Original Article

Creating a Caring Relationship with Emerging Adults by Helping and Being a Support: Youth Workers' Experiences

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Abstract

Background: Emerging adulthood, 18-25 years, is a point in life where young people are moving towards independence and lives of their own. This transition affect their relationships with others and can be challenging, and have an impact on their mental health and may lead to vulnerability. Many young people seek help from various professionals in health and social care. Few studies are found that concern youth workers relationship with young people.
Aim: The aim of this study was to explore youth workers' experiences of encountering emerging adults.
Method: Focus group interviews were used for data collection, with qualitative method used as analysis.
Findings: Two main themes describing youth workers' experiences of encountering emerging adults were revealed: "Helping emerging adults" and "Being a support." The themes show that managing life can at times be demanding as emerging adults need "hands on" support. Further, the role of the professional relationship also has a strong focus on social bonding as emerging adults may in an "individualistic society" suffer from isolation or loneliness.

Keywords: *caring, emerging adults, healthcare, mental health, social care, youth workers*

Introduction

Emerging adulthood, 18-25 years, is a critical point in life where people are moving towards independence and lives of their own (Arnett, 2000; 2004; 2014). Finding inclusion, a place of study or work, is challenging and thus a critical process in emerging adulthood that can effect their mental health. Emerging adults with mental illness are particularly vulnerable when taking the step from education to work life (Wood et al., 2018). Mental illness has been seen to increase the risk that emerging adults risk being left out of education and work (Evans & Cassells, 2014; Evans-Lacko et al., 2020; Greenwood et al., 2018; Spear et al., 2018) and thus marginalised. Many young people seek help from various professionals in health and social care. However, scant research has been done regarding youth workers relationship with young people. This study aims to explore youth workers' experiences of encountering emerging adults. Emerging adults are in a transition phase and they can have complex and challenging needs, which is why this study finds it important to explore how youth workers and other health care professionals can respond to and help them, from a caring perspective.

Background

Early identification and preventative actions through which emerging adults' lifelong mental

well-being is promoted can be considered essential. Researchers, however, estimate that, internationally, nearly 80% of youth ages 6-18 fail to receive treatment (Coles et al., 2016). Identification of care-dependent young people is inadequate in the current health care system (Myrskylo, 2012). Researchers estimate that 20-30% of adolescents in Finland suffer from some form of mental distress (Haravuori et al., 2017), and only 40-60% of those who need mental health care in Finland are expected to receive care (Pylkkonen, 2013). In a prospective analysis study set in the United States, researchers found that there was an unmet need with regard to available services and that such services did not support adolescents with mental health issues (Cadigan et al., 2019). Early identification and preventative actions in emerging adulthood are essential to promoting lifelong mental health. Many of the mental health problems seen in adulthood have manifested before the age of 14 and three-quarters of all mental health problems have manifested before the age of 24 (Marttunen et al., 2013).

Mental illness is, however, a complex phenomenon. Mental illness encompasses both psychiatric diagnoses and more abstract mental health problems not connected to a diagnosis, such as anxiety or depression (Bremberg & Dalman, 2015), and an even more abstract form of "inner discomfort" (Johannisson, 2005). The more abstract forms of mental health issues especially can be more difficult to identify. At the same time, the more abstract form of mental health issues in particular are increasing among this population group. Researchers show that abstract forms of mental illness, such as self-reported emotional problems such as depression and anxiety, have increased, especially among young women (Mishina et al., 2018; Punamoki et al., 2011). Mental health issues connected to school stress and performance anxiety are also on the rise (Public Health Agency of Sweden, 2018).

Young people with mental health problems can seek help from various professionals in health and social care. When encountering emerging adults there is a need for more individually tailored multi-professional mental health support and holistic services where for example, mental health and vocational services are integrated (Holloway et al., 2018). Youth workers are professionals from different sectors, such as health care, education or social services, that emerge in a professional relationship with emerging adults (Cederlof, 2007; Koskela, 2009; Pozzoboni & Kirshner, 2016; Nieminen, 2010; Ord, 2016). Youth workers are often separated from each others practices by sectoral/societal boundaries and structural frameworks. Youth workers are all in a key position to identify mental health issues regardless of being school counselors, general practitioners, youth workers, school nurses or teachers (Capuzzi & Gross, 2014; Gulliver et al., 2019; Hilli & Wasshede, 2017; Kaltiala-Heino et al., 2015; Mazzer & Rickwood, 2015; Pryjmachuk et al., 2012; Rickwood et al., 2007). Few studies were found that describe youth workers common experience of the relationship with emerging adults, which is why this study explores how youth workers and other health care professionals can respond to and help them.

Theoretical Framework centre

The theoretical framework of the study was based on the caritative caring theory that is part of the caring science tradition in which the relationship with others; family, friends and also with caregivers and the patient is seen as crucialThe human being is considered in a constant state of "becoming" moving toward deeper wholeness (Eriksson, 2018, Lindstrom et al., 2014). In the same way, health is also viewed as a "becoming,", a developmental movement toward deeper wholeness.(Requires a reference). When the inner health potential of the human being is touched, a movement can occur which can be seen in the different dimensions of health (Eriksson et al., 1995; Lindstrom et al., 2014). The movement in health toward deeper wholeness occurs on different levels such as "doing,", "being," and "becoming." "Doing" includes what the human being does for his/her health, "being" pertains to the balance sought in relationships with others, and "becoming" involves the seeking of harmony and inner balance in life (Lindstrom, 1999; Lindstrom et al., 2014, Eriksson et al., 1995, Eriksson, 2018). Place authors in alphabetical order.

Caring gets its unique character through the caring communion (Eriksson, 1990). The act of caring contains particular caring elements that invite to a deep communion (Lindstrom et al., 2014). A caring communion is characterized by vitality, warmth, closeness, respect, honesty as well as tolerance (Lindstrom et al., 2014). However, a caring communion does not automatically occur, but rather presumes a conscious effort from the caregiver to be with the other (Lindstrom et al., 2014). To enter the caring communion to create opportunities for the other it constitutes one of the

deepest forms of communion where two or several human beings share a community that is very strong and is constituted by warmth, respect and love (Lindstrom et al., 2014). When love is an active component in the caring communion the human being can dedicate strength to herself through this source of love which means that she can evolve and develop ones self (become) towards health (Hemberg, 2015). The caring communion is thus seen as the source of strength and meaning in caring (Lindstrom et al., 2014). According to Eriksson (2015) are all human beings natural caregivers and thus caring can be understood as a natural human behavior. This behavior encompasses cleansing and nourishing, and spontaneous and unconditional love. Tending, playing and learning in a spirit of love, faith and hope constitutes the expressions of natural basic caring. Within *tending* characteristics such as warmth, closeness, respect, honesty and touch are present, and within *playing* characteristics such as exercise, testing, creativity, imagination, and desires are found. Withing the concept of *learning* sharing is also an important aspect.

Aim: The aim of this study was to explore youth workers' experiences of encountering emerging adults.

Participants

The participants in this study (n=10) were selected through a purposeful sampling method (Denscombe, 2014; Palinkas et al., 2015), where a selection of individuals from different sectors explain who encounter young people during the course of their work were contacted and asked to participate in the study. The participants were taken from both the healthcare and social sectors (Koskela, 2009). As representatives for the healthcare sector, five health professionals (four school nurses and a midwife) were contacted. As representatives for the social care sector, five youth workers from a youth workshop were contacted. The data material was found to have achieved saturation; and was considered very rich, and therefore no more participants were contacted after having conducted focus group interviews with ten participants.

We sought individuals who met young people through their work, because we - they have knowledge of what it means to meet emerging adults (Denscombe, 2014). School nurses meet and supervise young people daily and midwives can encounter emerging adults in a vulnerable and life-changing situation. Youth workers at youth workshops can help provide support for young

people with regard to life management (Myrskylo, 2012). See Table 1.

Table 1. Study participants

Partici pant	Age categ ory	Gend er	Work sector	Educa tion	Work experi ence in years
1	30-34	F	Healthc are	Master's degree, RN	0-4
2	35-40	F	Healthc are	RN	10-14
3	40-44	F	Healthc are	RN	10-14
4	45-50	F	Healthc are	Master's degree, RN	20-24
5	55-60	F	Healthc are	RN	20-24
6	55-60	M	Social care	Master's degree	5-10
7	40-44	F	Social care	Bachel or's degree	5-10
8	45-50	F	Social care	Bachel or's degree	20-24
9	30-34	F	Social care	Master's degree	5-10
10	30-34	F	Social care	Master's degree	0-4

Data collection

An inductive qualitative study was conducted and data were collected during three different focus group interviews (Kitzinger, 1995). The interviews were conducted at the university where the researchers were placed, and took the form of organized discussions. The participants were mixed into groups (2, 3 and 5 participants), with one interview per group. The first author started each interview by reading a text about what the concept emerging adult means. An interview guide with broad questions on the topic of meeting emerging adults was used. The questions were formed by the first researcher based on the literature review. The questions where:

(1)   Do you recognize the description of a young adult i.e. a emerging adult in the young adults you meet?

(2)   Can you tell me about the challenges when encountering young adults?

(3)   Describe an encounter with a young adult that touched you?

The first author was acting as a facilitator, seeking to maintain a focus during each interview and ensure that everyone who wanted to could participate in the discussion. The researchers sought to not make leading comments during the interviews (Morgan, 1996) and asked the participants broad questions to stimulate open conversation about the research topic (McLafferty, 2004). The interviews were recorded and later transcribed, with the transcribed material comprising 53 pages of text in total. Field notes were also made during the focus group interviews. The reserachers remained open and humble towards the participants and their statements.

Data analysis

Qualitative content analysis was used to conduct the analysis, which was inspired by Graneheim and Lundmand (2004). All researchers read the transcribed material to get "a sense of the whole." The transcriptions were read line by line and paragraph by paragraph several times to obtain a general understanding. Then we identified groups of words or sentences that related to the same central idea, i.e., meaning units.

These meaning units were considered to represent the fundamental aspects of the experience of encountering emerging adults as described by the participants. Then, the initial codes were extracted. In the next stage, subthemes and themes were formed based on similar extracted codes. Examples of the analysis process are presented in table 2.

Ethical considerations

Ethical approval for the study was obtained from the Research Integrity Advisers and the Board for Research Ethics at Åbo Akademi University (FEN) (1/2017). During the course of the research, recommendations by the Finnish Advisory Board on Research Integrity, FEN (Finnish Advisory Board on Research Integrity, 2012) and the APA code of ethics (Young, 2017) were followed. To ensure ethical conduct, the participants were informed about their rights and asked to sign a written letter of consent. The participants were also asked to sign and return a document in which information about how the research was organized was provided. The participants were informed that they could withdraw from the study at any time. Permission was granted to record the interviews. To ensure participant confidentiality and anonymity, the transcribed material was stored on a secure database that only the researchers could access. Direct participant quotations are included below to support our findings, but any information that can be considered an intrusion into the participants' or their client's privacy have been removed. None of the comments made by each of the participants can be attributed specifically to a particular participant.

Table 2: Example of the analysis process: A sub theme's relationship to one of the main themes.

Meaning unit	Condensed meaning unit	Code	Sub-theme	Main theme
Then they start charting the situation in life, what pieces are there now and where one fails the most.	**To identify the situation to see which pieces are available and which ones fails the most.**	**Life-management**	**To coach**	**Helping emerging adults**

Findings

Two main themes describing youth workers' experiences of encountering emerging adults were revealed: "Helping emerging adults" and "Being a support.". For an overview of the study findings see Table 2.

Table 2. Overview of the study findings

Main themes	**Helping emerging adults**	**Being a support**
Subtheme	*To be a link to other professionals*	*To create an alliance*
Subtheme	*To coach*	*To be an ally*
Subtheme	*To make challenging interventions*	

Helping emerging adults centre

The first main theme revealed that emerging adults can find managing life and their new responsibilities very challenging at times, and they seek help from professionals. Three sub themes were revealed in this main theme:

"*To be a link to other professionals,", "To coach,"* and *"To make challenging interventions".*

To be a link to other professionals means helping the emerging adults to navigate in healthcare and society. The participants revealed that it can be challenging for emerging adults to independently find their way in society and/or through the healthcare system, and that emerging adults can find knowing how to gain access to the correct professional or where to find help daunting. One participant stated that professionals can help emerging adults by first determining the priorities for action, described as a form of triage: to find out

"*that they should go to [a healthcare professional] or counselor."*

The participants see how emerging adults often have to struggle to receive help for mental distress. For an emerging adult this can be an exhausting and lengthy process that further increases the emerging adults' problems before the needed professional support was received. Many are forced to wait three, four, even five months for professional help and that emerging adults must see many care professionals before getting the specific help needed.

"*Just think [about] how tired this person was from telling his/her story again and again."*

The system that should offer help to emerging adults fails. Resources are cut back; there are fewer school psychologists student advisors, counselors, and so on.

[The current system] makes them vulnerable as there are fewer protective services, protective walls, fewer safe ways to go. Fewer protective hands who can [catch] if you fall.

For the professionals an important mission is to help emerging adults navigating in this social and healtcare system.The participants stated that a crucial step when helping the emerging adults was ***to coach***. To coach includes helping emerging adults through surveying their situation and identifying major problems. It also includes professional "hands-on" support and the provision of concrete advice and to make an action plan where advice is given step by step.

We start here and if the problem seems to be enormous we divide it up into smaller pieces and take one step at a time.

The participants noted that emerging adulthood is in a life phase that includes (or should include) making challenging and complex decisions. The responsibility falls on the individual, the emerging adult. It requires that the young person know what he/she wants and realize it, and then find out for oneself. Emerging adults can struggle to make such decisions and therefore can require help from a professional.

It is a pretty difficult time where you should make many decisions, you should make choices, but you maybe don't have all the cards

in your hand, that it (the decision making) should go pretty quickly.

The participants revealed that they perceived that some emerging adults that find life-management challenging can

> *"get stuck in a negative spiral, you only see the problems, not any possibilities."*

The emerging adults then feel they are worthless and have no place in society. The participants maintained that it could be professionally challenging to meet such emerging adults. Especially if the emerging adults' problems had increased in magnitude, they felt that their competence was insufficient.

> *It should almost go too far before you get hold of them. … What I have to give is not enough.*

Nevertheless, they maintained that for those emerging adults who have experienced multiple failures, it can be essential to try to

> "*point out strengths and [things that are healthy] instead of risks and faults.*"

The participants noted that in such situations the smallest encouragement and success could make the greatest difference and help the emerging adults:

> *"find a belief, that I can, and work it through supportive and encouraging words."*

Helping the emerging adults means that the professionals sometimes have **to make challenging interventions**. When the emerging adults are feeling bad and come to the youth workers office, it can be the professionals' job to find out if there is a need to contact other authorities: social service, police, or psychiatry. They must be bold and very straightforward sometimes, ask such questions and intervene. They noted that emerging adults should not need to think whether they can tell if something is wrong.

> *"You must shoulder your responsibility and dare… (it can be very difficult things you need handle)"*

Being a support

The second main theme that   emerged was being an emerging adult's support, someone to turn to and someone who stands and walks beside the emerging adult. Two subthemes were revealed: *"To create an alliance,",* and *"To be an ally.".*To be a support includes **to create an alliance** with the emerging adults. This can be challenging, as the participants had noted that especially for emerging adults who have been let down many times, trusting another person could be challenging. They felt that the emerging adults were very sensitive when they think that the professionals are judging them. The participants maintained that the utmost respect for the other's integrity was needed.

> *I [try to communicate] that I have no preconceptions about you, who you are or what you should do, or that you should be [considered] a failure or something, I just want to know who you are.*

The participants maintained that professional secrecy do you mean ensuring confidentiality could be helpful when seeking to gain trust, and create an alliance.

> *The clients do not need to be afraid that I'm running [around] and talking.*

The participants stated that to create an alliance, they also needed to listen to and show genuine interest in their clients and allow clients to come forward at their own pace. The participants observed that meeting someone who genuinely listens and is interested in one's story can be of great importance to them:

> *That you listen and that you see and remember such small things like 'what have you done during the weekend?'… that you show interest.*

The participants revealed that creating an alliance was often a lengthy, time-consuming process and needed openness. While the participants noted that finding time in a busy professional life could be difficult, they nevertheless maintained that giving time was an absolute necessity:

> "*Time must be organized if it is essential to a person having the strength to continue living.*"

The participants highlighted that creating an alliance was absolutely essential to be a support for emerging adults. Creating an alliance establishes a common platform to talk about what makes the emerging adult feel bad and finally come to a new starting point.

> *To start talking and carefully start to unwind [the situation] and ... where it primarily goes wrong.*

To be a psyco-social support means also to be an ally. They revealed that if, for example, emerging adults experience overwhelming demands from home – for example, expectations of becoming a lawyer or doctor when there is no interest or ability – they can use an ally, an adult person to trust and turn to who is not a family member. Being an ally means to support the emerging adult, and in such situations.

> *It can require that an outsider says, who you are is ... like entirely ok, if you don't want to be a lawyer then what could you be instead?*

Nevertheless, the participants found that being an ally could be challenging as they need to stay outside of the parental relationship, "*not to step on their toes.*" The participants noted that it was especially difficult for professionals to intervene in situations where "helicopter parents" were involved, because such parents believe that they are acting with good intentions, despite (possible) negative repercussions.

> *When you have moved away from home and mom and dad come and clean, [come] with food and take the laundry with them. I think this is horrible toward the emerging adult.*

Emerging adults can also perceive high demands from school and socety. The emerging adults could perceive that one should be "the best" within all spheres, for example, have the perfect body, a good job, a good salary and good academic grades. The participants related that emerging adults could find entering the labor market particularly stressful and that those emerging adults who struggle to find a vocation, whether through lack of reflection or because plans have not panned out, are especially vulnerable:

> *Some have a designated path, ... but it is that if you fall off the track at some stage, that something doesn't become like you thought.*

> *... But that confusion. Or more [like] lostness. ... You are more sensitive or have not thought about what you want to work with you automatically become more vulnerable. Those who immediately know. Don't fall.*

For emerging adults who experience loneliness it can be very important to find an ally in a professional person. Loneliness was in their descriptions about the emerging adults linked to shame and something very painful.

> *[The young] are so tremendously exposed. When you don't have someone to share it with. So it is in reality those questions that I think are most difficult to dispense with. Because I don't know what you should reply to the ... what should I do.*

The participants maintained that they could feel helpless, because they perceived that it could be difficult to support emerging adults who feel lonely. The participants highlighted that they see new forms of loneliness emerging, where emerging adults perceive extreme loneliness despite being surrounded by others. The participants noted that some emerging adults could feel lonely even though they still lived at home with their family. The participants also related that emerging adults could have lots of online friends but few real-life friends. The participants maintained that for emerging adults, support given through real-life interaction instead of online can be of great importance and help emerging adults in their aloneness:

> *It is important that those who I meet that it is ... a real human encounter. The compassionate encounter, in other words. Not that it is over some [online] chat or something like that. But that you can sit and look each other in the eyes. Or put your hand on the other's shoulder or something. I think this is extremely important.*

Discussion

The aim of this study was to explore youth workers' experiences encountering emerging adults. Two main themes emerged from the analysis: "Helping emerging adults" and "Being a support.". During the interviews, the participants revealed that giving emerging adults concrete advice and professional support were important. We saw several ways of helping emerging adults:

to be a link to other professionals, to be a coach and *to make challenging interventions*.

The participants also revealed that providing support to emerging adults on a more personal level was important. This is in line with the caritative caring theory in which caring concerns being in deep communion with the other (Eriksson, 2018; Lindstrom et al., 2014). In this study we also discerned ways of being a support for emerging adults: *to create an alliance* and *to be an ally*. These ways of being a support can also be compared to the act of caring which involves to invite to a deep communion in order to create opportunities for the other with the will to do good and show love and compassion to the other (Eriksson, 2018; Lindstrom et al., 2014).

The caring relationship between the youth workers and the emerging adults was seen in their encounters with them. Helping and coaching was to give concrete advice and professional support, especially important during the transition from education to work life (Helve & Bynner, 1996). Helping emerging adults during such a transition can be challenging, explain how using the words of the participants. Emerging adults live in a fluid world where nothing is certain: social forms and institutions no longer have enough time to solidify and cannot serve as frames of reference; life is split into an unending series of short-term projects and episodes examples would be important to include as I did not hear this from the participants (Bauman, 2007). Furthermore, megatrends create constant change in the labor market (I did not hear this from the participants, not necessary to include) (Ernst & Young, 2015; Lagerstedt, 2018). During this transition there are a lot of factors and information that emerging adults should take into account (sentence should be removed).

The professionals in the interviews talked about the difficulties to make challenging interventions, and the participants here perceived intervening in parental relationships to be one of the most demanding situations. The rise of the "helicopter parent" generation has changed parenting radically (Juul, 2014). While a less authoritative parenting approach can have positive implications for adolescents' mental health (Public Health Agency of Sweden, 2018), this change in parenting patterns can leave the parents feeling confused and lost, the parents also need support from the professionals in being a parent showed in a Finnish national school survey (Halme et al., 2018). You are now introducing a new concept that parents need support, Thus revealing that youthworkers relationship is challenging.

The relationship included also being a link to other professionals. Emerging adults can find navigating society by themselves to be challenging. The professionals have seen that emerging adults have problems getting access to the right professional in time; often they have to wait for a long time before getting the appropriate professional assistance. The relationship to the emerging adults the youth worker is a assymetric relationship. The youth worker has often a cognitive advantage, meaning that someone has more knowledge than the person or client who is in contact with health care (Kristensson Uggla, 2014). One can experience an institutional and existential disadvantage when placed at the bottom of a strongly hierarchical organization and from being in a vulnerable position (Kristensson Uggla, 2014). Further, an unconscious stigmatization can occur due to the institutional norms or values. Acting as a link to other professionals and standing by the emerging adults, the professionals say they can help redress the power imbalance. The professionals say emerging adults often have to wait for a long time even if the situation is acute. Previous research shows that it is difficult for young adults to access care when they need it (Myrskylo, 2012; Pylkkonen, 2013).

The professionals stated that creating an relationship that is an alliance with the emerging adults can be essential in times of crisis. This alliance can be compared to the caring communion which is characterized for example by warmth, closeness, respect, honesty as well as tolerance (Lindstrom et al., 2014) and it preassumes a conscious effort to be with the other and to sacrifice for the other (Lindstrom et al., 2014). This has also been discussed in the field of psychology for some time. Such an alliance is called a therapeutic alliance, where therapists create an alliance with a patient by being encouraging, responsive and respectful (Brenner, 1979; Kåver, 2014). In nursing and caring, this alliance becomes concrete in a person-centered care approach where the dialogue between the professional and the patient is central (Edvardsson, 2010; Ekman et al., 2011), Creating this alliance, however, requires courage, as it involves an intense upheaval in one's own existence (Buber & Sollstrom, 1990). Creating an alliance takes time, as it lets emerging adults have time to "emerge" at their own pace. This is also in line with the caritative caring theory which highlight the need for enabling time and space in

order for the health of the human being to develop (become) through the power from the caring encounter. It is further in resonance with the caritative caring theory which underlines the importance of showing tolerance, love and respect and thus allowing the human being to be their unique self which ultimately may impact on their self of dignity and thereby providing a safe haven were their sence of well-being can be strengthened (Eriksson, 2018; Lindstrom et al., 2014). However, as revealed here, in a stressful professional culture, it can be difficult to allocate the time needed for the emerging adults have time to "emerge" at their own pace. The professionals feel a stress of conscience when they cannot give emerging adults this time. A stress of conscience has been described among professionals when they feel that they have not done enough for their clients (Juthberg et al., 2007; Alkrisat & Alatrash, 2016). Such stress can negatively affect a professional's health and cause burnout, for example (Glasberg, 2007).

Giving emerging adults the time to emerge at their own pace is also something Erikson (1956) stressed. Erikson (1959) found that having the freedom to reflect, a so-called time of moratorium, was important to the formation of the adolescent identity. In accordance with Erikson's (1959) theory, a time of moratorium was introduced in schools in the mid-twentieth century, through the prolonging of the school duty. However, other researchers question whether this concept is still viable in schools, as the emerging adults live in a high-speed society where decisions are made in a rapid pace (Rosa, 2003; Rosa & Scheuerman, 2009; Rosa, 2010a/b).

In this study we saw that being a support could even occur by being an ally to the emerging adults. This can include supporting emerging adults that experience difficult feelings, anxiety or loneliness. Some researchers consider loneliness to be the deepest form of suffering an adolescent can experience (Lindholm, 1998), and loneliness can cause a person to seek fellowship at any cost (Piltz, 1998; Lindstrom, 1999) and go to extreme measures to alleviate loneliness. They can be drawn to destructive communities or subcultures in order to feel as if they are part of a group (Gavriliuk, 2011). Emerging adults today live in an individualized society where networks primarily consist of one's close friends or family of origin. If for some reason emerging adults need external support outside this network, it is primarily experts (professionals) who fill this void. This is in line with Giddens (1991), who

maintains that cultural networks have been institutionalized to experts. Eriksson (1987, 2018) argues that as individuals' natural networks, what she calls the natural care culture, decrease in society, there will be a growing need for professional care. This can be seen as emerging adults seek non-urgent treatment from experts (for example just to have someone to talk to or to discuss difficult feelings with) in different sectors to a greater extent than other age groups. Between 2010 and 2012 in the US, adolescents with less severe or even no impairment accounted for most of the absolute increase in mental health service use (Olfson et al., 2015). In the US, for example, emerging adults accounted for 21.6% of all emergency room visits (Fortuna et al., 2010).

In a reflection of the themes found in this study in relation to the caritative theory of caring reveals that *caring for* is a core in the youth workers meeting with emerging adults (cf. Eriksson, 2018; Lindstrom et al., 2017). In the caritative caring theory health is seen as a movement between *doing*, *being* and *becoming* in the presence of suffering (Lindstrom et al., 2017). The main theme "Helping emerging adults" can be seen as a reflection of *doing health*: to act with and give concrete advice for the emerging adult. The main theme "Being a support" can be seen as a reflection of *being and becoming in health*. Being is about entering in a personal relationship with the emerging adults (Lindstrom, 1999) and becoming is about recognizing their more abstract levels of health, such as existential anxiety over high demands, loneliness or hopelessness. On this level, health needs to be promoted on a holistic level, where the person is met as a whole human being, as a person of body, soul and spirit (cf. Eriksson, 2018; Lindstrom et al., 2017) and thus encountering with ethical sensitivity and compassion becomes fundamental (Hemberg & Hemberg, 2020) as well as being perceptive to the vulnerability of the young person (Hemberg & Lipponen, 2017). In this we argue that natural caring from another human being can be crucial (Lindstrom et al., 2014). To be met with unconditional love and someone who can shine a light on faith and hope when one perhaps experiences worthlessness, hopelessness, loneliness or anxiety constitutes the expressions of true natural basic caring (Eriksson, 2015) which has the potential of initiating a turning point for the emerging adult towards a becoming in health (eg. Hemberg, 2017).

This study provide insights into how youth workers and other health care professionals can be

a help and a support for emerging adults as well as creating a caring relationship with them in their vulnerable stage in life.

Strengths and limitations: A critical assessment of the study's strengths and limitations was performed to explore the study's trustworthiness (Polit & Beck, 2004). We found focus group interviews to be a suitable method because the participants were seen to be familiar with the study topic and able to reflect on and discuss their work. Limitations could be that with focus groups, the most extroverted get their voices heard, although the facilitator tried to get everyone speaking. Also, other participants with other work experiences might have resulted in somewhat different findings. One strength consisted of the fact that most participants had relatively long work experience of youth work. The researchers also carefully discussed the analysis and final themes in order to strengthen the validity. The inclusion of participant quotations contributed to trustworthiness and reliability and allowed for the repeated comparison of the findings to the raw data. Lastly, we maintain that the openness seen in the presentation of the analysis process and description of the results contributed to the study's transferability.

Conclusion: Professionals who work with emerging adults comes from different sectors but encountering emerging adults includes a relationship based on helping and caring for the emerging adults and being a support regardless of the professionals background. Helping with life-management has a strong professional connection and the help provided depends on the sector the youth worker comes from. Being a support is based on a core of caring for, which has strong similarities regardless of the sector the youth worker represent. Professionals are often trained to help on a practical level but have less training in how to meet emerging adults on a personal level, including how feelings of professional helplessness can be managed. An ethical discussion of how professional's best can address eventual feelings of professional helplessness should occur alongside the development of ethical discussion models for such purpose. Furthermore, training models should be investigated, specific to how a therapeutic alliance can best be created and how burnout stemming from stress of conscience can be prevented.

Creating a caring relationship with emerging adults by helping and being a support: Youth workers' experiences

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