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Between Philosophy, Psychiatry, and Psychology: The (Non) Place of Phenomenological Psychopathology

ARTICLE

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Abstract

This article reflects on the place of Phenomenological Psychopathology (PP) in the contemporary clinical landscape. Inspired by Merleau-Ponty's notion of ambiguity, it argues that PP does not belong to a single domain, but emerges through the interweaving of philosophy, psychology, and psychiatry. This "in-between" is understood as a critical, ethical, and clinical potential, supporting a plural practice sensitive to lived experience. Three perspectives are outlined. First, from an epistemological standpoint, it examines the tense relationship between philosophical and clinical phenomenologies. Second, it presents an overview of scientific production over the past decade (2015–2025). Third, from a social and political perspective, it highlights gaps such as lack of diversity and the need to include critical approaches (feminist, decolonial, anti-racist). It concludes by calling for greater recognition of research, first-person experience, and the development of PP as a living, ethical clinical practice.

Keywords: Phenomenology; Psychopathology; Philosophy; Psychiatry; Psychology.

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Contemporary Phenomenological Psychopathology

Entre Filosofia, Psiquiatria e Psicologia: O (Não) Lugar da Psicopatologia Fenomenológica

ARTICLE

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Resumo
Este artigo propõe uma reflexão sobre o lugar da Psicopatologia Fenomenológica (PF) no cenário clínico contemporâneo. Sob uma abordagem inspirada na ambiguidade merleau-pontyana, defende-se que a PF não se fixa em um território único, mas se constitui no entrelaçamento entre filosofia, psicologia e psiquiatria. Esse "entre" é apontado como potência crítica, ética e clínica, capaz de sustentar uma prática plural e sensível à experiência vivida. Três perspectivas principais são indicadas. Primeiramente, epistemológica, discute-se a tensa relação entre as fenomenologias filosófica e clínica. Na segunda, apresenta-se um panorama da produção científica dos últimos dez anos (2015-2025). Na terceira, social e política, aborda-se lacunas como a falta de diversidade e a necessidade de incorporar perspectivas críticas (feministas, decoloniais, antirracistas). Conclui-se acerca da necessidade de um chamado à valorização da pesquisa, da experiência em primeira pessoa e da construção de uma PF que se efetive na clínica, como prática viva e ética.

Palavras-chave: Fenomenologia; Psicopatologia; Filosofia; Psiquiatria; Psicologia.

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Introduction

One hundred years after its emergence, Phenomenological Psychopathology presents itself as a pathway for understanding modes of becoming ill, taking as its fundamental axis the focus on experience and its conditions of possibility (Messas, 2023). From its very beginnings, in seeking to break with hegemonic, third-person, disease-centered logics, it has marked out, in its plurality, a place of "critique of psychiatric reason" (Tatossian, 1986/2024, p. 75, our translation) and of a "school of experience" (Tatossian, 1979/2025, p. 267, our translation), by prioritizing lived experience and the unfinished condition of experience, which does not allow for a complete objective demarcation of what is lived by patients. Its critical character is a mark that stems from its philosophical foundations and expands into the clinical dimension. By "questioning mental illness" (Tatossian, 1979/2025, p. 338, our translation) more than seeking fixed answers, it teaches that one learns through contact with the experience of the other, and that it is necessary to remain open to the strangeness of their lived experience.

Emerging from an inspiration in the philosophical phenomenology of authors such as Husserl, Heidegger, Merleau-Ponty, and Sartre, Phenomenological Psychopathology seems to move between places, between influences and marks that constitute what it presents itself to be as a field of possibilities. Although it is structured upon philosophical bases and foundations, it is not "reduced" to them, given its clinical orientation. It is between philosophical and clinical knowledge, in their different possibilities (Psychopathology, Psychiatry, and Clinical Psychology) that Phenomenological Psychopathology takes shape and seeks an identity. This article arises from the question concerning the place of Phenomenological Psychopathology. What is at stake here is a place, or even a possible non-place, that is, and must be, polysemic, insofar as it reveals, at the same time, a scientific scope, a discursive field, a formative and practical pathway, an interdisciplinary dimension — in other words, a broad field of possibilities.

The aim is not to fix a place, since this would imply the destitution of its phenomenological character. It is a place that always seems to escape. Inspired by the ambiguity present in Merleau-Ponty's thought (1945/2009; 1964), this article assumes the tension that exists between establishing a place - which would

consequently fix it within a territory and a restricted field that would limit and threaten its importance - and speaking of a non-place, which would also entail risks and threats, insofar as it might fail to establish guiding orientations and a consistent field of understanding, intervention, and research. It is argued that for the need to sustain the place of the "in-between," here understood as lying between philosophy, with its foundations and theoretical-methodological crossings, and the clinical field, which is instituted in the radical encounter with the other and which finds its field of work in psychiatry and clinical psychology. Although it is possible to speak, to some extent, of the autonomous character of Phenomenological Psychopathology as a science, considering both its object and its method, it is through the intertwining of these fields that it is constructed and enacted. What is at stake here is a singular web of distinct forms of knowledge that cross one another in order to understand the psychopathological phenomenon. It is in this "in-between" that its critical, ethical, and clinical power is located, capable of sustaining a plural practice that is sensitive to lived experience.

By not reducing itself - nor could it - to any of these disciplines, one may say that Phenomenological Psychopathology occupies an uncomfortable place, or rather, a place capable of producing discomforts. For example, it may be seen as failing to achieve the rigor of philosophical phenomenology, or as producing a clinical practice that distances itself from phenomenological dictates and does not sustain itself within this scope. What is being named and emphasized here as a discomfort may be understood as arising from this tension between fields. As a pathway for understanding, the notion of intertwining (entrelacs) is brought forward, guiding the ambiguous lens through which Merleau-Ponty sustains his philosophy. Developed above all in the posthumously published book The Visible and the Invisible (1964), this notion points to a relation of co-belonging and reversibility between subject and world. Thus, it seeks to break with dichotomies by thinking the mutual constitution of human being and world, which implies the imperative of thinking psychopathological experience in its radical intertwining with the world.

Through intertwining, it becomes possible to incorporate the movement proper to existence, without hardening the lens through which illness is understood into a single perspective. Phenomenological Psychopathology is constituted in this in-between, in this common fabric. Its depth reveals itself in the face of its unfinishedness, which is proper both to human existence and to phenomenology in

its task - here citing Merleau-Ponty (1945/2009) - of seeking “to reveal the mystery of the world and the mystery of reason” (p. 20, our translation), or, further, the mystery of the experience of becoming ill as situated in the world and grounded in the sustaining of existence beyond pathology.

This article aims to develop a reflection on the place - or non-place - of Phenomenological Psychopathology (PP) within the contemporary clinical scene. Three main perspectives are indicated. The first, epistemological, discusses the tense relationship between philosophical and clinical phenomenologies, highlighting the importance of a mutual and non-hierarchical implication between forms of knowledge. The second, scientific in nature, presents a brief overview of academic production over the last ten years (2015–2025), with emphasis on relevant authors, themes, and journals, while also pointing to the difficulty of delimiting the scope of PP. The third, social and political, addresses gaps such as the lack of diversity and the need to incorporate critical perspectives - feminist, decolonial, and anti-racist - arguing for a situated psychopathology committed to historical inequalities.

Epistemological point of view: The tense relationship between philosophical and clinical phenomenologies

> Philosophy is not the passage from a confused world to a universe of closed meanings. On the contrary, it begins with the awareness of what torments us and makes us burst open. (*La prose du monde*, Paris, Gallimard, 1969; “Tel”, 1995, pp. 25–26, our translation)

The relationship between philosophical and clinical phenomenologies is historical and fundamental as the constitutive basis of Phenomenological Psychopathology. This relationship dates back to the beginnings of Phenomenological Psychopathology with Karl Jaspers (1968) and to its consolidation with Eugène Minkowski and Ludwig Binswanger (Ferrarello et al., 2025; Tatossian, 1979/2025). All these authors, as well as those who followed this tradition, are traversed by a particular mode of relation between phenomenologies. This is a necessary place of tension in the face of a co-construction whose main end is clinical practice and which can be situated in the relationship between theory and practice. Within the scope of Phenomenological Psychopathology, phenomenologies affect one another, or even constitute one another mutually (Bloc & Moreira, 2024; Bloc et al., 2017). This mode of relation raises several questions, such as: how can one depart from a field, from a philosophical basis, and enter the clinical dimension? How

can phenomenological rigor be maintained without excessively climbing into the *ivory tower* that may distance us from experience? How can one avoid falling into a merely pragmatic path from phenomenology to clinical practice?

Beyond any direct answer, these questions, which must always be kept open, are relevant as a critical pathway and as a form of attentiveness in the search for consistency within the field. There is always a mutual risk involving, on the one hand, the misunderstanding of phenomenology by clinicians, as pointed out in the study by Orengo, Holanda, and Goto (2020) with clinical psychologists, and, on the other hand, a possible distancing from experience itself, placing central attention - in a third-person logic - on theorization about the ways in which such experiences are lived.

Among the possible paths of response, two points are highlighted here. The first is the non-hierarchization of forms of knowledge. If one assumes a mode of relation that is instituted in its historical and epistemological character, and that has methodological implications, it is necessary not to establish degrees of importance. The richness seems to lie in the relation itself and in the ways in which the fields mutually touch one another. Obviously, the emphases differ according to the objective being pursued, for example, in research or in clinical practice. However, this should not be situated as a dispute or confrontation aimed at demarcating a place. It is understood that the path should be one of strengthening this relation on the basis of a common interest. This is not only a theoretical path, but also a political one. The questions and rigor that come from, and are even inherited from, philosophical phenomenology are fundamental for establishing a demarcation of what Phenomenological Psychopathology is and can be. The clinical dimension, in turn, is what founds and provides the conditions for understanding experience. There is no Phenomenological Psychopathology without the clinical, or, as Moreira (2012) points out, it is clinical and for the clinic.

The second point defended here is the search for a positive relation. Beyond the emphasis on what is lacking, or even what fails, in the fields and in their mode of relation, the need to recognize their contributions and limits is emphasized as a necessary path for actualization between the fields. The nature of the relation between phenomenologies must be sustained by what is sought and by the foundations that demarcate their common structure. This does not mean denying the tensions that are, at times, necessary, but rather assuming both the differences and

the common points in the search for the consistency of a form of knowledge that grounds the understanding of human illness upon phenomenological foundations. It is understood that there is a fruitful and radically necessary correlation that entails theoretical-practical implications.

Despite its richness and fruitfulness, the historical relationship between philosophical and clinical phenomenology carries misconceptions and misunderstandings. Among the main ones, one may highlight the attempt to apply philosophical phenomenology in a technical and insufficiently rigorous manner. Philosophical phenomenology is not, and cannot be, a technical guide on how to be a clinician; rather, it provides a crossing-through that establishes the conditions for the construction of a gaze and a practice. These are foundations that allow for a clinical position and for the constitution of a method that points toward the path of always following the trace of lived experience. Among the ways of thinking this relationship, one should highlight the path proposed by Tatossian (1979/2025): a relation of implication, rather than application, between phenomenologies. For the psychiatrist, the main contribution of the phenomenological scope stems from the crossing-through made possible by the phenomenological attitude, implying a radical openness to what is lived by the other and presenting itself as a certain restraint upon the temptations of the natural attitude, including the one that, at times, becomes excessively imprisoned within diagnostic models (Bloc et al., 2017).

Phenomenological implication, shaped by the attitude that accompanies it, has understanding as its aim. It is a direction to be pursued clinically, and the phenomenological attitude gives us clues so that, as Merleau-Ponty (1945/2009) would say, we may “relearn to see the world” (p. 19, our translation) through narrated stories and with the awareness that mystery always remains before the field of possibilities that marks every existence in its unfinishedness. For the philosopher, to understand is “to grasp again the total intention,” “the unique manner of existing” (Merleau-Ponty, 1945/2009, p. 16, our translation), considering that “everything has a meaning” (p. 17, our translation). It is up to the clinician to engage in the incessant search to reveal such meanings, to “understand through coexistence” (Merleau-Ponty, 1964, p. 242, our translation) as a radical path of understanding. The encounter is the path par excellence toward understanding, and the phenomenological attitude is its condition of possibility.

When the phenomenological attitude is addressed, one begins from the understanding that it is, and must be, ethical, critical, and clinical (Moreira & Bloc, 2021). In view of its implication, there is a radical recognition of and respect for alterity as an ethical foundation. It seeks to prevent any reduction of the person, including the reduction that a diagnosis may imply. In its critical dimension, it assumes an attitude of questioning familiarity and restraining classificatory temptations. There is an interrogative dynamic anchored in critique as a search for meaning through a situated openness to the experience of the other. Its clinical character is marked by an emphasis on experience and by the search for understanding as a pathway of care. The phenomenological attitude strengthens listening, encounter, and gestures of openness to what is proper to the person in their intertwining with the world. It is certainly true that the origin of the phenomenological attitude comes from philosophical phenomenology in its different directions. However, it is considered that it may present itself as a concrete pathway and as a basis for clinical phenomenology.

Phenomenological Psychopathology does not aim to "construct theories from experience, but to highlight a new model of experience, if necessary, in order to mediate theories" (Tatossian, 1979/2025, p. 129, our translation). From this perspective, its task must always be situated in the intertwining between theory and practice, in the dialogue between phenomenologies, and in the fundamental interest in the experience of becoming ill as a guiding element. The emphasis on experience and on its conditions of possibility marks the different possibilities of clinical phenomenology.

It is important to mention the plurality - whether in terms of references in the field of philosophy or in the clinical domain - of the phenomenological field. In Brazil, there is fertile ground, especially in the way Brazilian clinical psychology positions the clinical fruitfulness of the phenomenological scope. There is an identification and recognition of this potential, demonstrated by the phenomenological presence in a large part of Psychology programs. The Brazilian context is privileged in that it identifies, in the foundations of philosophical phenomenology, a powerful path for the construction of a clinical pathway. However, it is important to mention that this scope does not always enter into the specificity of Phenomenological Psychopathology. Although there is a broad discussion on the construction of a phenomenologically inspired clinical practice in Brazil, the way in which this is done varies across different

groups and universities. In view of such plurality, it seems to us even more relevant to seek to position the importance of Phenomenological Psychopathology, opening space for its presence in undergraduate and graduate programs.

With regard to Psychiatry, the difficulty of insertion seems even more pronounced, as evidenced by its scarce presence in psychiatric training. This scenario points, at first, to an obstacle inherent to phenomenology itself: the demand for a suspension of the natural attitude, which runs counter to the way science traditionally understands itself (Tatossian, 1979/2025). In addition, its philosophical density, clinical applicability, and research development are points to be considered in the search for space. The recognition of the relevance of subjective experience has opened room for further phenomenological discussions in psychiatry (Larsen et al., 2022). Phenomenology has a dual role in psychiatry, characterized, on the one hand, by a focus on science - in which phenomenology acts as a way of strengthening empirical investigation - and, on the other, by a focus on the individual, insofar as it contributes to strengthening the humanistic dimension of psychiatry (Messas et al., 2023).

Assuming the tension arising from the relationship between phenomenologies, while establishing boundaries and points of intersection, may contribute to grounding the position of Phenomenological Psychopathology. We understand that there is a field under development that can contribute greatly to mental health care, especially when it is able to dialogue, move through, and, at times, intertwine the fruitful conversation between Philosophy, Psychology, and Psychiatry.

Scientific point of view: overview of publications

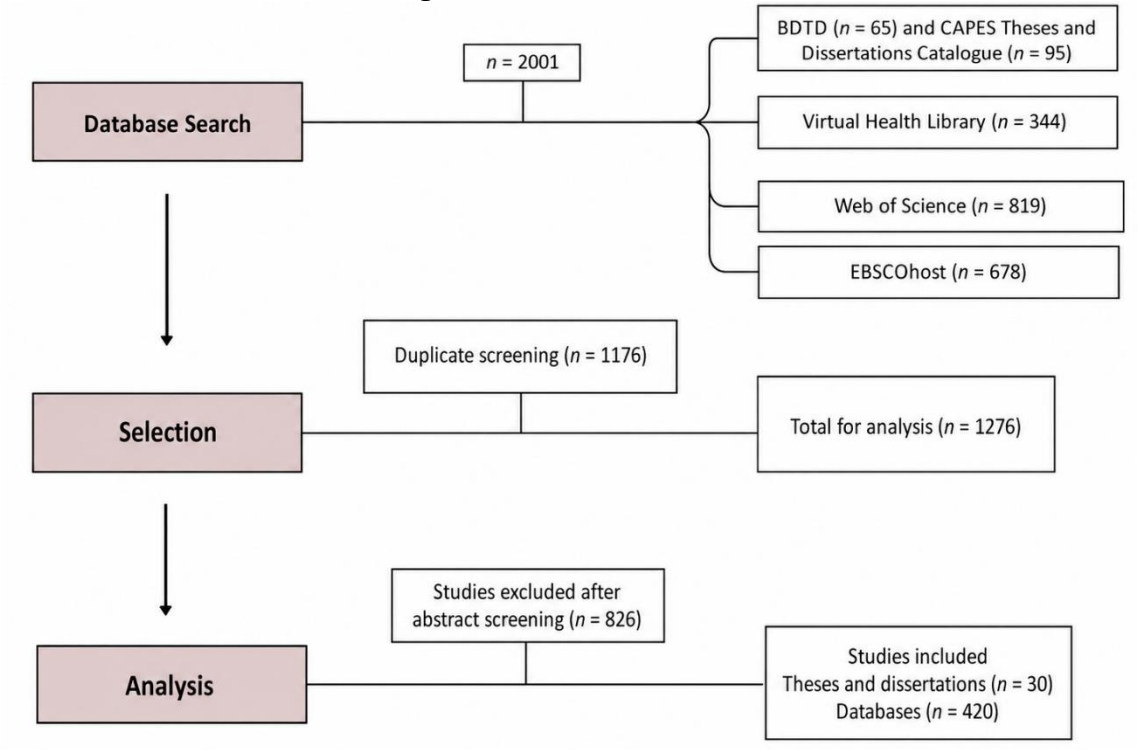
In the discussion on the place of Phenomenological Psychopathology, one arrives at a central point: the scientific production of this field. What characterizes it in methodological terms? Should every phenomenological discussion of illness involving mental health be included within this scope? Based on the publications, can one speak of Phenomenological Psychopathology in the plural? In an attempt to answer these questions, a brief publication overview was carried out in order to characterize Brazilian and international scientific production in Phenomenological Psychopathology. This is a narrative review (Ogassavara et al., 2025), which seeks to

characterize, in general terms, the literature of the field in a broad manner. The choice was made not to follow a rigid and systematic protocol in the selection of studies, but rather to provide a panoramic view as part of the manuscript's proposal.

Initially, a bibliographic survey was conducted in September 2025 in the databases Virtual Health Library (BVS), Web of Science, and EBSCOhost. The same process was carried out for the mapping of gray literature, consulting the CAPES Catalog of Theses and Dissertations and the Brazilian Digital Library of Theses and Dissertations (BDTD), with the aim of broadening the mapping of national academic production within graduate programs in Brazil. The search strategies used followed the keywords "Psychopathology" and "Phenomenology" together with the Boolean operator "AND." In the case of databases focused on theses and dissertations, since these are local systems, the terms were used in Portuguese: "Psicopatologia" and "Fenomenologia." Thus, the aim was to gain broad access to the literature published over the last 10 years, between 2015 and 2025. It is worth emphasizing that the searches were restricted to the selected databases and that the results are directly related to the indexing of journals in those databases. Studies published in the field of Phenomenological Psychopathology, even when known to the authors, were not considered. Regarding the production of dissertations and theses, the decision was made to focus the search on the Brazilian context. This is justified by the absence of search databases that bring together international productions.

The articles collected in the first stage of the search were entered into Rayyan, a platform designed to support the screening of studies for literature reviews, where all duplicates were detected and excluded. This process is highlighted in Figure 1, which presents the number of studies found in each database. The second stage of the search involved screening based on title, abstract, and keywords, in which studies falling within the scope of Phenomenological Psychopathology were accepted. In the end, the sample consisted of 30 studies carried out in graduate programs and 420 studies retrieved from databases.

Figure 1 — Research flowchart



Thirteen doctoral theses and seventeen master's dissertations were produced within Graduate Programs (n = 30). A predominance of studies with a qualitative approach was observed (46.7%), followed by works of a theoretical nature (33.3%). The productions encompass diverse themes, with emphasis on more general investigations concerning Phenomenological Psychopathology, especially regarding its practices and clinical developments, as presented in Table 2..

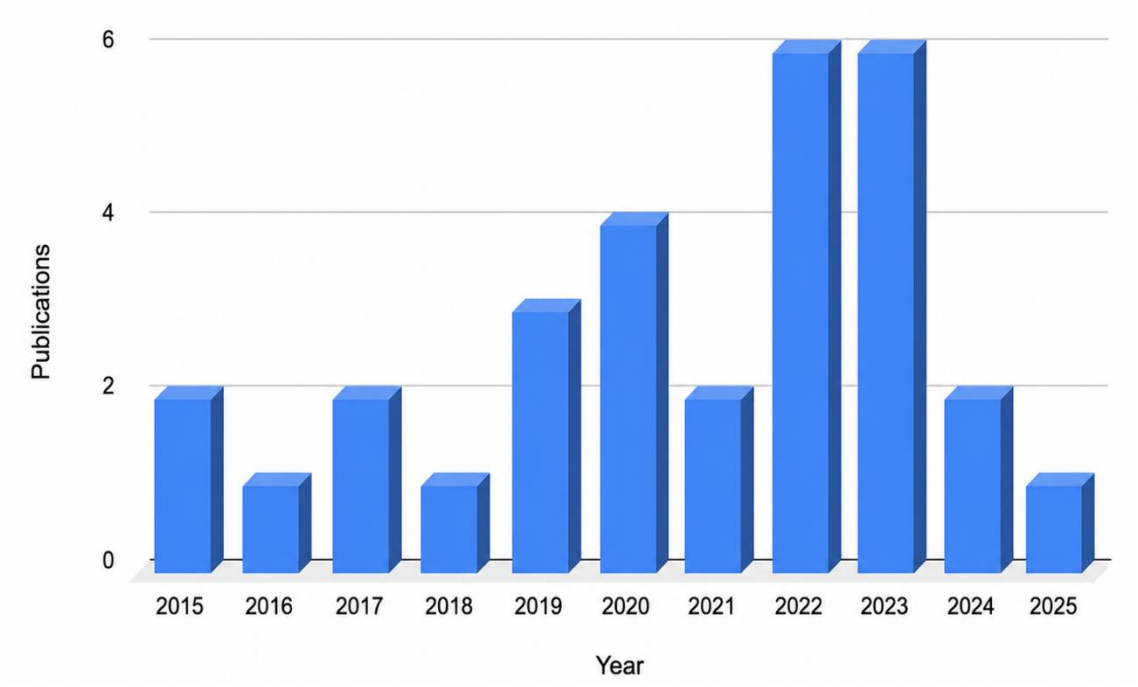
Table 2 — Research themes in dissertations and theses

Research Theme	Frequency (f)	Percentage (%)
Phenomenological Psychopathology and clinical developments	15	50
ADHD	3	10
Mania	2	6.7
Schizophrenia	2	6.7
Eating Disorders	2	6.7
Borderline	1	3.4
Technological dependence	1	3.4

Research Theme	Frequency (f)	Percentage (%)
Autism	1	3.4
Anxiety	1	3.4
Postpartum depression	1	3.4
Substance use	1	3.4
Total	**30**	**100**

When observing the temporal distribution of the studies developed within Graduate Programs, presented in Figure 2, the authors identify a trend of stability between 2015 and 2018. A growth trend is observed in 2019 and 2020, followed by a slight decline in 2021, possibly as a consequence of the COVID-19 pandemic. However, the years 2022 and 2023 mark the peak of production. From 2024 onward, there was a sharp reduction, indicating possible declines in interest or delays in the publication of these studies.

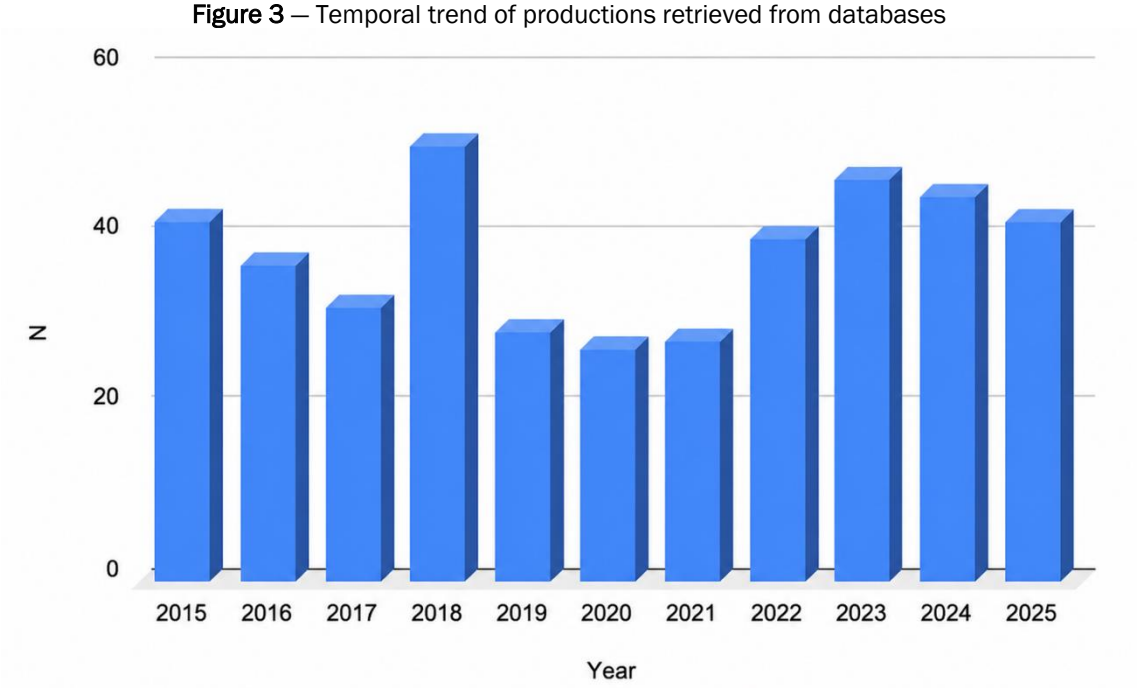
Figure 2 — Temporal distribution of productions in Postgraduate Programs



Regarding the location of the institutions hosting these studies, the University of Fortaleza (UNIFOR) stands out, accounting for 40% of the studies (n = 12). A geographical concentration of production in Phenomenological Psychopathology was identified, with a predominance of the states of Ceará (40%) and São Paulo (40%) as the main research hubs in the field. A gap was also observed in the absence of productions originating from institutions in the North region of Brazil.

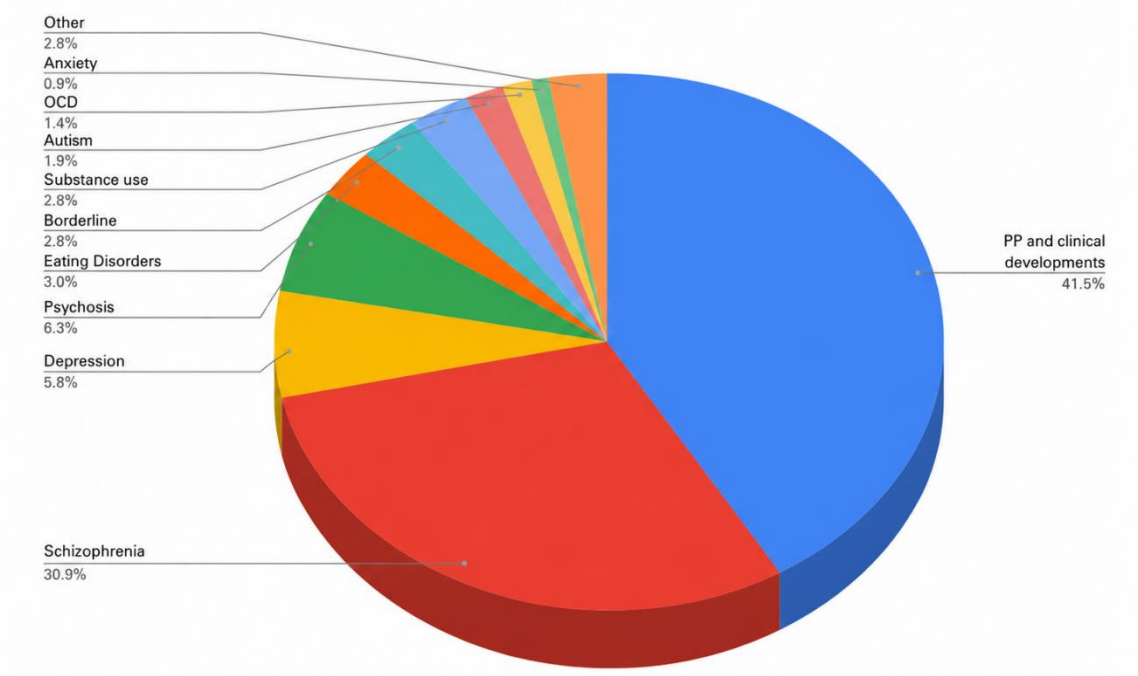
The studies retrieved from the databases totaled 420 publications, consisting of 274 articles, 41 book chapters, 4 editorials, and one dissertation. When analyzing the temporal trend of publications (see Figure 3), a decreasing trend was noted between 2015 and 2017, followed by a significant increase in 2018, which represented the peak of production (n = 51). The years 2019 to 2021 marked a new period of decline, although with relative stability. From 2022 onward, however, a consistent recovery stands out, followed by stability.

Figure 3 — Temporal trend of productions retrieved from databases



In Figure 4, it is possible to observe in greater detail the research themes identified in the database search. The area receiving the greatest attention involves more general texts that discuss the implications and clinical use of Phenomenological Psychopathology in different contexts. On the other hand, the relevant production in the field of Psychoses, especially Schizophrenia, is emphasized, as this is the diagnostic category receiving the greatest attention. This finding confirms that the long historical tradition marking phenomenological studies on schizophrenia has been maintained. Studies addressing themes that did not reach more than four publications were included in the category “Other.” These include, for example, studies on Sexual Disorders, Bipolar Disorders, Hysteria, Technological Dependence, Post-Traumatic Stress Disorder, and Attention-Deficit/Hyperactivity Disorder. Such productions are still incipient or remain little investigated within the field of Phenomenological Psychopathology

Figure 4 — Research themes



Regarding the research methodologies used in these studies, it is possible to observe a strong predominance of theoretical studies, followed by qualitative studies and literature reviews, as well as a growing use of mixed-methods studies. However, there is a restriction of purely quantitative studies, which appeared only once, accounting for 0.2% of the studies. This is justified especially by the particular way in which the phenomenological field explores modes of becoming ill in its investigations, placing much greater emphasis on the quality and distinct character of psychopathological lived experience. Nevertheless, it is worth highlighting the development of phenomenologically inspired clinical assessment instruments, which represents a recent research trend. Among them, we may mention the IDEA (Stanghellini et al., 2012), aimed at eating disorders, and studies involving the use of the EASE and the EAWE, both focused on schizophrenia (Sass et al., 2017).

The selected studies identify Giovanni Stanghellini, Josef Parnas, Elizabeth Pienkos, and Thomas Fuchs as prominent authors in the published research, all of whom are European researchers. In the Brazilian context, the researchers Guilherme Messas and Virgínia Moreira stand out. Further details are available in the word cloud shown in Figure 5.

Figure 5 — Main authors

The brief overview of publications presented here provides a global understanding of what was produced between 2015 and 2025. Some elements deserve emphasis, such as the predominance of theoretical studies. It is understood that there is still a gap in the development of studies that may investigate more directly from the perspective of the people who live through experiences of becoming ill. Another element that became apparent was the difficulty of delimiting the field. In the search, the decision was made to restrict the search terms in order to make it feasible. However, as researchers in the field, the authors consider that some productions — even if directly or indirectly related — should be excluded from this review, since there are works in the field of Phenomenological Psychopathology that do not explicitly fall within the delimited scope or that, for example, do not use keywords that identify them as such.

This is a sensitive point regarding the place of Phenomenological Psychopathology, insofar as there is a scenario involving discussions on experiences of becoming ill that use the phenomenological lens without necessarily recognizing themselves within the specific scope of Phenomenological Psychopathology. This pathway is present especially in direct articulations with philosophical phenomenology and also demonstrates the differences in identity assumed by research groups, particularly in Brazil.

A certain degree of caution is necessary regarding the status attributed to phenomenological research in the field of psychopathology. That is, it seems fundamental, to the authors, that there be a recognition of the field in which one is

situated, whether by the researchers involved or by readers. This is because there is a risk of excessively associating aspects that concern much more the plurality of the phenomenological field in its clinical dialogue as a whole than Phenomenological Psychopathology specifically. On the other hand, the scenario presented here demonstrates the fruitfulness and plurality of Phenomenological Psychopathology, inviting all those involved to continue seeking the delimitation of its scope and the definition of its theoretical-methodological foundations.

Social and political point of view: gaps and challenges in Phenomenological Psychopathology

Although Phenomenological Psychopathology historically emerged as a critical reading of psychiatric practice and hegemonic models of psychopathology (Tatossian, 1986/2024; Zahavi & Loidolt, 2022), such criticality has not exempted it from neglecting the specific contours of the suffering of historically marginalized groups (Spencer, Broome, & Stanghellini, 2024) or from addressing only laterally the social and contextual dimensions involved in experiences of illness. The scenario of scientific production presented here corroborates what has been pointed out by Spencer, Broome, and Stanghellini (2024) and seems to indicate a fragility within the field, manifested in the lack of diversity and inclusion, thus bringing forth the challenge of broadening the discussion of Phenomenological Psychopathology. The structural alterations present in illness manifest themselves radically in an experience of the world that involves social, cultural, and political aspects. The challenge - and even the future - of Contemporary Psychopathology involves positioning itself and developing its scope in such a way as to consider the person in their suffering and illness in a situated, contextualized, and territorialized manner.

From a historical point of view, Phenomenological Psychopathology was centered on white, European, male authors. This picture seems to remain little changed in the contemporary scenario, which tends to be reflected in a scarce scientific production that takes into account a critical and intersectional view of the experience of illness. It is necessary to overcome this gap and consider how these structural factors intersect in the experience of suffering, since ignoring them maintains only a partial view of the patient's lived experience (Spencer, Broome, & Stanghellini, 2024). The risk of not considering this gap is that of remaining in ivory

towers, as Tatossian (1979/2025) would say, full of theories but distant from the concrete reality of patients. This is a trap into which one may fall when facing the challenge demanded by the world. By bringing phenomenology and psychopathology closer together, Phenomenological Psychopathology must sustain the main acquisition derived from a phenomenological lens, namely, “having united extreme subjectivism with extreme objectivism” (Merleau-Ponty, 1945/2009, p. 18, our translation), and must consider the double experience (Tatossian, 1979/2025) involving the objective and subjective aspects of illness. Theory cannot serve as a subterfuge for an exacerbated essentialism or for a framework that already defines what the other experiences. It provides us with a priori references regarding a type of psychopathological functioning, but it is only in the encounter with the one who suffers that it becomes possible to recognize such a style and even to reconstruct clinical understandings from the case in its singularity. Phenomenological Psychopathology requires that openness to the phenomenon be maintained and that mental health be positioned in a contextualized and critical manner (Baiasu & Messas, 2025).

There is a path toward revising methodologies and broadening the paradigm of the subject that grounds practice and research in Phenomenological Psychopathology (Messas & Fernandez, 2022; Spencer, Broome, & Stanghellini, 2024). Following this path, when considering, for example, the notion of anthropological vulnerability, which serves as a reference for understanding illness in Phenomenological Psychopathology (Fuchs, 2018), it is essential to expand it toward situational vulnerability. This means explicitly assuming a variety of factors - such as race, gender, age, ethnicity, culture, and social and economic status - as interconnected factors that constitute a person’s experience of suffering or well-being (Baiasu, 2023). It entails a repositioning within the field of Phenomenological Psychopathology, toward an openness to the social horizon and a consideration of social, racial, gender, and economic inequalities. Thus, what is defended here is a contextual approach to psychopathology: a Situated Phenomenological Psychopathology, sensitive to the historical and sociocultural contexts of each subject (Baiasu & Messas, 2025; Pienkos et al., 2023). Such a stance positions clinical practice beyond the therapeutic relationship alone, situating it between person and world, between the singular and the universal.

A fundamental need is also identified for greater theoretical diversity beyond

the philosophical, medical, and psychological traditions (Baiasu & Messas, 2025; Spencer, Broome, & Stanghellini, 2024), one that can engage in dialogue and articulation with decolonial, feminist, queer, and anti-racist critical perspectives, as well as with interdisciplinary approaches. There is a necessary path that involves assuming a critical-comprehensive lens that considers both the social structure and the bodies that appear within it as displaced from dominant norms (Ahmed, 2007). This may serve as a possible antidote to falling into the traps of normativity that produce oppression and violence.

Final considerations

Throughout this article, we have sought to sustain that Phenomenological Psychopathology does not find its place within a fixed disciplinary delimitation, but precisely in what is here named the "in-between." Far from being positioned as a weakness, this non-place in fact reveals its constitutive power by situating the field in the intertwining between philosophy, psychology, and psychiatry. It is in this space of tension — and not in its actual overcoming — that Phenomenological Psychopathology is constituted, requiring the sustaining of a relation of mutual, non-hierarchical implication between forms of knowledge, in which theory and practice continuously co-constitute one another.

The brief scientific overview presented here highlights the need to advance in the production of studies that come closer to lived experience, overcoming the predominance of exclusively theoretical approaches. The delimitation of Phenomenological Psychopathology is a challenge, without this necessarily meaning a reduction of its constitutive plurality. It is, therefore, a field that simultaneously demands greater theoretical-methodological clarity and openness to the diversity of perspectives and practices. At the scientific and institutional level, it was possible to perceive the need to broaden and decentralize production, which remains strongly concentrated in certain geographical and linguistic contexts. This effort is linked to an even broader and unavoidable challenge: the incorporation of a social, political, and critical perspective that allows the experience of illness to be situated within its historical, cultural, and structural contexts. Phenomenological Psychopathology, in its attempt to maintain its critical vocation, is called upon to recognize and integrate dimensions such as race, gender, class, and culture, moving toward a situated

approach that is sensitive to inequalities and committed to a broader and more concrete understanding of human suffering.

It is considered that, above all, it is in clinical practice that this field finds its most radical actualization. Phenomenological Psychopathology is not sustained as a merely theoretical form of knowledge, but as a living practice, grounded in the phenomenological attitude as an ethical, critical, and clinical position. In the encounter with the other, in listening to lived experience, and in openness to the unpredictability of experience, it fulfills its fundamental task of understanding.

It is concluded that Phenomenological Psychopathology is constituted as a field in permanent movement, marked by the unfinishedness that is proper both to human existence and to phenomenology itself. Sustaining this open character does not mean weakening it; on the contrary, it means ensuring its vitality. It was identified that the path to be followed by Phenomenological Psychopathology involves valuing research in its plurality of methods and objects, while always remaining close to first-person experience as its fundamental axis; recognizing its multiple movements, tensions, and modes of expression, both in Brazil and in the international scenario; and sustaining the "in-between" in a living and unfinished way, reaffirming an ethical, critical, and clinical commitment to the situated understanding of human suffering.

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