

Healthcare professionals' lived experiences of conversations with young adults expressing existential concerns

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Introduction: This paper describes first-line department healthcare professionals' experiences of conversations with young adults (16–25 years) who express existential concerns. Existential concerns encompass questions about the meaning of life and the choices people must make, and they are sometimes expressed during the period in which a child is becoming an adult. Sometimes the transition to adulthood can be difficult, and many young adults seek support from people in first-line departments, such as primary care providers, youth guidance centre personnel and student health service employees in high schools and universities. Conversations in which existential concerns are recognised may be important for preventing mental illness in the future.

Aim: The study aimed to describe healthcare professionals' lived experiences of conversations with young adults who express existential concerns.

Approach and methods: This qualitative study utilises thematic meaning analysis. Interviews were conducted with healthcare professionals working in first-line departments, and data were analysed based on the principles of reflective lifeworld research. The study followed ethical codes of conduct and conformed to the ethical guidelines adopted by the Swedish Research Council.

Findings: The results are presented in three themes of meaning: searching for innermost thoughts requires being present, uncertainty about the unpredictable and awakening of one's own existential concerns.

Conclusions and implications: Healthcare professionals are affected when young adults express their existential concerns, and they need more support to strengthen their ability to stay present and create inviting atmospheres.

Keywords: caring, caring science, conversations, existence, existential, healthcare professionals, lifeworld, reflective lifeworld research, thematic meaning analysis.

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Introduction

Young adulthood can be a challenging period of life. It is a time of instability, self-focusing and attempts to create meaning while striving to become an independent adult. Human beings confront questions about the meaning of existence, the choices we must make and the responsibilities we have. These can be referred to as existential concerns, and they are actualised during the period in which a child is becoming an adult (1). In this article, we use the term 'young adults' to describe young people from the ages

of 16–25. This is a time in life during which most young adults finish their education and move away from home (1). For most young adults, the transition to adulthood is positive, and they feel that they are maturing as humans. However, sometimes this period in life can be difficult and existential concerns can cause stress, doubts and worries. A variety of factors, including one's appearance, performance requirements and the expectations one has about life, can cause stress. Stress can be caused by a variety of factors, including one's appearance, performance requirements and the expectations one has about life. There is also a risk that young adults can feel worried, which can have negative consequences, including impaired social function and impaired quality of life (2). In Sweden, the prevalence of worrying has increased in young adults ranging in age from 16 to 25 (2).

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Young adults might encounter obstacles when trying to obtain care for their existential concerns. Studies have shown that young adults have fear about seeking care (3) and about not being taken seriously (4). They also feel uncertain about where to find care for their existential concerns in relation to their mental well-being (5). However, when seeking care, young adults are willing to talk about their existential concerns (6). Young adults are aware of their responsibilities regarding their health and well-being, but they need individualised support and information to make good choices (7).

From a caring science perspective, human beings are individuals with psychological, physiological and existential dimensions, and the purpose of care is to strengthen patients' health processes so they can achieve health and well-being. Caring science approaches care from a patient's perspective which includes possibilities to recognise and alleviate suffering. The patients' perspective places a demand on healthcare professionals to provide a caring relationship (8). In the present study, the terms young adults and patients are used interchangeably because the young adults have described a need for care in which a caring relationship is a prerequisite for their health and well-being.

Health includes the whole human being. It includes having a sense of balance and well-being in relation to life, which can be referred to as existential health. Existential health is attained when health processes are strengthened and the patient regains balance in life and is able to complete small and large life projects (9). According to Sigudson, existential health should not be defined as a separate dimension of health; instead, it encompasses all aspects of health and is related to human beings' ability to reflect on their health and well-being (10). Conversation is a central part of care; it gives young adults the power and opportunity to experience well-being. When engaged in a conversation, healthcare professionals can help young adults create a sense of well-being, relieve suffering and strengthen their ability to create a meaningful existence (11, 12). In the field of health care, patients' statements are often interpreted using a medical framework. When confronting existential concerns, additional understanding is needed; thus, it is important to consider the patient's experience (12). However, there is a risk that healthcare professionals might impose their own thoughts about what constitutes health on young adults without knowing what the patients' experience of health is or what health means for them (13, 14). If the conversation allows the patient to speak freely about their existential concerns, young adults can express what is impeding in their lives, and new perspectives can be gained and shared. By increasing understanding, it is possible to create meaning (15). This kind of conversation is grounded in caring (16). Because suffering in relation to mental health is a growing problem

in Sweden (17, 18) and around the world (18), it may be important for healthcare professionals to create opportunities for young adults to talk about their existential concerns to avoid mental illness (19). Not addressing existential concerns could lead to mental illness in the future (20, 21).

Many young adults seek support from people in first-line departments, such as primary care providers, youth guidance centre personnel and student health service employees in high schools and at universities. The people working in these units may not provide all the care that is needed, but they can identify the causes of existential concerns, and from there refer individuals to other units that can provide the required care. In order to provide care for young adults expressing existential concerns, it is important to investigate the experiences that healthcare professionals working in first-line departments have of these types of conversations.

Aim

The study aimed to describe healthcare professionals' lived experiences of conversations with young adults who express existential concerns.

Method

This qualitative study utilises thematic meaning analysis based on reflective lifeworld research (RLR) as described by Dahlberg, Dahlberg and Nyström (22). The epistemological foundation of RLR is grounded in phenomenology and the lifeworld theory. RLR is phenomena-oriented; thus, the phenomenon of the study is the focus of both data collection and analysis. In the present study, the phenomenon is as follows: *conversations with young adults expressing existential concerns*. Methods used to apply RLR include openness and sensitivity to the phenomenon and 'bridling' of the preunderstanding throughout the entire research process. Bridling means to have an open and reflective attitude throughout the entire research process in order to better understand 'the otherness' of the phenomenon and not make assumptions based on preunderstanding (22). Bridling enables researchers to reveal the different nuances of the phenomenon being studied. Thus, in this study, the interviews and the analysis were both conducted with openness and using a reflective approach.

Setting and participants

A total of 17 healthcare professionals working in different first-line departments (student health services in a high school, student health services at a university, a youth guidance centre and a primary health care centre) were included in the study. Sixteen women and one man

ranging in age from 40 to 62 participated. The healthcare professionals represented a variety of professions: one paediatric nurse, four public health nurses, four midwives, seven counsellors and one psychologist. First, a letter was sent to the chiefs of each of the first-line departments. After receiving approval from each healthcare unit's chief, the researcher attended a work meeting with the healthcare professionals to inform them about the study. The inclusion criterion for the study was that the healthcare professionals must have a lived experience of conversations with young adults who expressed existential concerns.

Data collection

The lived experiences of healthcare professionals' conversations with young adults who express existential concerns were explored in lifeworld interviews, with a reflective and open stance towards the phenomenon (22). A total of 11 interviews were conducted, seven individual interviews, two group interviews and two 2-person interviews. The interviews lasted from 38 to 80 min. All informants were initially invited to describe a situation in which they had a conversation with a young adult who expressed existential concerns. Follow-up questions were asked to explore the phenomenon further, such as 'Can you explain further?' and 'How did you feel?'. All the interviews were audiotaped and later transcribed verbatim. Group interviews enabled the participants to explore the phenomenon together and to identify different nuances and achieve a deeper meaning (23). Due to circumstances related to the informants' working situations, two 2-person interviews were conducted. Individual interviews were conducted with people who either preferred that format or did not have any colleagues who had experienced the phenomenon. All interviews took place at the informants' workplaces according to their wishes.

Analysis

Data were analysed according to RLR principles (22). The interviews were read until the researcher could obtain a sense of the whole. Then, meaning units, related to the phenomenon, were described with a few words marked in the text. By constantly asking questions and reflecting on the meanings in the text, a deeper understanding of the phenomenon was obtained and the analysis proceeded. In order to structure the meaning units, different clusters were formed to classify the meaning units into groups based on similarities and differences. Forming clusters is a way to preliminarily structure the meaning. Thereafter, the process proceeded by further investigating the clusters in relation to the phenomenon, which resulted in three themes of meaning.

The analysis process constantly moved between evaluating the overall sense of the material and assessing the units of meaning to identifying a new understanding of the phenomena. The analysis process can be described as a movement from the whole to the parts and then to a new whole. This is done with openness and adherence to the phenomenon as well as by applying a reflective attitude (bridling) to better understand the nuances of the phenomenon.

Results

The results are presented in three themes of meaning: searching for innermost thoughts requires being present, uncertainty about the unpredictable and awakening of one's own existential concerns.

Searching for innermost thoughts requires being present

The meaning of conversations with young adults is a search for their innermost thoughts and feelings. The experience is that 'you must be a kind of detective ...in a careful way'. This means trying to grasp the essence of what is said as well as reading between the lines and assessing further actions to support young adults. In order to read between the lines of what is said, the healthcare professional must be present, which involves listening to the young adults and observing their reactions during the conversation. Depending on whether the young adults provide short or detailed answers to the questions being asked, or whether they do not answer them at all, follow-up questions are formulated.

In order for the conversation to reach the young adult's innermost thoughts, an invitation to start talking might be needed. According to the study participants, it can be helpful to use different screening tools such as a standard questionnaire in the conversation because these initiate an invitation to talk about the situation. Then, the screening tool can be used to clarify the young adults' answers and enable healthcare professional to determine follow-up with questions so that the young adults can dare to open up and share a little bit more about their concerns.

In order to reach young adults, they must have the chance to speak freely about the concerns they choose to share. This means focusing on the young adults' stories to understand what the problem means to them. This can be difficult because it is not always easy to describe in words what is impeding. According to the experiences shared by the healthcare professional in this study, existential concerns manifest in the conversation through a true invitation, which occurs when they begin to 'scratch the surface a little'. To see and capture the existential part of the situation, healthcare professionals and the young adult must interact to identify the true problem

'it's teamwork'. Through the conversation, words can be found to describe what feels difficult and new perspectives on the situation can be gained.

Healthcare professionals experience that a common excuse for a visit is the need for help with bodily symptoms, such as pain, headaches or a rash. It is important to take these comments seriously and devote time to the patient's bodily problems in order to establish a relationship with the young adult. Through the conversation, a picture emerges in which the bodily symptoms recede and existential concerns appear.

to be able to come here, they describe pain in different parts...then you have to pay attention to the pain, before the conversation can get started.

The bodily problem can also serve as an excuse for the healthcare professionals to book an appointment for follow-up conversations in order to provide the best conditions for the existential concerns to emerge. Thus, there may be several opportunities to try to figure out the actual problem in future conversations.

Based on the study participants' responses, conversations with young adults that are expressing existential concerns are viewed as a major responsibility. In that type of conversation, healthcare professionals possess power that means they can be open to listening or they can shut down the possibility for an open, trusting conversation to take place in which existential concerns can be voiced.

I'm sitting on a chair where I have the possibility to choose whether to open or close the conversation, I'm actually possessing that power.

Genuine listening and true presence are essential for building trust. True presence is shown by trying to demonstrate to young adults that they are important 'they are worth listening to and meeting with respect'. No matter what the young adults want to talk about there is a need to be dedicated to the process, show interest in what they are saying and not be judgemental. It is extremely important to care about the moment and not trivialise any problem; everyone is equally important and clearly shows that 'the time with me is yours and you own it'. When young adults dare to share their existential concerns, it is important for healthcare professionals to show their appreciation; any actions they take should demonstrate that they are concerned about the young adults' well-being.

Uncertainty about the unpredictable

Healthcare professional experiences uncertainty about the unpredictable before understanding what the conversation will lead to and when they do not understand what is being told to them. In order to be open to the unspoken, healthcare professionals must be able to remain quiet and listen to the story can unfold. Thus,

they must have the patience to stay in the conversation no matter what arises. Uncertainty decreases when the story gets a context; then an understanding of the young adults' situation gradually evolves.

the insecurity is about what the conversation is ending up to be. But then you will feel more confident as the context becomes apparent.

To avoid mistakes in the conversation, healthcare professionals need to feel confident about preparing for this type of situation. Reading journal entries from previous conversations is one way to prepare; however, there is a need to find a balance between what constitutes proper preparation because the conversation cannot be fully anticipated. Such preparation also means that the healthcare professional might take for granted what should come up, thereby stifling the need to remain open-minded to ensure that he or she is truly present.

Healthcare professionals also feel uncertainty when they do not dare to trust what the young adults are saying. Thus, healthcare professionals must express how they perceive the conversation and also actually talk about the fact that 'now I don't dare to trust you'. It is essential to be sincere and honest without compromising what the young adult is sharing. This shows that healthcare professionals are taking the conversation seriously and not responding routinely. Sometimes healthcare professionals feel that young adults are wearing a façade that conceals their true feelings.

you almost come every time with a smile, but you, you are not happy; what is it?

When this occurs, there is a need to continue searching for the actual problem. Several conversations might be needed to find out what is hidden beneath the surface.

Feelings of insecurity appear when healthcare professionals are faced with situations in which they might not know how to deal with the problem or they might be unable to assist the young adults in a timely fashion. To deal with feelings of insecurity, additional invitations are offered. Ensuring further contact alleviates the healthcare professionals concern about the situation, and it becomes easier to avoid bearing the young adults' situation after working hours.

When healthcare professional's uncertainty takes over in the conversation, the questions are intensified. Questions are important based on how they arise in the conversation. If the questions are based on the healthcare professionals own fear or concern, there is a risk that there will be a battery of questions without listening to the story. This creates the risk that the young adult might leave the conversation.

...not ask questions because you yourself are worried// because you are afraid that it will be quiet// over the years you realise that you can actually just be quiet for a while.

Feeling insecure also occurs when the conversation requires that every word has to be considered in order not to be misinterpreted.

I just feel that, I'm out on thin ice, every word is valued ...every word is scrutinized.

A sense of stepping 'on landmines' is experienced, and every word must be valued in the conversation. Thus, it can be difficult to maintain a good conversation and the intention to care decreases. The healthcare professionals are unable to reach the young adult, and the conversation comes to an end. Consequently, the healthcare professional feels insecure about how to continue the conversation.

Awakening of one's own existential concerns

A healthcare professional's own existential concerns about life, death and the meaning of life can arise in these conversations. It is challenging for healthcare professionals to recognise their own boundaries and not be afraid to acknowledge their shortcomings in the conversation. Without self-reflection, there is a risk of feeling sorry for the young adult or making the problem one's own.

it's not my problem; I can't take over and make them mine. So even if I can feel very sorry for someone, it's their situation and I must respect that.

Healthcare professionals need self-awareness in order to not let their feelings control the conversation. Feelings, such as anger and irritation, can be experienced when the young adult refuses further care. If healthcare professionals show their anger, there is a risk that the young adult will leave the conversation. Thus, healthcare professionals must closely observe how the conversation affects the young adults and be aware of when to act on the basis of those feelings.

it's very burdensome sometimes, a heavy burden...and I think you need to work with yourself too.

It is an art to stay in the conversation no matter what the young adult is sharing. Thus, healthcare professionals must challenge themselves to stay anchored in order to maintain a healthy distance in the conversation while simultaneously ensuring the closeness that is required to carry the conversation forward.

you need to keep the distance so, sure many times it's heavy things to hear.

Furthermore, the stress and concerns a healthcare professional experience in relation to the work situation can sneak into the conversation and impact how the conversation is experienced. How stress affects the conversation varies depending on the individuals and situations involved. From time to time, stress can be a driving force; in other situations, it can be paralysing and lead to helplessness. It is easy to get involved in the young adults'

problems; thus, healthcare professionals need support in order to endure. The study participants noted that supervision and conversation with other colleagues are major types of support; these offer the opportunity to reflect together to increase self-awareness.

Discussion

The study results are presented in three themes of meaning: searching for innermost thoughts requires being present, uncertainty about the unpredictable and awakening of one's own existential concerns. The results show that healthcare professionals strive to create an inviting atmosphere anchored in a true presence in order to enable young adults to share existential concerns. Moreover, the study participants are committed to and curious about identifying the underlying problem and to determining what is being said between the lines. There is a balance between being present in the conversation and taking a more offensive stance; moreover, the conversations can be challenging and highlight the healthcare professional's own vulnerability as a human being.

In their quest for young adults to open up, healthcare professionals sometimes need to endure what they are being told and just relate to what is said without being able to influence the storyteller. Sometimes the healthcare professional is unable to reach the young adult, and the conversation comes to an end. According to Arman (24), it is important that healthcare professionals dare to remain present when people express existential concerns. These meetings can often be characterised by new and unknown issues that can stir feelings in both the patient and the healthcare professionals. Sigurdson's (10) definition of existential health as permeating other aspects of health underlines the importance of being sensitive to the young adults' innermost thoughts. According to Jacobsen (13), human beings' ability to reflect on their own life is both a gift and a curse in that it brings us to situations in which we have to choose between alternatives. Healthcare professionals need strength to dare to remain present in the meeting so that the young adults dare to open up their innermost thoughts without the healthcare professionals influencing the patients' feelings with routine questions.

Conversations with young adults can evoke a healthcare professional's own existential concerns. When these feelings are acknowledged, they can become a driving force preventing healthcare professionals from abandoning the young adult. This creates a mutual existence in which the encounter becomes a space of togetherness (25). Healthcare professionals are affected by the young adults' concerns, and allowing oneself to be affected leads to a caring relationship in which the healthcare professional tries to be sensitive towards the ways in which support can be offered. According to Wiklund Gustin

(26), compassionate care is a balancing act between compassion for oneself as a healthcare professional and compassion for others. When finding this balance, suffering can be alleviated and the experience of being cared for can emerge.

The conversation also raises concerns about acting inappropriately and whether one is able to determine how the young adults really feel. These concerns can be obstacles that healthcare professionals face, but, in the study, it seems that they become a driving force for reaching the young adults. It is a balancing act to decide if existential concerns are a strength or if they impede the conversation. The study results indicate that existential concerns must be recognised as being part of every facet of life. Existential concerns can be manifested as bodily symptoms, and great concerns can lurk behind a smiling facade. From a caring science perspective (8), this emphasises the importance of a conversation in which young adults must be given the opportunity to be seen as unique individuals. When entering the room, the young adult carries a personal history that needs to be the foundation of the conversation. If patients are met with genuine compassion, the chances for them to better understand their suffering increase (23). Being alone in one's existential suffering can be difficult, and human beings strive to make the situation more understandable. Openness to suffering as a way to reconcile with the situation is facilitated when healthcare professionals can stay present in their conversations with the patient (27).

One way to be sensitive to the needs of young adults is to balance when and where to ask questions in the conversation. While questions are needed to move the conversation forward, they can also scare away young adults if healthcare professionals are 'too' inquiring. It is an art to be able to decide whether to ask additional questions based on a young adult's reactions. Galvin and Todres (28) noted that this 'sensitising' of symptoms is something that healthcare professionals can be aware of; it is not a technique that can be practised.

The study also found that often times the existential dimensions of a conversation just pop up. When this occurs, it is important for healthcare professionals to dwell in the moment and pay attention to what surfaces in the conversation. In accordance with a caring science perspective, time can be understood as the presence and courage to open up to what is important for the patient in any given moment (25). It is also important to strive for continuity. This is done, for example, by offering a follow-up appointment. Continuity in the relationship has also been described as important in other caring situations related to primary health care (29). Engaging in a conversation with young adults at a moment of their own choosing is an important concern for healthcare professionals. This also places high demands on healthcare centres to be designed so that there is time for

healthcare professionals to meet the young adults where they are. This is in line with research that shows that it is important that health centres try to make the environment more youth-friendly, and that healthcare professionals need time to build trust and ensure confidentiality so young adults dare to tell them about their concerns (30).

Methodological considerations

Lifeworld interviews are a suitable way to investigate lived experiences and to grasp the phenomenon. In this study, the informants represented a variety of professions and worked in various first-line departments. The interviews were also conducted in different ways. All these circumstances may have influenced the results; however, as the research process is guided by the principle of RLR (22), in which the phenomenon is the focus, these variations contributed to rich descriptions. All the participants had experiences of the phenomenon, and all the interviews contributed valuable descriptions that could be included in the study data. Caring science is an autonomous science that is not bound to any one profession (8). Thus, the included professions contributed to the exploration of the phenomenon being studied.

In RLR, objectivity can be achieved through openness and bridling of the preunderstanding and the understanding (22); in this way, what is unknown is not taken for granted (31). Members of the research group continually discussed the findings and reflected on them, so openness to understanding the phenomenon and bridling of the preunderstanding helped ensure objectivity. According to RLR (22), validity is associated with meaning. The RLR research process is characterised by a search for meaning in both the interviews and the analysis in which the phenomenon is the focus. The generalisability of the result is found in both the structure of the meaning units and the quotes from the interviews (22).

Conclusions

Healthcare professionals are affected when young adults express their existential concerns, and they need more support to strengthen their ability to stay present and create inviting atmospheres. These conversations can be challenging for healthcare professionals if they stir up their own existential issues. Therefore, they need support to develop the ability to pay attention to existential concerns and stay present no matter what the young adults express. Without support, healthcare professionals might experience undue stress from their attempts to provide care. When healthcare professionals succeed in being present and have the patience to stay in the conversations, young adults are more likely to share their existential concerns.

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Conflict of interest

The authors declared no potential conflict of interests with respect to the research, authorship and/or publication of this article.

Authors' contributions

All the authors substantially contributed to all parts of the manuscript. All the authors read the manuscript, participated in critical revisions and approved the final version of the paper. All the authors are accountable for the integrity and accuracy of the work. All authors have seen and approved the final version of the manuscript being submitted. They warrant that the article is the authors' original work, has not received prior publication and is not under consideration for publication elsewhere. All authors have contributed equally to the

manuscript and have made substantial contributions to all of the following: (1) the conception and design of the study, and analysis and interpretation of data, (2) drafting the article and (3) final approval of the version to be submitted.

Ethical approval

This study was approved by the Regional Ethics Review Board in Gothenburg (Dnr 483-16). The ethical standards of the Helsinki Declaration (32) were followed. All the participants received verbal and written information about the aim of the study, and they were assured that their identities would remain confidential. Confidentiality was also emphasised in the group interviews. Moreover, the voluntary nature of participation and the ability to withdraw from the study at any time were discussed. All participants signed a written consent document.

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