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Beyond Support: Exploring Support as Existential Phenomenon in the Context of Young People and Mental Health

by Mona Sommer and Tone Saevi

Abstract

Support in different modes, expressions and actions is at the core of the public welfare culture. In this paper, support is examined as an everyday interpersonal phenomenon with a variety of expressions in language and ways of relating, and its essential meaning is explored. The fulcrum for reflection is the lived experience shared by a young woman with mental health problems of her respective encounters with two professionals in mental health facilities. A phenomenological analysis of the contrasting accounts suggests that, when the professional relationship includes openness and risk, a certain degree of freedom of action is possible for both parties involved in the inevitably asymmetrical relationship. Support as “given” eludes controllable and measurable objectives, but imposes itself on the lived experiences of both the giver and the receiver as subject to readiness for acceptance. By not making assumptions about what support is, we open ourselves to the possibility of reciprocally experiencing moments revealing the essential meaning of support as lived.

Lived Support

The increasing rate of mental health problems among young people is one of the greatest challenges facing public health services in the Nordic societies. Young people who are neither studying nor employed and who suffer from mental health problems often experience the absence of the support they need (Anvik & Gustavsen, 2012; Kierkegaard, 2016). The term “support” is at the very core of mental health services, and a considerable amount of research has been devoted to exploring initiatives and programmes intended to support persons with mental health problems in their everyday lives (Bejerholm, Areberg, Hofgren, Sandlund, & Rinaldi, 2015; Gonzalez & Anvik, 2015; Schindler & Sauerwald, 2013). Provision such as “supported employment”, “supported education” and “supported housing” is aimed at increasing the community engagement of persons with mental health problems (Davidson et al., 2001).

Quantitative studies identify the key characteristics of programmes that support individuals in gaining positive vocational and educational outcomes and participation in community life, such as follow-along support, one-on-one mentoring, professionals’ availability, integrated mental health service and rapid school/work search (Bejerholm et al., 2015; Bond, Drake, & Becker, 2008; Schindler & Sauerwald, 2013). These characteristics are significant determinants at a population level, but they do not necessarily determine what support is or what support means to the individuals receiving it. Findings of qualitative studies exploring first-person experiences of support suggest that relationship qualities, flexibility, practical help and collaboration are conducive to the experience of being supported (Anvik & Gustavsen, 2012; Kierkegaard, 2016; Kinn, Holgersen, Aas, & Davidson, 2014). The question remains, however, whether we can come closer to what support is and to how young people with mental health issues experience the support provided.

We (practitioners, policy-makers, researchers) may think that we know the meaning of support because of our established interventions and programmes intended to provide support and the availability of evidence-based knowledge of successful key characteristics. We might trust that knowledge, experience and the right method or approach ensure effective supportive practices. User evaluations reveal satisfied or less satisfied patients, and efforts are made to improve programmes and practices. We know from practice, however, that practice itself brings about experiences that are not always measurable or evident in evaluation reports. This paper is aimed at contributing to the existing body of knowledge about support and moving beyond the aforementioned research by exploring the lived experience of support in a phenomenological manner. We want to know about how support is sensed in the moment of experience – before the person reflects on or evaluates it. Are there experiential qualities – like sensations, sense of body, glance, self, time, space, relation – that can help us understand what support is and how it is lived in practice? What is the actual lived experience of support? What qualities give the supportive act its validity?

This paper is a sub-study of a PhD project exploring the phenomenon of support in the lifeworld of young people with mental health problems who are fully or partially out of the educational and employment contexts. The research project consists of three sub-studies exploring lived experiences of support from different angles.

Ready-to-Hand

Support is a human phenomenon that is part of our everyday language and experienced in a variety of ways in both formal and informal relationships. The dictionary definition of the verb “support” points to its general meaning as being actively to “bear the weight of”, “prop up” or “back”, and as such to “stand by”, something or someone in a precarious position or condition in order to “strengthen the position of” the other and so “forestall sinking or falling back”. Terms such as sustain, bolster, buttress, brace are “comparable when they mean to hold up either literally or figuratively, although they vary greatly in their specific senses and in the range of their applicability” (Merriam-Webster, 1992, pp. 800-801). Similarly, terms related to a further sense of “support” such as uphold, advocate, back, or champion are only “comparable when they mean to favour actively and in some concrete manner a person or thing that meets opposition”.¹ In both senses, “support” may thus be interpreted as meaning to act in favour of someone or something in a circumstantially vulnerable position. The word itself is nevertheless not explicit about the exact nature of the action implied. The prefix “sup”, as the assimilated form of *sub*, means “up from under” and the

¹ *The Merriam-Webster Dictionary of Synonyms and Antonyms*. (1992). Springfield, MA: Merriam-Webster.

Latin root *portare* means “to carry”.² In its original meaning, to support someone thus literally meant to lift up or carry someone upward from a condition of below. The closeness of support to life as lived and language as spoken “carries a moral force”, van Manen says (1990/1997, p. 12). Its moral and relational potency is recognized in its multiple synonyms that signify the term “support” as a moral act toward someone or something, and the designation of a specific act, position or state of existence. Both the verb and the noun “support” connote potentials that reinforce our understanding of the complexity of meanings and interpretations of the word in contemporary mental health services. For “to support” also carries etymological denotations such as “to endure and tolerate”, “to furnish sustenance for”, “to keep from failing” (Onions, 1966, p. 888), and “to enable something to fulfil its function and remain in operation”.² The qualitative potential of support is, thus, immediately connectable to our experiential sense and to the ideals and the aims of good human and professional practice, even if these might be taken for granted or even forgotten in the natural disarray of everyday practices.

Like most everyday relational (and moral) phenomena, support is a ready-to-hand entity in our lifeworld – a “thing” that is there in order “to do” something useful or suitable (Heidegger, 1926/1962). Support is so close to us that it is only in its secondary mode, when it is not functioning or loses its usefulness for us, that it stands apart and becomes a concern. We give, receive, expect, hope for, and have legal or rightful claims to support in personal as well as professional relationships in health services, education and the legal system. We perform support with a view to desired outcomes, and not until support becomes a problem – is obtrusive or obdurate – do we become aware of it and reflect on how to mend it and make it work again. The following accounts of support as lived experience exemplify the “taken-for-granted” or “ready-to-hand” quality that characterizes our being inattentively involved with the naturalness of daily doing and acting.

Karen is embracing her daughter in farewell. Her daughter leans into her. Karen’s arms are around her daughter’s body, like so many times before. She slackens her grip carefully, moves her hands to her daughter’s arms, holds her a moment, lets go, and the girl turns around and walks away.

In the Book of Psalms, David poetically proclaims his confident trust in God as support in his fear of being defeated and exterminated by his enemies. He says, “Surely God is my help; the Lord is the one who sustains me” (Psalm 54:4; New International Version).

² [www.etymonline.com / support](http://www.etymonline.com/support)

John looks through the window from his seat in the restaurant. He is waiting for a friend. Then suddenly he sees him on the crowded pavement. People pass by him, rushing ahead. To them walking seems easy. John's friend moves slowly. Every step is taken with the utmost care and effort. He has multiple sclerosis. A pair of crutches supports his steps.

Acceptance of the world *as is*, our taken-for-granted and natural attitude to what happens, stands in contrast to the phenomenological attitude that questions what we take for real and actively explores the possible human experience of things and situations (Sokolowski, 2000). The persons in the accounts above experience support in the course of living their lives. By exploring support in a phenomenological manner, we move from our position "within the situation" – from the natural attitude of taking for granted, knowing and mastering actions, bodies and intentions. We then are no longer in the situation of just providing and experiencing support, and we can no longer take for granted that we know the meaning of what support is or use the word carelessly. Supportive professional and personal actions no longer come about without consideration of alternatives to what we are doing. We are compelled to reflect on the greater complexity of the phenomenon. In a sense, a phenomenologist knows that s/he is both inside and outside of the situation and that thus s/he should dwell attentively and be alert to potential ruptures in meanings and practices (Saevi, 2013b). A phenomenologist always is in a position of not knowing exactly, and therefore must ask what this phenomenon actually is. As Merleau-Ponty (1948/1997) asserts, the human being "is made of the same flesh as the world" (p. 248) and is shared and reflected by the world. This interconnectedness creates a "pregnancy for possibilities" (p. 249), which allows for a complexity of interpretations and understandings of phenomena in life. Whilst no researcher can wring from any phenomenon what it in reality is, "our" own phenomenon, support, has ceased to be simply a familiar and taken-for-granted part of life and now is a complex question. We are now attentively aware that we do not know the exact answer. This deconstructive practice "is an ethic-sensitive openness toward that which comes into being *as it comes into being*, and a practice of writing that intends responsibly to respond to the possibility of the otherness of the phenomenon and of the other" (Saevi, 2013b, p. 7).

The phenomenological attitude of heuristic wonder about concrete meaning is pointed to by Merleau-Ponty (1945/2002) as, paradoxically, an attempt to avoid a one-sided cognitive knowing, balanced by an awareness of the sensational and bodily way of experiential knowing. Ultimately, thus, "The world is not what I think, but what I live through" (Merleau-Ponty, 1945/2002, pp. xvi-xvii). We recognize support in the moment of pre-reflective experience, and thus somehow unknowingly

"know" what support is. We know experientially and can distinguish support from what is not in the moment it is lived. This immediate embodied and sensational experience of support is what constitutes the starting point for our inquiry, reflection and interpretation.

To Explore Experience

The attempt to explicate the meaning of things, events and actions as we live them, rather than as we "know" or conceptualize them, evolves from the insight that to understand is to experience existence rather than to explain or rationalize reality in an epistemological manner (Levinas, 1987/1993). The way the researcher understands the phenomenon under investigation is a kind of practical experience *of* the world and of him- or herself *in* the world. Van Manen (1990/1997, p. 25) defines phenomenology as "on the one hand, description of the lived-through quality of lived experience, and on the other hand, description of meaning *of the expressions of lived experience*". Description of the lived-through experience inheres immediately in the living of the experience in the moment, while description of the meaning of the expression of the lived experience is mediated by the symbolic form, the words, we use to describe the situation. In other words, the experience of support as lived-through is prior to an interpretation of the meaning of support in practice and reflection about practice. However, the immediate lived-through moment is not accessible beyond the moment when it was lived-through. Thus, when a person retrospectively describes an experience, she or he recalls the immediateness of the moment in the encounter between memory and language, an encounter that of necessity is partly obscure.

Instances of support in practice – support as experienced within human relationships – might support our understanding of what support is. While subjective experience may inhere in the researcher's prior access to the phenomenon, lived experience descriptions are the alpha and omega of phenomenological investigations. Merleau-Ponty's (1945/2002) "as it is" ranks any science secondary to human experience. He says: "looking for the world's essence is not looking for what it is as an idea once it has been reduced to a theme of discourse; it is looking for what it is as a fact for us, before any thematization" (p. xvii). The simple fact of support evident in practice is that support is not necessarily experienced as supportive. The situation might hold the potential of support, but the potential is not always realized, and the experience of support, therefore, is not the only possible consequence of a supportive act. The experience of being supported or not is different from the experience (or intent) of providing support. How effectively what is intended as support achieves its intent is closely related to the receiver's experience of the situation. This insight challenges professionals' use of procedures that are believed to be supportive, but that may, in fact, not be perceived as such by the receiver.

The lived experience of support seems to be inextricably connected to the qualities of the relationship of support, and it embeds possibilities for a variety of alternative actions. The relation as middle ground – meeting place, forum, *even fulcrum* – is where those comprising the relationship address and are addressed by actions, ideas, events and interests initiated in or by the situation. The relationship is the spatial distance or nearness between persons, but the space is not neutral ground in terms of how potential relational qualities unfold. All kinds of relationships can happen: close or distant, authoritative or managerial, open or controlled, caring or uncaring, encouraging or dispiriting, and so on. How the parties involved experience the relationship in the moment, and in particular the one most conditioned by or subject to the influence of the relationship itself, is at the very centre of our interest. Are some ways of relating more supportive than others?

Because the beginning and end of phenomenological inquiry is the lived experience of the phenomenon under investigation, we asked young people with mental health problems what it is like to be supported. The personal views or opinions of the participants are not our concern. Rather, our focus is on the participants' articulation of concrete examples of support that allow for exploration of the phenomenon and the uncovering of structures that constitute the lived meaning of support. We present two examples of the lived experience of professional support recounted by a young woman and explore their singular and transcendent meanings.

Support as Lived Relationality

In the first example, Olivia³, one of the participants in our study, meets with a therapist in a mental health outpatient unit. At the point of their meeting Olivia has been out of school for two years, and had recently attempted to commit suicide. She says:

I was sitting in her office – an unfamiliar place. I felt like a stranger. She was looking in my journal continually. She was reading about me. Then she said, still looking in the journal, “So, you’ve had a suicidal attempt. You are severely depressed and you have a moderate level of anxiety. I see that you have dropped out of school.” At that moment, I mentally cut off. She went on talking about depression scales and symptoms and consequences. I felt like a category. Someone outside of myself. A not me. She was the one knowing things, and she told me about me. I was just supposed to listen.

We immediately sense that this is not a good situation for Olivia. She feels objectified, disengaged, and bad about both herself and the situation. The relationship is

³ “Olivia” is a pseudonym.

professional and factually asymmetric (see Skjervheim, 1992). The uneven power balance between the parties preconditions the relationship, and the asymmetry can be levelled only in the moment of action. This does not happen for Olivia with the therapist. As readers, we might feel upset by the therapist's focus on medical facts and her lack of involvement in the present relation with her young patient. The uneven power relationship indicates a moral and relational dilemma as long as the professional does not responsibly respond to the power inequality. The relational situation as it appears does not provide room for support to happen.

A few weeks later, Olivia meets Ann, a mental health worker in a community service for young people. She describes their encounter as follows:

Ann and I went to a café, and she bought coffee and sandwiches for us. She was just so nice to me. We talked about normal things, such as what I like to do. She also told me a little about herself. She watched me gently, and attentively leant toward me across the table when I talked, as if she did not want to miss a word. I felt that she cared about me. I could see it in her eyes. I told her things that I normally feel bad talking about. However, with her it was easy to tell things. It felt like being with a caring friend. She made me feel like a normal person rather than a problem.

The two situations reflect very different ways of being together and a different awareness of the asymmetry of the relationship. The second situation might have greater appeal to our positive feelings about how a young person in need of support should be met with care by professionals. Some of us might immediately associate with Ann's real interest in Olivia as a person, and instinctively identify with Olivia's expressions of being more comfortable in an ordinary environment like a café rather than in a professional office. Olivia's experience in both of these situations, undoubtedly, is true as subjective experience. She describes the relationship with Ann as supportive, in contrast to the event at the therapist's office, which she senses as not supportive. But can we trust her experiences? The question hits to the core of phenomenology and the status of subjective experience in research (van Manen, 2014). In phenomenology, subjective experience is true as experience, but it cannot claim to be generalizable. Phenomenology never generalizes. It systematically thematizes the multitude of diverse human experiences of the phenomenon under investigation in order to identify its invariable structure. A phenomenological exploration attempts to uncover in richly vivid detail the lived experience of a phenomenon in order to identify meanings that belong explicitly to this particular phenomenon, in this case, “support”. “Support” shows itself to human experience in real life situations, although in bits and pieces, always partly hidden like the Greek hint at with their

term “Aletheia”. The paradox is that our access to the phenomena of the world is possible only through an interpretation of experience, reflection and language. The link between the two examples is that some kind of support is intended from the professionals in both situations. The subjective experiences of this young woman present potential access to her lifeworld and to her ways of expressing how these relationships are experienced. The obvious thought is that, in the concrete relationship between the person and the professional, the very relationship seems to “speak” directly to the receiver of support (as also to the writers and readers of this text), whether the professional intends this or not.

Support Speaks in the Relationship

The therapist presents things about her as if she actually knows her, Olivia says: “*She was the one knowing things, and she told me about me*”. The therapist acts according to her prescribed role and accomplishes the diagnostic assessment, evaluates the results, and suggests appropriate treatment. Nevertheless, young people like Olivia, as well as others, need to be noticed. Interestingly, to be “noticed” derives from the Latin *notitia*, and means to “be known” or “acquainted” (Onions, 1966, p. 615). To be attentively known by the other is what people tend to hope for when they meet others, including professionals, and, consequently, what they most want when it is missing. In the same way as seeing at times may see too little, like when it is blinded or oblivious and does not see the other in ways that he or she needs, seeing might also at times be too “seeingly” (Saevi, 2005). Professional seeing, which is more than the physical exercise of the eyes, may see too much. In Olivia’s case, the therapist sees more than is experienced as appropriate, and the young woman feels that the look penetrates her. The experience of the look is painful. The description discloses that the therapist sees Olivia with a diagnostic lens in order to classify her. The word *diagnosis* derives from the Greek word meaning “to discern”, and the root *gnosis* means “a knowing”.⁴ The therapist discerningly comes to know Olivia through her diagnostic lens. The young woman’s mental state is fixed and presented in a diagnosis. This is a different knowing than the experience of being known or acquainted with someone – the experience that Olivia misses in the first situation but senses in the second. A diagnostic knowing sees too much – it screens the other, almost like an x-ray – and when someone or something is seen through, there is no need for wonder. The peculiar thing is that the moment of seeing too much also might entail seeing too little. Olivia needs to be seen as a normal person – not as a problem or a diagnosis. However, this time she is disappointed. The therapist’s “knowing” glance sees only her problem and misses Olivia.

We learn from Levinas (1947/1987, Pt. IV) that, despite

⁴ www.etymonline.com/diagnosis

the separation between self and other, there can be no relation to the other that is not at the same time a relation to the self. This apparent paradox calls into question the very complex event of being present as oneself and simultaneously being present to the other. Large (2015, p. 23) clarifies this as follows: “The two terms of the relation, self and other, relate to one another and at the same time are separate from one another”. There is no shortcut to escape this complex and contradictory challenge in professional practice. Sartre claims that, when I am fully absorbed in something, I am conscious only of the moment and not of myself (Sartre, 1943/1956, p. 348). In moments of absorbed attention, my presence, while not sensed by me, may still be sensed by the other person who is sharing the moment with me. I am somehow present to the other, but not to myself. This is so with Olivia and the therapist, as well as with the health care worker. In moments of absorbed attention, they lose themselves to the Other. In the present absorbedness, they do not make judgments about the Other, but are lost, each into the Other. The Other, however, sees their presence, and might pass judgment on them. How are Olivia and the professionals seeing each other’s presences and are they judging each other? The therapist diagnoses Olivia, which infers judgment. Olivia, in turn, feels that she is not being treated in an acceptable way. She feels judged, and she judges the therapist (in her heart) as a non-supportive person; in contrast, she judges Ann as being a supportive person.

Although Olivia did not explicitly ask for support, it is to be assumed that something in her might be oriented toward wanting to be supported. It therefore seems as if, by explaining symptoms and diagnostic features, the therapist puts her faith in Olivia’s reasoning. Rationality, however, is not always the basic motivation for change and development, and nor for the experience of support. Examining the educational experience, Bollnow (1962/1989) notes that there has to be something present in the young person that is oriented toward development and that somehow asks for support. Young people, like Olivia, have to be ready for support and ready to learn something new about themselves in order to be not only open to, but susceptible to, the professional’s advice. Of course, this existential readiness is seldom in the consciousness of the young person, and often not even in the consciousness of the professional. Moreover, being ready for learning might be less of a cognitive question than a question of relational tone and climate. Bollnow (1962/1989) puts it like this:

Readiness to be educated is definitely not rooted in the intellect; rather it is founded on the deeper and therefore much more securely progressive spirit of a morning-like atmosphere. Accordingly, education must take this notion as its starting point: it should orient itself to the perfection of this spirit by guarding it and rebuilding it time and again when it is being destroyed. (p. 21)

Even though the therapist might have good intentions, just as the situation has the potential to be supportive, Olivia does not feel supported. What was not present in the situation was the “morning-like” atmosphere of hope and relief, as well as space for mutual openness to the possibilities of her present life opportunities. The therapist did not see the significance of the relational atmosphere and the young woman’s need for the sensed presence of no judgment or the freedom of a more equal power balance, and thus the moment lost its supportive potential.

In the other professional encounter, Olivia experiences the good atmosphere of “*being with a caring friend*”. Ann’s tone, how she speaks, how her body is oriented toward Olivia, the look in her eyes, the exchange of questions and responses, the rhythm of the conversation, all seem to resonate with Olivia. She senses herself as a normal person, not as a person with problems, and she feels supported. How can we understand Olivia’s different experiences in terms of support or not support?

Support as Latent Possibility

Recalling that the word “support” originates from the Latin *supportare* – sub + portare – “to carry up from under”, again brings the asymmetry of a relationship of support to the fore. All the same, the meaning still is consistent with the connotations of support mentioned initially, and with our sense that the professional in an asymmetric relationship is responsible for his or her responsibility for how power is exercised in his or her practice (Saevi, 2015; Skjervheim, 1992). If we look at equivalents for the word support, however, dilemmas arise that are worthy of closer attention. To start with, the noun “support” bears the meaning of “protection” and a sense of “bearing of expense”. To protect someone from something and to carry the costs of something for someone are responsible acts that include the risk of failure, not only for the one supported, but also for the supporter. Care of another from that which threatens might cost effort, will and persistence. Does this address the encounter between Olivia and her two counsellors?

Every relation between persons implies a multitude of potential actions and intentions. The “alternatives are connected to the values we find important in our lives” (Saevi, 2013a, p. 237) and these values inevitably seep into our practice. Due to the complexity of values and the temporal and experiential dimensions of life, our values evade our full conscious control, and are often so close to our way of life that we fail to see them. In this regard, Heidegger (1942-43/1992) says:

Because the closest is the most familiar, it needs no special appropriation. We do not think about it. . . . The closest appears therefore as if it were nothing. We see first, strictly speaking, never the closest but always the next closest. (p. 135)

What is closest to us thus tends to be that which we overlook and forget. The values that constitute our life are often not reflectively willed or planned. Existence and language need no special appropriation, Heidegger claims, but are passed over in silence, as if they were “nothing”. Existential values underlying the responses to Olivia in the two situations described are not fully accessible to the two professionals, and nor to us as authors and readers. Nevertheless, we have no reason not to assume that both intended to give some kind of support to the young woman, even though the intentions are not fully reflected in the examples presented.

Weil (1990) offers a moral supplement to Sartre’s observation by addressing the human potential to be attentive to others rather than to judge his or her actions. “Warmth, kind-heartedness and compassion are not enough” (p. 77), she says:

The thought must first be hesitatingly expectant, empty, not searching for anything, but ready to be given to the object as it appears in its naked truth. (p. 75) [authors’ translation]

Attention without judgment is required to do the other person justice. To give support or to sustain carries the synonymous meaning of the verb “to suffer” or “endure”. It is logical that the one who is in need of support endures suffering in some form. We believe that Olivia suffers and is deprived of the life she desires. At least she did. That is why she is in her present situation. To sustain someone, however, has to do with seeing this person’s pain. The provider of support is supposed to see the pain of the other and to do something to ease it. Judgment is replaced by attention to the exposedness of the other and to how the moment might ease his or her suffering. We might, however, be too eager to fill the moment with rational meaning. We might endeavour to explicate who the Other is in order to explain why help is required. This leaves us with judgments and thoughts rather than with attention to the present moment and the attempt to ease suffering (Weil, 1990).

Levinas (1947/1987) introduces yet another paradoxical aspect to our reflection. He claims that the attitude of not knowing the other, recognizing the other as unknowable, is the most radical foundation of any relationship: “We recognize the other as resembling us, but exterior to us; the relationship with the other is a relationship with a Mystery” (p. 75). The insight that the other is as me, and yet radically different from me, addresses the aspect of the freedom of both. The freedom of not knowing (*agnosis*) frees from judgment. Not knowing keeps open the possibilities and allows room for wonder. We nevertheless cannot not know forever. At some point in a relationship, we do know what we did not know before. How then do we act? Our exploration of possible meanings from Olivia’s experience suggests that a supportive act inheres in both knowing and not knowing.

Knowing as a passive activity; a knowing that is open to not knowing; a knowing that knows the limitation of knowing and the potential of not knowing. We might say that the paradox of knowing and not knowing indicates the openness of a new “method”.

Support as Being Present in Presence

The obvious, but not always considered, basis of human experience is that every human being experiences life-situations differently. This is true both for the person providing and for the person receiving support. Both experience themselves, the other’s way of being and behaving, and the situation as such, immediately and pre-reflectively, and these experiences are simultaneous and interwoven (Merleau-Ponty, 1945/2002). To the professionals as well as to the young woman, Olivia, sensations, feelings and impressions are evoked in the mutual encounter *before* there is time for conscious reflection. They both sense the present situation bodily and emotionally. Heidegger’s term “*Befindlichkeit*” – how I “find myself” – indicates our pre-reflective sense of self in the particular moment of experience. Gendlin (1978-1979) suggests that to “find oneself” in the present is not a clear-cut and rational reflection, but a stumbling attempt to describe the situation as it really was. At a particular moment during the encounter with the therapist, an alien sense of self comes over Olivia, and she says, “*I felt like a stranger*”. The adjective “strange” connotes the words “separate” and “distant”.⁵ The noun “stranger” is synonymous with “unknown”. Translated to our context, Olivia seems to feel that she is not connected, she is distant, even unknown to the therapist in spite of the fact that the therapist presents relevant information from her treatment journal, and they are present in the same room sitting directly opposite one another. The experience of being known to someone has to do with a sense of being recognized or remembered – of being called to mind or acknowledged by someone. There would seem to be an experiential connection between the experience of support and the experience of being recognized. The therapist relates to Olivia, talks to her and, through this, she somehow acknowledges her presence. Olivia, however, states that she feels strange in the situation. Somehow, the presence of the professional does not make itself felt to Olivia. Their joint presence is present to Olivia in a non-present way. Being jointly physically present is not enough to convey the true presence. For Olivia, real presence is absent from the presence with the therapist. Marcel (1950) observes that we very rarely experience presence in itself as presence, but rather as something else present or absent. If something intrudes upon our ordinary habits, such as pain or illness, our everyday taken-for-granted sense of being is interrupted. The lived absence of wellbeing and non-pain disturbs our present. What is it that disturbs Olivia’s presence with the

therapist? Marcel (1950) relates the experience of non-presence to the subject’s sense of being alienated from him-or herself. He says:

One might say that what we have with this person, who is in the same room, but somehow not really present to us, is communication without communion: unreal communication, in a word. He understands what I say to him, but he does not understand me: I may even have the extremely disagreeable feeling that my own words, as he repeats them to me, as he reflects them back at me, have become unrecognizable. ... this stranger interposes himself between me and my own reality, he makes me in some sense also a stranger to myself; I am not really myself while I am with him. (p. 205)

Perhaps Olivia’s journal and her diagnosis are taking up the space between Olivia and the therapist. The therapist communicates with Olivia using professional language and tools. This does not necessarily have to be a problem. Sometimes a computer screen or a treatment journal does not disturb the communication, but supports it as some kind of catalyst enhancing their shared focus. In this particular setting, however, Olivia’s experience of reality does not coincide with the therapist’s professional orientation. The potential for either fellowship or trustful communion between them is thus literally reduced to professionally prescribed forms. There is no communion in the communication. The word “communion” derives from the Latin prefix *com-*, “with or together”, + *unus*, “oneness or union”. Communion literally means the experience of oneness or togetherness. What then is the connection between the experience of togetherness and the experience of being present? According to Marcel (1950), presence is not real before the communication is communion. In terms of support, one possibility is that support makes itself possible when I recognize myself as myself in communion with the other.

In all encounters, we are faced with the challenge to see the person beyond the role. Lingis (1994) notes that we tend to feel that to know someone is to relate to their representative features, like gender, culture, education, class, and, we might add, diagnosis. Encounters often tend to be “detoured into efforts, even more evidently fragmentary and superficial, to know all these layers”, (Lingis, 1994, p. viii). Ann, the mental health worker, cuts through the conventions and the superficialities of diagnoses, professional role and differences, and sees Olivia as a person. She speaks to Olivia personally. We sense that, before she is physically and mentally with Olivia in the café, she is existentially *for* her. Support as a possibility arises in the presence of the situation, and orients beyond conventions and impersonal tasks (Saevi & Eikeland, 2012). The therapist, on the other hand, is trapped in conventional language, tools, roles, professional judgments and past problems. Her effort

⁵ www.etymonline.com / strange

is to know all these layers, present them to Olivia, and start from there. However, Olivia is not there any more. Her presence is in the present, and her life is lived in continuously new moments where presence is what is asked for. Because support is lived in interpersonal relationships made up of no more and no less than my spontaneous response to the other person's need present to me in the immediate moment, what is asked for is an immediate attentive response to ease the other's pain as it presents itself in the moment.

Support as a Future Gift

Considering the basic terms of Løgstrup (2008), support might be seen as a "sovereign expression of life" (p. 50). He says: "The sovereign expression of life draws its content from the specific situation and the relation to the other, which is to say, from my conception of that situation and relation, of their actual circumstances and history" (p. 52). Support, as a spontaneous response to what the situation asks for, emerges in the very moment of joint presence. Support exists only in the context of the relationship. It is a potential in practice that is characterized by embodied-being-in-the-world, and in the relationship and in action, rather than being explicitly known or formalized as concept or preplanned practice (van Manen, 1999). Support, as a sovereign life expression, is related to what is right and good in the present situation, rather than to what is reasonable and professionally correct. "The expression of life cannot be applied, but can only be realized, as I realize myself in it" (Løgstrup, 2008, p. 53). Support, then, is a gift given with no ulterior motive or expectation of reciprocity or services in return. No thankfulness or enthusiasm is presupposed. Not even the willingness of the other to improve, get well or succeed. What is given is a gift and belongs to the other, the receiver, and cannot be taken back or reclaimed. Literally, the word *gift* means "that which is given", and in Old Norse a gift given means "good luck" in life. Support, also professional support, can be regarded, in a sense, as a personal gift given by the supporter, but belonging to the receiver as a future gift. Olivia recognizes Ann's

support as a gift, and accepts it. The gift is receivable and merges into Olivia's self and lifeworld as a welcome possibility that she acknowledges as such.

As relational human beings who have the opportunity to give and receive support, there is always a risk that support might not be experienced as supportive. The giver of support might fail to recognize the kind of support that the situation asks for, the receiver does not get the support s/he needs, or the receiver might not be ready to receive that which is given. Support as gift is not an object to be transferred between a giver and a receiver, because the objectification of support would disqualify it as gift (Marion, 1997/2002).

Concluding Remarks

Examining support as an everyday interpersonal, and thus moral, phenomenon, revealed existential meanings of support that may be useful for practice. By bringing embodied experiences into the foreground, support shows itself as a phenomenon that does not let itself be used to promote specific outcomes. Support exists as a free phenomenon, given or not given, accepted or ignored, and experienced as good or not good in the concrete situations where it is present. Support is not manifest or determined, and cannot be offered as a settlement for results, better mental health, or increased participation in school or work. Preplanned models, programmes or agreements of support should be recognized as, in themselves, potentially supportive, but not sufficient as such for support in fact to be given.

On the basis of our analysis, we would argue that some ways of relating are more supportive than others. To be attentively known by the giver of the support, and knowing with an open and non-judgmental attitude, holds the potential for support to be both given and received. This existential insight invites professionals to bring themselves into the encounters as authentic persons, disclosing their vulnerability, and to trust uncertainty as a way of being open to the Other and to what the situation calls for.

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