

Coffee with Death: The dialogue between Logotherapy and the process of dying

Café com a Morte: O diálogo da Logoterapia com o processo do morrer

Letícia Stéfane Carneiro Gomes
Ilêno Izídio da Costa

Abstract

Reflecting on death, in times that tend to avoid it, is an invitation to authenticity and to rediscover the meaning of life. This article proposes a reflection based on Logotherapy and Viktor Frankl's Existential Analysis, focusing on how this approach can offer resources for consciously facing the process of dying. Through qualitative, exploratory and bibliographic research, works by Frankl and contemporary authors who discuss the topic are analyzed. It is observed that the approach to finitude, when mediated by a logotherapeutic vision, can expand existential awareness and strengthen the experience of meaning even in the face of inevitable suffering. The proposal of Coffee with Death emerges as a symbolic and dialogical space, where it is possible to cultivate a more human and realistic relationship with one's own mortality, as an integral part of existence. It is concluded that Logotherapy offers valuable tools to accompany human beings in their final journey, promoting a rediscovery of the meaning of life until their last moment.

Keywords: Logotherapy; death; existential analysis; finitude; clinical psychology.

Publicado pela Sociedade Brasileira Psicopatologia Fenômeno-Estrutural (SBPFE)

Este é um artigo publicado em acesso aberto (Open Access) sob a licença CC BY nc 4.0.

ARTIGO



Psicopatol. Fenomenol. Contemp.
2025; vol14 (1): 168-195

Published Online
22 de julho de 2025
<https://doi.org/10.37067/rpfc.v14i1.1236>

Letícia Stéfane Carneiro Gomes
Psicóloga, Mestranda do Programa de Pós Graduação em Psicologia Clínica e Cultura (PPG-PsiCC) pela Universidade de Brasília (UnB).
Contato: leticia.scg23@gmail.com

Ilêno Izídio da Costa
Psicólogo. Doutor. Pesquisador - Orientador do Programa de Pós Graduação de Psicologia Clínica e Cultura na UnB. Pós-Doutor (USP, UFRN, UCB, Lisboa).
Contato: ilenoc@gmail.com

Coffee with Death: The dialogue between Logotherapy and the process of dying

Café com a Morte: O diálogo da Logoterapia com o processo do morrer

Letícia Stéfane Carneiro Gomes
Ilêno Izídio da Costa

Resumo

Refletir sobre a morte, em tempos que tendem a evitá-la, é um convite à autenticidade e ao reencontro com o sentido da vida. Este artigo propõe uma reflexão fundamentada na Logoterapia e na Análise Existencial de Viktor Frankl, centrando-se na maneira como essa abordagem pode oferecer recursos para o enfrentamento consciente do processo de morrer. Através de uma pesquisa qualitativa, de cunho exploratório e bibliográfico, são analisadas obras de Frankl e de autores contemporâneos que discutem o tema. Observa-se que a aproximação com a finitude, quando mediada por uma visão logoterapêutica, pode ampliar a consciência existencial e fortalecer a vivência de sentido mesmo diante do sofrimento inevitável. A proposta do Café com a Morte emerge como espaço simbólico e dialógico, onde é possível cultivar uma relação mais humana e realista com a própria mortalidade, como parte integrante da existência. Conclui-se que a Logoterapia oferece ferramentas valiosas para acompanhar o ser humano em sua travessia final, promovendo um reencontro com o sentido da vida até seu último instante.

Palavras-chave: Logoterapia; morte; análise existencial; finitude; psicologia clínica.

Publicado pela Sociedade Brasileira Psicopatologia Fenômeno-Estrutural (SBPFE)

Este é um artigo publicado em acesso aberto (Open Access) sob a licençaCC BY nc 4.0.

ARTIGO



Psicopatol. Fenomenol. Contemp.
2025; vol14 (1): 168-195

Published Online
22 de julho de 2025
<https://doi.org/10.37067/rpfc.v14i1.1236>

Letícia Stéfane Carneiro Gomes
Psicóloga, Mestranda do Programa de Pós Graduação em Psicologia Clínica e Cultura (PPG-PsiCC) pela Universidade de Brasília (UnB).
Contato: leticia.scg23@gmail.com

Ilêno Izídio da Costa
Psicólogo. Doutor. Pesquisador - Orientador do Programa de Pós Graduação de Psicologia Clínica e Cultura na UnB. Pós-Doutor (USP, UFRN, UCB, Lisboa).
Contato: ilenoc@gmail.com

The study deals with matter that is exceedingly dense—not in the tedious sense of accumulation, but in the weight of bearing, without veils or armor, that which cannot be bargained with: death. At first glance, the proposal of a “coffee with death” might seem irreverent or even morbid. But, upon closer inspection, it reveals itself as a serious, serene, and symbolic invitation. Behind the disconcerting title, there is a passage—not toward the emptiness of the spirit, but toward its awakening. This is not about empty speeches or false promises of relief. It is about presence, meaning, and freedom, until the end.

Indeed, one cannot deny the rise of materialism and nihilism in contemporary times—an era in which the ephemeral is elevated to the status of the absolute, and the attachment to what is fleeting suffocates the search for meaning and enduring values. In the void left by the disbelief in any higher purpose, an apathy flourishes, disguised as freedom—or rather, an existential libertinism, a surrender to the immediate, to superficial and erratic pleasures—which may envelop, but do not sustain, and ultimately result in frustration, disconnection, existential emptiness, and numbness of the soul.

After all, it is precisely the material that is the first to dissolve before the slightest gust of reality or self-realization, revealing its fragility before the deeper needs of the human soul. Perhaps it is by recognizing finitude—not as ruin, but as revelation—that the true value of life becomes clearer.

One must remember something fundamental: *memento mori*. To remember death is, paradoxically, the most vivid remembrance. Suffering, anguish, finitude—all unfold gradually within the scene of existence, like an inner convergence between what has been and what will become as one approaches the twilight of life. And even with the end, there is beauty in the child who discovers the world, in the adult who builds it, and in the elder who contemplates it. There is beauty in the day that closes, in the wood that burns, in the wave that dies on the shore. Finitude, far from being an enemy, can be the artisan of meaning.

Human life is interwoven with three unavoidable realities: birth, living, and dying (Koenig & Teixeira, 2022). But while the first two are celebrated, the last is often silenced. However, it is precisely the awareness of death that can rediscover the meaning of life. Logotherapy, the existential approach developed by Viktor Frankl, offers paths for this crossing—not by anesthetizing pain, but by listening to it. Its foundation lies in inner freedom and the capacity to assign meaning, even in the harshest and most irreversible circumstances.

Instead of ready-made formulas or verbal placebos, this approach raises a serene levee against nihilism, standing on genuine listening, silent presence, and the freedom to assign meaning, even in life's twilight. What was once dreadful and feared becomes, little by little, comprehension; illusory control gives way to providential acceptance. In the light of the welcomed word, suffering does not disappear—but it becomes human. After all, what is death if not the inevitable epilogue of a story authored by each choice made?

Logotherapy, grounded in phenomenology—as highlighted by Junger (2021)—begins with a fundamental principle: to be human is to be conscious and, above all, responsible. Not a moralistic or immediate responsibility, but an existential one: a personal response to the call of being-in-the-world. The logotherapist, as Elisabeth Lukas (1989) affirms, offers help without taking away from the other the freedom to respond to their destiny. Their role is not to provide ready-made answers, but to sustain, with presence and authenticity, the space where such an answer may emerge. There are no formulas or prognoses, but what is required is presence, listening, and perhaps even a last coffee beside the bed of someone who departs.

This article explores this delicate terrain, investigating how Logotherapy contributes to a dialogue with death—not as a final sentence, but by offering resources so that the human being, even at the end, remains an agent of their own existence. Just as leaves detach in autumn, completing their cycle with lightness, the human being can—even in the body's final moments—glimpse a spark of meaning that resists the erosion of time, making their departure gentler. The “coffee with death” does not intend to bury hope, but to revive it—even in its faintest tones, like someone who lingers to savor, in the silence of dusk, the last sip of a good coffee. Death, then, ceases to be a wall and becomes a door.

Finitude, Myth, and Meaning: The Final Time of Existence

Death, in its avoided and mysterious nature, brings not only the fear of the end, but also the pull of a calling: an invitation to reflect on what it means to exist, to love, to suffer, and to transcend. Whether its nearness is due to old age or to illness, this period involves complex feelings and may lead a person to turn inward. For Frankl (2019a), the duration of life does not determine its meaning: a brief existence can be profoundly significant, while a long life may lack purpose. Without death, life—being infinite—would lose its distinguishing character.

In the myth of Persephone, presented by Soares & Wong (n.d.), the daughter of Zeus

is taken to the underworld by Hades, where she becomes his queen and spends part of the year. However, she cyclically returns to the surface. It is a powerful tale that reveals, with symbolic depth, the intimate weaving of life and death—not as antagonistic poles, but as faces of the same continuous and inseparable cycle—a cycle in which death and life intertwine.

Persephone's time in Hades represents winter, a season of withdrawal, in which nature recedes into silence and apparent death. Her ascent to the surface marks spring, bringing with it blossoming and the renewal of life. Like Persephone, human beings also experience periods of loss, introspection, and death itself, which often precede new beginnings, rebirths, and sometimes the final end.

The myth points to the need to accept death as an intrinsic part of existence, promoting a deeper understanding of the life cycle. This cycle, although inevitable, can be faced with greater acceptance and understanding—thus allowing the reduction of suffering, which is avoidable, in order to better face what cannot be avoided. As clarified by Frankl (2008), always and everywhere, the human being is placed before the decision to transform their situation of mere suffering into an inner transfiguration of values.

Finitude gives value to human experiences in the same way the seasons highlight the beauty of transience. Spring, with its new beginnings, symbolizes growth and renewal. Summer brings fullness and vigor. Autumn is a time of reflection and preparation for transformation. Winter, in turn, represents rest and the end of the cycle. Just as the seasons enrich life with their changes, as Frankl (2022) proposed, the awareness of mortality intensifies the appreciation of present moments and human connections.

Transforming the relationship with finitude becomes possible when death is conceived as a close presence, almost like a companion at the table, with whom one dialogues about the days lived, the loves felt, the challenges overcome. This is not doctrine, but listening. Listening without haste, without pretension, like one who sits at the feet of someone bidding farewell and, in silence, gathers the words that still remain—and which, often, contain the very essence of what has been lived.

Methodologically, this is a qualitative study, as it is a work of theoretical discussion. The adopted approach is analytical and interpretative of relevant theoretical sources, grounded in a phenomenological stance. This stance, as highlighted by Mano (2010), seeks to reach “the things themselves,” freeing itself from prejudices to attain the most essential point of the studied object—that is, to understand the individual as he truly is.

Phenomenology broadens the concept of experience by centrally including the subjectivity that permeates phenomena.

Phenomenology, according to Costa & Ramos (2018), considers the human being in his totality, emphasizing the essential subjectivity expressed through intentional consciousness. For the phenomenologist, the task is to access the essence of the phenomenon (Mano, 2010). The emphasis of phenomenological research falls on the exploration of the subjective and existential dimensions of lived experiences, seeking to understand how the human being assigns meaning to their experiences. As Stanghellini (2012) argues, the suspension of clinical and rational judgments allows the therapist to see the patient not merely as a bearer of a condition, but as a unique expression of human consciousness, recognizing the difference between the patient's perspective and that of the therapist himself.

This approach also reflects the importance of a gaze that recognizes the uniqueness of each person, avoiding generalizations or reductions that would limit the complexity of the human being. Mano (2010) emphasizes that Phenomenology, in its transcendental and descriptive strands, reflects on the essential structures of phenomena as they appear to consciousness, highlighting the lived experience and the descriptions of these experiences.

By focusing on what can be done, and not on what is impossible to change, Logotherapy offers valuable support even in the face of the greatest adversities. It is possible to transform suffering into human fulfillment, facing life's transience as an incentive to act responsibly, and the imminence of death as an opportunity for change in response to reality (Frankl, 2008).

This study conducted a thorough theoretical analysis centered on the fundamental principles of Viktor Frankl's Logotherapy, with specific focus on the process of dying. Based on this foundation, ways were highlighted through which Logotherapy can support those facing death, offering concrete paths for the construction of meaning, in order to provide a broader understanding of how to alleviate suffering in the final experiences of life.

The Presence of Meaning in Death: The Contribution of Logotherapy at the End of Existence

Viktor Emil Frankl, Austrian psychiatrist and Holocaust survivor, developed the theory of Logotherapy, whose foundations were already taking shape before his

imprisonment in the concentration camps. Having distanced himself from the ideas of Freud and later of Adler, Frankl went on to establish his own school of thought (Clemente & Kruger, 2016). Thus, in contrast to psychoanalysis, which prioritizes the pleasure principle, and to Adlerian psychology, which focuses on the pursuit of superiority, Frankl (2008) proposed the search for meaning as the main motivating force of the human being—Logotherapy is centered on the search for meaning, specifically the meaning of life, which is revealed as the most fundamental motivation permeating human existence (Junger, 2021). The human being is, above all, driven by the need to find a purpose for his life (Frankl, 2008). This meaning is not something to be created, but rather something to be discovered, especially in moments of suffering, when the human being is challenged to find significance amid adversity.

Logotherapy did not arise from a sudden insight or isolated intellectual flash, like so many other great human constructions; it stands on the shoulders of giants of thought (Clemente & Kruger, 2016). During the development of his studies, Frankl (2010) delved into the works of Freud, Adler, Kierkegaard, Jaspers, and Binswanger; he drew upon existential and humanist theories, drawing from Sartre's techniques and Nietzsche's philosophical foundations, as well as the phenomenology of Husserl and Heidegger (Cruz et al., 2023). Furthermore, the father of Logotherapy studied Martin Buber, Nicolai Hartmann, and Max Scheler (Neto, 2013).

For Frankl (2021), meaning can be discovered even in the final moments of life, bestowing value upon an existence that, at first glance, might seem devoid of purpose—even if such meaning reveals itself at a final instant. This possibility of encountering meaning is dynamic and adaptable, varying according to the individual circumstances of each person (Frankl, 2008). In every time and situation, the human being is called to respond with freedom and responsibility, guided by his deepest values (Frankl, 2019a).

In this framework, an approach that goes beyond mere symptomatic relief becomes essential—one that promotes comprehensive care encompassing all dimensions of human existence. As Frankl (2016) observes, it is the role of the logotherapist to identify and welcome human suffering in its three fundamental dimensions, since neglect of any one of them may intensify pain and aggravate the individual's anguish.

From the Logotherapeutic perspective, the human being is understood as organic in structure, psychosocial in development, but essentially spiritual in existence—a composed unity (Dittrich & Oliveira, 2019). Frankl (2016) therefore proposes a tripartite

conception of the human being: bio-psycho-noetic.

It is important to note that the noetic dimension, in Frankl's thought, should not be confused with a theological or religious notion—it is, rather, an anthropological category (Dittrich & Oliveira, 2019), which encompasses the spiritual core of the person: his freedom, his responsibility, his moral conscience, and his openness to transcendence. It is this dimension that recognizes in the human being his inner freedom and the values that serve as the foundation of his dignity (Frankl, 2008).

In dialogue with Phenomenology, this understanding can be broadened. In the phenomenological field, the term *noesis* designates the intentional act by which consciousness directs itself toward the world and constitutes experience as always being oriented toward something. Tourinho (2013) points out that intentionality is the hallmark of experiences, insofar as they are always experiences *of something*. In complementarity, Santos (2015) highlights that *noesis*, as the active expression of consciousness, organizes sensory data into meaningful experiences, revealing a continuous interaction between the material content of lived experience and the intentional form that gives it meaning. Thus, according to Tourinho (2013), there is a creative tension between the material layer of experience and its intentional dimension, which transforms raw data into meaningful reality.

In this way, the noetic dimension, is far more than a structural component of consciousness, reveals its power to transcend the immediate, guiding the human being toward the re-signification of his very existence (Tourinho, 2013). It is the point where inner freedom manifests—the possibility of an authentic response to suffering.

It is in this realm that Costa (2024) proposes an expanded therapeutic listening, one that considers the multiple dimensions: psychological, bodily, relational/intersubjective, existential, and spiritual (in press); recognizing the human being in his totality, and not only through the reductive lens of diagnoses.

This perspective becomes especially relevant when applied to the context of dying. The care for those who are dying must consider the complexity of human relationships, including interaction with families, preserving the person's dignity and their capacity to attribute meaning, as a re-signification of existence (José, 2019).

On the other hand, as Frankl (2019b) explains, the biological dimension must also be considered, manifest in the physical body and its somatic expressions—while the psychic

dimension encompasses phenomena related to the mind and emotions. Although the psychologist does not directly act on biological issues, it is essential that they recognize their relevance to comprehensive care. In this regard, the logotherapist must consider the consultant's physical limitations and conditions, even if their main focus is the treatment of the psychological and noetic dimensions (Frankl, 2016).

Through the integrative logic of Logotherapy, it is the therapist's role to highlight the importance of physical health care, encouraging, whenever possible, practices such as undergoing medical exams, professional monitoring, and adopting healthy habits—including proper nutrition, regular sleep, and physical activity. Even though the psychologist does not intervene directly in the physical body, it is clear that recognition of these needs is essential, since aspects like poor diet, sleep deprivation, or other health concerns can directly affect the individual's cognitive and emotional state and overall disposition.

In light of the above, even though circumstances in the dimensions of the human being may impose limitations, the person's inner freedom remains intact: the capacity to choose one's attitudes, to attribute meaning, and to direct one's existence—even in the face of immutable fate. Thus, man is not free *from* biopsychosocial conditions, but rather *to* decide how to face them (Aquino, 2013).

Within Logotherapy, Frankl (2015) presented three central concepts, known as the basic triad: the Will to Meaning, Freedom of Will, and Meaning of Life. The Will to Meaning is defined as the human being's fundamental drive to seek meaning in existence—a need that goes beyond the mere pursuit of pleasure or power (Frankl, 2016). Freedom of Will, meanwhile, goes beyond the absence of external restrictions; it is the ability to choose how to respond to adversity and circumstances. Pereira (2013) teaches that freedom comes to polarize what is presented as the realm of the possible. Within it lies the ability to make conscious decisions and shape one's life in accordance with personal values. Finally, the Meaning of Life, which is neither imposed nor universal, is discovered individually, even in challenging contexts, and emerges from the choices made and attitudes adopted—especially when faced with inevitable suffering. Pereira (2013) pointed out that meaning appears as the *why* of living—in other words, when the *will* to survive becomes a *duty* to survive.

Aquino (2013) argued that all human beings face the so-called Tragic Triad, composed of pain, guilt, and death. The way individuals deal with these elements is decisive for their mental and emotional health, as well as for their ability to find meaning

in life. According to him, the way human beings respond to pain may determine that outcome. Guilt, in turn, invites reflection on one's mistakes and limitations, creating an opportunity for repentance, change, and the construction of a deeper meaning. Awareness of death, meanwhile, motivates individuals to value their existence and to seek a purpose that transcends their own finitude (Aquino, 2013).

In this way, the components of the Tragic Triad can be reinterpreted: suffering transformed into fulfillment, guilt into growth, and the transience of life into motivation to act with responsibility and purpose (Frankl, 2023).

This perspective echoes the reflections of Pereira (2013), who argues that the human being is constantly called to give his best at every moment—whether in his actions, in the bonds he creates, or even in the face of the suffering he endures. This commitment to the present requires an active and intentional posture toward life. In the face of unchangeable situations, Frankl (2015) clarified that transformation must occur internally: it is the individual's posture in the face of the inevitable that allows him to transcend the circumstances, converting challenges into opportunities for growth and meaning.

This dynamic reflects the unique and unrepeatable character of human existence, as highlighted by Lukas (1989), who noted that no one can live another's life. This is particularly relevant when facing finitude, in which suffering can be reinterpreted as an opportunity for triumph (Frankl, 2008).

Thus, he centers the idea that the human being's ultimate freedom lies in the ability to choose an attitude toward inevitable destiny, allowing—even in the midst of pain—the possibility of finding meaning and purpose. In this sense, Lukas (1989) clarified that this freedom does not refer to an absence of conditions; rather, it is a freedom *toward* something—not a freedom *from* something. An individual may be deprived of everything except the final freedom to choose their attitude in the face of circumstances. And when confronted with a situation that cannot be changed, they must change themselves (Frankl, 2008).

The human being demonstrates his true essence when he transcends limitations—be they biological, sociological, or psychological—and rises to the dimension of freedom, using his capacity for choice to find meaning (Frankl, 2019b). Pereira (2013) adds that man has the capacity to glimpse and actualize the possibilities that present themselves at a given moment in his life. What differentiates man from animals is precisely human freedom. Frankl (2008) also emphasized that each person is challenged by life, and only

they can respond to it in a unique way, taking responsibility for their own existence.

As Frankl (2021) states:

[...] what matters, in this case, is the posture one decides to adopt—the attitude that heroically allows one to transform the misery of inevitable suffering into an achievement, into a triumph. It is for this reason that life never ceases to harbor meaning, since even a person deprived of creative or experiential values is still challenged by a meaning to be fulfilled—that is, by the inherent meaning of experiencing one's suffering in a right and dignified way. (p. 80)

As Elias (2001) elaborates, death tends to be easier for those who feel fulfilled, and more difficult for those who feel they have failed. Moreover, there are people who, despite having lived a good life, feel that the way they are dying lacks meaning.

Ephemeral Existence and the Meaning of Life

Aquino (2015) describes death not as an abrupt interruption of life, but as a phenomenon inherent to it—signifying the cessation of the accomplishments of a life project. For him, to deny death is, first and foremost, a refusal to face the inevitable pains of existence. Conversely, accepting finitude is a necessary step toward transcending suffering and finding, even in adversity, the possibility of meaning. Frankl (2008) emphasizes that the meaning of life can be discovered even in the final breath; in the face of the imminence of death, the task is not to evade it, but to face it with one's head held high. (Frankl, 2019a). His approach invites reflection on how the proximity of death can be an occasion for reaffirming values, reassessing choices, and re-signifying existence.

Kroeff (2014) adds that the meaning attributed to death does not erase its pain but softens despair. This meaning prevents a plunge into passivity, acting as a foundation that supports the soul in the face of collapse. The theme, as ancient as the first human breath, still encounters resistance in bravado, escapes, and a pride that merely conceals fear.

What we perceive in this era of material appetite and aspirations for instant pleasures is a systematic disbelief in the end, as if death itself were a contemptible superstition—or even a biological flaw to be corrected by algorithms and redeemed by the promises of modern medicine. Discredited, death has been relegated to silence, turned into symbolic ruin. Under the logic of a system that controls bodies and muffles consciousness, the final crossing has lost its dignity. And yet, all it takes is a whisper, the news of the unavoidable, the silence of absence, the scent in the room of the dying—for the fragile armor of denial to dissolve, revealing the nakedness of the human condition, clothed only in the vestment of ultimate fragility.

Lukas (1989) points out that Logotherapy offers individuals tools to face suffering with strength, nourished by the freedom of choice, promoting an attitude capable of transcending pain. By focusing on the search for meaning and not solely on healing, the approach prevents the emergence of feelings of emptiness, uselessness, and hopelessness. This orientation becomes essential for the emotional strengthening of those in the process of dying.

Frankl (2008) observed that “openly discussing death can open doors to a deeper understanding of life and the meaning it holds” (p. 168). This understanding suggests that reflecting on finitude not only allows for a more conscious encounter with death but can also enrich the experience of the present. As Frankl (2022) elucidated, everyday life becomes the ultimate reality, and this reality becomes capacity for action. Within this space, addressing death becomes an opportunity to express final fears and desires, leading to a more serene acceptance of the mortal condition.

Arantes (2016) observes that reflecting on one’s own finitude allows for consideration of essential decisions, such as bodily care, desired funeral rites, or the legacy one wishes to leave. Such a process fosters the strengthening of affective bonds and creates an environment conducive to listening and mutual support. In the words of Kübler-Ross (1969), this setting contrasts with a society in which death is treated as a taboo, where even discussions about it are considered morbid, and children are kept at a distance under the pretense of sparing them pain.

To open this dialogue is not merely to anticipate what will come, but to rediscover the value of what is already being lived. It means creating a safe space where the individual can verbalize their concerns without judgment. The care involved in addressing the dying process reinforces this perspective: in choosing this path, the person not only accepts death as part of life but is recognized not as a bearer of illness, but as a whole person—dignified and present (José, 2019).

Kovács (2014) notes that in contemporary times, there has been a shift in the physical place of death, which has moved from homes to primarily occurring in hospitals. This change profoundly impacts the dying process, transforming both the experience of the individual and of their family members. The way each person faces death is directly related to their life history, personality, and personal effort (Kovács, 1992). Thus, the human being is held responsible not only for their life but also for their death, with this responsibility being a central element of their existence.

Frankl (2022) emphasized that it is in one's attitude toward difficulties that the self reveals who it is. Accepting finitude does not mean resignation, but assuming an active posture in the face of the inevitable. Life derives meaning through action, love, and suffering (Frankl, 2022). Arantes (2016) highlights that facing death with dignity requires recognizing fear and sadness as legitimate human responses—not suppressing them, but integrating them into the search for meaning.

Even a life that, until then, seemed to lack purpose can be filled with meaning in its final moments (Frankl, 2022). The idea that to die well is to live until the last day in fullness does not deny the seriousness of death or the suffering linked to it. In the care of those who are dying, the goal is to create a welcoming space where the individual can express their fears, hopes, and anxieties (Arantes, 2016).

Corroborating this view, in the words of Frankl (2008), when a man discovers that his destiny has reserved suffering for him, he must see in that suffering also a task of his—unique and original. Providing support involves creating spaces that allow the individual, in the face of death, to strengthen affective bonds, engage in spiritual dialogue, prepare emotionally, and resolve what remains unfinished. Preparation for death begins when one begins to live fully (Arantes, 2016). Thus, the aim is not to eliminate the fear of death, but rather to allow the person to live their final moments finding peace in what they consider to be of value.

Frankl (2019b) observed that the awareness of transience is what gives life its meaning. Even in concentration camps, he saw that people could choose how to position themselves in the face of death. Existential responsibility demands that death be faced with integrity, without evasion, bearing an intrinsic responsibility toward one's own existence. The transience of life, after all, does not strip it of meaning. In fact, even when one is aware that life is fleeting, its intrinsic value is not diminished (Frankl, 2022). On the contrary, such awareness urges the individual to make responsible decisions and act with depth—the imminence of death becomes an invitation to change and fulfillment in the face of the factual (Frankl, 2008).

Arantes (2016) points out that the approach to pain must contemplate physical, emotional, and spiritual aspects, favoring a more serene and meaningful experience of dying. While spirituality refers to practices, beliefs, and experiences that connect the individual to something greater—be it a deity, nature, or community—the noetic dimension refers to the human capacity to critically reflect upon such experiences and draw from them

a personal and profound meaning. As such, spirituality can be understood as a manifestation of the noetic dimension, by integrating subjective experiences into a broader existential perspective.

The logotherapist must explore transcendence with sensitivity, recognizing it as a fundamental part of human experience—especially in terminal moments. Rodrigues (2019) states that comprehensive care of the client is achieved when the patient is allowed to live their religiosity. Practices such as meditation, prayer, and spiritual reflection help individuals reconnect with their beliefs and values, providing an inner space of peace and resilience, as long as the person's beliefs are respected.

Experiences of transcendence are paths that lead to a legacy of love, gratitude, and understanding. Arantes (2016) states that spirituality can convert suffering into meaning. This movement is vital so that the last days are not merely lived but fully imbued with meaning.

Death, thus, ceases to represent an abrupt end and becomes a passage—not into oblivion, but into permanence, into the lasting echo of an existence that, until the final moment, sought to find meaning. Ultimately, to explore spirituality and foster self-transcendence is to offer human beings—even in the face of finitude—consolation in the connections woven and in the meaning still possible to be fulfilled.

The Importance of Strengthening Emotional and Existential Aspects

The logotherapist can assist the client in reflecting on their relationships and re-signifying lived experiences, fostering an environment where open communication and emotional receptiveness become possible. According to Arantes (2016), affective bonds prove to be extremely important at the end of life, playing a fundamental role in emotional well-being. Strengthening these connections is essential to foster a sense of wholeness and belonging, especially in the face of the imminence of death. This moment becomes conducive to deep dialogues, in which the expression of feelings and the sharing of experiences acquire a more concrete meaning. It allows clients to revisit their life stories and reaffirm their relationships.

Moreover, it may offer an opportunity for reconciliation—or for releasing ties that are no longer healthy. Arantes (2016) teaches that such dialogues not only provide emotional comfort but also help consolidate affective legacies. Kübler-Ross (1969) states that when

seriously ill, individuals are often treated as if they have no say—not even in deciding if, when, or where to be hospitalized. It must not be forgotten that the ill person also has feelings, desires, opinions, and, above all, the right to be heard.

For Frankl (2008), this process of strengthening affective bonds goes beyond easing the fear of death; it prepares the client for a more peaceful passage, in which feelings of abandonment or unresolved wounds are transformed into affection, compassion, and acceptance. In this way, the person faces their final days with greater serenity, surrounded by the bonds that sustain their existence and promote a renewed sense of belonging. Saying goodbye thus becomes a celebration of the bonds woven throughout life—an emotional legacy that endures even after departure. As Scott (2000) wrote: if death smiles at you, smile back.

The strengthening of affective bonds can also have a positive impact on the grieving experience of family and friends. Arantes (2016) emphasizes that reconnected and harmonized relationships provide a space of welcome and support, essential for loved ones to face the pain of loss in a healthier and more integrated manner. Therefore, fostering these bonds is not only an act of love toward the person experiencing dying, but also an investment in the emotional well-being of everyone involved—creating a cycle of care that extends beyond death.

Within this context, care aimed at quality of life emerges as a possibility for dealing with existential and physical suffering at the end of life. As Arantes (2016) points out, its necessity and value become far more evident when the disease progresses to intense physical suffering and medicine has no further resources to offer. Effective pain management is a central aspect—not only to relieve the body but to honor the dignity of the person who is departing. In this sense, as the author affirms, one must have respect for the greatness of the human being who faces their death. It is, therefore, not only a matter of using medication but also of applying complementary therapies such as acupuncture and music therapy.

Clearly, Logotherapy—with its focus on meaning—complements end-of-life care in an integrative way, considering not only physical relief but also the need for emotional and existential support, helping individuals recognize their intrinsic value regardless of the limitations imposed by their physical condition. Frankl (2008) emphasized the imperative of adopting interventions that encourage reassessment of life experiences, allowing human beings to develop a more favorable perception of themselves in the face of inevitable

suffering.

This idea resonates with the thoughts of Arantes (2016), who sees time as the interval between birth and death—and life as what one chooses to do within it. This perception can be particularly significant for people in the final stages of life, as it generates the awareness that they are still alive and have an active role, even if limited. This can help alleviate emotional suffering and foster not only a positive attitude but also an active one.

Quality of life emerges as a central concern in the care of people living their final stage, becoming a determining factor for well-being and dignity during the final moments. In Logotherapy, this issue is addressed by helping the individual identify sources of meaning, which aids in redefining priorities and finding reasons to live—even amid the limitations imposed by illness (Frankl, 2022).

According to Arantes (2016), having someone who cares about another's suffering at the end of life brings peace and comfort to both the dying person and their family. Thus, by integrating pain management with emotional and psychological support, it is possible to offer clients a care experience that respects their individuality and promotes a more humanized end.

Clinical Application of Logotherapy in the Final Stage of Life

As pointed out by Costa & Silva (2010), it is necessary to consider the entire context in which suffering manifests. When addressing human suffering and anguish, Frankl (2016) emphasized the importance of understanding how illness and suffering appear, which includes investigating their origin (etiology), their symptoms (symptomatology), and the meaning that such suffering holds for the person. For Frankl (2016), etiology refers to the cause of the symptomatic process—that is, the origin of a manifestation. Symptomatology, in turn, denotes the description of symptoms. The meaning of suffering is understood from a phenomenological perspective.

According to Frankl (2016), every symptom has both somatic and psychic aspects, and it is essential to identify which of them predominates in each case. He proposed that symptomatology can be classified as phenosomatic (when symptoms are predominantly somatic) or phenopsychic (when the manifestation is primarily psychological). This distinction helps in understanding the nature of suffering and guiding a more appropriate therapeutic intervention.

Frankl (2016) also categorized etiology into three main types: somatogenic, psychogenic, and noogenic. Somatogenic etiology occurs when the cause of suffering originates in the physical dimension and affects other spheres of existence. Psychogenic etiology refers to causes originating in the psychic dimension. Finally, noogenic etiology has its roots in the noetic dimension.

In the context of caring for those approaching death, it is essential for the logotherapist to distinguish between phenosomatic and phenopsychic symptomatology to identify whether the client's suffering is predominantly physical or emotional. This distinction enables the adoption of more precise interventions, addressing both bodily symptoms and the individual's psychological and emotional aspects in an integrated manner. Identifying the etiology of suffering plays a crucial role in personalizing care (Frankl, 2016), allowing one to understand whether suffering is truly intrinsically linked to dying and whether its origin is somatogenic (organic), psychogenic (psychic), or noogenic (existential).

In the logotherapeutic approach, identifying sources of meaning is a fundamental step in helping individuals find purpose and motivation, especially in moments of existential crisis. Frankl (2022) thus outlined three main paths to finding meaning: by realizing creative, experiential, and attitudinal values.

Creative values refer to what the individual accomplishes or creates, such as works of art or activities involving personal expression. Even in advanced stages of life, when possibilities for physical action and achievement may be limited, Logotherapy can help the client connect with creative forms of expression (Frankl, 2022). For example, a patient may create something symbolic to leave a legacy, such as writing letters, drawing, or telling stories to loved ones. Even if not a grand artistic work, any act that connects with the self and creative expression can bring deep meaning.

In this context, art therapy gains a new dimension integrated with the principles of Logotherapy. Prado, through deep engagement with art therapy, gradually incorporates the foundations of Logotherapy into his approach, creating the concept of Logoart. With it, art is no longer taken merely as a form of expression, but also as a symbolic vehicle that strengthens the bond with logotherapeutic principles, helping the individual assign meaning to their experience and creation.

According to Prado (2021), this model complements Logotherapy through integration with art, promoting the strengthening of the person's inner resources—allowing

the client to be seen and to work on themselves while still in pursuit of meaning. As stated by Rabuske and Ratusznei (2019):

In Logoart, the client paints, draws, or sculpts under the therapist's guidance. The therapist, if they wish, may engage in dialogue about the ideas that arise during the work; dialogue is the reference framework for the therapist. In art, the result is important. In therapy, the focus is on the process of seeking balance and harmony, and of experiencing change—something that cannot always be experimented with in real life. (p. 6)

Furthermore, Prado (2021) explains that the logotherapist must take into consideration the colors used, the pressure of the pencil, the forms presented, and the meaning of the artistic movement for the person. In the context near death, this approach helps the client deal with anxiety, find meaning, and explore emotions in a non-verbal way.

For Frankl (2022), experiential values are related to what the person experiences, such as loving someone or appreciating the beauty of nature; thus, the client can be encouraged to focus on experiences still accessible to them. These values can be used as tools to reconnect the client with essential aspects of their life. According to Arantes (2016), family interaction is a crucial moment, offering opportunities for deep conversations, including discussions about advance directives and decisions about how one wishes to live their final moments. Encouraging the individual to value time with family, friends, and even pets—to share moments of affection—can bring a profound sense of human connection. In addition, appreciation of nature, even when observed through a window, or moments of silence and contemplation, can foster a sense of peace, reflection, and transcendence.

Likewise, the practice of meditation or mindfulness may be explored to help the person remain present and find tranquility. Love, forgiveness, and reconciliation are also essential parts of this process, allowing the patient to feel more connected to others and to themselves—despite the nearness of death. Finally, attitudinal values refer to the posture an individual adopts in the face of inevitable situations such as death (Frankl, 2022). To help the individual identify this source of meaning, health professionals may use techniques such as meaningful interviews, values clarification, and guided reflections.

Logotherapy emphasizes that even in the face of pain and death, individuals have the freedom to choose their attitudes and responses. According to Frankl (2008), suffering is not a prerequisite for finding meaning; but if it is unavoidable, then meaning is still possible. However, if suffering is avoidable, its cause must be addressed.

Moreover, in Frankl's words (2008), the human being is capable of achieving human

greatness even in the face of the external failure of death—a greatness perhaps never before realized in daily existence. It is precisely mortality that gives purpose to actions and choices. If immortality were a reality, there would be the temptation to postpone everything indefinitely, with no urgency to act or to pursue accomplishments. According to Frankl (2022), time limitation creates pressure for each individual to live in a responsible and meaningful way.

In this context, Logotherapy highlights the freedom and responsibility inherent in each person's choices, even in the face of adverse circumstances. The human being is constituted as a free entity—one who decides—and therefore responsible, having to decide at every moment which possibility to experience and which to leave behind (Aquino & Chaves, 2021).

Approaching death in an open and honest way allows the client to express their fears, wishes, and reflections, fostering a space for the creation of values, legacies, and meaning. As Frankl (2008) noted, life never becomes irrelevant, even in the darkest of circumstances, as long as there is still the possibility of finding meaning.

Nonetheless, the logotherapist must identify whether the person being cared for is not limited in their noetic resources—in order to understand which capacities need to be developed. This is because symptomatology affecting the psychophysical dimension often results from restriction in the noetic dimension, rendering it inaccessible. These inherent human potentialities are essential, as they enable the expression of core anthropological traits (Frankl, 2016).

It is worth noting that in a context close to death, the logotherapist will not work on self-regulation and decision-making in the same way as in routine clinical settings. This is because, as Arantes (2016) states, in end-of-life care, the focus is on helping to find meaning and relieve suffering in the face of a final and fragile condition—which may at times assume the form of brief therapy. In this scenario, the logotherapist's approach is adapted to respect the client's physical and emotional condition, being gentler. Rather than focusing on long-term behavioral modification or extensively exploring inner conflicts, the work is directed at supporting the person in seeking meaning in their daily choices and in preparation for their departure.

Thus, Frankl (2016) affirms that the logotherapist must act based on two main anthropological characteristics: *self-distancing* and *self-transcendence*. Self-distancing is the capacity to take distance from oneself, to monitor and control one's own emotional-

cognitive processes—as the human being has the ability to observe the self, this capacity must be exercised (Frankl, 2016). To develop self-distancing, Frankl (2016) identifies three capacities: self-understanding, self-regulation, and self-projection.

A client may already possess one of these capacities well developed. It is up to the logotherapist to recognize whether they are present or not. In Frankl's (2016) words, self-understanding is the awareness of oneself, that is, the capacity to comprehend oneself, to perceive one's values, attitudes, behaviors, and thoughts—the ability of personal objectification in self-perception. In the context of end-of-life care, it is not appropriate for the therapist to work on decision-making if the client does not recognize their own authenticity. Without such awareness, decisions may be made without being grounded in true values, leading to crises and dissatisfaction. This recognition is crucial to promoting choices that reflect the true meaning of life, especially in moments of fragility.

The second capacity that supports self-distancing is self-regulation—Frankl (2016) defines it as the human capacity to distance oneself from and oppose psychophysical imperatives. The human being must be proactive and not reactive—as a generator of self-discipline, the subject begins to understand their limitations and better assess their risk situation. At the threshold between life and death, accessing self-regulation can be crucial, as the individual may face situations in which they must resist certain decisions that, though bodily driven, may not be beneficial from a spiritual or noetic standpoint. After all, not everything that is desired contributes to overall well-being.

The third capacity identified by Frankl (2016) is self-projection: the individual's ability to envision themselves differently. Within their possibilities in the face of inevitable fate, it is the center of motivation for change and transformation. Self-projection prompts individuals to reflect on themselves and who they might become. The logotherapist must encourage the individual's capacity to envision alternate versions of themselves.

Self-transcendence marks the anthropological fact that human existence never points to itself, but toward something or someone (the existence of another human being) or a meaning to be fulfilled (Frankl, 2016). As Leoncio (2021) explains, self-transcendence takes place through the spiritual dimension, allowing the person to go beyond themselves in the pursuit of a purpose, reaching self-realization as an outcome—not as a direct goal—thus leading to an authentic existence.

In Logotherapy, self-transcendence is seen as the highest stage of human existential development, representing the ability to direct thoughts and actions beyond

oneself in favor of something or someone else (Lukas, 1989). This transcendent dimension is fully expressed when the principles of differentiation, affectation, and commitment are put into practice.

According to Frankl (2016), differentiation is the ability to establish authentic encounters, recognizing the other in their uniqueness. This recognition is essential for building genuine relationships and meaningful experiences. In the context of approaching death, this practice becomes even more important, as it allows the person nearing the end of life to deeply connect with those around them, fostering respect for their final wishes and promoting renewed meaning for their final moments.

Affectation is the emotional impact that a value or meaning has on the human being, generating internal change (Frankl, 2016). It should be viewed as a transformation in the subject's state—a personal intrinsic change that draws the person toward a value. When someone is affected by something, they are transformed, because the phenomenon causes change within them from which they can no longer remain the same—it provokes a value. In the context of finitude, a client may be deeply affected by recognizing the value of simple moments with family or realizing the importance of leaving a legacy.

Finally, Frankl (2016) defines commitment as the process of accepting and engaging with a value or meaning that has been internalized, even in the absence of immediate behavioral expression. It is the moment in which the individual allows themselves to internalize and live according to the value that affected them, without forcing immediate action, but permitting the identified meaning to manifest naturally in their life.

A person facing the end of life may recognize the value of improving their family relationships, but first must go through a phase of commitment, in which they accept this decision internally, allowing the value to influence their actions in a genuine and calm way. Commitment is thus the phase of deep acceptance that precedes action while also preparing the ground for it to take place authentically and meaningfully. In the words of Aquino (2015), life only acquires meaning when the human being responds to suffering and develops their self-transcendence capacities.

In vulnerable contexts, when the end of life may evoke a sense of powerlessness, Frankl (2010) emphasized the importance of hobbies and how they influence well-being. It is therefore important to assess the possibility of engaging in a gratifying hobby. He also highlighted the importance of humor as an essential tool for emotional preservation (Frankl, 2008). Humor can create a momentary distance between the person and the

difficult situation, allowing them to deal with suffering—even if only momentarily. Fabry (1990) adds that the search for meaning is serious work but can be greatly facilitated by humor.

One of the most commonly used tools by logotherapists is the Socratic dialogue, as described by Aquino (2013), composed of refutation and *maieutics*. This technique involves deep questioning to stimulate reflection. Aquino (2013) explained that such a technique prevents the therapist from being directive, helping the person unveil the “ought-to-be” that they already know through their intuitive conscience but ignore. For Socrates, as Fabry (1990) explained, his role was not to transmit information, but to awaken knowledge that already instinctively existed within the person—the logotherapist has the same function. In Aquino’s (2013) words, the logotherapist’s attitude should resemble that of Socrates—like a midwife helping give birth to meaning by asking the right question.

Another technique that can be applied to those nearing the end of life is *dereflection*, whose purpose, according to Frankl (2016), is to mobilize the capacity of self-transcendence in treating psychogenic neurosis. This technique can help individuals redirect their focus of attention, especially when overly centered on suffering, fear of death, or existential anguish. The goal is to activate the capacity of self-transcendence.

In summary, Frankl presents an approach that can be promisingly applied in the context of end-of-life care, highlighting its clinical implications and pointing to future research directions. It is essential that logotherapeutic practices respect the autonomy and dignity of the human being, supporting their choices regarding final decisions.

Final Considerations

This work was developed based on a literature review that presents Logotherapy as a profoundly humanizing approach to end-of-life care, grounded in the search for meaning and purpose even in the face of ultimate suffering. The awareness of finitude can favor an existential re-signification, allowing the person, when confronted with the reality of death, to develop a renewed perspective on their own existence.

Through interventions that include the identification of sources of meaning, the strengthening of relational bonds, and openness to dialogues about death and legacy, Logotherapy contributes to a significant improvement in quality of life at the end of life. By promoting a broader and deeper understanding of dying, this approach invites the

individual to take authorship of their final journey, offering emotional support that honors the uniqueness of each individual's existence and fosters a dignified and conscious transition.

The therapy developed by Viktor Frankl thus emerges as an essential resource to assist the human being in finding meaning even in the most adverse circumstances, cultivating resilience, motivation, and psychological well-being. The continuation of research and the clinical application of Logotherapy point toward a promising path in promoting integral health and high-quality care for those approaching the end, reinforcing the importance of personalized, sensitive, and effective therapeutic interventions.

Within this horizon, the metaphor of the “coffee with death” arises as an existential invitation—not merely to accept the inevitability of the end, but to face it as a transformative force capable of bestowing clarity and depth to life. By recognizing death as a constitutive part of existence, it becomes possible to create a life marked by authentic connections and experiences filled with meaning. Such an attitude not only enriches the journey but prepares the individual to face it with dignity and purpose.

It is worth recalling, as Frankl (2019a) affirms, that nothing that has happened can be undone, nothing that has been created can be extinguished—in the past, nothing is irretrievably lost, for everything is absolutely preserved. In harmony with this, Scott (2000) reminds us that everything we do in life echoes in eternity.

Death, therefore, does not bow to fear or to courage. As Arantes (2016) aptly states: death must be respected, for it is respect—not denial, fear, or heroism—that enables balance and harmony in our choices. Thus, at the end of this symbolic “coffee with death,” a toast is proposed: to death, which, by revealing the limit, bestows depth and beauty upon the journey of human life—recognizing that each stage, including the last, can be filled with meaning and be worthy of being lived, until the end of summer.

Referências bibliográficas

- Amato, C. A. H. (2022). *Estudos de linguagem no transtorno do espectro do autismo* (A. C. Tamanaha, C. C. Ribeiro, C. S. Azoni, & J. O. Lira, Orgs.). São Paulo, SP: ABarros.
- Anderson, C., & Butt, C. (2018). Young adults on the autism spectrum: The struggle for appropriate services. *Journal of Autism and Developmental Disorders*, 48(11), 3912–3925. doi:10.1007/s10803-018-3673-z
- Ashinoff, B. K., & Abu-Akel, A. (2021). Hyperfocus: the forgotten frontier of

- attention. *Psychological Research*, 85(1), 1–19. doi:10.1007/s00426-019-01245-8
- Attwood, T., & Gray, C. (1999). *Aspie" Criteria*, *The Morning News*. 11.
- Autism: recognition, referral, diagnosis and management of adults on the autism spectrum* (Vol. 142). (2012). London.
- Bardin, L. (2016). *Análise de conteúdo*. Lisboa: Edições 70.
- Booth, T., Murray, A. L., McKenzie, K., Kuenssberg, R., O'Donnell, M., & Burnett, H. (2013). Brief report: an evaluation of the AQ-10 as a brief screening instrument for ASD in adults. *Journal of Autism and Developmental Disorders*, 43(12), 2997–3000. doi:10.1007/s10803-013-1844-5
- Bottema-Beutel, K., Kapp, S. K., Lester, J. N., Sasson, N. J., & Hand, B. N. (2021). Avoiding ableist language: Suggestions for autism researchers. *Autism in Adulthood Knowledge Practice and Policy*, 3(1), 18–29. doi:10.1089/aut.2020.0014
- Buck, T. R., Viskochil, J., Farley, M., Coon, H., McMahon, W. M., Morgan, J., & Bilder, D. A. (2014). Psychiatric comorbidity and medication use in adults with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 44(12), 3063–3071. doi:10.1007/s10803-014-2170-2
- Chou, W.-J., Wang, P.-W., Hsiao, R. C., Hu, H.-F., & Yen, C.-F. (2020). Role of school bullying involvement in depression, anxiety, suicidality, and low self-esteem among adolescents with high-functioning autism spectrum disorder. *Frontiers in Psychiatry*, 11, 9. doi:10.3389/fpsyt.2020.00009
- Crane, L., Adams, F., Harper, G., Welch, J., & Pellicano, E. (2019). “Something needs to change”: Mental health experiences of young autistic adults in England. *Autism: The International Journal of Research and Practice*, 23(2), 477–493. doi:10.1177/1362361318757048
- Crane, L., Goddard, L., & Pring, L. (2009). Sensory processing in adults with autism spectrum disorders. *Autism: The International Journal of Research and Practice*, 13(3), 215–228. doi:10.1177/1362361309103794
- Damasio, A. & Maurer, R. (1978), A neurological model for childhood autism. *Arch. Neurol.*, 35:777-786.
- Davis, M. S., & Csikszentmihalyi, M. (1977). Beyond boredom and anxiety: The experience of play in work and games. *Contemporary sociology*, 6(2), 197. doi:10.2307/2065805
- DePape, A.-M., & Lindsay, S. (2016). Lived experiences from the perspective of individuals with autism spectrum disorder: A qualitative meta-synthesis. *Focus on Autism and Other Developmental Disabilities*, 31(1), 60–71. doi:10.1177/1088357615587504
- Dietz, P. M., Rose, C. E., McArthur, D., & Maenner, M. (2020). National and state estimates of adults with autism spectrum disorder. *Journal of Autism and Developmental*

- Disorders*, 50(12), 4258–4266. doi:10.1007/s10803-020-04494-4
- Fein, D., Pennington, B., Markowitz, P., Braverman, M., & Waterhouse, L. (1986). Toward a neuropsychological model of infantile autism: Are the social deficits primary? *Journal of the American Academy of Child and Adolescent Psychiatry*, 25–198.
- Grandin, T. (2010) *The world needs all kinds of minds* [Video]. TED Conferences https://www.ted.com/talks/temple_grandin_the_world_needs_all_kinds_of_minds?utm_campaign=tedsread&utm_medium=referral&utm_source=tedcomshare
- Grandin, T. (2020). *Different– not less: inspiring stories of achievement and successful employment from adults with autism, Asperger’s, and ADHD*. Arlington, TX: Future Horizons Inc.
- Handen, B. L., Mazefsky, C. A., Gabriels, R. L., Pedersen, K. A., Wallace, M., Siegel, M., & Autism and Developmental Disorders Inpatient Research Collaborative (ADDIRC). (2018). Risk factors for self-injurious behavior in an inpatient psychiatric sample of children with Autism Spectrum Disorder: A naturalistic observation study. *Journal of Autism and Developmental Disorders*, 48(11), 3678–3688. doi:10.1007/s10803-017-3460-2
- Happé, F. (2015). Autism as a neurodevelopmental disorder of mind-reading. *Journal of the British Academy*, 3. doi:10.5871/jba/003.197
- Hollocks, M. J., Lerh, J. W., Magiati, I., Meiser-Stedman, R., & Brugha, T. S. (2019). Anxiety and depression in adults with autism spectrum disorder: a systematic review and meta-analysis. *Psychological Medicine*, 49(4), 559–572. doi:10.1017/S0033291718002283
- Howlin, P., & Moss, P. (2012). Adults with autism spectrum disorders. *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie*, 57(5), 275–283. doi:10.1177/070674371205700502
- Kanner, L. (1943). Autistic disturbances of affective contact. *Nervous Child*, 2, 217–250
- Kirby, A. V., Bilder, D. A., Wiggins, L. D., Hughes, M. M., Davis, J., Hall-Lande, J. A., ... Bakian, A. V. (2022). Sensory features in autism: Findings from a large population-based surveillance system. *Autism Research: Official Journal of the International Society for Autism Research*, 15(4), 751–760. doi:10.1002/aur.2670
- Lai, M.-C., & Baron-Cohen, S. (2015). Identifying the lost generation of adults with autism spectrum conditions. *The Lancet. Psychiatry*, 2(11), 1013–1027. doi:10.1016/S2215-0366(15)00277-1
- Lai, M.-C., Kasse, C., Besney, R., Bonato, S., Hull, L., Mandy, W., ... Ameis, S. H. (2019). Prevalence of co-occurring mental health diagnoses in the autism population: a systematic review and meta-analysis. *The Lancet. Psychiatry*, 6(10), 819–829. doi:10.1016/S2215-0366(19)30289-5
- Leedham, A., Thompson, A. R., Smith, R., & Freeth, M. (2020). “I was exhausted trying to

- figure it out”: The experiences of females receiving an autism diagnosis in middle to late adulthood. *Autism: The International Journal of Research and Practice*, 24(1), 135–146. doi:10.1177/1362361319853442
- Lord, C., Risi, S., Lambrecht, L., Cook, E. H., Jr, Leventhal, B. L., DiLavore, P. C., ... Rutter, M. (2000). The autism diagnostic observation schedule-generic: a standard measure of social and communication deficits associated with the spectrum of autism. *Journal of Autism and Developmental Disorders*, 30(3), 205–223.
- Lovaas, O. I., Schreibman, L., Koegel, R., & Rehm, R. (1971). Selective responding by autistic children to multiple sensory input. *Journal of Abnormal Psychology*, 77(3), 211–222. doi:10.1037/h0031015
- Mandell, D. S., Novak, M. M., & Zubritsky, C. D. (2005). Factors associated with age of diagnosis among children with autism spectrum disorders. *Pediatrics*, 116(6), 1480–1486. doi:10.1542/peds.2005-0185
- Manual de Diagnóstico e Estatística de Distúrbios Mentais DSM-IV. (1994). APA - American Psychiatric Association.
- Manual diagnóstico e estatístico de transtornos mentais. (2013). Em DSM-5. Porto Alegre: Artmed.
- Martínez-González, A. E., Cervin, M., & Piqueras, J. A. (2022). Relationships between emotion regulation, social communication and repetitive behaviors in autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 52(10), 4519–4527. doi:10.1007/s10803-021-05340-x
- Mason, S. A. (2021). Qualitative Versus Quantitative Approaches. Em *Encyclopedia of Autism Spectrum Disorders* (p. 3821–3822). Cham: Springer International Publishing.
- Mathur, S. K., & Valerius, A. P. (2023). *Understanding the lived experiences of autistic adults* (S. Danforth & S. L. Gabel, Orgs.). doi:10.3726/b20299
- Mcdonnell, A., & Milton, D. (2014). Going with the flow: reconsidering ‘repetitive behaviour’ through the concept of ‘flow states. Em G. Jones & E. Hurley (Orgs.), *Good Autism Practice: autism, happiness and wellbeing*. BILD (p. 38–47). Birmingham, UK.
- Mousinho, R., Schmid, E., Mesquita, F., & Pereira, J. (2021). Estratégias lingüísticas para crianças e adolescentes TEA no ensino fundamental e médio. Em M. Soares & R. Mousinho. *Tenho um aluno autista: e agora* (p. 133–151). Artesã.
- O’Neill, M., & Jones, R. S. (1997). Sensory-perceptual abnormalities in autism: a case for more research? *Journal of Autism and Developmental Disorders*, 27(3), 283–293. doi:10.1023/a:1025850431170
- Park, I., Gong, J., Lyons, G. L., Hirota, T., Takahashi, M., Kim, B., ... Leventhal, B. L. (2020). Prevalence of and factors associated with school bullying in students with autism spectrum disorder: A cross-cultural meta-analysis. *Yonsei Medical Journal*, 61(11), 909–922. doi:10.3349/ymj.2020.61.11.909

- Rapaport, H., Clapham, H., Adams, J., Lawson, W., Porayska-Pomsta, K., & Pellicano, E. (2024). "in a state of flow": A qualitative examination of Autistic adults' phenomenological experiences of task immersion. *Autism in Adulthood Knowledge Practice and Policy*, 6(3), 362–373. doi:10.1089/aut.2023.0032
- Ritvo, R. A., Ritvo, E. R., Guthrie, D., Ritvo, M. J., Hufnagel, D. H., McMahon, W., ... Eloff, J. (2011). The Ritvo Autism Asperger Diagnostic Scale-Revised (RAADS-R): a scale to assist the diagnosis of Autism Spectrum Disorder in adults: an international validation study. *Journal of Autism and Developmental Disorders*, 41(8), 1076–1089. doi:10.1007/s10803-010-1133-5
- Robertson, C. E., & Baron-Cohen, S. (2017). Sensory perception in autism. *Nature Reviews. Neuroscience*, 18(11), 671–684. doi:10.1038/nrn.2017.112
- Russell, A. J., Mataix-Cols, D., Anson, M., & Murphy, D. G. M. (2005). Obsessions and compulsions in Asperger syndrome and high-functioning autism. *The British Journal of Psychiatry: The Journal of Mental Science*, 186, 525–528. doi:10.1192/bjp.186.6.525
- Russell, G., Kapp, S. K., Elliott, D., Elphick, C., Gwernan-Jones, R., & Owens, C. (2019). Mapping the autistic advantage from the accounts of adults diagnosed with autism: A qualitative study. *Autism in Adulthood Knowledge Practice and Policy*, 1(2), 124–133. doi:10.1089/aut.2018.0035
- Rutter, M. (1983). Cognitive deficits in the pathogenesis of autism. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 24(4), 513–531. doi:10.1111/j.1469-7610.1983.tb00129.x
- Sacks, O. (1995). Um Antropólogo em Marte: Sete histórias paradoxais, 297-331. Em *Companhia das letras* (p. 297–331). São Paulo.
- Sinclair, J. (2013). Why I Dislike "Person First" Language. *Language. Autonomy, The Critical Journal of Interdisciplinary Autism Studies*, (2).
- Tavassoli, T., Miller, L. J., Schoen, S. A., Nielsen, D. M., & Baron-Cohen, S. (2014). Sensory over-responsivity in adults with autism spectrum conditions. *Autism: The International Journal of Research and Practice*, 18(4), 428–432. doi:10.1177/1362361313477246
- Trundle, G., Jones, K. A., Ropar, D., & Egan, V. (2023). Prevalence of victimisation in autistic individuals: A systematic review and meta-analysis. *Trauma, Violence & Abuse*, 24(4), 2282–2296. doi:10.1177/15248380221093689
- Vogindroukas, I., Stankova, M., Chelas, E.-N., & Proedrou, A. (2022). Language and speech characteristics in autism. *Neuropsychiatric Disease and Treatment*, 18, 2367–2377. doi:10.2147/NDT.S331987
- World Health Organization (1993). *The ICD-10 classification of mental and behavioural disorders*. World Health Organization.
- World Health Organization (2021). International statistical classification of diseases and related health problems (11th ed.). <https://icd.who.int/>

- Yeung, M. K. (2022). A systematic review and meta-analysis of facial emotion recognition in autism spectrum disorder: The specificity of deficits and the role of task characteristics. *Neuroscience and Biobehavioral Reviews*, 133(104518), 104518. doi:10.1016/j.neubiorev.2021.104518
- Zhang, Y., Roy, D. S., & Feng, G. (2022). Finding pleasure in repetitive behaviors. *Neuron*, 110(20), 3225–3227. doi:10.1016/j.neuron.2022.09.022
- Zhou, M. S., Nasir, M., Farhat, L. C., Kook, M., Artukoglu, B. B., & Bloch, M. H. (2021). Meta-analysis: Pharmacologic treatment of restricted and repetitive behaviors in autism spectrum disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 60(1), 35–45. doi:10.1016/j.jaac.2020.03.007