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Phenomenology of Accompaniment: Alienness, Corporeality, and Responsiveness in the Experience of a Loved One's Illness

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Abstract

This article presents a phenomenological analysis of the experience of accompanying a loved one through a severe and progressive illness, focusing on the tension between closeness and the irreducible distinctiveness of another person's experience. The aim of this discussion is to determine how a loved one's illness transforms the everyday life of the accompanying person and whether acknowledging the limits of access to another person's experience necessarily implies a limitation of closeness. The analysis is based on four situations from their shared life, reconstructed retrospectively from the author's memories and personal notes taken during her husband's illness. The interpretation draws on Maurice Merleau-Ponty's phenomenology of corporeality, analyses of the experience of illness, and Bernhard Waldenfels's phenomenology of the other and responsiveness. The analysis reveals four dimensions of accompanying: a change in the shared rhythm of activity, the visibility of the altered body, presence in the face of the limits of communication, and the difference in how the future is experienced. On this basis, the author proposes the concepts of the "limit of substitutability"—denoting the impossibility of assuming another person's first-person experience—and "responsive closeness," understood as a way of responding to another's situation without claiming to fully understand their experiences. The relational model of the phenomenology of accompaniment developed in this article indicates that the alienness of another's experience does not negate closeness, but may instead define the very conditions of its realization.

Introduction

A serious and progressive illness can reveal a sense of alienation where we least expect it—within our own bodies and in our relationships with those closest to us. What was previously an obvious part of everyday life may gradually lose its familiarity. Physical capabilities, the rhythm of daily life, the way we experience space and time, and the conditions of our shared life all change. Illness is therefore not merely a biological disorder; it can signify a transformation of the way we exist in the world.

Phenomenological analyses of illness, developed by, among others, Drew Leder (1990), S. Kay Toombs (1988), Havi Carel (2012, 2016), and Fredrik Svenaeus (2000), among others, demonstrate how illness disrupts the pre-reflective self-evidence of corporeality, limits the scope of action, and transforms the subject's relationship with the world. The experience of the person who is ill remains their fundamental point of reference. These perspectives provide an important foundation for reflecting on illness as a transformation of one's way of being in the world, while also raising the question of its significance for relationships with loved ones.

The issue of accompanying a person with a disease has also been addressed in Polish studies on the experiences of family caregivers and the relational dimension of illness. Dubas (2019), in analyzing care for people with Alzheimer's disease, characterizes it as a geragogical, social, personal, and existential relationship, emphasizing the importance of the patient's agency, the presence of the Other, emotions, a sense of community, and communication. In turn, Wysocka and co-authors (2021), in their study of the

needs of inpatient hospice patients and their families, point to the differing perspectives of both sides of the relationship: physical closeness is of particular importance to patients, while for families, it is the ability to provide care. This article addresses this issue from a phenomenological perspective, focusing on the experience of the accompanying person and the tension between closeness and the impossibility of taking on the first-person experience of another person's illness.

One can slow down when the other person cannot walk any faster, stay by their side when they are short of breath, or listen to their thoughts about the future. However, one cannot breathe for them or experience the meaning of those experiences in their place. Closeness therefore increases one's capacity to respond, without granting full access to what the other person is experiencing.

This tension can be examined in light of Bernhard Waldenfels's (2009) phenomenology of the alien. Alienness does not necessarily imply unfamiliarity or distance between people. It can manifest as the limit of what can be assimilated and incorporated into the order of one's own experience. In this view, the experience of the person closest to us remains, in a certain sense, alien not despite that closeness, but also within it. Responsive phenomenology, in this context, allows us to shift our attention from the possibility of fully knowing the other to the way we respond to what we encounter and cannot make our own.

The aim of this article is a phenomenological analysis of the experience of accompanying a loved one through a severe, progressive illness, with particular emphasis on corporeality, alienness, and responsiveness. The analysis is based on a first-person, retrospective reflection on selected situations of everyday coexistence. It does not seek to reconstruct the internal experiences of the ill person, but rather to identify the structures of the accompanying person's experience. The main question of the article is: **Does closeness require overcoming alienness, or is it possible to be present with another in a way that respects the irreducibility of their experience and responds to it without attempting to appropriate it?**

The analysis aims to develop a working proposal for a **phenomenology of accompaniment**, understood as a perspective for examining how the experience of another person's illness transforms the world of the person who remains by their side. Based on an analysis of specific situations, the concepts of the limit of substitutability and responsive closeness will then be considered. These concepts allow us to ask whether acknowledging the insurmountable difference in experiences must limit closeness, or whether it can define a particular way of realizing it.

1. Phenomenological framework: corporeality, alienness, and responsiveness

1.1. Corporeality and illness as a disruption of pre-reflective certainty

A phenomenological approach to illness requires moving away from understanding the body solely as a biological organism. From Merleau-Ponty's (2001) perspective, the body is first and foremost a lived body—a mode of the subject's presence in the world and a condition for its practical engagement with the environment. It is not merely an object at one's disposal, but enables the experience of the world as a field of action. Our everyday relationship with the world is therefore based on pre-reflective bodily agency, expressed by the primal "I can."

Illness can disrupt this sense of certainty. Activities that were previously performed without much effort begin to require attention, planning, or assistance, and sometimes become impossible. The body's "I can" encounters the limit of "I cannot," which changes not only the range of available actions but also the way one experiences space and everyday life. Leder (1990) points out that in ordinary functioning, the body often remains outside the center of attention, allowing us to turn toward the world. Pain, illness, and physical limitations can reverse this relationship: the body, which until then had remained in the background, begins to assert its presence (*dys-appearance*).

This transformation is particularly evident in breathing difficulties. Breathing, which normally requires no conscious control, can become the primary factor organizing one's actions when experiencing shortness of breath. Walking a certain distance, climbing stairs, or carrying on a conversation cease to be self-evident possibilities. Carel (2016) shows that shortness of breath is not merely a single symptom but can transform the way one exists physically in the world.

Illness also disrupts the sense of familiarity with one's own body. Carel (2016) describes this phenomenon using the concept of "bodily doubt," which refers to the disruption of pre-reflective bodily certainty. The body ceases to meet previous expectations, and its capabilities become less predictable. Svenaeus (2000) emphasizes a similar dimension of the experience of illness, framing it as a disruption of one's familiar way of being in the world (*unhomelike being-in-the-world*). Alienness here does not mean the loss of one's own body, but rather a change in one's relationship to what had hitherto remained the most obvious dimension of one's own existence.

The experience of bodily alienation can also manifest itself in the tension between the lived body and the visible body. Changes in appearance or physical ability, or the need to use medical devices, can cause one's own physicality to become the focus of attention. Medical technology introduces ambiguity in this context: it can expand one's capabilities while simultaneously highlighting dependence on external support. Illness thus concerns not only what the body is capable of, but also the way it is experienced and perceived by others.

Phenomenological analyses of illness focus primarily on the transformations in the experience of the person who is ill (Carel, 2016; Leder, 1990). At the same time, the concept of corporeality and intersubjectivity developed by Merleau-Ponty (2001) allows us to understand human experience also in a relational dimension. In this context, it is legitimate to ask how the changing physical capabilities of a person with an illness affect the daily life of a loved one who accompanies them. This question marks

the transition from the phenomenology of illness to the phenomenology of accompaniment proposed in this article.

1.2. Alienness of the other's experience

The problem of access to another person's experience is one of the fundamental issues in phenomenology. In his analyses of intersubjectivity, Husserl (1982) points out that the other is experienced as a subject similar to myself, yet possessing a sphere of experiences that is inaccessible to me directly. Their presence is not limited to the perception of a physical body, but neither does it imply the possibility of reliving their experiences in the first person. A relationship with the other therefore presupposes both the possibility of recognizing them as a subject and an irreducible difference in perspectives.

Merleau-Ponty (2001) elaborates on the bodily dimension of this relationship. The other person reveals themselves through their way of being in the world: gestures, movements, gaze, voice, and action. Here, the body is not merely an external sign of hidden experiences, but a means of expressing them. Thanks to this, the other's experience does not remain completely closed off to the observer. Shared bodily presence enables the mutual attunement of actions and behaviors, without, however, eliminating the difference between subjects.

This distinction takes on particular significance in the context of serious illness. Changes in the way a person moves, breathes, or performs daily activities may be noticeable to a loved one. However, access to the physical manifestations of an illness is not the same as access to the first-person experience of it. The phenomenological concept of intersubjectivity thus allows us to distinguish between recognizing another person's situation and experiencing it in their place.

Emmanuel Levinas's philosophy reveals another dimension of this irreducibility. In *Totality and Infinity*, he states: "The face cannot be possessed; it eludes my power" (Levinas, 1998, p. 232). Here, the face does not refer merely to the physical appearance of another person, but to the manner of their presence, which eludes objectification and appropriation. This perspective does not constitute a direct description of the experience of accompanying a sick person, but it allows us to raise the question of the ethical limits of the quest for a complete understanding of another person.

These theoretical frameworks raise the question of whether closeness to another person necessarily requires striving for a complete understanding of their inner experiences. In the context of accompanying an ill individual, the capacity to sustain a relationship despite the irreducible disparity between their experiences becomes paramount. This issue leads directly to Bernhard Waldenfels's phenomenology of the alien, wherein alienness is not equated with mere unfamiliarity, and the relationship with that which is alien opens up the question of responsiveness.

1.3. From alienness to responsiveness

Bernhard Waldenfels's phenomenology of the alien allows us to conceptualize the relation with the Other beyond the dichotomy of full comprehension and total inaccessibility. As the philosopher observes, "The alien that meets us in experience is a kind of hyperphenomenon, because it shows itself precisely by eluding grasp" (Waldenfels, 2009, p. 53). Consequently, alienness does not merely denote something yet unknown that could be gradually tamed through the acquisition of additional knowledge. Rather, it points to that which reveals itself in experience while simultaneously refusing to be fully assimilated.

In this approach, the experience of the alien takes the form of an event that touches us and demands a response. Waldenfels distinguishes between what befalls us (*pathos*) and our response to it. The response is not a straightforward consequence of prior, complete recognition of a situation; rather, it arises in the face of something that has already moved us before we are able to assign it an unambiguous meaning. Responsiveness thus signifies not only conscious reacting, but a more fundamental mode of relating to what comes from beyond one's own initiative (Waldenfels, 2009).

A response understood in this way does not eliminate alienness. It does not consist in reducing the experience of the other to one's own categories, nor in the conviction that one can experience it in their stead. At the same time, alienness does not have to lead to a withdrawal from the relationship. The responsive perspective makes it possible to conceive of an engagement that remains cognizant of the limits of one's own understanding.

In the context of accompanying a seriously ill person, this concept raises the question of how to respond to situations whose meaning is not fully accessible to a loved one. Words, gestures, silence, or changes in the bodily capabilities of the patient may demand a response, even though they do not provide certainty regarding how the patient experiences their own situation. This does not imply an assumption that any response is appropriate; rather, it involves recognizing the tension between the necessity of reacting and the impossibility of fully appropriating another person's experience.

This adopted perspective outlines the framework for further analysis. It enables us to inquire not only into what the accompanying person perceives and understands, but also into how they respond to the presence of the other in a situation where the latter's experience remains partially alien. Specific forms of this relation will be analyzed in the subsequent part of the article.

2. Methodological framework

This article is philosophical and phenomenological in nature and is based on a first-person, retrospective analysis of the experience of accompanying a loved one through a prolonged and progressive illness. Its aim is not to reconstruct the course of the illness or to present a case study in the clinical sense, but to identify the structures of experience that emerge when the changing physical capabilities of another person disrupt the previously taken-for-granted nature of shared life.

The methodological point of reference is the phenomenological approach to illness developed by Carel (2016), according to which a disruption in one's usual way of functioning can reveal structures of

experience that normally remain outside the center of attention. In this article, this perspective is applied to the experience of the caregiver. This does not imply that the two perspectives are identical. The subject of analysis is the way in which the illness of a loved one becomes present in the experience of the person staying by their side and transforms that person's everyday way of being in the world.

The material for this analysis consists of four situations from everyday life together, reconstructed retrospectively based on the author's memories and personal notes taken during her husband's illness. The need to keep records arose after the diagnosis of two life-threatening illnesses, amid deep uncertainty and the necessity of making difficult decisions. Initially, the notes served primarily to organize information regarding medical tests, hospitalizations, and doctors' recommendations and opinions. Over time, they also began to include her husband's statements, especially those in which he expressed his own feelings. The notes were not created as research documentation and were neither systematic nor exhaustive in nature.

Four situations were selected for analysis in which changes in the shared rhythm of movement, bodily visibility, communication, and the experience of time were particularly evident. The selection was purposeful: the criterion was the ability to reveal a specific dimension of the experience of accompaniment, rather than the representativeness of the events. The selected situations serve as phenomenological examples, rather than as biographical documentation or clinical case studies.

The retrospective nature of the analysis poses a significant limitation. The husband's statements cited in the situations described were recorded in notes made at the time; however, these records do not constitute complete transcripts of the conversations and do not allow for a full reconstruction of the circumstances in which they were made. The descriptions of the situations were compiled later, drawing on the author's memory and the preserved records. The analysis therefore does not claim to provide a complete reconstruction of the course of events or an exhaustive account of the patient's experience.

Distinguishing between perspectives is of key importance. The author's first-person perspective pertains to her own experience of caregiving, not to her husband's experiences. His words, gestures, physical changes, and behaviors may be described as elements of a shared situation, but they do not justify attributing unspoken intentions or mental states to him. Maintaining this boundary constitutes both a methodological principle and one of the fundamental dimensions of the experience under analysis. The perspective of the other person remains consciously unappropriated.

3. Results. Structures of the experience of accompaniment

An analysis of four situations of everyday coexistence allows us to identify interrelated dimensions of the experience of accompaniment: a shift in the shared rhythm of action, a transformation of bodily familiarity and visibility, presence in the face of communication limitations, and differing temporal perspectives. These do not correspond to successive stages of the illness. They emerge in situations where previously obvious ways of living together are disrupted and require reshaping.

3.1. “Not so fast, slower” — the loss of a shared rhythm

One of our daily routines was taking the dog on walks together, about five kilometers long, usually through the woods and nearby meadows. We hadn’t paid much attention to the rhythm of these walks before. Walking, short stretches of jogging, speeding up, and stopping all happened spontaneously, largely in tune with the dog’s pace. Moving together didn’t require consciously coordinating our physical abilities.

As the disease progressed, the situation began to change. During one of our walks, a severe coughing fit made it impossible to continue walking. Bent double, my husband was unable to take another step or speak freely for some time. When he regained the ability to utter a few words, he said, “Not so fast, slower.”

Similar situations began to recur. Stopping during walks became more and more frequent, as did difficulties climbing stairs. An activity we used to do together that previously required no special attention began to revolve around whether we could keep moving or had to stop. When I suggested staying home, he replied, “I can do it.” The walking route remained the same for some time, but the way it was covered changed. The walking pace was adjusted to my husband’s changing abilities, and when he stopped, we both stopped. During this period, he also repeatedly said, “If I stop walking, I’ll stop living.”

A few months before his death, we stopped going on walks. This was accompanied by the words: “I can’t do it anymore; I need to get a bit better.” The limit of his physical “I can” had shifted so much by then that our shared practice—which we had previously maintained despite mounting difficulties—was no longer possible.

What is phenomenologically significant here is not only the change in the patient’s physical capacity, but also the transformation in acting together. The limitation of one person’s mobility did not imply a corresponding limitation of the other’s physical abilities. It did, however, change the way those abilities were utilized. The ability to walk faster remained, but it no longer determined the actual pace of their joint movement.

The statement “Not so fast—slower” can be interpreted not only as a request to change the pace, but also as the moment when the previously spontaneous rhythm of a joint action required conscious adjustment. Slowing down was a response to the other person’s perceptible difficulty, without the possibility of taking on their bodily experience. Moving together remained possible thanks to the change in the companion’s actions, though the difference between their respective experiences did not disappear.

3.2. “I can’t look at myself”—The body between ownership, alienness, and the gaze

The progressive disease and its treatment altered not only his ability to function but also the appearance of his body. During chemotherapy, he experienced significant weight loss. In one everyday moment, looking at his reflection in the mirror, my husband said, “I can’t look at myself—look at how I look. I guess this is the end.”

This statement does not provide a basis for reconstructing his inner state. It is, however, part of a situation in which the altered appearance of his own body became the subject of observation and comment. The mirror allows one to see oneself from an external perspective, and the words spoken indicate that the perceived change did not leave him indifferent. However, they do not allow us to determine what meanings my husband associated with it beyond what he expressed.

Another dimension of visibility emerged with the need to use an oxygen concentrator. Initially, the husband objected to bringing the device into the house, insisting that it was not yet necessary. Ultimately, a portable concentrator was purchased and a stationary one was rented. After a few days, the husband expressed satisfaction with being able to use the device.

However, the way the concentrator was used varied depending on the location. While at the hospital, my husband used the portable device even when other people were present. Upon returning home, however, he would disconnect it before getting out of the car so that it would not be visible to friends and neighbors. It is impossible to determine unequivocally what significance he attached to this action. What remains observable, however, is the difference between the two spaces. At the hospital, the device remained a visible part of the daily routine associated with treatment. In his neighborhood, however, he took steps to limit its visibility.

The concentrator served a dual function. It aided breathing and thus enabled activities that would have been more difficult without it. At the same time, its presence could reveal to others the body’s dependence on technological support. What expanded the range of practical possibilities also made this dependence visible.

Both situations share the problem of the visibility of bodily change, though it manifests itself in different ways. In the first, it is a matter of seeing one’s own body in a mirror; in the second, it is the possibility of appearing to others alongside a medical device. The analysis thus allows us to distinguish between the body as experienced, the body as seen by oneself, and the body as visible to others. The change in corporeality concerns not only what one can do, but also the way in which one’s own body appears in the field of vision.

3.3. “Come, let’s talk”—being present at the limits of language

The experience of accompaniment was not limited to responding to the body’s changing capabilities. Another dimension of it involved situations in which a request to talk led to sharing a moment of silence together.

In our daily lives, filled with work and household duties, there were times when my husband would say, “Come, let’s talk.” The conversation would begin, but after a few sentences, silence would fall. We would remain together, even though the exchange of words had ceased.

If we understand conversation primarily as the conveyance of content, this situation might seem like an interruption of that conversation. From the perspective of the experience of accompaniment, however, the first part of the statement—“Come”—also proves significant. The response to the request was not limited to engaging in conversation; it also involved coming and staying with the other person.

This does not mean that silence in and of itself is an expression of closeness. It can have various meanings that cannot be unambiguously determined without reference to a specific situation. Here, it followed an invitation to conversation and did not lead to the end of their shared presence. Thus, the silence did not interrupt the encounter but became part of its course.

In one of our conversations, my husband said, “Whatever will be, will be. I’m prepared for anything; I’m not afraid of anything.” These words are a way for him to express his attitude toward the future at that particular moment to the person accompanying him. However, they do not allow us to determine whether they fully captured his experience or whether they remained constant.

Here, the limitations of language become apparent. Another person’s statement allows us to respond to what has been expressed, but it does not provide full access to their experiences. Similarly, silence remains part of the shared situation, though its meaning need not be unambiguous. Companionship then takes the form of a presence that does not depend on uninterrupted conversation or on the certainty that the other person’s experience has been fully understood.

3.4. “I didn’t think I’d live to see spring”—a shared moment and the diversity of the future

A special dimension of the experience of accompaniment emerged in a situation related to the arrival of spring. During a car ride together on a sunny early spring day, the forest turning green was visible outside the window. At that moment, my husband said, “I didn’t think I’d live to see spring,” and tears welled up in his eyes.

This situation unfolded in a shared space. Two people were in the same car, looking at the same landscape, and sharing the same moment. However, their shared physical space and chronological time did not mean that their experienced sense of time was the same.

Spring is part of the cyclical rhythm of everyday life. Its arrival can draw attention to the coming months, plans, and the rest of the year. In this case, however, spring was described as an experience whose very occurrence had previously been called into question. The spoken words reveal the difference between the ordinary succession of the seasons and the way one relates to the future in the face of a serious illness. They do not, however, allow us to determine all the meanings this moment held for my husband.

The person accompanying him might have seen the same landscape, heard the words spoken, and noticed the tears. Yet this did not mean it was possible to experience that moment from the other person's perspective. The shared experience of the situation therefore also encompassed the difference in how each person lived through it.

This difference did not negate their co-presence. On the contrary, it was precisely at that very moment that different perspectives on the future could converge. The same moment could be shared without thereby becoming the same experience.

4. Discussion

An analysis of the four situations indicates that the experience of accompanying a person with a serious and progressive illness is not limited to either observing that person's experience or performing caregiving tasks. The illness remains the experience of the person who is ill, yet at the same time it affects the daily life of a loved one, changing that person's way of acting, the rhythm of their shared life, and the forms of their presence. The results of the analysis allow us to develop a proposal for a phenomenology of accompaniment, whose subject is the relationship between the irreducibility of the other's experience and the possibility of responding to their changing situation.

4.1. From the phenomenology of illness to the phenomenology of accompaniment

The phenomenology of illness reveals that illness is not merely a biological disorder of the body; it can transform a person's bodily existence in the world, their range of possibilities for action, and their experience of space and time (Carel, 2016; Leder, 1990; Svenaeus, 2000). These analyses focus primarily on the perspective of the person who is ill. The analysis conducted here, however, raises the question of how a change in the bodily capabilities of one person transforms the practical possibilities of another who is in a close relationship with them.

Carel (2012) points out that phenomenology can serve as a tool for a person with an illness to reflect on their own experience, enabling them to recognize changes in their bodily experience, their daily capabilities, and their way of being in the world. The perspective she proposes focuses on the first-person experience of illness. In this article, the focus shifts to the experience of the accompanying person, whose daily life also undergoes a transformation, even though they do not become the subject of another person's experience of illness. The phenomenology of accompaniment does not, therefore, replace the phenomenology of illness, but addresses a distinct problem: how to maintain a close relationship with an experience that one cannot live through as one's own.

This became particularly evident during a walk together. My husband's inability to maintain his previous pace led to a change in the way we both moved. However, there was no transfer of bodily experience. The person accompanying him retained the ability to walk faster, without being affected by the other's

physiological limitation. Nevertheless, her behavior changed. The “I can’t” of one body was modified by the practical “I can” of the other.

The relational and physical dimensions of closeness can be compared with the findings of the qualitative study by Wysocka et al. (2021), conducted among inpatients at a hospice and their families under pandemic restrictions. The authors point out that although both parties in the relationship experience a need for closeness, they attribute different meanings to it: patients emphasize physical presence above all, while loved ones also associate it with the ability to provide care. These findings highlight the difference in perspectives among participants in a shared situation of illness. In the phenomenological approach proposed here, this difference is considered not as a divergence of needs, but as a condition of the relationship, in which the response to the other’s experience is achieved by attuning one’s own actions, presence, and way of being with them.

This interpretation draws on the conception of corporeality as the foundation of our practical engagement with the world, as developed by Merleau-Ponty (2001). In the situation under analysis, however, it reveals a dimension that requires separate consideration: joint action is no longer based on the spontaneous alignment of bodily capacities, but on one person’s adaptation to the changing limitations of the other. It thus takes the form of asymmetrical bodily attunement.

Asymmetry here does not imply unequal value among the participants in the relationship or a one-sided nature of their entire co-existence. It refers to a specific situation in which one person’s capabilities determine the conditions for joint action, and the other responds by adjusting their own behavior. Adjusting the pace does not eliminate the difference in experiences, but enables the continuation of shared practice despite that difference.

In this sense, the phenomenology of accompaniment is not a simple extension of the description of illness to a loved one. Its subject becomes a particular mode of co-existence, in which the other person’s experience remains irreducibly their own, yet influences the organization of the world and the actions of the person accompanying them.

4.2. The limit of substitutability — alienness at the heart of closeness

Another dimension of the analysis concerns the limits of access to another person’s experience. Closeness allows us to perceive changes in the way that person moves, breathes, gestures, and speaks. However, it does not eliminate the difference between the perspective of the person who is ill and that of the person accompanying them.

This distinction is grounded in phenomenological analyses of intersubjectivity. Husserl (1982) points to a different mode of access to another person’s experience. Levinas (1998) emphasizes the irreducibility of the Other to one’s own cognitive order, thereby imparting an ethical dimension to this relationship. Waldenfels (2009), on the other hand, conceives of alienness as that which appears in experience yet

simultaneously eludes complete assimilation. These concepts are not identical, but they allow us to consider the various dimensions of the boundary that is present even in the closest relationships.

In the situations analyzed here, this boundary manifested itself on the physical, communicative, and temporal levels. One could slow one's pace, but could not take on the other's shortness of breath. One could hear the other's words and remain with them in silence, but could not gain full access to what remained unsaid. One could share in the same moment of spring's arrival, but not experience, in their place, the significance of one's own future.

To describe this irreducibility, I propose the concept of the limit of substitutability. It denotes the boundary between the possibility of replacing another person in a specific action and the impossibility of assuming that person's first-person perspective. One can perform certain actions on their behalf, provide assistance, adapt one's own actions, and help shape the conditions of everyday life. However, one cannot breathe, suffer, or experience one's own corporeality and future in their place. The limit of substitutability is therefore not primarily a limit of practical assistance. It is a limit of experience that is not overcome by either the intensity of one's involvement or the length of time spent living together.

Sartre's analysis of "being-for-the-Other" allows us to view the limit of substitutability from the perspective of the irreducible distinctiveness of subjects. In his reflections on this perspective, Sartre (2007, pp. 331–332) shows that the presence of the Other changes the way I experience myself: I become someone viewed from a perspective over which I do not have full control. The relationship with the Other thus reveals not only the Other's distinctness but also the limits of my own perspective. In this analysis, this insight is applied to the situation of accompanying a seriously ill person. The limit of substitutability here, however, does not stem from a conflict of perspectives but from the impossibility of taking the other's place in their bodily experience. Sartre's perspective does not, therefore, provide a direct justification for the proposed concept, but it allows us to grasp more clearly the difference between the closeness of a relationship and the irreducibility of the perspectives involved in it.

In this context, it is worth referring to the concept of "accompaniment on the journey" developed by Dubas (2019) in her analysis of the experiences of family caregivers of people with Alzheimer's disease. The author conceives of accompaniment as a personal and existential relationship in which the patient's agency, reciprocity, and presence with another person remain essential. She also cites a caregiver's testimony pointing to the need to maintain one's own distinctiveness in the relationship with the patient, without attempting to take the patient's place. In this analysis, this issue is addressed from a different perspective: the concept of the "limits of substitutability" refers not so much to the need to preserve the distinctiveness of the individuals in the relationship as to the impossibility of taking on the first-person experience of another person's illness.

In this light, alienness does not necessarily imply distance or a lack of connection. It can manifest itself at the very heart of closeness, as the difference between the experiences of people who remain most closely connected to one another. The limit of substitutability is therefore not the limit of a relationship.

Rather, it indicates that a relationship can endure and take on meaning even where the experience of the other cannot be made one's own.

4.3. Responsive closeness as a way of being with another

Recognizing the limits of substitutability might suggest that the inaccessibility of the other's first-person experience reduces the relationship to the co-presence of two distinct subjects. Bernhard Waldenfels's responsive phenomenology, however, allows us to shift the focus from the possibility of cognitive access to the other's experience to how we respond to what a person encounters in a relationship.

According to Waldenfels, a response is not solely the result of the subject's autonomous initiative. It constitutes a reaction to what the subject encounters and speaks to them before it is fully recognized or understood by them. Waldenfels describes this relationship between the experience of what befalls us (*pathos*) and the reaction (*response*) within the framework of responsive phenomenology (2009).

In the experience under analysis, my husband's illness was not an experience of the caregiver, but it altered the conditions of her everyday life and confronted her with situations that required her to seek answers.

The response took various forms. When we were walking together, it meant slowing down and changing the rhythm of our movement. In the day-to-day reality of treatment, it also involved practical adjustments to changing needs and capabilities. In a situation that began with the words "Come, let's talk," it consisted not only of starting a conversation but also of staying together when the words had run out. To respond could mean not only saying or doing something for the other person, but also coming and staying.

To describe this kind of relationship, I propose the concept of "responsive closeness." It refers to a way of being with another person in which the acknowledgment that their first-person experience is inaccessible is combined with a readiness to respond to what they express and what is revealed in their shared situation. It does not imply certainty: "I know how you feel." Rather, it is expressed in adjusting one's own actions and manner of presence.

Responsiveness does not, however, mean reacting to every behavior of the other person. In the proposed framework, what is essential is a response that takes into account both the specificity of the situation and the individuality of the person to whom it relates. It does not consist of automatic adaptation or taking control of the other person's experience. It may require action, conversation, refraining from action, or remaining silent. Its form is not predetermined.

Responsive closeness, therefore, means staying close without claiming the other's space. The limit of substitutability is not abolished. Rather, it defines the conditions for a response that respects the distinctness of experience while simultaneously sustaining the possibility of shared action and presence.

4.4. Must Alienness be overcome?

The analysis conducted leads to a question that goes beyond the phenomenology of illness: Does closeness with another person require overcoming their alienness?

The answer depends on how one understands alienness. If it signifies a lack of knowledge, a lack of understanding, or distance, then attempts to reduce it may benefit the relationship. However, the situation is different when alienness is understood as the irreducibility of the other's experience. In Waldenfels's phenomenology, the strange is not merely that which remains unknown. It also manifests itself as that which cannot be fully incorporated into one's own framework of understanding (Waldenfels, 2009).

The experience of accompanying a seriously ill person allows us to grasp this difference within a close relationship. Living together enables us to recognize the other person's needs, gestures, and ways of responding. However, it does not provide a basis for equating one's own perspective with theirs. Even years of closeness do not eliminate the difference between what the other person expresses and how they actually experience their own reality.

This difference becomes particularly significant in situations involving the visibility of a changed body. My husband's glance in the mirror and the words he spoke at that moment made it clear that the change in his appearance had become the focus of his attention. In turn, disconnecting the oxygen concentrator before getting out of the car revealed that the way he used the device varied depending on the situation and the place where he was to appear. However, none of these observations provided full insight into the significance my husband attributed to his own appearance or to the possibility of being seen by others. The visibility of behavior is not synonymous with the transparency of experience.

This does not imply that we must give up on understanding. On the contrary, listening, mindfulness, and striving to understand remain essential dimensions of a relationship. However, they require a distinction between the pursuit of understanding the other and the claim to full knowledge of the other's experience. The former may open up the possibility of a response; the latter risks subordinating the other's distinctiveness to one's own interpretation.

In this sense, alienness need not be the opposite of closeness. It can constitute its internal boundary, one that does not negate the relationship but rather protects the difference between the people involved in it. Recognizing this boundary does not imply indifference or withdrawal. Rather, it allows us to understand closeness differently than as a pursuit of complete identification with another's experiences.

The phenomenology of accompaniment thus shifts the question from "how to overcome alienness?" to "how to remain close to that which I cannot make my own?" Framed in this way, the question directs attention not toward the possibility of eliminating the difference in experiences, but toward ways of sustaining the relationship while acknowledging that difference.

4.5. The relational model of the phenomenology of accompaniment

The discussions so far allow us to conceptualize the experience of accompaniment as a relationship shaped by the tension between the limit of substitutability and the possibility of response. The limit of substitutability points to the impossibility of adopting another person's first-person perspective, while the possibility of response refers to the ways of acting and being present in relation to that person's changing situation. In the tension between these dimensions, responsive closeness emerges—a way of being with another that respects the distinctiveness of their experience while not abandoning the relationship. It is not a stage that follows the recognition of the boundary, but rather one that can take shape and evolve in the course of everyday coexistence.

On this basis, I propose a relational model of the phenomenology of accompaniment, as presented in Fig. 1. The model organizes the findings resulting from the analysis of four situations: changes in the shared rhythm of action, the visibility of the altered body, presence in the face of the limits of language, and the difference in the experienced future. These situations do not constitute successive stages or a closed catalog of forms of accompaniment. They illustrate the various ways in which the experience of the other—while remaining inaccessible in its first-person form—influences shared everyday life and opens up the possibility of a response.

The model distinguishes four dimensions of response: physical, practical, related to presence, and pertaining to co-existence across different temporal horizons. These should not be treated as mutually exclusive categories, nor should each be assigned exclusively to a single analyzed situation. They may co-occur, shift in meaning, and re-emerge in the course of a relationship. Furthermore, a response is not a one-time act after which lasting closeness is achieved. As the other person's situation changes, it may become necessary to reassess the limits of one's own actions and seek other ways of being present.

The model is therefore interpretive, relational, and nonlinear in nature, rather than causal or normative. It does not present a universal course of a relationship with a sick person, nor does it specify the proper course of action in every situation. Its purpose is to highlight a structure in which closeness and the irreducible difference of experiences are not mutually exclusive. In this framework, accompaniment does not consist in crossing the boundary of substitutability, but rather in renewing and transforming one's response in the face of that boundary.

5. Conclusion

The starting point for this article was the question of whether it is possible to remain close to another person when their experience of illness cannot become our own. The analysis conducted indicates that accompaniment is neither merely observing another's suffering nor simply providing care. It is a unique way of being together, in which the changing capabilities and needs of the person who is ill also transform the daily life of the person who remains by their side.

An analysis of four situations revealed various dimensions of this transformation: a disruption of the shared rhythm of action, a change in the visibility of the body, being present in the face of limits of language, and a different experience of the future. In each of these situations, the difference between the

experience of the person who was ill and that of the person accompanying them became apparent. This difference, however, did not mean a breakdown in the relationship. Rather, it became a condition for seeking new ways of acting together and being present.

The contribution of the proposed phenomenology of accompaniment lies in treating the experience of the person accompanying the sick as a distinct subject of phenomenological reflection, one that cannot be reduced either to the experience of the illness itself or to a description of caregiving activities. The concepts of the limit of substitutability and responsive closeness allow us to capture two inseparable dimensions of this relationship: the impossibility of taking on another person's first-person experience, and the possibility of responding to their situation through one's own actions and presence. The proposed model is interpretive in nature, rather than normative or universal. It is based on an analysis of four situations and does not allow for generalizations regarding all relationships with seriously ill individuals, nor does it permit the reconstruction of their unspoken experiences. It may, however, serve as a starting point for further phenomenological analyses conducted from other perspectives and in different contexts of illness.

The phenomenology of accompaniment, therefore, does not propose overcoming alienness through a complete understanding of the other. It points to the possibility of closeness that acknowledges the irreducibility of the other's experience, while at the same time not renouncing a response. Remaining close does not mean experiencing life on the other's behalf, but rather responding to the other's presence while respecting the limits of what can become shared.

Declarations

Author Contribution

The entire article was written by Teresa Parczewska

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Figures

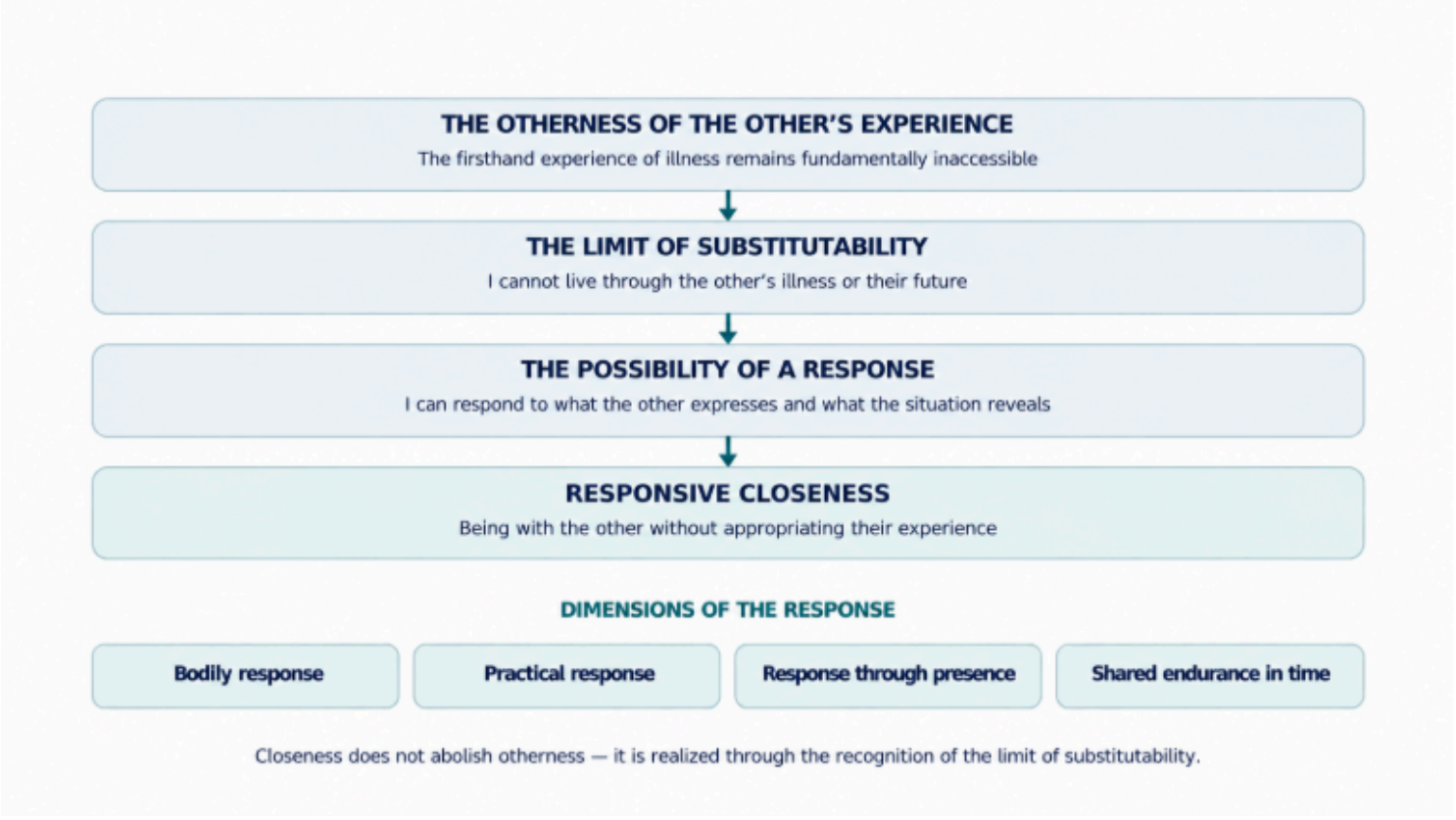

Figure 1

A relational model of the phenomenology of accompaniment in the experience of a loved one's illness. The arrows represent conceptual relationships, not chronological stages of accompaniment. Author's own work.