

Existential themes in conversations with patients at risk of suicide

Background: Annually, around 650 people are registered with suicide as the cause of death in Norway, and around 4-6000 people are treated in the healthcare system after attempting suicide. In the period 2008 – 2015, approximately 50 % of those who lost their lives by suicide had been in contact with the specialist health service the year before they died. Suicide prevention has been a key topic for the Norwegian health authorities for several years, and their latest action plan, "Nobody to lose", was published in 2020. In crises, as a suicide attempt may indicate, existential themes may become more prominent. Suicidology entails different approaches, but few of these have explored an existential approach from a suicide prevention perspective. Against this background, we wanted to provide additional knowledge for suicide prevention.

Objective: The study's main research questions is: How are existential themes addressed in conversations with people at risk of suicide in the specialist healthcare service – with a focus on the hospital chaplain's role? This question was operationalised in three sub-questions, which were addressed in three research articles with the following aims:

- 1) What do healthcare professionals in relevant departments of the specialised healthcare services understand as existential themes, and how are these themes addressed in their therapeutic encounters with patients who have attempted suicide? (Artikkel 1).
- 2) To explore how patients at risk of suicide perceived their encounters with specialist healthcare professionals after an suicide attempt, with special reference to meaning in life experiences from their point of view. (Artikkel 2).
- 3) How do Norwegian healthcare chaplains report their exploration of existential themes in conversations with patients at risk of suicide, and how do they incorporate their skills and competences in doing so? (Artikkel 3).

Design and method: The study had a qualitative, exploratory design, positioned within a phenomenological hermeneutic research tradition. The empirical material consisted of qualitative interviews with therapists, patients at risk of suicide and hospital chaplains in the specialist healthcare service. The material was transcribed and analysed using systematic text condensation, STK, a pragmatic method for thematic analysis specifically developed by Malterud for medical and health research.

Overall, the study belongs to the field of psychology of religion, within which the study bases itself on the theory of meaning in life. In addition, the study links to practical theology and the research field of pastoral care and chaplaincy. Based on the study's patient group, the study is also related to the field of suicidology. We touch on the health-promoting perspective through national plans for suicide prevention in the specialist healthcare service. The study is based on a holistic person-centered model, a biopsychosocial-existential approach.

Results: Sub-study 1 showed that the healthcare professionals were loyal to the therapeutic tasks and the ward's procedures. They wanted to meet the patients with respect and understanding. To talk about existential topics in the encounter with the patients was perceived as important, but demanding in practice. This type of conversation challenged the

health care professionals both professionally and personally. How they worked with these themes, seemed to be based on clinical experience. It was hard to see how existential themes were incorporated into their practice and understanding. The informants in sub-study 2 felt that they were met with respect and understanding, although there were also exceptions to this. Existential topics such as faith, death, suicide attempts, loss and belonging were less discussed in the conversations with the healthcare professionals. Topics such as finances, jobs, relationships and shame, on the other hand, were often topics of conversation. The participants' experience of shame and self-loathing, loss, trauma and broken relationships were key challenges in connection with the suicide attempt(s). The informants were ambivalent about continuing to live or wished to live and rebuild a meaningful life. The analysis in sub-study 3 showed that the hospital chaplains emphasised listening to and being a witness to the patient's narrative. With their role as hospital chaplain, they became a symbol of the church, its traditions, values, an expression of faith and something "greater." They conversed and explored topics such as faith, death and life, grief and loss with patients. The duty of confidentiality gave the patients security, but was at times a challenge for hospital chaplains, depending on the topics being recorded. The hospital chaplains found support in their own education and experience.

A summary of the sub-studies, in the "kappe"(thesis), provided three overarching themes in terms of existential topics in conversations with patients at risk and healthcare professionals and hospital chaplains: a) Approach and practice in encounters with patients at risk of suicide, b) the understanding of existential topics and c) the role of hospital chaplains. The discussion of these overarching themes was made through two main sections concerning 1) how existential themes were understood and addressed in the context of the study and 2) the role of hospital chaplains. The study shows that there may be a need for additional expertise on existential topics for the various treatment groups. The theory of meaning in life is relevant for patients at risk of suicide, where it became apparent that the patient's sense of meaning in life was threatened. Hospital chaplains have an important role to play in their existential approach, but should be clearer in the interdisciplinary collaboration. One might ask whether biopsychosocial-existential thinking is maintained in the specialist healthcare service in the encounter with patients at risk of suicide.

Implications of the study: Existential themes should be more clearly communicated when encountering the study's patient group. The study indicates that structural and professional changes should be made to strengthen conversations about existential themes in the specialist healthcare service when encountering patients at risk of suicide. It could also have been explored how conversations are formed between the dialogue partners. The study raises the question of whether hospital chaplains can become clearer about what they, as a professional group, can contribute to suicide prevention in order to strengthen the patient's existential health. It would be important to explore, through a larger dataset, whether conversations about existential themes contribute to suicide prevention and prevent readmissions.