with the opportunity for reconstructing their self-understanding, as this may have serious consequences for their future. Sociological research on what it is like to be sick and expectations of treatment may provide interesting supplementary knowledge. Furthermore, we need to educate health workers in counselling skills and execution of counselling programmes.

Conclusion

The women who had increased work ability described their processes of change in the light of a reconstructed self-understanding. In general, they emphasized their increased self-awareness and self-acceptance as important in order to be able to start the processes of being responsible and finding their own ways to be able to increase their participation in work. To face their own emotions, leave the traditional role of being passively sick, dare to face being challenged and explore existential issues, emerged as essential conditions in their change.

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Authors' contributions

All authors provided concept/idea/research design, manuscript drafts and critical revisions. The first and last author gathered the data, the first author made the transcript and most of the analysis with contributions from the forth and last author. All authors read and approved the final manuscript.

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Ethical approval

The Norwegian Data Inspectorate approved the project.

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