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By Learning RelationalActs: How College Students Diagnosed with Mental Illness Grow Well-being in Times of Distress

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By Learning RelationalActs:

How College Students Diagnosed with Mental Illness

Grow Well-being in Times of Distress

A dissertation submitted in partial satisfaction of the

requirements for the degree Doctor of Philosophy

in Education

by

Na'im Shahid Eggleston

2020

ABSTRACT OF THE DISSERTATION

By Learning RelationalActs:

How College Students Diagnosed with Mental Illness

Grow Well-being in Times of Distress

by

Na'im S. Eggleston

Doctor of Philosophy in Education

University of California, Los Angeles, 2020

Professor Federica Raia, Co-Chair

Professor William Sandoval, Co-Chair

My dissertation moves beyond the concepts of normative psychology to provide an existential phenomenological description of how college students diagnosed with "mental illness" learn to grow their well-being in times of distress. I interviewed 12 undergraduate and graduate students at two universities about how they acquired by study, experience or being taught, skills that help them to stage acts in times of distress that increase the sense of feeling whole and unfragmented. I used interpretative phenomenological analysis to analyze students' semi-structured conversational interviews. The findings of this study highlight the necessity of guiding students to develop a practice of learning to deal with distress that is grounded in the somatically driven, felt sensations of the body.

The dissertation of Na'im Shahid Eggleston is approved.

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2020

To all of my teachers who had, in our interactions,

sourced the courage to be human.

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ACKNOWLEDGMENTS

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Publications and Select Presentations

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Chapter 1: Introduction

A goal of this research was to extend our understanding of how colleges can more effectively support student well-being. By *well-being*, I mean the sense of feeling whole and unfragmented (Schneider, 2015). It was toward this goal my investigation centered on interviewing college students diagnosed with mental illness. In particular, these interviews were about how they learn to grow their well-being in times of distress. Though distress is often used interchangeably with stress and stress events, here *distress* means an adverse state of experience that poses critical health risks and "endager[s]…well-being" (Lazarus & Folkman, 1984, as cited in Araiza & Lobel, 2018) by impacting affect, coping, physical and psychological adaptation (Horowitz, 2007; Phillips, 2009; Watson, 2009; Wheaton, 2007).

The reason for choosing this population is because students diagnosed with mental illness are a fast growing demographic on college campuses (Eisenberg, 2019), are more likely to cope with distress in ways that negatively impact their well-being (Dalton & Hammen, 2018), and, after a century of puzzling over how to support students with mental illness (Kraft, 2011), colleges are still learning how to develop sustainable, health-affirming interventions (Eisenberg, 2019). Based on this, my interest in this investigation rested on the potential to make a few key observations. The first was how these kinds of students talked about learning to handle distress - a process that involves study, experience or being taught to develop skills to recognize and respond to these moments in ways that improve well-being (Stallman & Kavanagh, 2018; Williams, Morelli, Ong & Zaki, 2018). The second was whether evidence would come to light in our interviews that indicate an orderly progression in the development of such skills. The third was the possibility to distinguish what these skills were in order to verify or contrast them against skills highlighted in previous research. Fourth, and finally, my interest lied in leveraging

these findings to make some recommendations about the ways in which colleges can approach and ultimately participate in shaping their intervention practices.

A review of recent literature has shown over the past decade there has been a decline in college students' well-being linked to mental illness (Baik, Larcombe & Brooker, 2019; Gallagher, 2006). For instance, the "National Survey of Counseling Center Directors" pointed out cases of mental illness among college students are on the uptrend in both commonness and severity (LeViness, Bershad, Gorman, Braun & Murray, 2018). The National Alliance on Mental Illness (NAMI) noted more than 25% of college students were diagnosed or had been treated by a professional for conditions like depression, anxiety, eating disorders and addiction (NAMI, 2004). Additionally, more than 70% of these students experienced distress-related crises on campus from acute psychological episodes to plans for committing suicide (NAMI, 2004).

Just last year, *New York Times* columnist Brad Wolverton (2019) noted even the general public is increasingly becoming aware of the "the intense struggles students can face and the increasing steps colleges are taking to manage what some experts are calling a mental health crisis on campus." To my knowledge, there is little data that shows efforts colleges are taking to manage the on-campus crisis, particularly in regard to how faculty and staff can be a part of steps taken. Based on the literature I reviewed, my suspicion is that over time the responsibility for students' mental health care will continue to spill outside the clinics and into the class.

This means more and more schools will increasingly rely on everyday, non-healthcare members of the campus community to expand the roles they play for students who face distress.

Preview of Study

This study is organized by five chapters. This first chapter here solely introduces the topic and its rationale: understanding students' subjective experience of their conditions, particularly how they

learn to grow their well-being with them, will help institutions to better support that learning. In Chapter 2, I present more background by clarifying the traditional approach to mental illness I previously alluded to. I do this by presenting some of its relevant and important findings in terms of the negative impacts of distress, discussing skills generally seen as critical in learning to cope with distress and therefore enhancing well-being, and, by summarizing some of its fundamental assumptions about experience. In the latter part of Chapter 2, I then offer a contrasting perspective grounded in existential phenomenology. This perspective recasts distress and mental illness as forms of lived experience, rather than as clinical pathologies. Chapter 2 argues in detail the benefits this perspective may have for understanding how adults learn to live with their diagnoses, especially how they learn to handle themselves in times of distress. The step toward this new direction forms the foundation of the methodological approach outlined in Chapter 3, the presentation of key findings in Chapter 4 and the conclusions and summary hashed out in Chapter 5.

Research Questions

This study starts in the subjective view of the students themselves. It is guided by questions specific to the quality of students' experiences, their relationhood, their personal views, who they are as persons. Therefore, the questions I examine are as follows:

1. What do college students diagnosed with mental illness perceive as moments of distress?

2. What do college students diagnosed with mental illness perceive as their behaviors in moments of distress?

3. What do college students diagnosed with mental illness perceive as important turning points in learning to handle distress?

Chapter 2: Background

Normative Psychology

Much of what is known about mental illness originates from the perspective of normative psychology. What is central to normative psychology is that its concepts and practices around the meaning of experience all begin from a few foundational assumptions. One assumption is that people are basically made up of destructive impulses. That meaning people are inherently hostile, self-serving, anti-social and inclined to maladapt (Rogers, 1957a). Another assumption is that the impetus to be destructive originates in the mind vis-à-vi intentions, beliefs, cognition, thought, memories, imagination and the neural networks that give rise to each and the whole. So, in this way, not only does normative psychology think of the mind as the "seat of thought" (Bennet, 2007, p. 946), most importantly, this perspective maintains that it is in the mind where experience begins (as it were). Taken together, normative psychology holds that what a person consciously or subconsciously thinks is responsible for how they perceive their experience in the world and determines behavior in times of distress.

It is against the background of these normative concepts colleges by and large approach the rising number of students with mental illness. These conditions range from posttraumatic stress disorder (PTSD) (Elhai et al., 2009; Read et al., 2011; Boyraz, et al., 2015), depression (Murphy & Byrne, 2011), anxiety (Zivin et al., 2009), bipolar disorder (Oswalt et al., 2018), phobias and schizophrenia (Plans et al., 2019), eating disorders (Hong, 2015; Taylor et al., 2006) and also include increasing rates of comorbidity (Sayer, Carlson & Frazier 2014). Each condition can manifest for students a host of symptoms as these symptoms span: the psychological, such as nightmares, avoidance behaviors and aggression (Kaczmarek et al., 2012); the physiological, such as irritability (Reynolds, 2005; Wynaden, Wichmann & Murray, 2013), arousality (Brewin,

2014) and lethargy (Pitchford, 2009); and cognitive, alterations to attention (Boyraz, et al., 2016; Samuelson et al., 2009), memory (Brewin, 2014), problem solving (Goldsmith, Chesney & Heath, 2013) and planning (Chiesa, Calati & Seretti, 2011; Elzinga & Bremmer, 2002).

One of the most common conditions among college students is depression (Ibrahim, 2013), a disorder that generally includes loss of positive affect and entails specific symptoms as sleep disturbance (Moskowitz & Young, 2005; Keng, Smoski & Robins, 2011), lack of self-care (Keng, Smoski & Robins, 2011; Pineles et al., 2006) and lack of interest in everyday activities (Levi, Liechtentritt & Savaya, 2012;). The scholarship reports a fairly large margin of variance in rates of college students with depression with some studies indicating numbers as low as 10 percent (Force, 2012) while others point to numbers as high as 48 percent (Wood, 2012). Though the variance in these statistics are sizable, what has remained consistent is that depression has reliably been found to be a risk factor for suicide in teens and adults (Garlow et al., 2008), particularly those enrolled in postsecondary institutions (Boyraz et al., 2013).

This growing body of research shows the effects of mental illness on well-being amplifies asocial behaviors, negatively impacts academics and gets in the way of seeking mental health guidance, particularly as mental health symptoms increase (Vasterling et al., 2010). For example, an increase in symptoms can often co-occur with behaviors like withdrawing into isolation (Heffner & Eisnberg, 2009), drug and alcohol abuse (Barry, MacDermid-Wadsworth & Whiteman, 2009), as well as correlate to high risk behaviors such as sex with multiple partners (Knight et al., 2002), suicide ideation (Keyes et al., 2012) and even completed suicide (Drum at al., 2009; Garlow et al., 2008). Pritchard, Wilson and Yamnitz (2007) suggest these types of behaviors are more likely to appear when students confront stress events that interfere with their ability to form an effective pattern of behaviors that promote well-being. What these details

denote is that the degree to which students understand and manage their behaviors around distress can impinge on the achievement of short-term goals like passing examinations (Andrews & Wilding, 2004) and classroom productivity, and on long term goals like graduation (Eisenberg, Goldberstein & Hunt, 2009), public health goals related to sexual conduct (Taylor et al., 2006) and the ability for students to seek and receive care (Barnard-Brak, Bagby, Jones, & Sulak, 2011; Read et al., 2012).

Greenleaf, Petrie, Carter & Reel (2009) note distress also impacts important everyday activities like eating healthy foods, exercising and sleeping well. For instance, Adams and Rini (2007) found (n = 135) increases in weight happened during the freshman year of most participants. One explanation for this observation is that as students attempt to adjust to new demands in an unfamiliar environment (e.g. increased academic workloads and new freedoms), challenges arise in taking up healthy eating habits (Keng, Smoski & Robins, 2011). In their study examining eating disorders and body satisfaction, Ackard, Croll and Kearney-Cooke (2002) found that dieting frequency among normal weight female college students were associated with more affective disturbances such as depression, low self-esteem, and difficulty discriminating between and regulating moods and insecurity. Their findings are of particular interest because low self-esteem correlates to sizable rates of depression which is indicative of increased anxiety (Sowislo & Orth, 2013).

Distress also plays a significant role in how graduate students consume food and other substances. For instance, McKinzie et al. (2009) collected data from a sample of 65 graduate students in psychology doctoral programs and found distress-related experiences not only affected eating habits, but impacted smoking, exercise and alcohol consumptions as well. The study by McKinzie and colleagues is consistent with other research over the years that found

links between distress-related events and eating habits (Insel & Roth, 1991; Ogden & Mtandabari, 1997; Ross, Niebling, & Hecker, 1999). Hudd et al. (2000) and Ogden and Mtandabari (1997) found "non-stressed" students were inclined to eat healthy snacks as fruits and vegetables, while "stressed" students were more likely to eat less nutritious snacks. Not only that, students who perceived they encounter more distress-related events had higher rates of irregular sleep patterns (Insel & Roth, 1991; Ross, et al., 1999), cigarette smoking (Witkiewitz et al., 2012) and engaged in less exercise (Peterson, Brown & Jun, 2015).

Some Effects of Stigma

In the effort to assist students with mental illness to grow their well-being, educational planners will confront even more nuanced challenges due to *stigma* (Blanco, et al., 2008). That is a collection of attitudes toward persons diagnosed with mental health conditions that reinforce stereotypes, discrimination and prejudice (Corrigan, 2004). For example, Mittal et al. (2013) explain stigma influences help-seeking behaviors especially during the initial development of mental illness, particularly for those who develop chronic mental health conditions later in life (Whealin, 2014). For instance, in their study describing adjustment difficulties of college veterans who develop PTSD after serving in war, Glover-Graf, Miller & Freeman (2010) note potential help-seeking activities may morph into behaviors that incline toward self-medication (i.e. drug abuse) in order to cope with symptoms.

Another effect of stigma is that it functions as a barrier for personal and social (Abdullah & Brown, 2011) and professional development (McKinzie et al., 2006). That is stigma creates obstacles that influences individuals' attitudes and beliefs about their illness and treatment, coloring the perceptions of opportunities one has in society at large (Goffman, 1963). One way this comes about is that stigma influences the beliefs and attitudes of those without mental illness

toward those with mental illness. Case in point, Troiana (2003) points out stigma influences pedagogical practices of college professors, particularly those who already have stigmatizing attitudes. For instance, in their study (n=596) examining faculty perceptions, Barnard-Brak et al. (2011) results showed faculty members with higher negative feelings toward behaviors of students with mental illness reported less belief in their capacity to provide successful academic support.

Stigma can also inadvertently be reinforced by policies schools adopt as they try to simultaneously balance the needs of intervening in negative health outcomes (e.g. suicide) with protecting their institutions from liability. In fact, some colleges looking to prevent lawsuits like *Shin v. Massachusetts Institute of Technology* (2005) are instituting "forced leave" policies for students admitting to suicidal thoughts or behaviors (Drum et al., 2009). At their best, these policies are consistent with schools that understand mental illness from the outlook of normative psychology. At their most inconvenient, they leave schools open to other lawsuits that sight disability discrimination such as Nott v. George Washington University (2005) and Disability Rights Association that brought a class action lawsuit against Stanford University for discriminatory involuntary leave policies (Kadvany, 2019). But, at their worst, such are policies that continue to whip together a climate of stigma that deters students who need care from seeking care out.

Reducing the perception of stigma has special import for colleges because of the large number of students they come in contact with. For example, between 2000 and 2014, the 18 to 24-year-old population of college students increased from approximately 27 million to almost 32 million (National Center for Education Statistics, 2015), and, roughly 75 percent mental disorders begin by age 24 (Kessler et al., 2005). And that college campuses often encompass

students' social networks (e.g. housing, fraternity and sororities, and other club activities), these institutions have a unique opportunity to be a part of timely and effective treatment that can offer long-term benefits (Eisenberg et al., 2009).

Skills for Coping with Distress

For the general student and for students with mental illness, strategies for handling distress are usually distinguished by two categories: problem-focused strategies and emotion-focused strategies (Brougham et al., 2009). Broughman and colleagues explain that problem-focused strategies enact behaviors as planning and taking actions, while the emotion-focused strategies involve expression of emotions and adjusting expectations. However, use of problem-focused actions are associated with positive well-being consequences as better health outcomes and decreased negative emotions (Dunkley et al. 2000; Sasaki & Yamasaki, 2007). Emotion-focused response to distress, like avoidance-based acts for instance, are associated with poor health outcomes and increases in negative emotions (Pritchard et al., 2007). "Although a definitive conclusion has not been reached," claim Broughman et al. (2009), "in general… coping strategies that use action, acceptance, and positive reframing in response to stress were found to be adaptive, while coping strategies that use avoidance and emotional expression in response to stress were found to be maladaptive" (p. 86-87).

In their investigation of the relationship between distress-related experiences, coping strategies and sex, Zuckerman and Gagne (2003), found that self-help acts of promoting well-being, approaching distress-related experiences using problem solving strategies and accommodating them through acceptance and reframing negative outcomes, were linked to more positive outcomes as beliefs in realistic control and mastering goals for academic performance. Aside from examining how individuals alone cope with distress, interventions at colleges can

generally be placed into three broad categories: (1) arts-based interventions; (2) psycho-educational interventions; and (3) cognitive/behavioral/mindfulness-based interventions (Regehr, Glancy & Pitts, 2013).

Bittman et al. (2004) and Mohammadian et al. (2011) are examples of investigations into the efficacy of arts-based interventions. Bittman and colleagues tested the efficacy of the arts-based intervention Group Empowerment Drumming, a form of recreational music aimed at enhancing social support, exercise, intellectual stimulation and heightened spirituality (Bittman et al., 2004). Mohammadian and colleagues looked into how Poetry Therapy interventions, that is reading and writing poetry as a means to elicit emotions, identify implicit emotions and promote collaborative endeavors that might otherwise be repressed. Each of these studies, and studies like them, deal with emotion-focused acts meant to provide, what in some ways can be likened to, *catharsis*. That is the free expression of feeling (Rogers, 1961).

Chiauzzi et al. (2008) and Dziegielewski et al. (2004) provide examples of research that investigate psycho-educational interventions. Those are interventions that have at their centerpiece written materials (e.g. pamphlets and online resources) for students to interact with or read with the hopes of alleviating or reducing the effects of stress. For instance, Chiauzzi and colleagues instructed students to spend a minimum of 20 minutes on My Student Body-Stress website on four occasions over a two-week period. They reported no significance impact on anxiety as measured by the Perceived Stress Scale. Dziegielewski and colleagues gave a 45-minute seminar to social work students and reported significant reduction in distress-related experiences as measured by the Stress Situations Questionnaire. Cognitive-behavioral interventions focus on cognitive, behavioral and social learning components to explain how one functions as a product between the personal and environmental. As it concerns distress,

cognitive-behavioral interventions often focus on control of the physiological reactions through controlled breathing (Grossman, 2004) or muscle relaxation (Regehr, Glancy & Pitts, 2013). Cognitive behavioral interventions (CBI) are based on the premise that emotions are influenced by thoughts and many negative thoughts contain distortions or exaggerations (Deckro et al., 2002). However, cognitive components aim to support persons to identify and modify what is seen as dysfunctional beliefs influencing responses to stress, as well as subsequent physiological and psychological distress (Najavits & Hein, 2013). In their literature review and meta-analysis of interventions in higher education to reduce distress-related experiences in students, Regehr, Clancy and Pitts (2013) found that most cognitive-behavioral interventions involved 4-8 weekly sessions, while some interventions involved only one session.

In an experimental study, Deckro et al. (2002) examined the efficacy of the relaxation response, a set of integrated physiological changes that are opposite of the fight or flight stress response, in a 6-week mind/body intervention on students' psychological distress, anxiety and perception. Deckro and colleagues found that, compared to the control group, relaxation response and CBI demonstrated for the experimental group reductions in psychological distress, anxiety and the perception of stress. However, their analysis did not take into account how students made sense of distress in the total way in which they are being. Irrespective of the intervention method or coping strategy, the skills that matter in effectively coping with distress-related experiences are overwhelmingly set around how one thinks, and how a change in thinking can then shift behaviors to increase well-being. Though some studies looked at skill-training interventions, sometimes called competency enhancement or mental health promotion, and their effects on promoting positive adjustment and lessening negative adjustment in college students (Botvin and Griffin, 2007; Stice et al. 2007), the extent to which acquisition of specific

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skills or what combinations of skills is directly responsible for positive well-being outcomes through these types of programs have not been verified (Conley, Durlak and Kirsch, 2015).

A Focus on Emotions

In traditional, normative psychology much research has also been carried out over the past 20 years on emotion regulation. Gross' (1999) heavily relied on account of *emotion regulation* is the process "by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions" (p. 275). As Burkitt (2018) remarks, Gross' conceptualization is still alive and well today. For instance, Gross (2015) points out that emotion regulation is "one of the fastest growing fields in psychology" (p. 1) and has become important in industrial organization, biology, cognitive, developmental, clinical and personality subareas. Though the reach of emotion regulation is far-ranging, irrespective of the subarea, in the final sense however, the concept of "regulating" one's emotions implies that "emotions are not always helpful" (Gross, 1999, p. 551; Gross, 1994; 2002; 2015).

Burkitt (2018) calls into question the normative conceptual basis of emotion regulation by highlighting emotion regulation theory "implies that emotion is something that *needs* regulating, invoking the old Enlightenment idea that emotion is unruly and potentially dangerous unless it is kept in check by reason" (p. 167). However, building on the work of Campos et al. (2004; 2011) and Kappas (2011), Burkitt (2018) argues a relational approach to emotions. Emotions as a relational phenomenon means that "emotions are not primarily seen as individual phenomena; instead emotions are understood as *patterns of relationship*, in that emotional expressions only occur in particular relational patterns, or what Gergen (1994) calls 'emotional scenarios'"(p. 168). Put differently, emotion labels are call-words for situational contexts but cannot be separated out from the larger existential space that helps to make up a persons being.

Rather, emotions arise out of a living network of meanings that is a person's past, present and future.

Appraisal theorists like Gross—whose point of view sits in a normative psychological perspective—and relational emotion theorists like Burkitt (2018) that wants to "shift attention away from a primary focus on regulation or management…[to]…understanding the restraint of emotion as occurring in the relations between people" (p. 172-173), have key differences in their theoretical approach. However, these perspectives seemingly retain a common aim: to etch a framework whereby individuals can increase their sense of well-being. Still, that each perspective in some form appears to advocate the suppression of emotions (e.g. using such terms as "regulation" and "restraint"), together they downplay the instructive and informative nature of the visceral expression of felt bodily sensations on which emotions are actually based.

A potential underlying concern about a gut-reaction (so to speak), is that an emotion-label like "rage", for instance, results in destructive behavior. That is to say that feeling rage mechanically equates to conduct that negatively effects one's own or others' well-being. But a visceral feeling—be it anger, disgust, anguish, etc.—does not predestine its imagined destructive behavioral equivalent. Even belle hooks (1995) demonstrates the creative value of feeling a *Killing Rage*. There is, in other words, value in a full, in-the-moment confrontation with those sensations that stir in one the most discomfort. What this means, then, is that in the same way there are in mathematics different ways to express an equation, there too are diverse ways in how one can express what they feel in a time of distress.

Existential Phenomenology

In addressing existential phenomenology and the relational aspect of being-in the-world, I will discuss the following concepts in particular: (1) mental illness (2) experience and (3) distress.

These concepts undergo a translation from the locution and meanings of normative psychology into the locution and meanings of existential phenomenology. This means these concepts are not understood in terms of dysfunctional brain parts, psychological affairs or luckless tries at regulating conduct. Those notions all begin from a zoomed-in focus on the narrow dimensions of biology, cognition and behavior. Instead, existential phenomenology zooms out to explain how such terms like "experience", "mental illness" and "distress" are call-words denoting changes in a broader journey of transformation: that multi-dimensional process of how an individual becomes a person. Ultimately, this translation shifts attention from independent processes of thought—e.g. mind stuff dueling over a body or vice versa—to capture a living interpersonal web, a totality of relational involvements that make up what it means to be *who I am* (Heidegger, 1962). In other words, existential phenomenology begins from a wide-look of being a human being whose life is an issue for itself, and, how this life-at-stake is encountered in relation to Others in the everyday, actual here-and-now world.

1. *An Overview of the Existential Approach*

Though existentialism has its roots in 19th century thinkers like Soren Kierkegaard and Friedrich Nietzsche, it began to flourish as a movement after World War II. The rise of Nazism and the atrocities of the Holocaust led to a vigorous questioning of the teleological beliefs that had for so long widely defined the Western ethos. They were questions like "is there an orderliness to life?", "does God exist?", "are there preordained codes of morality?", "are human beings imbued with a predestined purpose?". That these asks trailed the heels of a global attitude in which the goals of Nazism were achievable and the cost of life was high, such questions about the meaning of life became fundamentally important asks about the nature of the human condition. For

existentialism, then, a return to the basics to work out the question *what is the meaning of life* became an essential task.

Early 20th century existential philosophers like de Simone de Beauvoir, Jean-Paul Sartre and Albert Camus confronted these questions head-on. Their respective works argued that life did not have a priori meaning or a benevolent God-force or cosmic point pointing up to absolute truths about the manner in which human beings should live. To assert life is not given meaning, purpose and codes of ethics before people come to exist, especially in a time when belief in all three were needed, were claims that opened the door to a more ordinary view of the human condition. The view maintained that in being born, a person is essentially jettisoned into a world of made up agreements based on made up meanings that argue such and such truth about what is right and about how people should live. Therefore, it is incidentally, randomly, a person is "thrown" (Heidegger, 1962, p. 174) into living a life by no doing of their own. In being thrown, meaning does not originate from some supernatural authority or exist outside of time. Rather, meaning exists between the tension of our thrownness and the shared pattern of choices individuals make to belong.

In their respective eras, Kierkegaard and humanist psychologists like Abraham Maslow and Carl Rogers spoke at varying degrees about the effects of the need to belong (Maslow, 1943; Rogers, 1961). For example, between his two essays, *Works of Love* and *For the Dedication to that Single Individual*, Kierkegaard performed a thematic dissection of the deleterious impacts of the need to belong - a notion he in part framed as the "crowd". Kierkegaard suggested the crowd is an assembly of persons who are hiding from their own self-awareness and the work it takes to grow their awareness as such (Bellinger, 1996). Kierkegaard maintained that crowd-think as the first impulse, i.e. to seek permission for who one is, lessens individuals' sense of responsibility

for how they become. Kierkegaard's concern was about individuals submerging themselves too far in the want and need of approval of Others for how they are becoming a person in the world. He noted that this type of reliance in the crowd could not only "incite" people to violence or getting swept up into a "frenzied mob" but, above all, it influenced people to lose a sense of who they are in their own individual uniqueness (Bellinger, 1996).

Contrary to Kierkegaard, Maslow (1943) saw the need to belong not as a detriment but as a critical component to the most basic of human needs. Maslow described belongingness as a "hunger for affectionate relations with people in general, namely, for a place in [the] group, and…" as one "will strive with great intensity to achieve this goal…to attain such a place more than anything else in the world…" (Maslow, 1943, p. 381). In other words, for Maslow, belongingness consisted of a sense of being-together-with, acceptance and reciprocal care (Hill, Rooney, Mooney & Kaplow, 2017; Van Orden et al., 2010).

While Kierkegaard stressed the need to belong could negatively impact one by leading them outside of their own unique capacity to be who they are, Maslow championed the positive outcomes that arise when a person can feel deeply connected to Others, particularly how it can inspire people to participate with, and contribute to, the group. But Rogers drew somewhat of a middle line between Kierkegaard and Maslow. In his discussions regarding the need to belong, Rogers suggested that doing so in a way that is on either side of the extreme can result in something more significant, a rupture in one's ability to attend to their well-being in the ways they need it most. That is to say that an imbalance can occur in the manner in which a person learns to express their needs and blocks occur when working to adjust to changes that come about in the here-and-now (Rogers, 1961; 1980). Kirschenbaum and Henderson (1989) put it like this:

As humans grow from infancy to adulthood, an internal rift gradually develops, a rift that separates our immediate awareness from our own deeper "experiencing." In order to receive approval and love, we learn to suppress those feelings and expressions of ourselves that are deemed unacceptable to the important caretakers in our lives. Our need to be loved and accepted can impair our ability to be "congruent," to be whole and genuine. As infants the "locus of evaluation" is firmly embedded within us, but as we grow physically, emotionally, and intellectually, we learn to "introject" the evaluations that come to us from the external world until, for many of us, it is no longer possible to recognize the difference between what is internal and what is external, to know who we are (p. 155).

What Kirschenbaum and Henderson have captured in their Rogersesque explication is the need to belong is shaped by how one is cared for and therefore learns to care. The more this formation occurs at the expense of fostering *authenticity*—the active participation in the ongoing development of an identity which is unique to that of any other individual (Jung, 1939)—the ability to express meanings that are congruent to the ways in which one really feels and the propensity to express those meanings are dulled, particularly in times of distress. This inability to express one's deeper "experiencing" (see Gendlin 1961, p. 234) was seen as the central issue in persons' developing beyond an incongruent sense to one's way of being and life-negating actions.

When we couple together the notions of life's lack of a priori meaning, thrownness, and the commentary on belongingness, we can begin to see a shared concern under the historical umbrella of existentialism. Crucially, the predominant concern is not to critique one who mishandles a moment of anxiety as lacking; meaning not to view an individual as ill-equipped or disordered when they, in moments in time, appear to be "falling to pieces" (Epstein, 1999). Rather, it is a concern for understanding what one, in those moments in time, is up against in their journey to learn to take ownership of their identity as they emerge from the crowd. Therefore, one of existentialism's highest concerns is for how to create with Others the conditions in which a person, embodying events of sufficient significance, can learn to exercise

their freedom to create a new way of being. So, then, existentialism's emphasis on a priori meaninglessness was not an emphasis on meaninglessness for the sake of meaninglessness. It was a way to move beyond understanding people as separated into psychological bits and body pieces in order to create the kind of guidance need be provided when one attempts to mend their rift to self-determine and be authentic. That is to fully bring all that one is in everyday existence.

To ground these existential concepts discussed thus far, an excerpt from the pilot study that forms the basis of this investigation might suffice. This excerpt from Noah (a pseudonym), a student combat veteran who developed PTSD in his service in the armed forces, captures this notion of waking up to one's duty to be free. Here, Noah discusses what it was like for him post-trauma to learn to deal with times of distress as he was making his transition from the Navy back into the everyday life of civilian. Over the course of our more than 2-hour semi-structured interview, Noah shared many examples of what it was like for him to have to learn to deal with a "nervous breakdown" (i.e. distress). The selection that immediately follows explicitly captures the everydayness of learning to make meaning, learning to emerge from the crowd and the complex task of learning to become. Says Noah:

> And to go from that, [the military], back to a civilian life, I'd tell people all the time it was very apparent to me how brainwashed I was. My first day of my civilian job I had a nervous breakdown, because I couldn't choose what to wear. Because this is the first time in my adult life that I had to choose what to wear to work. I had a uniform my entire adult life. For five years I was told what I, I knew what I had to wear. Same shit. Everyday. Same uniform. Didn't have to think about it. Now it's my first day and then it was like "oh shit, I can choose what I can wear?" And I didn't know how to do that. And I literally was in the corner just fuckin', couldn't understand, literally 'bout to fuckin' cry, dude. Grown-ass dude cryin' over fuckin' tryin' to pick your fuckin' clothes for work, you know what I mean? But literally my girlfriend at the time got up and picked out an outfit for me so I could fuckin' go to work, 'cause I was just so like, you know, nervous, like: "What do I do? I kinda don't even know how to act."

Notwithstanding his challenges in that moment of having yet to learn to bear his freedom, there are three key tells Noah shares in the above excerpt that provide analytical value.

The first is the nexus of his "nervous breakdown" falls beyond his patterns of thought. Instead it lies in his acting toward a sense of self, an identity, worth existing for. For instance, the scene Noah depicts folds into and emerges out of the deceptively simple everyday act of choosing clothes to wear. Choosing clothes, to get dressed, in order to prepare for work, in order to arrive to his new job as he is continuing in his journey to transform who he was as a military man to who he must become as a civilian, shows that in being, one is always being toward a "this-is-who-I-am". That is a sense of being unfragmented and whole, a sense of a unified identity.

Second, Noah's depiction shows this sense of unity became disrupted in his passage from a familiar way of life (i.e. armed services) to an unfamiliar life (i.e. private citizen). That is a disruption occurred when the totality of everyday acts was no longer in tune with the impressions of his identity. To put differently, Noah's biophysiology (e.g. crying), work responsibilities (e.g. new job), developmental phase (e.g. "my adult life"), reflection of identity (e.g. uniform to no uniform), context (e.g. from military duties to "civilian life"), immediate space (e.g. in the corner), past, present and future, i.e. his being in time, are all interwoven there in the act of choosing clothes to wear. And it is there in that act and any other like it that Noah must learn to bring his identity into accord with how his life is now showing up.

Finally, the third tell is in his relation to another and that person being in relation to him. Noah conveys an important aspect of one's experience as a shared experience and the influence an individual can exert into the life another, especially when it is seen as coming apart (in a sense). In other words, that he is in the world with Others, there is power in another human being noticing Noah as being there, lost, in need of care and acting in his favor to aid him to step toward some horizon yet unknown.

2. Being and Breakdowns

As existentialism pulled focus from understanding the distress or anxiety people faced back from the narrow dimension of mind, body and behavior, it advocated a view of understanding a subject in relation to existence. However, through the phenomenology espoused in his groundbreaking work, Sein und Zeist (Being & Time), Martin Heidegger (1962) suggested that existentialism as it stood still maintained a Cartesian-like split between subject and their world and therefore missed apprehending how the person and the world they are in as all bound together as a unitary phenomenon (Heidegger, 1962; Raia and Deng, 2015). Heidegger termed this unitary phenomenon *being-in-the-world* (Heidegger, 1962). With this concept, he emphasized that who, when, where, why and how one is are not separate occurrences. But, together they are an interrelation of body, reflective and pre-reflective capacities, person-level view, context, choice, authenticity, objects encountered in daily life, being with Others, etc. It is an interrelation that is ontologically alive (Laing, 1969). As Steiner (1978) puts it, by being-in-the-world, "Heidegger is saying that the notion of existential identity and that of world are completely wedded. To be at all is to be worldly. The everyday is the enveloping wholeness of being." In short, for Heidegger, being-in-the-world is a unifying whole, a network of life-relations the totality of which equals to who one is.

Heidegger's analysis showed that one's way of being-in-the-world takes place in a relational world by pointing out there can be a "breakdown of this relational aspect of one's life—what [he] calls significance [*Bedeutsamkeit*]"(Raia & Deng, 2015, pg.60). A breakdown is the "experience of a world that has collapsed" (Raia & Deng, 2015, pg.60). In a breakdown, the world "...has lost its [preceding] significance, leaving [one] without possibility of making sense, recalling, recognizing what [was previously]…known" (Raia & Deng, pg. 60). Breakdowns of

this relational aspect of the world have been studied in some medical contexts. For instance, Bury (1982), through reports of patients' experiences with the chronic illness condition of rheumatoid arthritis, refers to breakdowns of the "structures of everyday life, of family relations and of forms of understanding of one's own body..." as *biographical disruptions*. Charmaz (1995) has studied breakdowns as biographical disruptions in chronic illness conditions as *"...heart and circulatory disease, emphysema, diabetes, multiple sclerosis...[and]...chronic fatigue syndrome…"* In both cases, the existential theme of understanding what it is the Other is encountering in facing a breakdown is meant to emphasize the issue of existential identity (i.e. identity or self).

In their book, *Relational Medicine: The Practice of High-Tech Medicine as a RelationalAct*, Raia and Deng (2015) apply Heidegger's phenomenology to the breakdown of this relational aspect of persons, specifically in a medical context of cardiological medicine. In their participatory research project on advanced heart failure, a condition in which individuals incur a breakdown, enter into an unfamiliar world of being and must learn to live with a mechanical heart assist device or live with a heart not one's own, Raia and Deng (2015) study the experiences of a person in interaction with scientific and technological advances, and, how to care for them (Raia 2020). These experiences show what it is like learning to live with an artificial heart or with a heart from somebody else as novel experience for patients and their families, and unknown to health care professionals. They analyze audio- and video-recordings of advanced heart failure medical practices following the interactions of 35 patients and the healthcare professionals taking care of them for a period of 3 years. They show that as a person becomes a possible candidate for replacing her/his malfunctioning heart with another person's heart or with an artificial mechanical heart, issues of what it means to be a person arise.

By Using Heidegger's fundamental ontology as their interpretative framework, Raia and Deng (2015) show that it is possible to accept the idea or a substitution of a permanently broken organ by heart transplantation or artificial heart when a person's body is understood as a collection of separate components or replaceable tools to be assembled in a human being. But, to understand oneself or the Other through such a gaze, is to see one's own body as constituted by body parts, organs with their properties and their natural functions. It something that has been stripped of its role and meaning-making in the person's relation in the world. It is a mode of being Heidegger (1962) refers to as *present-at-hand* (Raia and Deng, 2015). While only in such a context the decision to replace one's own heart organs can be made, there is no reassembly of the person with the new parts, machines, organs. Raia and Deng show that it is not a motor exchange process because 'the issue at stake is not only how to physically survive, but how to make sense of "being in the world, of who I am, how I make sense of the world, owning my life."

Through the analysis of daily medical encounters, Raia and Deng (2015) show that to learn to live and interpret life with an artificial heart or with the heart from somebody else, what is required is a transformation of the collapsed unrecognizable world into one that is familiar, a transformation of a collapsed world into one that has significance (Heidegger, 1962). This world needs to become familiar to the person taking the journey and needs to be owned by this person (Raia and Deng, 2015). They show it to be a 'a rather difficult and subtle "RelationalAct" process of reconstituting with the Other the relational web that binds physical things, the machines, and persons together into a meaningful whole, where actions have meaning for the person and, by that, reconstitute the person's identity (Raia and Deng, 2015). Raia and Deng call it a RelationalAct. Participants together are creating and inhabiting a public and common world of collective existence to make sense of themselves (e.g. patients) and are learning to care (e.g.

practitioners) (Raia, 2018) learning to become a certain kind or person and certain kind of practitioner. Their important conclusion (Raia and Deng, 2015; Raia, 2018) upon which I base my concept of relational thresholds and slightly extend their concept of the RelationalAct process further on, is that in high-tech modern medicine, this is not a path where one can venture alone.

It is in consideration of being and breakdowns, that the concepts of *experience* is seen as a call-word for *being-in-the-world*; *mental illness* or *mental health condition* is a call-word for a shift in the way in which one is being-in-the-world (i.e. a reorganization in how a person is making sense about their process of becoming a person); and *distress* is understood as a *breakdown*. So, to examine college students with mental illness who encounter distress is in this framework to examine individuals who encounter breakdowns due to still learning to become familiar with a shift in their being-in-the-world.

Modes of Being. Taking cues from the work of Raia and Deng, when we approach experience, mental illness and distress in terms of shifts in the way in which one is being-in-the-world, we are afforded a novel way to look at how college students encounter distress. But in effort to refine this approach, let us consider an example from the work of Raia and Deng (2015) that sheds more light on two other modes by which these shifts in one's way of being in the world plays out.

Take their patient Mr. Montale. He was the head of an international company who at the time of heart transplantation surgery was in his early 60s and had been on the heart transplantation waiting list for over a year. One day he was on a business trip when he realized he was not walking far, breathing heavily, sweating and could not even keep up with everybody else with whom he was walking (Raia & Deng, 2015, p. 25). His doctor ordered him to go to the

hospital right away and after Mr. Montale was discharged, he remembered feeling that he was in a "space where they did not know if they were going to save me" (Raia & Deng, 2015, p. 26). This experience of the way the relational aspect of the world becomes altered—out of which an unfamiliar interval in the network of life relations emerges between how it is that one knows, what it is that one can do, where it is that one can go and how it is that one experience self in relation to Others—is a breakdown. It is here the point of breakdown in the relational aspect of the world adjusts the mode of being-in-the-world. Raia & Deng (2015) explain:

> Let's say that we are walking to a meeting... While walking, we do not really pay so much attention to the sidewalk leveling, its curves, small holes, our shoes, or for that matter we do not pay attention to our feet, our legs etc., we just walk to go to a meeting, possibly absorbed in a conversation with a colleague...or thinking about what will happen in the meeting and what we want to get out of it. But what happens if my left foot is in acute pain? Immediately, the foot comes to my attention. It comes to my attention in its function of allowing me to walk and go where I want to go, at the speed most congenial to me. In Heidegger's words, dealing with things we use in the world (tools, equipment etc.), is to relate to something as *Zuhandenheit* (*ready-to-hand*), we just use it without thinking about it while using it, as I do not concentrate on the shoe I wear to walk to a meeting or on the slight curving of the sidewalk. I do not concentrate on my left foot, either. I just walk (pg. 27).

Mr. Montale was relating to his world as ready-to-hand until that particular everyday activity of walking with colleagues on his business trip. He previously did not have to concentrate on his breathing or gate nor take notice in any serious why he might perspire. Before the breakdown, the network of life-relations giving his world a sense of familiarity went uninterrupted. His biography was not in a state of disruption. When various parts of Mr. Montale's biophysiological components moved from the background to the foreground, there was a sharp change in his mode of being-in-the-world; physiological reorganization (e.g. not breathing to breathing heavy, not sweating to sweating) and mental reorganization (e.g. reflections on "not walking far"). The background from which he derives sense and activities derive a point (Dreyfus, 1991) became

fragmented. Mr. Montale had entered a mode of being-in-the-world Heidegger refers to as *unready-to-hand*. Explain Raia & Deng (2015):

> When the tool malfunctions, is broken or is missing, then we relate to it as *Unzuhandenheit* (*unready-to-hand*). This means that the tool becomes prominent in its function, as a broken shoe would; but also my left foot in pain now is prominent as a malfunctioning tool to walk. My foot becomes *auffallend*, *conspicuous,* in its malfunctioning. Now, I cannot just take a walk in the world going to work oblivious to my shoe, my foot; I feel every step I take. For each step, I can now feel how long the step is, how much I push on my hurting foot and how much the pressure is released when I am standing on the other foot. The other foot is also becoming prominent in my perception of its function of supporting my step. One step opens a new world for me. Things that were transparent to my attention, as my foot was [transparent] while I was walking to a meeting without pain, now are prominent, *conspicuous* to me. My foot is no longer in the background, [no longer] *transparent* to my perception of walking to go to a meeting. In its function, to allow me to walk, now malfunctioning, it is prominent, *conspicuous* (p. 40).

An unready-to-hand mode of being-in-the-world makes prominent bodily functions and reflective capacities while at the same time alters the appearance of the world. Generally speaking, everyone has experienced this shift in their world in some way, especially when they have accidentally jammed their finger or toe against some hard surface. The world—its organization, feelings, attitudes, possibilities—show up differently. For Mr. Montale, when his mode of being-in-the-world shifted from ready-to-hand to unready-to-hand, bodily functions became noticeable. The relational aspect took on new significance. The immediate experience of the world changed (e.g. could not keep up with his colleagues walking). The material part of the world change (e.g. from business outings to hospitals trips). His social relations changed (e.g. from being with family and colleagues to being surrounded by nurses and medical doctors). The activities of daily life changed (e.g. sleeping at home to sleeping in hospitals). His sense of time changed.

This transition is a crossing (as it were). It is a crossing that is marked by the feltness of bodily sensations, of ways of thinking, of the sense of what is possible, of concern for one's way

of becoming a person. Raia and Deng (2015) point out Heidegger distinguishes between two kinds of breakdowns, a temporary breakdown (aufsässig/obstinate) and a permanent breakdown (aufdringlich/obtrusive). A temporary breakdown, like the distress college students experience, is a non-permanent disruption to being-in-the-world as familiarity with the world still remains and a permanent breakdown is a perdurable change in which "the body in its entirety has become conspicuous with the breakdown of what was so familiar…transparent to [one's] perception" (p. 28). I build on these notions by understanding the phenomena of breakdowns as relational thresholds.

Relational Threshold. There several differences between the concepts of distress, anxiety and a breakdown. But a key difference between them is how each concept focuses attention on how an individual experiences events that initiate acute or chronic troubles to their well-being. And, therefore, this attention precedes how a practice developed through each concept recruits particular kinds of resources to organize particular acts of care. For instance, that "distress" conjures up an image of a psychological subject under the influence of a dysfunctional, maladapted mind, distress as a framework relies on the treatment of a mind disease via methods to change brain structure or patterns of thought. "Anxiety" conjures up an image of entire person, the reflective mind not separated from the body, nor the body living apart from the reflective mind. But it presents an image of the two in connection as an embodied identity attempting to understand its presence in the world. It can be said, then, that anxiety as a framework relies on strengthening one's sense of awareness to create authentic meanings for self. However, the concept of anxiety emphasizes a sole individual while downplaying her relation in the world with Others.

Relatedly, a "breakdown" conjures up an image of an existential subject. That is a being-in-the-world always in relation to other beings-in-the-world and a kind of being who inevitably faces significant shifts in how they make sense of *who I am* in that interrelation with Others. As Raia and Deng (2015) demonstrate, the existential phenomenological basis of a breakdown relies on methods of teaching and learning how to relate to Others, and, methods for teaching and learning are so that individuals can learn how to restore a sense of familiarity when they experience a collapse in significance, being left without the prospect of "making sense, recalling, recognizing" (Raia & Deng, pg. 60) the world as it appears in the possibility of now.

I have termed the moment in which a person encounters events associated with endangering their well-being as a *relational threshold*, a point in being-in-the-world that marks a shift from a felt-sense of continuity in the relation between self, Others, the body and events in space and time to a felt-sense of discontinuity in the relation between self, Others, the body and events in space and time. Unlike the concept of distress, what is explicitly emphasized in the definition of relational threshold is directly linking a shift in the modes of being-in-the-world to a perceivable change in felt bodily sensations as intimated by Heidegger (1962) and as pointed out by Raia and Deng (2015). And it is linked to being in the world as opposed to living through the mind. Similar to Heidegger (1962) and Raia and Deng (2015), the concept of relational threshold prioritizes the interwovenness of being-in-the-world, of existential identity, as inextricably bound to the minutiae of bodily perception that precedes any reflective self-understanding about how one in a moment is becoming (Gendlin, 1961; Heidegger, 1962; Merleau-Ponty, 1974).

Moreover, it is important to state again in different terms that when Heidegger (1962) put forth the concept of a breakdown he did not specify how to help guide another person through it. Raia and Deng (2015), however, extended Heidegger's (1962) work in the context of high-tech

modern medicine by arguing how guidance through a breakdown could take place in dealing

with patients with advanced heart failure. My addition to this line of scholarship is the argument

that a key to more effectively assist persons diagnosed with mental illness to grow their well-

being in, and for, times of breakdown, is through cultivating a reliance on one's own soma. In

other words, becoming familiar with how felt bodily sensations move from the background to the

foreground is critical to discovering ways to teach and learn about how students can enhance

their well-being when relational thresholds are brought about.

   Attuning in a Relational Threshold. In their description of the RelationalAct process,

Raia and Deng (2015) suggest a major milestone in the development of RelationalActs is

learning how to attune to a felt shift in the underlying "mood" (Raia and Deng, 2015, p. 78) out

of which a person's sense for their being-in-the-world arises. *Attunement*, that is resonating with

the possibilities of how one can be, requires understanding challenges particular to this

individual. It requires, firstly, apprehending that the Other is in the middle of their journey in

becoming a certain kind of person, what Raia and Deng (2015) refer to as being in media res

(Raia and Deng, 2015, p. 23). Secondly, it requires understanding what it is like for a person to

be there, in media res, to all of sudden feel cutoff from their capacity to make sense of who they

are at that given point in time. Thirdly, it also requires understanding the difficulty in learning, in

the midst of one's being, how to take on and accept a new way of being-in-the-world.

   Based on Raia and Deng (2015), I argue that a goal of attunement is to figure out how to

create with the Other the conditions in which a sense of familiarity with the world can expand

when a relational threshold comes about. In so doing, one has to learn to be with Others so that

they, together, may get in touch with the deeper meanings that block and can unblock actions

that enhance, sustain or recover one's capacity for well-being. It is through the iterative goal of

attunement to the *who I have been, who I am* and *who I am becoming* that help to determine the complex procession of caring for a student diagnosed with mental illness. In terms of education planners, that means understanding how to recruit, and which resources to recruit, in order to guide the integration of mental health care, well-being goals and educational advancements into *this specific person's life*.

Based on Raia and Deng's (2015) explanation of the RelationalAct process, I got the hunch that there could potentially be phases by which students who face breakdowns, learn to attune to less than obvious meanings of identity that underlie their specific way of crossing a relational threshold. This process of attunement is what I refer to as *somatic registration*. That is learning to read one's own felt bodily sensations in relational thresholds in order to (a) locate meanings of identity that account for breakdowns, (b) discover everyday actions to integrate these meanings in order to grow their well-being and (c) establish ways to share everyday life with Others. For instance, Raia (2018), through microanalysis of interactions shows how our way of being in the world, how we act in the world, is organized by an existential temporal horizon: of being already socialized into shared accumulated practices attuning to what matters and by being always projected into the future possibilities of being ourselves. Raia (in press) demonstrates that based on this temporal existential horizon that our emotions and stances, such as excitement expectations, hopes, and fears, are existentially tied to our structure of being. Within this framework, I consider the person's expectations, desires, and hopes to socialize, to be able to share everyday life in a manner that is authentic and to be with others a critical component in making sense of the person's actions. In particular, it is a critical component in making sense of how one faces their emergence from the crowd through somatic registration.

Thereby learning to read one's own felt bodily sensations is relational because it stems from the goal of being able to be with Others in a way that is authentic.

RelationalActs, then, are teachable and learnable skills meant to assist the Other in crossing a relational threshold. That is skills one can use to guide the Other from a felt-sense of discontinuity in the relation between self, Others, the body and events in space and time toward a felt-sense of continuity in the relation between self, Others, the body and events in space and time. So in an effort to further build on the work of Raia and Deng, a part of my investigation hinges on observing if there are stages by which students who experience breakdowns learn to innovate RelationalActs, and, to determine if these stages will give a clearer indication of specific actions students take in order to attune to shifts in their being-in-the-world.

Chapter 3: Method

Situating the Study and Researcher

My dissertation study originates out of my own college experience of being noticed by everyday faculty and staff in a time of breakdown. In being noticed, they connected me with campus mental health services which eventually led me to receiving guidance to grow my own well-being. It was growth that helped me re-form relationships with Others, my sense of self and even my overall attitude of whether I belonged—in school or life. It was in their everydayness they engaged a basic act of care I believe everyday faculty and staff in any education setting can bring up to scale. That is if scaling up is based on a shared view that to encounter a student is to come up against an entire process by which an individual is becoming a person. So by building on the scholarship outlined above and my own experience, I designed this study to examine how this process of becoming plays out crossing a relational threshold and, to hopefully represent students' stories in a way that inspire and inform ways to assist everyday faculty, staff and the students themselves, to develop RelationalActs.

Why these Questions?

What do college students with mental health conditions perceive as distress? What do they perceive as their behaviors in response to distress? What do they perceive as important turning points in learning to handle distress? These are the questions to which I have turned my attention. I chose these questions because they do a few things. First, these questions reflect evidence from both normative psychology and existential phenomenology that indicate growing one's well-being is a kind of education process that requires the development of RelationalActs through experience, study or being taught.

Second, these questions bear out my interest in outlining common elements about students' perceptions of breakdowns and responses to breakdowns in order to add to our understanding of how to think up and carry out ways of supporting their learning in and for these times. That is, it is reasoned that these questions aid in moving the needle forward in concretely considering the expectations and limits placed on the role everyday faculty and staff can effectively play in this particular learning process.

Lastly, I chose these questions because they are inquiries that by and large exploit colleges' developmental position and resources to constructively participate in limiting the long-term negative health outcomes of so many students who during their college years, for example, develop conditions like depression, eating disorders, bipolar and anxiety.

Setting & Participants

I received Internal Review Board (IRB) approval for this study in November 2018. To recruit participants, I posted physical signs on UCLA's campus, dispatched Facebook announcements and relied on word of mouth messaging to net 12 full-time postsecondary students (M = 24.75, SD = 6.9; 9 female; 10 comorbidity) with self-reported mental health conditions. Those who self-selected to participate in this study were notified during the recruitment process about the nature and length of the research study and more practically, about the nature and length of the semi-structured conversation interview. Six interviews were video recorded in a face-to-face format with the remaining six audio recorded conducted via telephone (See *Table 1. Participant Demographics* for a detailed description of participants). The sample size was chosen at the low end of an expected point of saturation (Guest, Bunce, & Johnson, 2006). That is when additional participants do not provide any additional insights or clarifying remarks and typically occurs around 12 to 15, particularly in homogenous groups. Initially, my expectation was not to be able

to reach this total sample range number because students diagnosed with mental health conditions are a vulnerable population and are less likely to participate in research study for fear of being found out. But I was fortunate that those individuals who consented to this study and kept to interviews had the courage to do so.

Table 1. Participant Demographics

Name (Pseudonyms)	Gender	Degree Status	Diagnosis	Time Since Diagnosis*	Symptom Duration*	Symptom to Diagnosis Gap*
Brie	Female	Graduate	PTSD; Panic disorder	9	18	9
Carrie	Female	Undergrad	Anxiety; Obsessive compulsive disorder	4	10	6
Gina	Female	Graduate	Anxiety; Depression; Eating disorder	1	15	14
Ian	Male	Undergrad	PTSD	3	8	5
Jackie	Female	Undergrad	Bipolar disorder; Depression	1	4	3
Lily	Female	Undergrad	Depression; Obsessive disorder disorder	3	5	2
Lyn	Female	Graduate	Anxiety; Depression	20	23	3
Mark	Male	Graduate	PTSD	4	27	23
Mason	Female	Undergrad	Anxiety; Depression	5	8	3
Ryan	Male	Undergrad	Obsessive compulsive disorder	.05	10	9.5
Sarah	Female	Undergrad	Depression; Eating disorder	5	6	1
Stacy	Female	Undergrad	Bipolar disorder; Depression	1.5	6	4.5

*Time Since Diagnosis, Symptom Duration and Symptom to Diagnosis Gap are in year equivalents.

Participants were included in the study if they met two criteria. The first was a formal clinical diagnosis of one or more mental health conditions ranging from schizophrenia, depression, anxiety, trauma and stress-related disorders, or somatic disorders. This excluded those with neurodevelopmental disorders such as autism spectrum disorder. The second criterion was that participants be full-time students in a post-secondary institution.

Data Source: Semi-Structured Conversations

This section discusses the semi-structured interview I conducted and drew on as a source of data to answer each of my research questions. But for a step-by-step timeline focusing on the practical steps taken to collect data over the course of 18 months, see the next section.

The semi-structured interview was based on a pilot study (N=5) I conducted 2 years prior. Therefore, the questions I asked in this study mirrored piloted questions and duplicated my perceived style of engaging interviews. For example, because I approached this particular study with the understanding lifted from my pilot study, when I engaged current participants I inserted

my opinions, challenged participants' views and underlying systems of meaning and conveyed my overall interest in them as persons in a way that lowered perceptions of pretense on my behalf (i.e. playing a role of disinterested, objective researcher), particularly when the topic at hand is ontological. All this means is that I embraced my positionality and drew on it as a strength rather than a limitation in order to ask meaningful questions centered on a personable sense of curiosity in their life.

Research Question 1

What do postsecondary students with mental health conditions perceive as distress? I aimed to minimize confusion on the behalf of participants by asking them to describe experiences of "stress events" rather than asking about "distress", "breakdowns" or "relational thresholds". The outcomes of the pilot study led me to anticipate that participants would bring up specific breakdowns on their own or by follow-up questions. Notwithstanding this minor change in language between framework and actual interview, the aim to understand the relationship between students' experiences of breakdowns and the underlying issues raised for their identity remained the same. In other words, in our conversation I attuned to talk that they indicated as ways of being-in-the-world that blocked or enabled them to grow their well-being.

In the beginning of Chapter 1, I noted that well-being meant a sense of feeling whole and unfragmented. But to translate into an interpretative method the concept of "ways of being-in-the-world that block or enabled well-being" was used to screen the data for talk that denoted well-being. In the end, I leaned on the analyses from the pilot study to listen for talk that indicated: (1) a definable groups of happenings (i.e. an event or series of events) in an activity with Others indicated as the starting point of a shift in their mode of being (2) an abrupt or

gradual change of felt bodily sensations (3) adjustments in patterns of behavior described as being noticed by the student or reported to the student as noticed by Others (4) changes in subjective experience (i.e. descriptions of altered states often presented by metaphorical language) and (5) reports of success and/or shortcomings in learning to face distress. In other words, I listened to students' description of the scene of the breakdown, i.e. reports of setting, body, behavior, subjective reflections and attempts at overcoming frustrations to growing their well-being.

The results from the pilot study showed that when participants talked about their becoming, a temporal meaning of identity was common across participant talk. That means a description of breakdowns consistently indicated an interplay between a block to the growth of well-being with meanings of identity that were simultaneously beholden to the past, present and future. In addition, their descriptions also indicated an interplay with whether or not students could recognize the meanings for which breakdowns occur as simultaneously arising out of the past, present and future (e.g. when I was younger my mother was emotionally abusive, my response to present interactions that remind of that abuse is to engage in binge eating and I binge eat because I don't see another way forward to deal with the feelings).

Ultimately, my play in the semi-structured interview rested on clarifying a process of learning to handle breakdowns in a way that grows well-being. Not unlike learning other subjects, broadly speaking, learning to handle breakdowns begins with features one does not know about, features that they can become familiar with over time and taking ownership of these features to problem solve them in ways specific to situational contexts. Moreover, this also implies that across individual participants, variation in the features of breakdowns related to variations that alter the course of development. That is, situatedness implies no singular

sequential developmental pathway, or rather, learning to become is not a linear process. With this consideration, I approached my practical analytic work as approaching an education process and looked for similar language reflected in my pilot study by continuously asking three questions: 1) what is the Other indicating that they did not know or do not know 2) what is the Other indicating that they are coming to know now or already know and 3) how is the other indicating that they have come to learn these things. What this means is that I looked for language that revolved around at first not being able to do something when crossing a relational threshold to being able to do some particular action when crossing a relational threshold.

For the first question, what is the Other (i.e. student) indicating about learning to handle breakdowns that they did not know or do not know, I looked for talk that indicated the role felt sensations of the body plays in breakdowns. That is whether students relied on their soma to recognize their crossing a relational threshold (e.g. noticing that their heart races, palms become sweaty, face gets hot, etc.). It also included talk that indicated underlying themes related to meanings that connect to their reports of experiencing breakdowns. For example, in order to be perceived as X (e.g. normal, smart, strong), I must be able to be perceived as capable of Y (e.g. not being different, not seeming stupid, not crying or appearing weak).

The second question, what is the Other indicating that they are coming to know now or already know, I looked for talk that indicated a change between how they recognized and responded to breakdowns. For example, this included time-dependent clauses of "before I did this…but now I do this…" or "I respond this way now…but in the future I hope to do this…"

The third question, how is the other indicating that they have come to learn these things, I looked for talk that indicated they are learning by invoking the behaviors or teachings of Others in order to be with Others. For example, participants from my pilot study all suggested that a big

influence on how they encounter breakdowns was through guidance of Others. Some of the guidance was direct (e.g. my therapist said I should try X, Y, Z), while other guidance was indirect (e.g. I learned this tactic by watching Others behaviors).

During the actual interview, one of the first questions I asked is that students give me a grand tour of the kinds of "stress events" they experience throughout their course in school (Appendix A, p. 104). This question was asked first to break the ice in order to open space for participants to mention multiple accounts. Also, I initially started here to further align with the framework of Raia and Deng (2015) which suggests one should attune to how the Other's world is appearing by approaching them as having their own specific, unique experience; realizing that you are entering in the middle of the Other's journey through life and the mystery of that person cannot be fully known, and overall, learning "specifically how to relate to this person" (pg. 68). In following their lead, I started with general questions to allow time for us to get comfortable with each other in order to sync up with their style of communicating, the content of what makes the now, their mannerisms and patterns of speech, before exploring sensitive topics.

Research Question 2

What do postsecondary students with mental health conditions perceive as their response behaviors in distress? In addition, during the course of our semi-structured conversation I asked students to describe moments when their responses to breakdown were inappropriate for a situational context and to interpret these responses. The reason was to play on my expectation that current interview participants would articulate a sense of regret, isolation and embarrassment like participants from the pilot study. I asked this question to reaffirm that though it may not always appear like it from the outside looking in, but, students who face

breakdowns still have being with Others as a goal and feel as though they have lost out when they cross a relational threshold.

Another reason I asked students to describe and interpret their responses in breakdown was to further understand the role stigma played in learning to handle breakdowns and to challenge my own analysis of the way students report crossing relational thresholds. What resulted from this line of inquiry that students did not ultimately see responses in a particular breakdown as fundamentally disruptive and negative, but rather they talked about these responses in terms of learning how to reconcile implicit meanings of identity that blocked them in the growth of their well-being.

Research Question 3

What do postsecondary students perceive as important turning points in learning how to become handlers of distress? With this particular question, the aim was to specifically understand the relationship between relying on felt bodily sensations to recognize one is crossing a relational threshold and the ability to interact in crossing the relational threshold in a manner that is perceived as being suitable and appropriate by Others in a situational context. Similar to the pilot study, this means that I looked for talk that reported a decrease in the perception of disruptive behaviors by self and Others, toward an increase in reports of behavior related to lower negative outcomes. Here I again homed in on time-dependent clauses that indicated a progression from an increased sense of isolation to a decreased sense of isolation. For example, I looked for comments around relational thresholds that demonstrated a shift from being non-relational such as avoiding Others, abusing substances, and decreased reports of altered states of subjectivity (e.g. snapping, losing control or losing a grasp on time) to being in relation with Others.

Data Collection Timeline

Data collection took place in two phases. Phase I occurred at the beginning of Winter Quarter 2018 and Phase II took place at the end of Spring Quarter in 2019.

Phase I

 Midway through Spring Quarter 2019, I scheduled face-to-face interviews in a private location and telephone interviews. I prepared for our conversation by reviewing my structured questions, transcripts from my pilot study and by anticipating how to hold the space where participants could feel the freedom to express whatever experiences or in the moment feelings that came up. I did this by attempting as best as I could to listen "attentively…not thinking what to say next, nor formulating a response…but allowing [myself] to learn as much as possible" (Raia and Deng, 2015, p. 83) from participants in genuine curiosity as if I was being granted permission to encounter them on their journey.

Phase II

 The semi-structured conversations ranged from 49 minutes to 138 minutes with an average interview time of 85 minutes. On average I conducted two interviews per week over the course of six weeks.

Data Analysis

As previously indicated, I analyzed the semi-structured interview by examining talk that demonstrates an education process of learning to cross relational breakdowns in a way that grows well-being. That is a series of steps marked by actions learned through experience, study or being taught to encounter a moment of a felt-sense of discontinuity in the relation between self, Others, the body and events in space in a manner that brings about a felt-sense of continuity in the relation between self, Others, the body and events in space and time. I paid close attention to

how this development unfolded as a process of somatic registration, specifically learning to read one's own felt bodily sensations in crossing or being in a relational threshold in order to share everyday life with Others.

The work I did in my analysis, then, was as follows: First, I conducted the semi-structured interviews. After each interview, I imported all audio and video files (when available) into MAXQDA, a qualitative software analysis program. Once in MAXQDA, I transcribed the audio files using the transcription feature. Next, once audio files were transcribed, I reviewed videos of participant interviews and listened to audio files several times to gain a sense of familiarity with participants' individual stories.

Themes: Research Question 1

I analyzed data in the order in which I asked my research questions by generating themes. Themes were based on conclusions concomitantly drawn from the pilot study and this current study. For research question 1, *What do postsecondary students with mental health conditions perceive as distress?*, I searched the transcript for the instance I asked this particular question and labeled it "Research Question 1." Under this heading, I swapped out distress for the definition of relational threshold and used the following themes to parse its features:

Somatic Talk. The theme "somatic talk" captures the "felt-sense of discontinuity". Here, I looked for talk whereby participants discussed physiological reactions (e.g. racing heart) in the moment of crossing or having crossed a relational threshold.

Self-Reflections. The theme "self-reflections" captures the relation between self and a present-at-hand reflection of who one was being in the moment they crossed a relational threshold. I looked for talked similar to the talk expressed in Noah's excerpt and other participants in my pilot study. This included talk that indicated a change from a past identity (e.g.

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military life, being a soldier) to a present or future identity (e.g. civilian), as well as talk that expressed successes of fulfilling identities (e.g. trying to be normal or trying not to be like others) or falling short of perceived identities (e.g. "grown-ass man cryin'").

Others. The theme "Others" captures the aspect of the relational threshold that involves being in activity with other persons in a manner that brings about a sense of non-relation. I looked for talked that demonstrated a sense of distance and aloneness on the behalf of participants. Talk included reports of acute or extended periods of not being in contact with Others physically (e.g. avoiding class or family), emotionally (e.g. not expressing feelings congruent to the actual, here-and-now feltness of experience), or psychologically, reflections through metaphors that point out an atypical state of subjective reflection (e.g. being in a "haze" or having "snapped").

Gap Time. The theme "gap time" captures the aspect of a relational threshold that brings about a felt-sense of irregularity or disorderliness to the interwovenness of being-in-the-world, particularly a disorderliness to the felt-sense of continuously being in a flow against a backdrop of meaning and significance. I looked for talk that specifically indicated an altered experience of time. Based on the pilot study, the kinds of talk I looked for were reports of feeling the rate at which events were organized were sped up, slowed down or provided the sense of being in a gap. By *gap* I mean there is an expressed sense of being in an unfilled space, an empty world, an interval at which one feels like a different personality has altogether come about or indicates they are unable to recognize or name features of the setting (e.g. I did not know where I was).

Themes: Research Question 2

For research question 2, *What do postsecondary students with mental health conditions perceive as their response behaviors in breakdowns?*, I searched the transcript for the particular instance I

asked the question and coded it "Research Question 2". Under this heading, I approach this question through the lens of participants' attempt to recognize (i.e. identify, make sense of and directly express) implicit meanings of identity that form motifs common to crossing relational thresholds. Whether meanings were located in the past, present or future, these motifs were related to issues of balancing the need to belong but belonging in a way that is authentic. That is congruent with one's way of being-in-the-world. In this way, I developed three themes that captured language that indicated my definition of relational threshold and its features were parsed in the following way:

Meaning Location. The theme "meaning location" reflects data from both the pilot study and current study that indicated each participant was endeavoring to make a connection between the meaning of a past, present and future event(s). For example, how participants talked about their actions crossing relational thresholds frequently involved reconciling their actual, here-and-now sense of how they are at present with either who they have been in the past and/or might become in the future. The kinds of talk I looked for was guided by the pilot study. For instance, I looked for talk that specifically indicated distinctions between perceptions of how they reflect on their past, present or future identity. What I homed in on were statements of contradictions contrasted against their present sense of identity versus recounting perceptions of how they should be according to standards of a social identity. I further attuned to this kind of contradiction by searching for talk that suggested being normal, suppressing feelings through not expressing their actual felt experience as contrasted against talk that suggested accepting how one is, owning their perceptual experience and learning to express their actual felt reality.

Past. That the theme of "meaning location" ultimately hinged on identity (i.e. the sense of who I am), here I sought to understand their sense of identity in terms of past events. That is I

questioned whether their crossing a relational threshold were situated on identity statements about the past and looked for talk about identity surrounded by statements in past-tense.

Present. Here, I also sought to understand their sense of identity in terms of their relational thresholds. But I questioned whether their crossing of a relational threshold were situated on identity statements about the present and looked for talk about identity surrounded by statements in present-tense.

Future. Relatedly, I also sought to understand their sense of identity in terms of their relational thresholds. But I questioned whether their crossing of a relational threshold were situated on identity statements about the future and looked for talk about identity surrounded by statements in future-tense.

Themes: Research Question 3

For research question 3, *What do postsecondary students with mental health conditions perceive as important turning points in learning how to become handlers of distress?*, I searched for discrete teachable and learnable skills to recognize relational thresholds and to identify meanings of identity that help to account for relational thresholds. Specifically, I relied on Raia and Deng's (2015) description of attunement as being the basis of RelationalActs by asking (1) how do students have a sense for when they are crossing a relational threshold? and (2) by what means are students endeavoring to move from a point of being non-relational (i.e. being in a breakdown) to relational (i.e. not being in a breakdown)?

The reason I asked these particular questions here is because in reviewing Raia and Deng's (2015) book, I understood that a key motive to their manuscript is to help care providers in the field of high-tech modern medicine to teach and learn about RelationalActs. That is how to disrupt thinking about patients as body parts and heart-transplantation as a "motor exchange", to

approaching patients as persons who need guidance in learning how to make a strange and unfamiliar world familiar. However, their description of how to facilitate this process through attunement, for instance, focused on outcomes rather than discernible, tangible skills. So, playing a hunch, I made the assumption that the yet to be named skills that would help to account for caregivers' RelationalActs (i.e. specific actions that makeup attunement) would be the same or at least similar skills students are attempting to innovate in order to cross relational thresholds in a way that grows their well-being.

A reason I made this assumption is because I looked at the development of RelationalActs as a procession in which learners are in a sense developing a kind of scientific literacy of self (so to speak). By that I mean they are learning ways to read and interpret meanings and its significance to achieve tasks in everyday life while being members of a community (Brown, Reveles & Kelly, 2004). However, this type of self-literacy is specifically about learning through one's felt bodily sensations to read and interpret meanings about breakdowns in one's way of being-in-the-world, all in an effort to understand how to maintain a sense of relatedness with Others. More specifically, that is how to fulfill a sense of belonging without detriment to one's authenticity. And because the general development of literacy suggests the development of shared practices (Brown, Reveles & Kelly, 2004; Vygotsky, 1986), I derived themes by looking at what features of possible skills that makeup attunement are common across data from the pilot study, this current study and from Raia and Deng's (2015) study. In other words, I assumed that caregivers and students are engaged in the same practices but that they might be used to meet different ends.

Threshold. The theme "threshold" was applied to talk in the transcripts describing relational thresholds. In some way, each participant appeared to have their own level of expertise

in handling moments where a felt-sense of discontinuity in the relation between self, Others, the body and events in space and time are brought about. At first, I went through transcripts and labeled talk as "relational thresholds/breakdowns". Next, based on transcripts, I noted which participants appeared to be advanced, intermediate or novice at recognizing their own relational thresholds.

The way I determined which transcript is placed either in the advanced, intermediate or novice category was by reported actions in crossing relational thresholds. Those placed in the advanced group were less likely to report negative coping behaviors and more likely to transition between phenomenological boundaries (i.e. from not being in a breakdown to being in a breakdown) with a sense of fluidity and control - all with a strong reliance on the felt bodily sensations that occur at the onset of crossing a relational threshold. Those placed in the intermediate group were slightly likely to report negative coping behaviors and slightly less likely to transition between phenomenological boundaries with a sense of fluidity. I judged this kind of fluidity by statements such as "I sometimes know what to do when I'm stressed". These statements were also more likely to be associated with less reliance on the felt bodily sensations that occur at the onset of crossing a relational threshold. Those placed in the novice group were more likely to report negative coping behaviors and more likely to report transitioning between phenomenological boundaries sans a sense of fluidity, control, as well as not likely to indicate any consistent reliance or any reliance at all on felt bodily sensations that occur at the onset of crossing a relational threshold. The talk I looked for came from direct and indirect statements of how "stress events" impact their behavior.

After, I focused on transcripts in which participants appeared to be advanced at crossing relational thresholds, asking "How is this person approaching, entering and exiting their

relational thresholds?"; "How does their past approach, entrance and exit of relational thresholds differ from descriptions of their present approach, entrance and exit of relational thresholds?" and; "How might this 'advanced' present-day approach, entrance and exit of thresholds differ from the approach, entrance and exit of a person in the intermediate group as well as a person in the still unfamiliar group?" Once I completed a group analysis from advanced to intermediate to novice, I performed this comparison between individuals in each group and across the total groups. Once this part of the analysis was complete, I asked "How are participants attuning to meanings that can help to account for their relational thresholds?" Put slightly different, I was asking "By what acts are individuals learning to register the significance of their breakdown?"

Based on the two immediately prior questions, guidance from the pilot study, reviewing excerpts of transcripts from Raia and Deng (2015) and immersion in the dialogue of current study participants, I ultimately derived six (6) themes for RelationalActs. These RelationalActs were understood to be a part of the process of somatic registration, and as having the felt effect of enabling participants to get in touch with meanings of identity that help to bring about relational thresholds.

Noticing. The theme of noticing captures the act of perceiving recurring patterns of physiological reactions in the here-and-now moment one crosses a relational threshold. It is the capacity to observe the instance a somatic adjustment occurs (e.g. not having sweaty palms to having sweaty palms or heart not racing to heart racing). The RelationalAct of noticing was determined by talk that indicated direct or indirect statements of felt bodily sensations as functioning as a sign that marks an impending relational threshold or functions as a sign that one has already crossed a relational threshold, entering into a new mode of being-in-the-world.

Pointing. The theme of pointing captures the RelationalAct of directing one's attention to a specific event that immediately precedes the somatic adjustment in crossing a relational threshold. On this part of analysis, there is no distinction made between whether the event is a thought or physical activity because both are events that take place in the here-and-now world in relation to Others and are a concern for who one is becoming. Talk deemed as pointing was determined by language that directly or indirectly connected somatic adjustments to observable events in the here-and-now moment (e.g. my heart began racing when the professor began talking about the Penn State case).

Linking. The theme linking captures the RelationalAct of widening one's sense of recognition from noticing a somatic adjustment and linking that somatic adjustment to a here-and-now event, to establishing a meaningful connection between the somatic adjustment and event. The meaningfulness of the connection lies in the observation that the somatic adjustment (i.e. shifts in felt bodily sensations) and the event arises because of a meaning of identity that occurred from a circumstance one encountered in the past, is encountering at present or will encounter in the future. When one is linking, they are forming what is noticed and pointed to into an association that lies between an isolable, though significant, event in time.

Talk deemed as linking was determined by language that directly or indirectly a time-specific event (past, present or future) as the source of the somatic adjustment and what is pointed to in the immediate present, for example, my heart began racing when the professor began talking about the Penn State case because it brought back memories when I was sexually abused as a child or I yelled at Richard in the class because he was interrupting me, trying to humiliate me and when I feel someone is trying to humiliate me or other people I lash out because it reminds me of what I witnessed when I was in the military. Based on the pilot study, I

knew linking revelations did not occur in a sequential storyline that progressed from A to B to C. Rather, participants mostly disclosed these source-points in a circuitous manner, darting around and between memories of current goings-on or projections of future concerns. So in re-reading transcripts and re-watching video-recorded interviews, I understood that if talk of linking were present, it could potentially be found further along in the transcript, well beyond the mention of crossing a relational threshold.

Naming. The theme of naming is the RelationalAct of applying labels on the reflection of one's subjective state of crossing a relational threshold. Naming tends to take on everyday language that pinpoints the exact instance of crossing (e.g. "trigger" or "snapping"), dense language—i.e. labels open to many levels of interpretation—that captures subjective state as felt to be suspended in the crossway of the relational threshold (e.g. "weird, dissociative state" or "haze") and metaphorical language that describes the feltness of being in a relational threshold as being in a completely different physical place of experience or as being a different personality all together (e.g. it felt like I was drowning or the incredible hulk comes out).

Modeling. The theme of modeling is the RelationalAct of invoking a system of actions that attempting to modify the patterns of actions that are typical to each individual participant at the onset of a relational threshold. It is, in other words, drawing on behavioral examples directly observed from Others (e.g. advice from a psychologist or watching how a friend handles a conflict) or miscellaneous sources (e.g. TV or book characters) in a manner that results in behaviors that fosters the sense of being-in-relation-to and being-in-relation-with Others. The talk I looked for that determined modeling was blend between two items. First, I looked for direct or indirect statements about using outside guidance for behaviors in relational thresholds from sources participants thought had their best interest in mind in developing as a certain kind

of person (e.g. I had to learn how to control my anger by watching other people). Second, I looked for talk that indicated attempts to modify specific actions (e.g. years ago I used to binge eat, now I sit with my feelings even though my mind still goes to food) but within the context of their becoming. This also included looking for talk that indicated less use of acts of suspension.

Holding. The theme of holding is the RelationalAct of always having a sense for one's linking, what models of behaviors to invoke and how to apply those behaviors in ways that are perceived as appropriate for the situation context. It is the capacity to run parallel with linked meanings of identity brought about in a relational threshold but not responding in a way where one has the sense that they are automatically pushed, compelled or have no control over actions. That attunement is the activity of arriving at meaning that accounts for crossing a relational threshold, holding is a sustained sense for these meanings of identity (e.g. whenever I snap, I know its because I am compensating for not intervening in the situation I saw when I was in the military or I know that when I am in a nervous breakdown, its because I know that eventually getting married is not possible because of my OCD).

Somatic Registration. It is through innovating RelationalActs an individual is able to learn to read their felt bodily sensations that occur when crossing a relational threshold. Learning to read felt-bodily sensations in this manner is done in order to (a) discover meanings of identity that account for breakdowns and (b) to establish creative methods to approach and integrate such meanings. Learning in these terms is a being-in-the-world learning to augment its capacity to read its phenomenological presence (i.e. a sense for the world, its backdrop and the influences of the interrelation of the two); not for the sake of itself but namely for the sake of growing well-being to share everyday life with Others. My approach to this process of somatic registration was

to seek out themes indicating a fundamental change in how one's being-in-the-world is interwoven.

There were four (4) questions I continuously asked to suss out how one, being-in-the-world, endeavors to augment their capacity to read their phenomenological presence for understanding. Relatedly, there were for generic answers I provided in relation to these questions. Table 2, which asks somatic driven questions, shows my process of analysis across three columns. In the first column are general questions about what is registered, how is it registered, when is it registered and why is it registered. The second column displays general, form answers to these questions while the third column is representative of the specific, individual response as indicated by the text "Participant 1 to 12".

Table 2. Somatic Questions

General Questions	General Answers	Individual Response
1. What is being registered?	A felt-shift in the meaning of their being-in-the-world.	Participant 1 to 12.
2. How is this felt-shift in the meaning of their being-in-the-world registered?	By noticing somatic adjustments in the here-and-now moment.	Participant 1 to 12.
3. When can it be said that a felt-shift in the meaning of being-in-the-world has been registered?	When one actualizes its meaning (i.e. make its presence ever-known in their everyday reality).	Participant 1 to 12.
4. Why must this felt-shift in the meaning of being-in-the-world be registered?	So one understands how to grow their well-being through their being-in-the-world with Others.	Participant 1 to 12.

What resulted from this line of inquiry as presented in Table 2, is the discovery that I was looking at, and for, a somatic range of talk. By *somatic range* I mean a variation between the degree to which felt bodily sensations are invoked or expressed to disclose meanings of identity. What this means is I specifically looked for talk that demonstrated a procession by which participants were changing the direction of the "locus of evaluation" from thinking into meaning to feeling into meaning. That is not so much to say that participants were relying less on their capacity to reflect and rationalize their experience. Rather, it regards prioritizing the body as the

basis for understanding experience. In addition to this, I also looked for talk that indicated the sense of belongingness was felt as met. In particular, I looked for statements like "What other people think about me determines my behavior" or "I care less about what other people think about me" or "I care about what others think, but my own opinions matter more".

Ambient terrain. The theme of ambient terrain, a projection of possibilities that amounts to be a go between world of conjecture and impressions, is indicated by talk of imagined scenarios of being in interaction with Others. This present-at-hand realm of experience is indicated by talk of what-ifs, mights, may happens, coulds, should haves, etc. The ambient terrain is akin to what normative psychology conceives of as the mind and the world of thought. However, in terms of existential phenomenology, the term ambient - meaning 'going around' and terrain 'a stretch of land, especially in regard to its physical features', keeps this imagined workspace (so to speak) tied to the phenomenology of being a worldly being. That is interwoven with the body, identity and events in actual space and time.

Nonsomatic recognition. For the theme nonsomatic recognition, I looked for direct or indirect statements that bodily sensations do or do not play a role in crossing relational thresholds and its relation to whether a participant could not articulate time-bound meanings of identity underlying that relational threshold.

Subsomatic recognition. For the theme subsomatic recognition, I looked for direct or indirect statements that specific felt bodily sensations occur around moments participants cross a relational threshold and its relation to whether a participant could not articulate or could begin to articulate time-bound meanings of identity. I approached subsomatic recognition from the view that the meaning that underlies crossing a relational threshold was in the beginning stages of disclosing itself.

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Presomatic recognition. For the theme presomatic recognition, I looked for direct or indirect statements that felt bodily sensations reliably correspond to crossing relational thresholds. I approached this theme from the view that since nonsomatic recognition indicates particular meanings of identity for a relational threshold are hidden (i.e. undisclosed), and subsomatic recognition indicates meaning is moving in the direction toward articulation, presomatic recognition suggests that meanings of identity for a relational threshold is, in a sense, right below the point of embodied perception. That is to say that the sense for *who I am* is emerging through an expressed feltness of the here-and-now moment.

Somatic recognition. For the theme somatic recognition, I looked for direct statements that felt bodily sensations reliably indicate one will cross a relational threshold and that the meaning for why this particular threshold comes about is immediately felt and articulable.

Somatic Experiencing. For the theme somatic experiencing, I looked for direct statements describing a way of being that places felt, bodily sensations as the origin of one's subjective sense of self. So then by *somatic experiencing*, I mean existing by relying on the feltness of being-in-the-world and that feltness will reliably indicate (a) crossing a relational threshold (b) the articulable meaning that underlies it (c) understanding for how that meaning impacts authenticity in becoming a person and (d) a sense for how to act in relation to Others in a manner that augments well-being.

Chapter 4: Findings

In this chapter I present my analysis of the perceptions of relational thresholds (i.e. breakdowns) and responses expressed by my interview participants. I begin by describing the range of ways participants perceived their experiences of crossing a relational threshold, my first research question. I then present participants' descriptions of their responses to crossing relational thresholds, with attention to the historical nature of these descriptions by distinguishing between past and current responses, my second research question. Finally, I present the turning points described by participants as key to their learning how to handle relational thresholds, my third research question.

What do college students with mental illness perceive as distress?

The data showed that crossing a relational threshold aligns with findings in normative psychological research regarding how individuals respond to distress. Students mentioned some familiar categories of experiences that they suggested helped to bring about a relational threshold. These include (a) social ties – family, friends, job responsibilities and; (b) personal ties – academic obligations, emotional disturbances, and overall physical and psychological health.

For example, Lyn, a graduate student, mother of two, wife, working professional, middle child of five siblings, noted the events that bring on a relational threshold "run the gamut" but widely involve arguments with loved ones and her physical health. Lyn clarified and elaborated things this way:

> **Lyn**:   It can be many different things. It can run the gamut from I'm just waking up in the morning and looking in the mirror. That would be a stress for me. I would get extremely sad and depressed just looking in the mirror, to having an argument with my husband that might go on for days. So, it can be a simple act as looking in the mirror or arguing with another one.

Na'im: Why does that act of looking in the mirror become stress for you?

Lyn: The act of looking in the mirror became stressful for me by the trigger, stress scales within me, kind of a tremendous weight gain over the last five or six years. It's sort of, I would look in the mirror and feel horrible. Sometimes I would try and avoid it, but you can only do that for so long. I have to get dressed and stuff. So I would look in the mirror and sometimes it would cause me to get extremely sad, emotional, crying, not wanting to go to work that day or whatever. But of course, I'll have to. I'm just, because of my physical appearance, and it wouldn't happen all the time, it would happen sometimes, just as looking in the mirror and praising myself, but other times I'd look and I'm like, "Oh my gosh! You look absolutely horrible." I'd try to refrain from that, but then that would trigger me getting sad and depressed.

From arguing to her husband to looking in the mirror are events that mark crossing a relational threshold. But it is in Lyn's explication of looking in the mirror that provides more clarity as to why.

In the morning Lyn wakes. Her emotions are seemingly undisturbed. She gives no indication she is sad when she wakes. She does not give any indication that she wakes up crying or wakes up and immediately upon opening her eyes feels that she does not want to go to work. She just wakes up. In her retelling, it is not until she looks into the mirror that there is a shift in how she is in that moment in time. From the bed to perchance a shower, or from bed to perchance breakfast, Lyn "would try and avoid it", admitting she could "only do that for so long" because she has "to get dressed" to make her way to her job. But it is in that everyday act of preparing for her day that when she looks in the mirror she was struck in a succession - "extremely sad, emotional, crying, not wanting to go to work that day", that "Oh my gosh!" sense of dread. And with he physical reflection delivering the she, in some sense, returns her own attach, cawing "You look absolutely horrible".

Indeed, Lyn checks all the boxes for crossing a relational threshold. She wakes up as an "I" and looks into the mirror and becomes a "You" (i.e. a discontinuity between self). She admittedly wants to avoid work and the co-workers with whom she shares that space (i.e. discontinuity between Others). She becomes "sad, emotional, crying" when she did not wake up that way (i.e. discontinuity between bodily sensations). She would ultimately, though momentarily it seems, become "depressed", indicating a more substantial change in the way the way her world shows up (i.e. a discontinuity between events in space and time). However, it is not the separateness of each of these things, but it is instead how they are all interwoven in the activity of getting ready for work to fulfilling obligations for her professional role. And in the act of preparation, she looks upon it, the mirroring of her existential identity and utters "You look absolutely horrible." Or rather, Lyn is claiming who I see is not who I want to be.

Jackie, an undergraduate from a small West coast town who had recently taken up growing avocado plants when we met, said that sometimes her own attitude plays a role in bringing on a relational threshold and has a tendency to incite her to be "irrationally annoyed". In this mode, Jackie says she can get "ragey". That is "get snappy at people extremely quickly", particularly when her bipolar is "acting up". At a very interesting turn in the course of our conversation Jackie spontaneously interrupts a proceeding question to interject a key experience in which she crosses a relational threshold.

Na'im:　　　So, I'm going to move on to another—

Jackie:　　　Is that next question have you ever thought about dropping out?

Na'im:　　　No.

Jackie: Because that was four times a week, first quarter. And then, because I'm really hopeful in the beginning, and I think it's going to go great. Then like two weeks to maybe three come along, and then it's like, I just can't deal with it. I feel so stupid in all my classes. The fact I went from a 4.75 to 2.3 hurts every day [gently crying]. Makes me feel like I don't belong here.

Na'im: That's painful.

Jackie: It's very painful... I mean, it was also just really, really hard, because I didn't want to get kicked out of Honors Society, because there's no way I can have the 3.2 by the end of this year.

This spontaneous interruption was a critical juncture of disclosure in our conversation as it emphasizes the frequency at which Jackie crosses relational thresholds (e.g. "four times a week" in the "first quarter") and that her need to belong by not being perceived as "stupid" but as a top student, is well alive (i.e. "I didn't want get kicked out of Honor's Society"). But it also clearly emphasizes the meaning location of her identity is ostensibly on a present stage (so to speak) as what is now at stake for her is to be seen by Others in certain light. That is not only is her sense of identity derived from typical social norms (e.g. the smart girl), but also in the contemporary moments, she realizes that she is not achieving the kind of identity that to her matters in the eyes of Others. A shift in her way of being is brought about.

Sarah, an undergraduate who has come to find some sense of relief in the writing and public sharing of her poetry, continues to get at how crossing a relational threshold is an issue about who one was, is and will become. When I asked Sarah about things that stressed her out, she responded in kind with other students, noting academics, job and other similar matters a part of her social and personal life. However, she went beyond descriptions of Lyn and Jackie by explicitly talking about concerns of building an identity. She put it this way:

Sarah: Well, the schoolwork, obviously. Managing school and personal life, trying to balance those. And then I would also consider, sort of an aspect of that, would be managing the perception of yourself in regards to your

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academic abilities. Especially in an [elite] institution…where everybody seems very successful. Trying to build an identity that isn't dependent on how you're doing academically, or how others are doing academically, I think that's a very stressful task as well, or to experience. And obviously just trying to take care of yourself or sleep, try to be active. Things like that.

Notice here sandwiched between the common everyday events (e.g. "managing school" and "trying to take care of yourself") is talk that directly indicates the quintessential block of developing an authentic sense of self. That is, to use Sarah's later expressions, the difference between your "self…who you are as a human being", "the way you exist on the planet" from your "identity", "who you perceive yourself to be, and how you would like to come across to other people". A part of the challenge of making the two congruent, is learning how to navigate the need to be with and for Others against the need of being who one actually is.

What do college students with mental illness perceive as behaviors in distress?

On the one hand, data showed that students' behaviors crossing a relational threshold support findings from normative psychological research describing avoidance behaviors. Participants seemed more likely to sidestep confrontations rather than to confront the meanings of them head on. For example, Jackie said that for "large event[s]…that's immediate", the kind of "stress that slaps you in the face" its somehow "a lot easier to rationally deal with it." However, she said that if she has "some test anxiety I'm not registering I have, or if it's the test itself, or if it's the class itself", she does not "know what to do about that", adding that recently she had to "leave class" because she "started crying".

Lily explained that in the past when she would cross a relational threshold, she "wouldn't talk to anyone" and "withdraw", partly because she felt that she did not "want to worry other people." In being in "isolation", "not dealing with any of it" she would also engage in "minorly self-harming". Rather than approaching these acts with the typical label of avoidance behaviors,

I argue these as *acts of suspension*. By that I mean measures that prolong a mode of being-in-the-world detrimental to one's well-being. The concept of avoidance has the effect of zooming our attention into individual behaviors rather than helping us see the relational web in which a person exists. Understanding a behavior as avoidant highlights a person as dysfunctional and embedded with deficits. Instead, I wish to underscore that when such actions are invoked, they demonstrate the individual has come to a time in their being-in-the-world where they have yet to recognize meanings of identity that bring about relational thresholds, and, this point in time, when noticed by Others, expresses one is in need of care. Without care or the sense of knowing how to cross the relational threshold, one is suspended between their world and a mode of being in it that impedes the development of acts to grow their well-being.

Take Lyn again. Lyn made the critical disclosure of how she would "would try and avoid" her reflection, as if in a fantasy role-playing game where she can conjure up a cloak of invisibility. By her own admission, she has "avoid[ed] old classmate[s]", "old college friends" from undergrad and even "avoid[ed] outings with family members." Lyn shared one example in which her aunt "was having a 60th birthday party" and other relatives were arriving from out of state. "I was getting dressed," she says, "I looked in the mirror. I saw myself and it was like 'boom', instantly." She continues:

> **Lyn**: It was just like a trigger. It just went off instantly. I was like, "I can't go. I can't go looking like this. What would they say about me? Are they gonna tell me to my face, 'you're so great, it's good see you?'" And then somebody's gonna turn around be like, 'oh my god, she's so large, how'd she get so big?' And it caused me to feel so emotionally just, I would be not the butt of jokes, but people would look at me and just be kinda disgusted. And then I felt disgusted with myself. So I just couldn't go. So I said I was sick. That's not the first time that's happened with anything. I've done it with friends, other family events. So, I would say this was a trigger, it would go off just like that.

Na'im:　　　It seems as if when that trigger goes off you have to shut yourself up into yourself and avoid people.

Lyn:　　　Mm-hm (affirmative).

Na'im:　　　Why do you think withdrawing like that is the case for you?

Lyn:　　　Why? Because I believe they're going to judge me and look down.

Lyn is suspended between some real or perceived fear of judgement and isolating herself from being with her family members. Seemingly, it is a way to protect herself from the uncomfortable feelings that arise if she were in fact to be "judged" or "look[ed] down" on. But it is what is on the other side of this judgement, beyond the mirror, where Lyn needs to get to in order to leave behind the acts of suspension that in part keep her blocked from growing her well-being.

Carrie, an undergraduate whose religious beliefs grew to play an important role in learning how to cross relational thresholds, would also engage in similar acts of suspension. For instance, Carrie said she "couldn't tell" when she was in a "really bad spell" of being "sad". In these moments she would lose track of her ability to remember what she was doing in a specific moment in time. Gina, a graduate student who grew up in southern California, used to engage in acts of suspension as well. For example, when I asked Gina what it was like to be in a panic attack she put it this way:

Gina:　　　Well, I haven't had one actually in a really long time as severe as they were. It's actually hard for me to think about. I haven't thought about this in a long time, because now I just am able to see the signs to where I'm like 'okay'. I can recognize like 'okay, we're feeling anxious'. I know what to do in those situations… But when I didn't have that, it would basically turn into, it was just, I would hyperventilate and typically I would vomit just because I would become so nauseous. And I was like a weird dissociative state. I guess it felt like an out of body experience where I would feel like I was looking at myself freaking out from an outside perspective and then yelling at myself to stop freaking out - which

would then make me freak out more. And then typically, that would lead
me either to binging or working out excessively or some unhealthy
coping mechanism in order to subdue that feeling and make it go away.

When Gina says that "now I just am able to see the signs", the adverb "now" denotes a time-specific variable, a before and after. "Now", on the one hand, indicates that there was an intervening phase that came between the period where Gina was unable to transition fluidly into a relational threshold. On the other hand, the adverb points up to her current phase where she presently relies on the same once unintelligible patterns that show up at the onset of a breakdown for information and instruction. She specifically relies on these "signs" to *register* relational thresholds that lead to breakdowns. By register I mean (a) distinguish a felt shift in her experiencing - "see the signs" (b) invoke subjective labels for this felt change in her experiencing - "'okay, we're feeling anxious'" and (c) to synchronously adjust with the felt change in her experiencing - "I know what to do in those situations".

However, when Gina was unable to register relational thresholds, as she explained in the beginning, she would "hyperventilate", then "vomit" from "becom[ing] so nauseous", and then she would pass into a "weird dissociative state". As each emerging frame in time led her more and more pass the threshold, she felt as if she was being drawn out of her body, looking at herself draped between being there and being in an "outside perspective" before being trawled further down the hole of "binging" and excessive exercise. All of this in order to "subdue" it, "make it go away". That being what she calls "that feeling" but what existential phenomenology understands as a meaning of identity.

What do college students with mental illness perceive as important turning points in learning to handle distress?

The Process of Somatic Registration

In this section where I examine my third and final research, I describe the process of somatic registration in more detail. The five (5) stances in the process of somatic registration: *nonsomatic*, *subsomatic*, *presomatic*, *somatic* and *somatic experiencing*. What the data indicates is that as one increasingly relies on their felt bodily sensations for information and instruction to handle crossing relational thresholds, their ability to uncover meanings of identity that account for the crossing increases. As I have been suggesting, the meanings of identity that underlie a relational threshold at first largely lay hidden from recognition. The review of literature from both normative psychology and existential phenomenology indicate that observations of behavioral change follow encountering, confronting, accepting and reorienting around life meanings of which people are scarcely aware. The process of registration is ultimately about how people come to unearth this meaning, i.e. make what is implicit in an individual's way of being-in-the-world explicit. The following description of the stances that makeup the process of somatic registration is approached with a focus on how individuals attune to meanings of identity that have yet to be declared in one's everyday way of being in life. That is making hidden deeper experiencings visible.

Making hidden deeper experiencings visible through process of somatic registration is, in the final sense, what everyday faculty and staff will become a part of. They will encounter students who have experienced life in very particular ways, experiences shaping their very unique ways of being-in-the-world and be a party to the everyday interactions—in class, on campus, during presentations, etc.— in which students confront hidden aspects of their

existential identity. That is why this investigation has endeavored to represent these students' in their lives as capable and willing to learn in order that everyday faculty and staff might see the importance of aiding them in connecting with more sustainable campus services so that these hidden aspects can hopefully be integrated in a more effective manner. What I attempt to demonstrate, however, is a function by which these meanings are confronted. What that means is that the dialogue I use to show varying stances do not indicate that a particular person is stuck in that particular stance. Rather, their talk is evidence for that position and also for that position taking on the moniker as a "stance". Note, some participants' talk is included in more than one stance not as an error, but as indicative that as the participant and I are in the interview the process of somatic registration is unfolding between us.

Table 3 is a tentative outline of this process of somatic registration. Nonsomatic stance is the starting point for uncovering meanings that underlie relational thresholds and somatic experience is the achievement of a way of being-in-the-world. As one works their meanings of identity out through this function—between the stances of nonsomatic, subsomatic, presomatic, somatic and somatic experiencing—what is happening is the underlying meaning of identities for a relational threshold began their transit (so to speak). For lack of a better expression, a kind of *transitive symbolization* is taking place whereby deeper experiencings latent in felt bodily sensations are transposed into an expression that the individual person can recognize, understand and incorporate into their everyday way of being-in-the-world.

Table 3. Process of Somatic Registration

	Nonsomatic	Subsomatic	Presomatic	Somatic	Somatic experiencing
Somatic talk	A stance in which one does not notice somatic adjustments play a role in crossing a relational threshold	A stance in which one notices somatic adjustments as nondescript feelings that occur around a relational threshold	A stance in which one notices somatic adjustments, pairs them with specific physiological reactions, subjective reflections, reliably indicate crossing a relational and can use somatic adjustments for information and instruction	A stance in which one notices somatic adjustments, pairs them with specific physiological reactions, subjective reflections, reliably indicate crossing a relational and can use somatic adjustments for information and instruction, and directly states underlying issues of identity	A stance in which one notices somatic adjustments, pairs them with specific physiological reactions, subjective reflections, reliably indicate crossing a relational and can use somatic adjustments for information and instruction, and directly states underlying issues of identity, ritualizes understanding
Meanings of identity	Fragmented and undisclosed	Begin to take on emotionalized language	Begin to take on metaphorical language	Shift between emotionalized language, metaphors and plain statements.	Directly expressed with a sense of how to integrate its significance in the here-and-now

The Five (5) Stances. The process of somatic registration is marked by one distinct range of talk. The degree to which participants' words classified on either end of the spectrum depended on the ways they described using their felt bodily sensations to recognize and measure the intensity of relational threshold, determine actions in crossing and to disclose meanings for why relational thresholds were brought about.

My focus on felt bodily sensations that occur in encountering a relational threshold was pursued in order to bring clarity to a point of investigation as to whether there are phases to how students progress in learning to cross relational thresholds and how to grow well-being behaviors in, and for, subsequent crossings. But since the term "phase" could imply a linear development, I opted to call each distinct aspect of the process of somatic registration a "stance". That is done to stay aligned with the work of phenomenology in general, and Raia and Deng (2015) in particular that being takes place, and is grounded in, the world. I rely on Table 3 to convey these stances by which the process of somatic registration unfolds. I have labeled these stances with some derivation of the term "soma". The reason I labeled these stances in this way is based on

literature from existential phenomenology whereby researchers and clinicians in particular have emphasized the lived experience as an embodied experience.

To bring into the light of recognition the often-hidden connections a part of one's being-in-the-world in which oftener hidden meanings of relational thresholds lie, relies on finding a way to translate the feltness of these meanings into comprehensible terms. And because meaning and significance is not always readily available to be apprehended, the work to render meaning from bodily cues, to put it to form, is a way to make its meaning accessible. I arrived at the names of these labels by reviewing pilot data, current study data and data from Raia and Deng (2015) by asking "How is meaning emerging when one is in a relational threshold?", i.e. felt meaning that reorganizes how one is being-in-the-world, the sense for what is possible in the relation between self, Others, the body and events and space and time. With this, one way to approach the names of these stances in terms of the analytical work each stance does is beginning from the notion that some meaning unknown is attuned to, and becoming known, through the body. That one is attempting to recognize the unknown and to learn how to attune to its import when crossing a relational threshold is key. What all of this goes toward saying is that the meanings of identity that underlie a relational threshold have to be groped toward and felt into until the light bulb moment clicks - and the meaning is actualized. And as I have been arguing repeatedly, this meaning is situated, and ontologically alive, in the felt sensations of the body.

Nonsomatic. In a nonsomatic stance, meanings of identity that underlie a relational threshold has yet to be recognized in a reflective capacity. This is evidenced by direct or indirect statements that somatic adjustments (i.e. felt bodily sensations) that occur at the onset of a relational threshold go unnoticed do not provide information or instruction about the nature of a

relational threshold, how to organize actions around it in the here-and-now moment, or provide

insight to whether, how and why a meaning of identity is associated with the past, present or

future. In other words, the meaning that forms the basis for a particular relational threshold has

yet to be translated into any recognizable form of intelligibility. (What is the relationship with

the ambient terrain/domain)

For instance, Carrie, a 19-year-old pre-psychology major with "generalized anxiety" and

"OCD", says she was diagnosed 4 years ago but her symptoms have been ongoing for the past

"10 years". Though she "exhibited minor symptoms of OCD and anxiety as a kid", she says her

"symptoms began significantly affecting my life during my sophomore year of high school". She

explained that though there is a difference between how she would handle crossing relational

thresholds in the past versus now, in the past, however, Carrie "wasn't as aware" of the cues of

felt bodily sensations and, in kind, oblivious to the underlying meanings that would help to bring

them about. Of past crossings, Carrie puts it this way:

> **Carrie**: I couldn't tell that I was falling into a really bad spell of just being really sad. I remember in high school that suddenly I would just be on the floor crying a mess. And I'd be like "How did I get here?". It would just kind of come over me suddenly. To me it felt like it was coming out of nowhere, but it probably wasn't. But it was probably stuff that was accumulating overtime. But then each thing that happened I would suppress it, suppress it, suppress it, suppress. And eventually something would set me off and end-up-on-the-floor-crying kind of thing; just feeling miserable for a couple days.

In high school, Carrie says that she "couldn't tell" when she was "falling into a really bad spell

of just being really sad" (i.e. discontinuity between self). In other words, she could not recognize

when she was passing over into a state where she would be more susceptible to having a

breakdown. Seemingly, she would experience a blackout moment (i.e. discontinuity between

self) and end up on the floor crying (i.e. discontinuity between Others), wondering "How did I

get here" on the ground (i.e. discontinuity between events in space and time). Absent from her recap, was any mention of felt bodily sensations. Accordingly, she did not have a source for information and instruction on how to proceed through the relational threshold. To her, "it felt like it was coming out of nowhere". But she admits that "it probably wasn't" because as she explained that "it was probably stuff that was accumulating over time". In other words, her acts of suspension would strike back lex talionis for having suppressed, and suppressed, and suppressed and suppressed the meanings she encounter—the *Its*—to such a degree that she would lose track of her being in time.

Lily, an undergraduate from southern California, daughter to two English-major parents who somehow found their way into practicing law and finance, explicitly stated that she does not rely on felt bodily sensations when she comes upon a relational threshold. For instance, when I asked Lily if there are any signs she has learned to recognize when crossing over into "stress" she prompts me to clarify the question. I clarified the question by providing numerous examples from previous participant interviews from the pilot study and this one - such as people getting clammy hands, bass in their voice and noticing themselves pacing. Even with this clarification, Lily reflects on the question this way:

> **Lily**: I get the distinction now. I think it maybe that because I'm trying to think what those signs would be. I have trouble telling those signs because I was saying, I feel like I can only think of the...I can get a little stuck deciding what counts as a sign...I have trouble telling when it's crossing over, or I focus too much on what if this is a sign or not. Because after you clarified that I was like, "oh, I don't think I can think of any except after the fact".

Lily says that "she has trouble" distinguishing a felt bodily sensation as a sign that she is about to cross a relational threshold. That is, she gets "stuck deciding what counts as a sign" until after the breakdown has fully come on. Accordingly, it can be said that her inability to recognize signs

(i.e. felt bodily sensations) at the onset parallels her inability to at the onset discover meanings that underlie her relational threshold. Similarly, Jackie directly states that she does not rely on felt bodily sensations to recognize that she is about to cross into a relational threshold. It is not until after she has crossed over that she notices felt bodily sensations as well as more pronounced feelings (e.g. "really mad") that she is in a relational threshold. Says Jackie:

> **Jackie**:　　For like getting really mad at things. I don't think there's really more of a cue…Like I just know that I'm kind of mad. Sometimes I'll raise my voice, or my whole body gets a little exasperated...But I already kind of know I'm annoyed at that point.

Subsomatic. In a subsomatic stance meanings of identity that underlie a relational threshold are in transit (so to speak) but still are not fully intelligible in one's reflective capacity. That the meanings of identity are in transit is evidenced by direct or indirect statements that one notices felt bodily sensations that occur at the onset of a relational threshold, can pair it with specific physiological reactions and rely on these reactions for information and instruction about how to organize subsequent actions in the here-and-now moment. That is to say that meaning that forms the basis for a particular relational threshold is beginning to move from being inarticulable (i.e. latent) to articulable.

For example, Mark, Ian and Ryan all indicated that it took them years to recognize that their body gave them "signs" they were crossing a relational threshold. Curiously, for both Mark and Ian, when their face "gets hot" this is a signal that they have to "shut down" whatever interaction they are in or "leave" wherever they are. When I asked Ryan are there any signs he has learned to recognize he is about to cross over, he made similar statements though he made a distinction between external and internal signs. Ryan puts the recognition of signs this way:

> **Ryan**:　　Yes, actually. Yes, definitely. First of all, external signs - not really.
> Internally, there is this feeling that comes on where, it, the feeling of discomfort

and it feels wrong that I am not saying this phrase over and over, for example. And that's when I know I have to start doing this compulsive, saying something over and over. So there is a feeling that precedes it. Although it's usually very quick it's less than a second before I start doing whatever behavior I feel like I have to do. Uhh, but if that goes on, if that happens more than a few times, I realize that okay "I'm probably start to doing this for an hour or so" because that happens. Um, so there is an internal feeling that does tell me that its coming on. But it's not really predictable. So it's not like I can, it's not like I can make a schedule of "Oh I'll set this time aside to be distracted by compulsions and then I'll get back to my work". Because it's just intrusive. But there's definitely a feeling and I am aware of it when it happens.

Ryan says that there is a feeling of discomfort that precedes him crossing over into "compulsive" behaviors. He also mentions that even though feeling is "usually very quick", "less than a second", he is able to use the felt bodily sensation as information to anticipate "whatever behavior I feel like I have to do" and the length of time these behaviors may go on. Not only is he aware of a "feeling", when I asked Ryan to point to where these feelings often occur in the body, he put it this way:

> **Ryan:** Personally, I clench my muscles. That's one thing. All the muscles I can really. Yesterday I was in class and I was just trying not to scream profanity, which is all I could think about doing. I couldn't pay attention to the lecture. I was just clenching my muscles and writing this stuff over and over in my notebook. Which is my best way of coping with it it. So that's one, muscle clenching.

For Ryan, crossing a relational threshold is seemingly a whole-bodied tenseness (i.e. he clenches his muscles). However, he does not explicitly distinguish whether this clamping down occurs prior to the relational threshold but, he knows a telltale sign that he is already in one is when he is "writing…stuff over and over in my notebook". Either way, what indicates that meaning has risen (so to speak) outside the nonsomatic stance and into a subsomatic stance is the the individual use felt bodily sensations for information and instruction in crossing a relational threshold.

Presomatic. In a presomatic stance, meanings of identity that underlies a relational threshold go further into to transit and begins to become comprehensible as one tries to locate reasons for why a relational threshold has come about. This stance is evidence by direct or indirect statements that one notices felt bodily sensations that occur at the onset of a relational threshold, can pair it with specific physiological reactions, rely on these reactions for information and instruction about how to organize subsequent actions in the here-and-now moment, and, is accompanied by a loose grasp of why one has crossed a relational threshold. That is to say that the meanings of identity that forms the basis for a particular relational threshold is beginning to be matched to a motive.

For example, the effort to point to underlying meanings has over time become a relatively less unambiguous process for Carrie. As mentioned before, in the beginning Carrie did not notice when she was "falling into a really bad spell of be really sad". But as she increasingly began to notice felt bodily sensations occur and rely on these sensations to provide information instruction for actions in a relational threshold, she was the able to inch toward locating meanings for issues about her identity that are the grounds for relational thresholds. For instance, Carrie says post-high school, she feels "like now" she has a "better understanding of who I am" because she has been through similar breakdowns "multiple times now" and she can "recognize them". Carrie continued in putting it this way:

Carrie: [Now] I'm like "oh, I'm starting to feel a little strange, a little sad or a little bit sensitive". And then I have to check in with myself and be like "okay, what's bothering you"? Like, "maybe it was this". Like, "maybe it was that" or "maybe it was both" and I'm like "oh that makes sense". You know? Kinda working through little things like that. Try to think back to things that have happened and be like "oh maybe this bothered me when I thought it didn't. You know, kinda working through those things.

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Carrie gave an example of how she can start to feel strange (i.e. is a felt bodily sensation that has taken on a subject label) it informs her that she may be a "little sad or a little bit sensitive" (i.e. the strangeness indicates a wider mood she is in), and, from here, the feeling and the mood moves her to begin a search for a motive: "Maybe it was this" or "maybe it was that" or "maybe it was both". She, in effect, tries to link to issues for herself that previously she would "suppress". The logic goes something like this: before when Carrie would be suspended in her search for meaning, the non-location of meanings would eventually lead her to cross relational thresholds in quite dramatic fashion. That is, she "would just be on the floor crying a mess", asking "How did I get here?". But now she is able to notice felt bodily sensations, connect it to subjectively labeled feelings, a wider mood, and use this as a basis to find out why, indicating that in discovering why brings relief by helping her to transition out of a particular relational threshold.

In a presomatic stance, a search for underlying meanings of identity appear to be connected with another kind of terminological translation. That is when one begins to rely on felt bodily sensations for information and instruction, these persisting patterns of sensations are rolled over into feeling words and can take on metaphorical language. For example, when I asked Brie about her responses these days she said when she crosses a relational threshold she can "start to feel" her "stomach", "heart", "brain" react in noticeable ways. She emphasizes that at the onset she will have a "gut reaction" and acknowledges this reaction as it "travels up through" her "heart" and into her "head". Brie continued to put it this way:

> **Brie**: It's like the bad version of butterflies in your stomach, you know? Like the opposite of that...I don't like roller coasters. So for me, it's like that feeling of going on a roller coaster. But I don't like that. Some people like that. Where I'm like, "Oh my gosh, I'm going to go down this hole. I don't know how it's going to feel... It's like my body is physically tensing

up...I'm bracing. I don't know how it's going to feel, so I'm going to brace myself for it. It's like when you can see a car accident coming. I've been in a car accident. I rolled my car when I was 17 and I remember the feeling of watching...I rolled my car three times and I remember knowing the moment when it was going to happen. I remember my whole body just tensing up and feeling like I was going to vomit, like get sick. That kind of feeling...

Na'im: And then when it moves up into your heart, chest area, is this the same type of tenseness there or another physiological sensation?

Brie: I would say typically that is like sometimes it's like pressure, like someone's sitting on you kind of pressure. Sometimes it's not my heart at all. My chest area, sometimes it's like more of an emotional response where... I cry...

Brie has a variety of call-words for the way her being-in-the-world distributes somatically in crossing a relational threshold. For instance, she says that it is the "the bad version of butterflies", likens the physiological reactions to "going on a roller coaster" and vocalizes it as "going down this hole". In addition to these descriptions, she translated her experiencing of a breakdown into a metaphor of a car accident by drawing on her past when she "rolled" her "car three times and...remember[s] knowing the moment when it was going to happen". The final translation she makes in these series of images is she likens the physiological reactions to "pressure", the someone-sitting-on-you-kind-of-pressure as if her sternum is compressed between a vise, and, each moment of escalating tension is a turn of the handle until she finally pops into a "cry".

Seemingly, Brie has a firm grasp on how meaning rises to being recognized. I nudged Brie further, asking specifically what it is like for a panic attack to come, that is when she makes the transition from being at a baseline to crossing. In her response, she glanced a key memory that helps to account for why she moves from a sense of steadiness to being in a different experience all together. She continued:

Brie: The only thing I can compare it to is like when you're swimming, if you were a kid and you were swimming and someone comes up behind you and dumps you under water, it feels like that. It feels like, someone's fucking around in the pool with you but they dunk you and you're not ready, you gasp and then you breathe in all this water and you are shoved under and all you're trying to do is like get back to the top. If I had a metaphor, that's what I would use to describe it. In reality, usually, it's like this, the PTSD is what triggers the panic attacks. My PTSD, the brute of that is medical environment. If I go into a doctor and they tell me I need to get a blood test, or if someone talks to me about their time getting a blood test or someone tells me about surgery or I watch a movie or whatever it is, right. I start to feel it happen. My brain just goes crazy and I can't stop it. And then I feel the water is flooding my lungs and then I can't breathe. I can't stop the thoughts and I can't breathe either. And I'm like, "am I breathing? Am I having a heart attack?" And then I start to go down this road of, I'm checking my pulse because I'm not convinced that my heart's working and that I'm breathing because something must be terribly wrong and it's like a cyclone…

In this instance, Brie has gone from previously describing physiological reactions to relatively benign analogies (e.g. "the bad version of butterflies" and "pressure" on her "chest") into analogies that evoke a stronger sense of dread and a potential outcome of death (e.g. drowning, acute apnea and being in a "cyclone"). At this point of the interview, as her language began to shift by way of the structure of her descriptions through her use of metaphors, it was almost as if she is at this point in the conversation is leading us "down this road" of where she made contact with a significant event that is central to the meanings that underlie her relational thresholds. But until that moment in the conversation comes, the underlying meaning is still presomatic.

Somatic. In a somatic stance, meanings of identity that underlie a relational threshold is located, talked about directly and is comprehensible in terms of its impact on actions in crossing. This stance is evidence by explicit statements that one notices felt bodily sensations that occur at the onset of a relational threshold, can pair it with specific physiological reactions, rely on these reactions for information and instruction about how to organize subsequent actions in the here-

and-now moment, and, is accompanied by a firm grasp of why one has crossed a relational

threshold but what is grasped can be talked about in explicit terms.

Continuing with the last cited excerpt from Brie, we can recall how her language

throughout the course of discussing what it is like to cross a relational threshold not only arises

from her felt bodily sensations, but it is also captured by how her language alternates in density.

As the meaning that underlies her relational thresholds begins to rise, the alternation in

language—for lack of a better expression—is increasing in its phenomenological mass. From

simple encodes of feltness (e.g. bad butterflies) to more dense encodes of feltness (e.g. water

flooding her lungs), Brie is preparing to directly express what is in part at the heart of her

relational thresholds. She continued on in this way as she went further in describing what was

like for a "panic attack" to come on:

Brie: And it actually happened to me in class one time because it was my first year, the professor decided not to prep and tell the room that we would be doing an exercise that involved sexual abuse... We were talking about the Penn State case. I didn't know anything about the details of that. He didn't prep us really for that. And I was molested for 10 years of my life. We started digging into that and really getting into it and I was like, "oh, what's happening?" And I couldn't leave the classroom and I honestly, I had to sit there and count, which meant I couldn't really focus and every time I was zoning in to listen it was just making it worse because essentially we had to go around the room and do this activity where we were acting like the different stakeholders of the campus and talking about the decisions they made about whether it was the other people in the sports team knew that the molestations were having but didn't say anything. The parents, the police, the admin, and really all it was going around and justifying that these people weren't wrong and that they knew all these molestations were happening and weren't saying anything. And it just was like, I just was sitting there just counting, making sure that my heart was working because I couldn't take it. And whenever I say it out loud, it's crazy because I'm telling you this, but I'm like, I sound crazy saying it like, and I couldn't have went to him and said, hey, I got to step out. I don't feel that support in the classroom either. Where I'm like, I can't go up to him and be like, hey, I'm having a panic attack. Can I take like a 15 minute and come back?

Here, Brie directly points to a frame in time that could hardly be in doubt for accounting for why she would cross a relational threshold, and particularly in that moment. She straightforwardly says that she "was molested for 10 years of [her] life". So, when the topic of sexual abuse comes up, Brie's experiencing in the here-and-now moment parallels a past window of time. Seemingly, that then present and past ran flush: being in the room - in class and in that decade, where she "couldn't leave". She is clearly aware of the meaning, but arguably, she has to continue to make sense of that significant moment in time (i.e. "10 years of [her] life") plays into all the relational thresholds that she may come to cross.

Recalling Ryan for a moment and an earlier an excerpt of our conversation as placed in the subsomatic stance. That is because that snippet was representative of where the meaning underlying a relational threshold was located, not representative of him as a person being stuck in a particular phase. As our conversation moved on further, we in fact together moved meaning through the process of somatic registration. And, in so doing, a central meaning of identity that underlies why he in part crosses a relational threshold began to crown (so to speak). The excerpt that captures this in-the-moment, spontaneous vocalization of meaning is captured at length by the following exchange in which I asked Ryan is there a difference between how he would cross relational thresholds in the past versus now. Notice that as Ryan begins to peel back the layers, there are a few critical points where we can sense that he is moving deeper toward that central meaning that underlies issues for who is becoming as a person, i.e. discoveries of what is possible for him in life. And, with each pull, this meaning travels up to both our recognition as it is felt for Ryan in that here-and-now moment. Starting from the first question, the exchange went like this:

Na'im: Would you say that there's a difference between how you would handle stress in the past versus now?

Ryan: Since I've begun treatment there's been a change because my therapist says there's four things you can do to relieve your anxiety. Which are: meditation, medication, exercise and cognitive behavioral therapy, all of which I'm pursuing. So that's been the main change. Uhm, it's been seeking peaceful [means] although that hasn't been easy because CAPS doesn't have the resources to treat me psychiatrically, and there's a limit on my sessions and I

have to go off campus, uhm, uhm. I didn't used to do much of that before I came here. So in that sense it's, it's an improvement. But I also think that my sense it's been getting progressively worse for a couple of years, so, uh, I, I also, there's an increasing need for me to be able to deal with it. So, it's-it's good that I am. Uhm [clears throat] you asked, uh, you asked about uh, how I, oh I'm kinda blanking. You, you asked me, um, about ways I deal with it.

Na'im: I asked would you say there's a difference how you would handle stress in the past versus now?

Ryan: I think the things I mentioned would be the only difference.

Na'im: So your psychiatrist says the four ways - meditation, medication, CBT and

Ryan: exercise. Yeah.

Na'im: And these four together, when their powers unite, you find it to be very helpful for you?

Ryan: [sharp exhale] Um. I don't want to exaggerate.

Na'im: Mm. Mm.

Ryan: May-maybe it's not very helpful. Uhm. Some things would help and others would not. Uhh. Intrusive thoughts that I have, for example, have not been helped much. Like, I, I have this obsession with symmetry where I have to touch things equally on both sides. Some times, I, I, I was just doing this where I have to look on this side of the light and that side, uh, that hasn't changed much since I've tried to uh change my lifestyle, start medications things like that. Other things have been a bit better I'm better at resisting compulsions and things.

Ryan: Yeah, uhm, I was saying in some senses, uh, I haven't improved that much.

Na'im: Mm.

Ryan: Uh. And in others a little bit. And I think the most effective thing has been the medication. But I also can't stay on the one that I'm on right now for the long-term because it would have debilitating side effects. So, it's not much of a solution.

Na'im: Mm.

Ryan: Uh, I'm gonna be off it soon. So, I'm not that great at handling the stress and resolving the problems, and I don't really have a solution besides, maybe, gradually just getting better at these things. And maybe growing out of them to an extent. I can only hope. [laughs]

Na'im: Why do you laugh there?

Ryan: [laughs] Uhm.

Na'im: What was that thought?

Ryan: Uhm [laughs]. Maybe it's just a defense mechanism of me thinking "oh well I'm screwed, that's wonderful".

Na'im: Mm.

Ryan: Even though it's not wonderful.

Na'im: Mm. I see. It's a reaction of what you think now are your prospects for the future.

Ryan: Yeah, I'm not optimistic. And that's not arbitrary. It's just that I haven't been able to change much, maybe after being in therapy for several months, and uhh, medication, and lifestyle change. So I think I have reason to not be optimistic… I can still live my life, and I have goals and everything. But, it's just a problem that's hard to solve.

From this lengthy excerpt a few key things are visible - the presomatic flow of meaning, the direction of conversation as Ryan dug further in to lift meaning and the spontaneous eruption in which Ryan directly expresses the meaning in terms of who he is becoming.

First, meaning is in the presomatic stance. When I asked Ryan about differences in how he crosses relational thresholds he begins by sharing some models for actions that were recommended to him by his therapist - "meditation, medication, exercise and cognitive

behavioral therapy." He pointed out that this has been a "main change" in his actions, however these actions are seemingly all about preparation for crossing, or, how to deal with the feltness after he has crossed over and to deal with longer term residual impacts of emotion. Second, there was a shift in the conversation by way of how Ryan talked about the development of his being-in-the-world in negative statements. That is Counseling and Psychological Services, "CAPS" not having the "resources to treat" him "psychiatrically" and his experiences have "been getting progressively worse for a couple of years" while "there's an increasing need for me to be able to deal with it." In addition to this, Ryan begins "blanking" on the question. From previous interviews in my pilot study, I recognized that this admission of blanking is an indicator that meanings that one would may not like to talk about or admit is in transit to the surface. In other words, though one may like to suspend their direct encounter with the underlying meaning, they still at the same time may like to articulate it. So with Ryan, I nudged the conversation forward by repeating the question and asking if the models for change (i.e. "meditation, medication, exercise" and CBT) were felt to be helpful.

Third, Ryan pivots to begin discussing his everyday experiences revealing his "obsession with symmetry", indicating how this obsession is pervasive in his daily living (e.g. "I was just doing this where I have to look on this side of the light and that side") and how this symmetrical idée fixe "hasn't changed much" even in the context of him trying to alter his "lifestyle". But beyond this, he begins to share other markers that seems to clue him in about the possibility of the impossibility of ever being "normal", accepted by Others, belonging. That is the "debilitating side effects" of medication he takes, the fading hope that things will "gradually" get better or that he could end up "maybe growing out of them to an extent". All of this, until he pops with laughter. And as I questioned him about laughter which I felt to be incongruent to the direction

of conversation, the meaning comes out of its presomatic stance and into being registered (e.g. "I have reason not to be optimistic") and yet still, unacceptably (i.e. "it's just a problem that's hard to solve").

Somatic experiencing. In a stance of somatic experiencing, meaning that underlies a relational threshold is located, talked about directly, is comprehensible and is not only connected to felt bodily sensations that are used for information and instruction on how to cross a relational threshold, but it is connected to meanings of identity in the here-and-now moment. When one is at the threshold of a breakdown, they can immediately perceive bodily reactions and at once interpret these responses into ontological meanings (so to speak). By that I mean the what-is-at-stake for who they have been, are and will become and how to reconcile these issues for their identity in the immediate present. What follows is an extended treatment of Gina, a 27-year-old graduate student with comorbidity—major depressive disorder, generalized anxiety and eat disorder—whose time since diagnosis had only been a year, but her symptom duration had been ongoing for 15 years. This extended treatment is to demonstrate the cycle by which the process of somatic registration occurs and how someone registers meanings that underlie a relational threshold.

Gina grew up in Southern California outside of Los Angeles. After her parents separated at a young age, she "did the divorced parents thing across states". "Two weeks out of every month" she "would be in Mississippi in a very small town" with her dad. The other two weeks were spent in California with her mom. Between two cities, in two very different states on almost opposite sides of the country, Gina found the same "abusive household on both sides". Because of the abuse, Gina explained that she "never really had anybody to go to". She in part perceives this lack of support as contributing to why she "always struggled with anxiety in school".

Gina said that it was during undergrad when "basically all of my anxiety, my eating

disorder, caught up with me and I had an instance where I tried to take my own life." So, one day

she "woke up in a hospital" and "realized something [was] wrong" and she needed to "attack all

of it". What followed was "therapy regularly" and "inpatient treatment facilities" as she "worked

on recovering". To get a better understanding of what it was like for her to learn to handle

crossing relational thresholds, moving toward disclosing their underlying meanings (i.e.

beginning the process from bringing the meanings out of the nonsomatic stance), I directly asked

Gina about the signs she began to take notice of once she was on her path to recovery.

> **Na'im**: You said that once you started to notice the signs of when these panic attacks would come on - that's when you were able to interact with your whole experience being triggered differently. And so, what were the signs that you noticed that indicated that this experience was coming on?

> **Gina**: It's the first sign as always - my thoughts. I start having very rapid thinking and rapid thoughts. I kind of feel like I'm on, like someone just gave me meth or something. I've never done meth, but, that's what I imagine it would be. It's like I'm going-going, my brain is moving super quickly, whether it even be about thoughts about the day and everything I have to do to noticing the trees around me or anything like that. It's like my brain starts rapidly cycling on. And then usually I get very, very hot. And if I feel really flushed and my brain is cycling but I'm like 'Oh, no'. I know it's gonna happen. So I have to take the moment. I usually, if I'm in a situation that's making it, like inducing it, then I know that's remove myself from the situation, start deep breathing. And usually I write at the same time. Just 'cause writing is what I do for fun, and that helps a lot. So those are kind of like my three main when I feel it starting. And I also take medication. So that helps too.

Gina says "the first sign" she notices when panic attacks would come on is her "thoughts", the

"very rapid thinking, her "brain" moving "super quickly". She likens the feeling out of which her

accelerated thinking occurs to being on "meth". In this elevated pitch in her mode of being-in-

the-world, Gina says she also notices things in her immediate surroundings like "trees". In

addition, Gina says that after the subjective experiencing where her "brain starts rapidly cycling"

she then "get[s] very, very hot". That happens along with noticing she has the feeling of being on

"meth" and having "rapid thoughts", around the same moment Gina says she notices a

physiological reaction where her body temperature increases. However, Gina suggested that if

she feels "really flushed" along with her "brain…cycling", she knows she is about to fully enter

a relational threshold. When crossing over, Gina said she is able to subjectively notice a change

in her felt experience (e.g. being on "meth" and feeling "flushed") and a felt change in her body

(e.g. a change in body temperature, feeling "hot") she tries to synchronously move into the flow

of this experiencing. That is, she "take[s] the moment", a pause, as if she is almost waiting to

catch the new rhythm in order to jump into what is now playing out in her phenomenological

field. She also looks to her immediate circumstance to figure out if the catalyst for the panic

attack arises out of her present "situation", and, if it is, she knows to "remove [her]self from the

situation", to "start deep breathing", "write". We continue:

> **Na'im**: So it's almost as if you know in the beginning the hot flashes, the racing thoughts, they were this cascade that fed into the anxiety. But then over time, you learn to recognize that these thoughts and the bodily sensations corresponded and you can kinda use that as a benchmark to identify you were crossing this threshold.

> **Gina**: Yes. Absolutely. But before, I wasn't even able to differentiate any of those things. It's taken work to be able to connect my mind with the bodily sensations just because I had been so disconnected from my body, especially having an eating disorder. It took me months to learn, almost a year to learn what it felt like to be hungry because I didn't know what that felt like, like normally, and to be able to honor that. I guess that's kind of the easiest way to describe, like now being able to go into the bodily sensation of, like recognize, like, 'Oh okay I'm getting hot' or my brain's racing or I'm fidgety or something like that - it's like when I know my anxiety is elevated, and something's happening.

With this follow up, I retrace phases in the process Gina states she has learned to identify she is

crossing a relational threshold. But these crossings are symptoms of underlying meanings of

identity that arise as a turning point in her mode of being-in-the-world. By *turning point* I mean a decisive moment of change in how she senses, enters and works through crossing a relational threshold in ways that enhance her well-being. To add, this turning point also signals how Gina is working toward confronting meanings that underlie her relational thresholds. These meanings were at first nonsomatic (e.g. "before, I wasn't even able to differentiate those things) to subsomatic (e.g. connecting "mind with bodily sensations"). Gina also gave a powerful example that indicates the kind of work it has taken to counter-act the sustained behavior of "binging" and "working out excessively". She had to take a year to learn what it is like to feel hungry, learning how to "honor" a universally basic impulse to give herself sustenance.

Like most students who participated in my study, Gina went undiagnosed for a long time. However, for Gina, once she received her diagnosis, she went from undiagnosed to having a "team of care providers" whereby she was generally able to make more life-affirming choices than choices that interfered with her well-being. This result came by way of her "accept[ing]" her diagnosis which gave her a "milestone" in her ability to "explain" her "story" that she could use to understand "future" challenges arising out of the moments she encounters stress that leads to breakdowns. She said that "recognizing" that she is "diagnosed with depression" and having the ability of "naming" those experiences as depression - helped to "relinquish a lot of the shame around it" and has led her "to a sense of calm acceptance". In other words, learning to express her experience in her own terms enabled her to begin to overcome the life-negating ways she would cross relational thresholds. That is because she "wouldn't have been able to live [her] life wholeheartedly" as she does "now without those experiences".

A part of moving beyond a presomatic stance to somatic stance, is the ability to directly confront issues that account for broader meanings of identity based on social influences. For

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instance, Gina said that she had to get over the "perfectionistic ideology that I held for myself, which was very garnered from my people pleasing idea of what someone in society should be." She attributed this people-pleasing to her "family ideals" and "society", both influencing her to "falsefully" believing as "true as being the core of [her] identity". It is here that Gina has moved beyond superficial utterances of meanings that account for her relational thresholds, to locating these meanings as arising from her past experiences. And as she continued to explain the underlying meanings, she shared a central event that had for so long lied at the "core" of her breakdowns.

Gina described how she initially became self-conscious about the social currency of being perceived a certain way. When she was little the refrain she "always" was told by her mother was "'Well, you're cute, but you're really smart and funny". It was a refrain, it seems, Gina took up in her everyday living. It was, and perchance in some ways still is, what she "deemed" herself "as being": smart and funny. "And so if I didn't have being smart or funny," Gina said, "I was worthless". "Just make sure you're smart", Gina recalled her mom saying, because "you're not as pretty as the other girls". Though it has taken Gina quite some time to reconcile these experiences, that is to address the conflict deeply impressed by her mother's words in her sense of identity, she shared with me a way that she goes about confronting these deeper meanings of identity. That half of the conversation went like this:

Gina:	Also, this is kind of silly, but one thing I do to kinda reconcile that idea is I actually, oh this is so silly I actually never told anyone this. Okay. So every night before I go to bed I have a picture of me as a little girl [voice trembling] and I like say nice things to her. Which is very helpful. 'Cause it's like I'm saying nice things to me, which is something I never got as a kid. So yeah. So that's how I kinda reconcile and that's actually very helpful and I've been doing that for the past 8 months. And that's actually been, pretty revolutionary and just like my grounding and stuff.

Na'im: Revolutionary in what way?

Gina: Um just like be able to, having the capacity that I can say 'oh be nonjudgemental about your self' or like yourself like you would talk to a friend. But like being able to actually feel like I am being patient with myself and like for giving myself and like, and just like a legitimate way and actually being able to have the mind body connection to feel the stress relieved to be like 'you, you're okay'. Like, then to like recognize strengths before I recognize weaknesses type of capacity. Which is something that I'm still very much learning to do. But uh has been much easier in the last year.

Na'im: Yeah, to recognize the qualities that you appreciate about yourself, to recognize that first, rather than some type of criticism seems like to me, what you're saying, is a really important step in busting up the potential to continue to duplicate how your mother spoke to you.

Gina: Yeah. Exactly.

Na'im: And I like this idea of how you speak to the picture of yourself as a little girl to acknowledge all the feelings that could not be acknowledged in those moments for her and really to say that 'You are good enough'.

Gina: [gently crying] Yes. Exactly. Yeah.

Gina, through the assistance of care providers and whatever other untold means, has had to learn to disclose seemingly painful meanings through the process of somatic registration. These meanings began, in some sense, as nonsomatic (i.e. not being able to notice signs she was crossing over a relational threshold). Over the course of time she was able to move them into being subsomatic (i.e. noticing subjective experiences as the feeling of being on in conjunction with meth and her body feeling hot) on through the presomatic stance (e.g. noticing subjective shifts and somatic adjustments reliably indicate she will cross a relational threshold), somatic (e.g. directly talking about the underlying meanings) toward somatic experiencing (e.g. recognizing that she is crossing a relational threshold and can at once locate meanings in her past as a part of the cause). But what is unique about the stance of somatic experiencing is the

appearance of a ritual that takes place in her confrontation with meanings of her identity. For instance, Gina said that for the "past 8 months" that "every night before…bed" she says "nice things" to a picture of a younger version of herself. She emphasized that she does this because it is like she is "saying nice things to me", what she "never got as a kid". As our conversation never arrived at this place, it is hard say whether a similar type of ritual takes place in anyway for other participants. However, the sense is that this ceremony of letting herself know that she is good enough is key to approaching, entering and coming out on the other side of present-day relational thresholds in a manner that does not put her well-being at risk.

RelationalActs. As Raia and Deng (2015) suggest, RelationalActs regard being able to be with Others in order to become a certain kind of person (i.e. authentic), to integrate in *this specific person's* way of being-in-the-world what can in some sense feel like a fragmented life - whether that be to guide the integration of medical treatments, health goals and technological advancements or, to guide the integration of mental health care, well-being goals and educational advancements. From my view, RelationalActs are about creating the conditions in which a new sense of self can emerge, where together one can fabricate a sense of self that actually expresses who they have been, are and have the potential to become. With its focus on attunement and synchronization to one's way of being-in-the-world (e.g. Gina disclosing her childhood trauma or Ryan disclosing his fears about the future), RelationalActs are in part about revealing deeper meanings for one's identity associated with interfering with one's capacity to be well. And, as we have seen, some students are still learning how to confront these underlying meanings of identity—with some clearly blocked more than others—and with a few further along in their respective paths.

As it stands now, the process of somatic registration is a tentative representation of this path toward disclosure, toward the growth of well-being. I have indicated that in crossing a relational threshold there is more often than not a hidden something—some unregistered meaning that shows up in facing the reality that one is trying to emerge from a rift—to land on the better side between authenticity and inauthenticity, front stage and offstage, health-affirming acts or acts of suspension. RelationalActs mean to enable the individual in crossing relational thresholds in a manner where they can confront, accept and integrate their actual, here-and-now felt reality in order to grope toward a sense of acceptance, ownership.

Moreover, the interpretation of data tentatively suggests there are six RelationalActs that are a part of this process of somatic registration and are referenced as follows: (1) noticing, (2) pointing, (3) linking, (4) naming, (5) modeling and (6) holding. These RelationalActs are interdependent. That is, they are performed in conjunction with other acts but not necessarily in a manner that is linear; as not every meaning that arises in crossing a relational threshold transits from nonsomatic to subsomatic, subsomatic to presomatic and on and on. Sometimes, as Ryan demonstrated in the moment he laughed as a "defense mechanism" from exposure to a sense of self that he was seemingly uncomfortable with, it can thrust itself forward into a vocalization. However, the process of somatic registration is more about the development of a practice by which one can face the underlying meanings of identity head on, in that very moment, in order to approach, enter and exit a relational threshold in a manner that lessens the degree to which they are not in relation to Others. What I am ultimately arguing, then, that when the process of somatic registration is grounded in felt bodily sensations, one seemingly has a better chance to more systematically develop a reliable gauge by which to measure shifts in their being-in-the-

world, uncover the meanings that underlie these shifts and adapt their sense of becoming in a way that leads to decisions to accept who they are.

Noticing. Noticing is the act of perceiving recurring patterns of felt bodily sensations in the here-and-now moment a relational threshold comes about. It is the capacity to observe the exact moment a somatic adjustment happens when an issue for who one has been, is being and may become is at stake. When one is able to notice felt bodily sensations at the onset, and, begin to use what is noticed for information and instruction, there appears to be higher likelihood that students will use felt bodily sensations to plan actions in crossing a relational threshold. When I asked about signs recognized in crossing a relational threshold, Lyn, Jackie and Lily were the only three participants who explicitly said that there were not any. However, all other participants responded in the affirmative. Some of them put it like this:

Mason:	I'll be feeling my thoughts get more rapid almost. So kind of like not being able to stay focused on one thing at a time. There's just so much that I'm cycling through. And I'll kind of know okay, you need to try and slow yourself down. Sometimes my hands will get shaky or like I'll notice I can't stop moving - sort of tapping my foot, or similar kind of fidgeting that nervous energy will be getting out from.
Gina:	The first sign is always my thoughts. I start having very rapid thinking and rapid thoughts. I kind of feel like I'm on, like someone just gave me meth
	or something. I've never done that, but that's what I feel like, imagine it would be. It's like I'm going, going, but my brain is moving, like, super quickly, whether it even be about just like thoughts about the day and everything I have to do, to noticing the trees around me, or anything like that. It's like my brain starts rapidly cycling, and then usually I get very, very hot. And if I feel really flushed and my brain is cycling, then I'm like, "Oh, no." I know it's going to happen."
Carrie:	Yeah, I guess I can talk about social anxiety I guess? Just feeling nervous in social situations. I guess I would say I get sweaty. My face gets really sweaty, or I just get really hot. I guess that's a physical response, is just a feeling you have or getting sweaty and stuff like that. Let me think...Yeah, the feeling like I have to catch my breath, like I'm not breathing. Yeah,

sometimes I'll catch myself and I'll realize that my head's starting to hurt because I'm not breathing. Also I feel like things start going silent. I stop listening. So I could be in class and everything kind of goes silent. I can still hear noises and stuff, but I'm not recognizing anything. Then I have to pull myself out and be like, "Okay, we're okay. I'm just really stressed out right now."

Mason, Gina and Carrie all notice felt bodily sensations in crossing a relational threshold. Mason said she notices that sometimes her "hand will get shaky" or that she is "tapping [her] foot". Gina mentioned that she gets "very, very hot" and that if she gets flushed, she knows "it's going to happen". In talking about "social anxiety", Carrie said that she gets "sweaty" and "really hot", adding that catch her breath". Curiously, Carrie also mentioned that "things start going silent". The distinction between Carrie and, Gina and Mason, is that Carrie ordered felt bodily sensations first, while Mason and Gina ordered thoughts first (e.g. "thoughts get more rapid" and "very rapid thinking") then felt bodily sensations (e.g. shaky hands and getting "very hot"). This difference can be accounted for by the fact I asked about signs one recognizes in crossing a relational threshold. Just because there is a somatic adjustment, does not necessarily mean one is coming into a relational threshold. But for Mason and Gina, when there is a shift in thinking and then the shift in thinking is linked to a somatic adjustment or vice versa, then the pair becomes a cue that a relational threshold is coming on.

Linking. Linking is the act of joining together somatic adjustments (i.e. shifts in felt bodily sensations) with recurring patterns of thought, or, joining together recurring patterns of thought with somatic adjustments. It is the capacity to observe the moment a somatic adjustment or shift in thinking happens and connecting the two in terms of acknowledging that one is in a new mode of being-in-the-world or will enter into a new mode of being-in-the-world. Let us return to the three previous excerpts in order to parse the concept of linking with talk already familiar.

Mason indicated that when crossing a relational threshold her "thoughts get more rapid", she is not "able to stay focused on one thing at a time", that she will "kind of know" that she needs to "try and slow" herself down, that sometimes her "hands will get shaky" and she will notice she "cant' stop moving". Trying to slow herself down is not the cue. Rather, rapid thoughts, inability to focus, shaky hands and fidgeting are the cues. Once she ties theme together with whatever events are unfolding in the here-and-now moment, she then subsequently attempts to slow herself down. So in the same way a driver does not slow the car on an open road when the traffic light turns green—after all, the green light is not the cue to pursue such an act—it is only until the appropriate signal is recognized that deceleration occurs.

For Gina, she says that the "first sign is always" her thoughts. Once she has "rapid thinking", leading to that "meth" feeling, as well as a seemingly more hyper sense of awareness of her environment (e.g. "trees" around her) and she gets "very, very hot" in addition to feeling "really flushed", these cues together indicate to her that "it's going to happen". It meaning that she is about to step into a different mode of being-in-the-world. For Carrie it is a similar process, particularly in terms of her "social anxiety". Carrie says that she gets "sweaty" or "really hot", a sense of apnea sets and her "head's start to hurt" because she's not breathing. And, along with this, when the volume begins turning down the noise of the world around her, she attempts to "pull [her]self out" - affirming to herself that "we're okay" and that "I'm just really stressed out right not.

In this way, it is not enough to notice somatic adjustments and shifts in thinking in order to conjure up a way to act in anticipation of, crossing or being on the other side, of a relational threshold. There must be an explicit self-recognition that one is already there at the precipice in order to invoke a way of being in that moment that enables one to exercise more creative control.

Pointing. Pointing is the RelationalAct of joining together somatic adjustments, with recurring patterns of thought or, vice versa, acknowledge one is about, will or has crossed a relational threshold tethered to the ability to locate meaning that underlies a shift in one's way of being in the world. Let us recall an excerpt from Brie for example, specifically the anecdote she shared regarding the Penn State assignment in class. In her recap of that particular experience, Brie mentioned that as they class dug more into the assignment and "really getting into it" she "couldn't really focus" and that she was zoning out and in and intimated that there was a change in the beating of her heart (i.e. she has to make "sure that [her] heart was working"). Brie was then able to point to the underlying reason of "having a panic attack" in that moment as she explicitly shared that she was "molested for 10 years" of her life. Relatedly, Carrie previously demonstrated from an earlier excerpt that once she notices a somatic adjustment, links it with a subjective change in her experience, she then attempts to point toward the underlying meaning by "check[ing] in" with herself through a discovery process by asking "okay, what's bothering you?", searching out reasons (e.g. "maybe it was this" or "maybe it was that" or "maybe it was both"). That is she is "try[ing] to think back to things that have happened" in order to uncover what it was that "bothered" her.

Naming. Naming is the RelationalAct of joining of applying a subjective level to a noticeable shift in one's mode of being in the world. While naming can occur by applying subjective labels to recurring patterns of linked somatic adjustments and shifts in thinking while at the same time being able to point to underlying meanings and acknowledging one is, will or has crossed a relational threshold. The data showed that naming also takes place without noticing, pointing or linking. For example, Jackie described her having already crossed a relational threshold as "irrationally annoyed", "ragey" or being "snappy". Mark described it in

terms of a very popular comic book and movie character, "Wolverine". Brie described it in

several ways including "bad version of butterflies", "roller coasters" and "going down this hole".

Carrie described it as a "sad spell" or as a "trigger". In each case, these names are call words for

the adjustments that occurring in crossing a relational threshold. But not all names indicate an

ability of recognizing felt bodily sensations as the initial starting ground, and not all names lead

to terminological translations that push one further to disclosing ontological meanings that

account for their crossing (as evidenced by Jackie). But the act of naming, which sometimes

undergoes multiple translations, can eventually lead to meanings that are more central to why

one crosses a relational threshold.

For instance, at one moment in our conversation Carrie began sharing a wider process of

the changes the she had to make in order to learn how to be more involved in the development of

her well-being. One of the biggest changes was acknowledging the fact that she is not "super

girl" and that it is not true that "nothing bothers" her by moving toward the sense that things do

bother her and that its okay if "stuff upsets" her. She continued to put it this way:

Carrie:	I feel like I realized, no, stuff bothers me. Stuff upsets me and I'm not perfect. It's okay to feel emotions about things and get upset, and to have your mental illness be triggered by things. A lot of times I can't see it coming, but I try to be like, this is something that could potentially bother me. So I just try to work through it, you know?
Na'im:	Trigger is an interesting term, because it's almost like stepping on an existential landmine, and shit starts going off, you cross over to a new experience…
Carrie:	Yeah, this is kind of funny to me, but I get defensive. I have a roommate and me and her are very close. We've kind of bonded over a lot of emotional distress related things. So sometimes when she starts connecting with other friends, and then I kind of feel like left out or something, I know that's something that could potentially put me into a sad spell. It sounds ridiculous now, but to say it in the moment I'm like, "She doesn't like me anymore. I'm not her best friend anymore. She has someone else now." So that will kind of be a trigger for me. I'll be like, I have this friend

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jealousy, and I'll know, "Okay, Carrie you're fine. She's going to have friends. She's going to live her life. It's okay." Just accepting it, I'll be like, "Okay I was bothered by that, but it's okay." Then I'm able to get through it. I'll be like, "It's fine."

On prompting, Carrie moves beyond the initial named expression of "trigger" to "defensive". Furthermore, the label for her experience moves from "defensive" to "friend jealousy". With each name through each transposition there is a sense that this system of meaning (e.g. "defensive" and "friend jealously") is atop of a deeper, more rooted system of meanings that Carrie is trying to recognize. But what is key to this act of naming is that there begins to arise a sense of ownership for how one feels and a search for how to reconcile those feelings. In order to be "okay", to be independent in one's experience, toward "accepting" one's way of being-in-the-world even when the world shows up differently.

Gina had found a lot of success in what she terms her "recovery" from the attempted suicide. She noted that after she was hospitalized, she realized "this is not what I want for myself", that is seemingly to feel distant and fragmented from her own experience becoming a person in the world. And, it was through "caregivers and practitioners", "therapists and psychiatrists" that helped her to "make the steps to get there." She said that in all this, she felt as if she had been "given the opportunity to live again" and that she "need[ed] to be the center of making that difference if I ever want to make a difference in other people's lives." And when I asked what sense had developed in her life after having made those changes and feeling empowered to confront her experience head on, Gina put it like this:

Gina: It was a process. I think it was easier for me to accept my anxiety diagnosis first. And then, that acceptance was like, "Okay, whew. I have something to explain." Like, if people ask me, "What happened?" It gave me a milestone. It's like a part of my story, that I could explain and use for my future. Which is, like, no, that's not healthy. But I think as I've moved through, recognizing like, "Okay, I'm diagnosed with depression. I'm

medicated for that," and recognizing that, and naming that more, to relinquish a lot of the shame around it, has really led me to a sense of calm acceptance. And also a bit of... I think now that I'm to the point of almost being five years in recovery, it really is a point of pride…like gratefulness, for the fact that it was found, or that I was able to have these experiences when I was 20... because I wouldn't have been able to live my life wholeheartedly as I do now without those experiences, and without that diagnosis and understanding…yeah. So it's interesting. Initially, it was definite, I guess, like, shame. But then, as I've moved through the process and kind of come to terms with it more and named it more, it's gotten a lot more to acceptance and pride.

This excerpt from Gina suggests that as she marshaled through her road to recover, that naming her experience became a critical component to accepting her way of being-in-the-world. Through naming, she said that she was able to reach a "milestone" to communicate her "story". But, above all, getting to the place of acceptance ostensibly through naming opened her up to a way to see her "future".

   Modeling. Modeling is the RelationalAct of being advised on, or selecting, examples of practices or acts to engage when crossing relational thresholds. Modeling can or cannot occur in being ground in noticing, pointing, linking and naming. However, there appears to be more effective progress in growing one's well-being when modeling is grounded as such. Moreover, modeling includes an individual attempt to use advised or selected examples to modify patterns of actions that normally occur at relational thresholds.

   For instance, Carrie said that "going through therapy" was a big help in learning how to develop a sense of awareness for crossing relational thresholds. When I asked her where the awareness came from, she put it like this:

Carrie:	I feel like from going through therapy and just kind of like laying in bed alone at night and being "how can I help myself, how do I do this?". I guess maybe through trial and error. And maybe one day I was just like "maybe let's just work through it" and then eventually I was like "oh wow, this works". Yeah. I'm not really sure. But it might just be a

> combination of a lot of different things. Well, a lot of it was probably therapy.

In "going through therapy", reflecting on her behaviors in bed, asking "how can I help myself", trials and errors, Carrie demonstrates that relying on therapy for models of actions were helpful in crossing over. Gina and Ryan echo the same sentiment. For instance, when I asked Gina about whether the achievement to link symptoms as a cues a relational threshold would come about was something done own her own or through assistance, she put it this way:

Gina: I think it was a mix of both. Yeah, I think it was both. It was definite, independent... trying to think of the word... like motivation. But also, that motivation was supplemented by additional caregivers and practitioners, obviously, therapists and psychiatrists that helped. Basically a treatment team, which kind of helped me make the steps to get there. Because after I was hospitalized, I realized, like, "Okay, this is not what I want for myself. I've been given the opportunity to live again, so I need to be the center of making that difference if I ever want to make a difference in other people's lives." So I think it was very much both. Independent motivation, but also the tools themselves, I think, definitely came from a treatment team, and a trained therapeutic professional.

And, when I asked Ryan about the difference between how he would handle relational thresholds in the past versus now, he summed it up like this:

Ryan: Since I've begun treatment there's been a change because my therapist says there's four things you can do to relieve your anxiety. Which are: meditation, medication, exercise and cognitive behavioral therapy, all of which I'm pursuing. So that's been the main change.

Therefore modeling, is the adoption of practices for crossing relational thresholds that are developed in conjunction with Others. As Gina pointed out, these models were "supplemented by additional caregivers and practitioners" like "therapists and psychiatrists". Similarly, Ryan pointed out that the expansion of his practice for crossing relational thresholds (e.g. mediation and cognitive behavioral therapy) was also sparked by his therapist.

Chapter 5: Discussion

While there is relatively little research representing the subjective view of students with mental illness in higher education settings, for the studies that do, there is seemingly a tendency to approach, analyze and represent their experiences in terms of a clinical pathology. The shortfall of representations coupled with a lack of theoretical approaches that counter long-standing traditions, continues to advance fundamental misperceptions about what it means to become a person in relation to Others. It is particularly so for what it means to learn how to become a person with ways of being-in-the-world that vary from what is considered to be typical. So as the present rate of college students diagnosed with mental illness continues to rise and current scholarship retains notable gaps understanding their subjective experience, especially how they learn to grow their well-being with them, this study is a timely endeavor.

Accordingly, this study addressed this gap by examining perceptions of college students with these distinctive ways of being-in-the-world, how they learn to grow their well-being in relation to Others and what this learning process is like when the assumptions of pathology and normativity are exchanged for assumptions of being and of care. Specifically, this study addressed this gap by presenting some of the advantages that occur when students are able to learn through experience, study or being taught to cross relational thresholds in a manner that does not play against their well-being. And though this investigation into students' subjective experiences are talked about between two seemingly contradictory perspectives, normative psychology and existential phenomenology do not differ in their aims for well-being, however. Rather, the difference between these two perspectives is in their developmental values. That is in their understanding of what it means to learn to be in the world through learning in one's relationhood with Others.

Becoming as an Issue of Learning

To talk about a the becoming of a person as an issue of learning is in kind to echo important feminist themes about the ways we conceive of, and make practices around, how individuals relate to perceived differences in Others' experience of themselves as an identity. That in recent years it has been documented as rare in highly cited psychology journals to not quantify human experience (Eagly & Riger, 2014), plainly speaks up the values of how normative psychology understands the issues that beset lives of individuals over and against the values of existential phenomenology. That is to say the positivism and quantitative research that dominates normative psychology, "aims to acquire knowledge only by observing what can be seen and…measured" (Picton, Moxham and Patterson, 2017).

Unlike normative psychology, the brand of existential phenomenology I have relied on puts forth a composite of human experience that provides phenomenological accents on existential themes of breakdowns, humanistic themes of potential and self-actualization and, feminist critiques on relatedness, namely principally male values in learning to live a life of independence, self-sufficiency and separation. And while there may be similar structural elements to how one, being-in-the-world, experiences their self as an identity, existential phenomenology maintains that there is no one sole reality perceived by all, but each unique individual perceives their being specific to them (Husserl, 2004). With such experiential diversity, it is a peculiar feat to attempt to measure, count and objectify an embodied experience of meaning and significance.

For these reasons, existential phenomenology maintains a sensitivity to the journey of learning to become a person based on three values, particularly for those diagnosed with mental illness. These values are a sensitivity to the difficulties in: (1) learning how to attune to one's

felt-sense of being-in-the-world with Others; (2) learning how to discern the significance and meaning of this felt-sense; and (3) learning how to innovate actions to foster a sense of acceptance for the actual, felt meanings to which one has attuned.

Importance of the Body

Despite research from normative psychology that advocates suppression of mental health symptoms and goals of curing it as a disease, college students upon whom this study is based indicated their desire to learn what their particular conditions meant for who they are being-in-the-world. This desire to learn is obviously inconsistent with both the general attitude of persons diagnosed with mental illness as well as with research that portrays such individuals as without agency or with deficits in their capacity to learn.

Students in this study represent a relatively diverse spectrum of learning to disclose meanings of identity in order to enhance their sense of understanding for their becoming and to augment their well-being, particularly in crossing a relational threshold. They aspired to approach, enter and exit relational thresholds in a manner that minimizes the degree to which they feel unwhole and fragmented in their experience of themselves. In many ways, how they talked about the impacts of relational thresholds on their lives was the antithesis of not having agency or, having too many deficits, to learn how to understand the totality of their being in time.

When it comes to crossing a relational threshold—i.e. what is commonly known as a time of distress—normative psychological literature often highlights the importance of learning coping strategies (Kumar & Bhukar, 2013), noting a difference between positive coping—approach- or problem-focused (e.g., strategizing, consulting with others for advice)—and negative coping—qualified by avoidance (e.g., pushing aside the problem) or other efforts

considered to be maladaptive (e.g., self-blame, venting) (Read, Griffin, Wardell & Paige, 2014). This is a perspective worth engaging.

According to Zolnierek (2011), understanding how to better support persons diagnosed with mental illness may best be derived from "from narratives of meaning rather than traditional science" (p. 46). For instance, students in this study conveyed stories about the type of work they engaged in order to disclose meanings of identity that vary from traditionally understood positive and negative coping practices. By and large, their impending or stated successes suggested the concepts of positive and negative coping behaviors misapprehends the important role of the body in interfacing with shifts in how one is making sense of their being-in-the-world. For these reasons, the data was able to capture a somewhat novel glimpse of the critical function of the body in this meaning making process.

For example, students who reported more consistent success with managing and increasing their well-being (e.g. Brie and Gina) were essentially more adept in the total process of somatic registration. Whereas students who mostly talked about taking up nonsomatic and subsomatic stances in relational thresholds reported more consisted issues with managing and enhancing their well-being (e.g. Lyn, Jackie and Ryan). In either of these cases, students' talk or lack of talk on the reliance of the body in understanding how to cross relational thresholds demonstrated how felt, bodily sensations are critical to attuning to hidden aspects of their being-in-the-world. The more a student's stance in approaching, entering and exiting a relational threshold was astray from somatic experiencing, the more they were likely to be out of touch with meanings of identity and reported decreases in their well-being. And while the data demonstrated a basic commonality in how students attempted to recruit the body to attune to hidden aspects of their being-in-the-world, it is worth mentioning there were variations in reports

of the specific places about the body that somatic adjustments would occur (e.g. chest tightness, heart racing, perspiration, etc.)

Importance of the Ambient Stage

The data of this study was unlike recent normative scholarship that links the origins of breakdowns to faulty brains, biochemicals, developmental environments and other fragmentations of a person being-in-the-world. Rather, students demonstrated that actions to grow their well-being for crossing relational thresholds depended on whether or not they could encounter, face and integrate hither to accepted meanings of identity. That is to say that as students attempted to attune through the body to the felt-sense of significance and meaning of their being-in-the-world, they were endeavoring to disclose something about *who I am* that is of import when crossing a relational threshold.

This disclosure process appears to be more effectively achieved in the moment a relational threshold is brought about. This means that in the course of a breakdown, facing, accepting and integrating hidden aspects of one's being-in-the-world (i.e. meanings of identity) by attuning to them through body is inconsistent with research that leaves the impression of pharmaceutical interventions as suitable long-term strategies to modify behaviors. Particularly since the side-effects of many of the psychotropic drugs impacts how one notices and attends to their body (Moncrieff, Cohen & Porter, 2013). And though some students in this study advised they indeed have prescriptions to assist them with handling acute episodes, none indicated their prescriptions aided them in understanding meanings of identity that underlie the moments they cross a relational threshold.

Interestingly, students in this study reflected the importance of words spoken many years ago by Kierkegaard in his treatise The Concept of Anxiety. Kierkegaard suggested how

education by life's anxieties can lead one to either fall (i.e. commit suicide), become lost or to learn all that they are being. In this, Kierkegaard was keen to acknowledged that "whoever is educated [by the possibilities of anxiety] remains with anxiety", adding moments in which one encounters "the assaults of anxiety, even though they be terrifying, will not be such that he flees from them…[but]…becomes a serving spirit that against its will leads him where he wishes to go."

As students in this study strove to learn how to enhance their well-being in order to be with Others, and, through that relation learn how to become who they are, they in some way have all expressed in our conversations how they are learning to work with, not against, the way in which their specific worlds show up. They are striving to attune to meanings of identity that in their perception may be "terrifying" because the unification of such meanings would further shift one from a familiar world to an unfamiliar world, demanding the work to make the resulting relationhood familiar. This process of change can unquestionably cause one alarm. But it is for this process students hinted that they are in their being-in-the-world attempting to achieve, to borrow a term from Raia and Deng (2015), relational presence. By *relational presence* Raia and Deng (2015) suggest a sense for shifts in the background of one's being-in-the-world. That is the ability to read and integrate the existential ground (i.e. the backdrop of meanings) from which one gains a sense and activities gain a point, particularly in a time in which one is crossing a relational threshold.

Learning to develop relational presence in order to learn to cross relational thresholds, entails learning to make a clearing for implicit meanings of identity to become explicit. It, so to speak, requires a way to ease meanings into one's recognition in a way they are able to get a handle on its terrifying, upsetting, poignant or even devastating natures. As the data has shown, it

is in the moment of crossing a relational threshold that these meanings have a tendency to be less obscured. However, they data also showed that a part of this learning to attune to meanings of identity, and ultimately learning to pass through relational thresholds in ways that eventually result in growing one's well-being did not always take place in the here-and-now moment a shift occurs in one's way of being-in-the-world. It also took place in a present-at-hand mode of being-in-the-world in which students projected through daydreams possible outcomes of being in a relational threshold.

These imagined scenarios of being-in-the-world with Others amount to be a go between world of conjecture based on felt impressions in experience. This present-at-hand realm of playing out possibilities is often referred to as rumination in normative psychology. *Rumination* refers to the tendency to continuously think about the causes, circumstantial factors, and consequences of one's negative emotional experience (Nolen-Hoeksema, 1991). Simply, rumination means that you repetitively think about the varying aspects of a set of circumstances that are upsetting. While normative psychology often associates this present-at-hand act of reflection as unhealthy and detrimental to one's well-being, I argue it as functional and adaptive when considered within a wider educational process of learning to read one's way of being-in-the-world.

For instance, in his book, the *Presentation of Everyday Self in Everyday Life*, Erving Goffman (1959) argues a model of understanding people in actual interaction in the world with others by taking a performative analysis of individuals being in relation to Others. Goffman uses a theatrical metaphor to explain human interaction as performative and team-based, and as having the possibility to play out on two stages: front stage and back stage. On the *front stage*, the subject's actions are based on internalized norms, setting, expectations, adhering to scripted

rules and an overall heightened sense of awareness for how they are perceived in their role (i.e. who I ought to be). On the *back stage*, a subject's actions are more free from expectations, norms, and scripts. However, "ruminations", i.e. imagined scenarios—which are also replete with themes and points-of-view, characters and conflict, props and plot lines, front and back stages—can be said to arise from what Butorac (2011) refers to as an *imagined identity*. Broadly speaking, that is a sense of *who I am* that emerges in the conflict between social expectations and personal "aspirations for self-fulfilment [sic]" (Butorac, 2011, p. 122). That meaning a sense of the world but not located in the here-and-now world as it unfolds.

Taken together, however, Goffman's stage theory and Butorac's (2011) notions on the imagined identity, I argue that students' strategy of projecting themselves into imagined spaces—in order to begin to become familiar with meanings of identity that have yet to be registered—is played out on what I refer to as the ambient stage. By *ambient stage* I denote a present-at-hand process of speculating interaction with Others. The speculation takes place through projecting an imagined self and setting into an imagined context - with imagined placement of actors, scenery, properties, etc. So, in the same way the body moves from the background to foreground when it shifts from ready- to unready-to-hand, so too does the perceptual ground shift from the here-and-now theatre of life and into the ambient stage. It is, so to speak, a middle ground superimposed over one's interwovenness, its underlying meanings of identity, its causes and historicalness. The ambient stage is not only indicative of an existential identity's nonlinearity in time. It is also indicative of another place (as it were) we may also look to get at meanings of identity that lay hidden in one's way of being-in-the-world.

Importance of Relationality

College students most vulnerable to demonstrate decreased well-being outcomes are those who struggle to learn to disclose meanings of identity in their being-in-the-world in general, but also those who struggle to make these meanings explicit when crossing a relational threshold in particular. For this reason, I in this study examined how this learning process unfolds by way of the models of actions students develop by studying Others, experiencing with Others or directly being taught by Others. The data showed that crossing a relational threshold in a manner that ultimately resulted in the growth of one's well-being was enhanced by people who acted as guides, aiding students to make meanings of identity vivid in their experience. While most students I interviewed had recent experiences in facing relational thresholds, the growth of well-being was only negatively associated with students who reported a lack of guidance that assisted them in making meanings of identity clear in ways that resonated with them.

Ryan, Lyn and Jackie are prime examples of how a lack of guidance to understand deeper meanings of identity prolongs the time it takes to develop RelationalActs. However, this lack of guidance is less about having bad guides per se (e.g. incompetent therapists or disinterested professors). Rather, it stemmed from guides like therapists, friends, family members, professors, etc., misapprehending the challenges of learning to become a person in the manner that existential phenomenology approaches this complex learning endeavor. That is to say that students suggested that they engaged in some form of resistance to guidance that sought to encourage them to fit within cultural norms of identity, pointing them to seek refuge in the crowd when, in actuality, their deeper experiencing was moving in a direction to emerge from its own crowdness.

Even in students' desire to emerge from the crowd, the data also made clear students' desire to want to be with Others during the course of a relational threshold. They desired to move

beyond acts of suspension when relational thresholds are brought about and toward developing RelationalActs befitting of their own specific way of authentically being-in-the-world. The desire to be in relation to Others can appear to run flat, as Gina revealed, when one attempts suicide. But even then, such an attempt is still a statement about the need to be who one is in relation to Others and the importance of fulfilling this need; that is having it felt as being met. Gina who attempted her death, Lily who cut to self-harm, Sarah who withdraws, Jackie who gets "ragey", Ryan who autopilots into redundancy and the Other students who, in crossing a relational threshold, become lost do not engage these actions because their goal is to become disconnected to those with whom they share their lives. Rather, they fall and cut and rage and retreat because they, having yet to learn to express who they are, carry out acts that might be recognized by Others as an S.O.S. to assist them through the thicket of their being in time. In more simple terms, what this all goes toward saying is this: The more we contemplate students' subjective experiences of learning to cross relational thresholds, what may very well prop up to be the greatest asset in organizing, even accelerating this type of education is operating on the principle of one's need to authentically belong.

Limitations

While this study contributes to the literature by providing a subjective look of college students with mental illness, and, from a non-traditional psychological outlook, there of course are limitations. Study limitations include weak distribution of participants across non-elite institutions, race, gender, ability, sexual orientation, age and self-reporting of conditions which is often subject to bias when reporting symptoms. The demographic issues effect the study by not capturing a wider perspective of student experiences therefore limiting the conclusions that could be drawn. Another limitation of this study is that I did not engage in longitudinal data collection.

A longitudinal analysis would have provided more variation to the data in terms of examining change over time.

Conclusions

For students diagnosed with mental illness, the teaching and learning about how to discover meanings of identity that underly relational thresholds, to understand those meanings in the context of one's being-in-the-world, and to accept the unique personal reality these meanings disclose, is paramount. In this study, I have attempted to convey the complexity of creating the conditions in which one can achieve a way of somatic experiencing in order to grow their well-being. That is a way by which one learns to make concessions to the felt-bodily senses, learns to discern significance and meaning through senses and learns to innovate RelationalActs. Representing students' experiences in this manner was not meant to offer direct suggestions about how to organize care on an institutional level for those diagnosed with mental illness. The lack of longitudinal data collection calls into question attempts at such conclusions. Rather, this representation meant to provide a view that counters the tendency to fragment a being-in-the-world. That is to discuss one in terms of their mind, brain, thought and every other way of self-reflection instead of one interwoven and sentient.

Issues of identity intensify during college. The intensification is an opportunity that calls for the disruption of a century's old way of approaching students' diagnosed with mental illness. The implication harkens back to Fromm's (1955) affirmation that "individual mental health is dependent on the social structure of a community", as well as to Albee's (1967) contention that "it is not logistically possible for therapists alone to meet the psychological needs of all community members" (Little, 2002, p. 22). In other words, as this research study anticipates a break from the clinical model to a relational, community-based model to assist students in

growing their well-being, new developmental goals for everyday faculty will certainly arise. As these goals become clearer over the course of time what will most effectively drive their clarity is understanding the narratives of students who actually live and strive to learn with their conditions in order to the scope of everyday faculty and staff roles in this learning, who plays them and why they should play them in that manner in which their acts are conceived.

To improve the manner in which students encounter relational thresholds in ways that grow their well-being, education planners in higher education must continue to reshape how they understand their subjective experiences in order to develop practices of care that can connect students with sustainable mental health services. These priorities not only aid in students' integrating various aspects of their being-in-the-world and overall mental health recovery, but also have the potential to improve their overall sense of well-being as they continue to develop beyond the grounds of campus. For this, future studies should endeavor to do a few things: One is to pursue conceptual clarity of the concepts put forth here. Second, understand how everyday faculty and staff perceive their role in being a bridge for students to services on campus is a critical. Third, engage longitudinal inquiries regarding the development of RelationalActs in students' learning and, relatedly, investigate as to whether the development of the process of somatic registration is ordered or continues to present as non-sequential. Finally, continue to specifically examine students' subjective narratives and the relational features of being-in-the-world with mental illness.

How to best support students with ways of being that are unlike typical ways of being is an issue that will for some time remain front and center. The problem, as I have argued through this study, is that colleges need to get clear in their fundamental orientation toward students' subjective experience in order to attune the needs that beset them when crossing a relational

threshold. It has been suggested that a part of the responsibility is to be passed on to faculty and staff because they can "play an important role in addressing this campus-wide problem due to their regular interaction with students that uniquely position them to identify, connect with, support and refer students in distress" (Young, 2015, p. 95). However, the development and scope on this role should be considered in terms of how students are becoming a person in the world and the potential everyday RelationalActs by which Others can aid them to become.

Appendix A: Semi-structured Interview Questions

1) PERCEPTIONS OF BREAKDOWNS: First I wanted us to start with something general. Since you've been in school, what kinds of things would you say have stressed you out? What are some symptoms you deal with when you're stressed out? Does any of the stress you've mentioned play upon your symptoms more than other kinds of stress?

2) PERCEPTIONS OF RESPONSES: If you think about the situations that bring on stress, what are some ways you've responded in the those moments to being stressed out? Do you find some responses better help you deal with stress than others. (If "yes", ask for an example.) Would you say that there is a difference between how you would handle stress in the past versus now? What are some of the ways stress might interfere with your schoolwork and/or other obligations at school?

3) PERCEPTIONS OF LEARNING TO IDENTIFY STRESS: In some way or another, all participants hinted that it has taken time to learn the "signs" which indicate they are crossing over into a stressful experience. So I wanted to ask you are there any signs you've learned to recognize that signal you are crossing over into stress?

4) PERCEPTIONS OF TURNING POINTS: Will you tell me about some significant "lightbulb" moments you've had in learning how to handle stress?

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