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Possibilities of the Phenomenological-Structural Psychopathology Perspective in the Psychotherapeutic Process of People Experiencing Cancer Illness[1]

ARTICLE

Arlinda B. Moreno

Abstract
Traditional psychopathology has ceased to be a resource to mental health, since, through its criteriological (universalist) façade, it has become synonymous with mental health. This reduction results in translating psychological suffering into nosological (medicalizable) frameworks that constructed fundamental elements to the subservient functionality and readiness in humans so necessary to the lucrative operations of neoliberalism. Humans (called patients in the medicalizing forge) can be immersed in multiplied universes of pain when, in addition to psychological distress, they experience some phenomenon of deprivation (disease): cancer. The phenomenological-structural psychopathology has emerged as a powerful approach in understanding humans, aiming to mitigate their pain and suffering, separate from the explanatory route that constructs causal pathways palatable to the majority of the population, but which lead to crossroads that hinder understanding oneself in one's humanity, exalting one's most robust objecthood. This essay aims to point out possibilities of phenomenological-structural psychopathology in the psychotherapeutic follow-up of people with experience of cancer illness through a descriptive and understanding model based on Heideggerian hermeneutic phenomenology.

Key-words: Existential Phenomenological Psychotherapy; Phenomenological-structural Psychopathology; Heideggerian hermeneutic; Oncology.

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Possibilidades do Olhar da Psicopatologia Fenomenológica Estrutural no Acompanhamento Psicoterapêutico de Pessoas com Experiência de Adoecimento por Câncer

ARTICLE

Arlinda B. Moreno

Resumo

A psicopatologia tradicional tem deixado de ser recurso à saúde mental, uma vez que, por meio de sua roupagem criteriológica (universalista), transformou-se em sinônimo de saúde mental. Tal redução redunda em traduzir sofrimento psíquico por quadros nosológicos (medicalizáveis) que conformam elementos fundamentais à funcionalidade e prontidão subservientes nos humanos tão necessários às operações lucrativas do neoliberalismo. Humanos (denominados pacientes na forja medicalizante) podem ser mergulhados em universos multiplicados de dor quando, para além do sofrimento psíquico, experienciam algum fenômeno de privação (doença): o câncer. A psicopatologia fenomenológica estrutural tem se revelado vertente de força na compreensão do humano visando à mitigação de suas dores e sofrimentos, apartada da trilha explicativa que fabrica caminhos de causalidade palatáveis à maioria da população, mas que desaguam em mananciais que obstam compreender-se a si próprio em sua humanidade, exaltando sua mais robusta objetalidade. Este ensaio pretende apontar possibilidades da psicopatologia fenomenológica estrutural no acompanhamento psicoterapêutico de pessoas com experiência de adoecimento por câncer a partir de um modelo descritivo e compreensivo aderido à fenomenologia hermenêutica heideggeriana.

Palavras-chave: Psicoterapia Fenomenológica Existencial; Psicopatologia Fenomenológica Estrutural; Hermenêutica heideggeriana; Oncologia.

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In the guise of an introduction

What is being referred to here as traditional psychopathology is no longer a mental health resource, since, through its (universalist) criteria-based façade, it has become synonymous with mental health (WHO, 2002). This reduction results in translating psychological suffering into nosological and medicalizable conditions which, whether through the use of medication or the construction of explanatory rationalities in the service of social orthodoxy, form fundamental elements of the subservient functionality and readiness in humans that are so necessary for the profitable operations typical of neoliberalism (Whitaker, 2017; Han, 2023; Safatle, 2018). In other words, the mechanisms of social conformation—which the world of technocratic (colonizing) supremacy, in its predominantly calculative thinking, thus far removed from meditative thinking, as well as diametrically distant from the supportive gatherings that promote in the middle of the way the *Gelassenheit*[2] (as Heidegger warned more than 70 years ago)—should be seen, from an ethical point of view, as producers of psychological suffering (Heidegger, 2001a, 2005).

The social orthodoxy of productivism imposed by calculative thinking, more than ever in the so-called postmodern society (which believes in the artificiality of intelligence), unquestionably governs the generation of products and the promotion of the consumption of material goods (should they be called that?) dissociated from meditative thinking – the question is what to produce, not how to produce, or what for to produce? People, humans, when called patients in the medicalizing forge, can be immersed in multiplied universes of pain since, in addition to psychological suffering, they experience some phenomenon of deprivation (disease), specifically, manifestations of cancer (Heidegger, 2001b).

Contrary to the criteriological (criteria-based) approach to mental health, structural phenomenological psychopathology (which emphasizes descriptive and

[2] The translation of the word *Gelassenheit* from German into Portuguese (as "Serenidade") is controversial. For further clarification, I suggest the text Denker, A. (2020). "Serenidade", o discurso festivo de Martin Heidegger: a questão da essência da técnica e do pensamento humano. *Ekstasis: Revista De Hermenêutica E Fenomenologia, 9(2), 127–146. https://doi.org/10.12957/ek.2020.54556*, *9*(2), 127–146. https://doi.org/10.12957/ek.2020.54556. ("Releasement", Martin Heidegger's festive speech: the question of the essence of technology and human thought. *Ekstasis: Journal of Hermeneutics and Phenomenology*, *9*(2), 127–146. https://doi.org/10.12957/ek.2020.54556. Published in portuguese). In the English edition this book is knowing as "Discourse on Thinking; A Translation of *Gelassenheit*."

comprehensive first-person models) has proven to be a powerful tool in understanding humans with a view to mitigating their pain and suffering, apart from the explanatory path that creates paths of causality palatable to the majority of the population, without, however, such paths lead to sources that enable people to understand themselves in their humanity, but rather in their most robust objectality (Messas & Fulford, 2021).

Thus, the present essay aims to point out possibilities of the structural phenomenological psychopathology perspective in the psychotherapeutic accompaniment of people with the experience of cancer, based on a descriptive and comprehensive model adhering to Heideggerian hermeneutic phenomenology. From a Heideggerian framework, the modes that enable being-of-being to present itself, or the fundamental ontological structures of being-there, more specifically in this essay, existentiality, facticity, and decay, as well as finitude, care, temporality, spatiality, and historicity, will be essential for understanding and accompanying the human suffering of being-there within the phenomenon of deprivation (Heidegger, 2001b). These structures co-generate and reintegrate dynamically, reconfiguring conditions of possibility. Therefore, the work of the psychotherapist in the existential phenomenological approach with people in the phenomenon of deprivation focuses, based on the first-person narrative, on understanding, unveiling, and dynamically reintegrating the conditions of possibility of *Dasein*. These notes aim to further expand the path of structural phenomenological psychopathology based on existential phenomenology in its ethical, critical, and clinical dimensions, as well as to inspire mental health professionals to do so.

An experiment in mental health: a psychopathology in criteria-based diagnosis

The World Health Organization (WHO), created in 1948, motivated by the immeasurable cataclysm of the wars of the 19th and 20th centuries—which promoted, on planet Earth and, consequently, the general health of its peoples, a mixture of horror and inequality—is an institution subordinate to the United Nations (UN) that has taken on the task of conducting criteriological studies in health or nosology (referring to the common characteristics of diseases that can be grouped together) pointing to initially standardizing and universalizing the ways (causes) in

which people died. The need to consider the causes of mortality was first studied in the 17th century by John Graunt, but it was only later that the idea of criterologic classification broadened its focus to also consider the ways in which people became ill. In 1893, the first edition of what is now known as the International Classification of Diseases (ICD) – at the time called the Bertillon Classification – was adopted by the International Statistical Institute and recommended for use throughout the world. Thus, the first International Classification of Causes of Death was born, with the main idea behind these initial categorizations being to support governments in developing preventive measures to mitigate deaths (a certain kind of public health). Over the years, the focus of this classification has been expanded to understand the causes of illness in people and to think of ways to prevent disease – which, consequently, could minimize premature (and/or preventable) deaths. This expansion, which took place at the same time that the World Health Organization took over the coordination of the review studies, renamed this criteria-based project the International Classification of Diseases (ICD). This marked the end of the Bertillon Classification project, which guided the revisions made to the editions up to its 5th edition. The 6th edition was therefore the first to be published and produced by the WHO (1948), and came into use in 1950. With the incorporation of the ICD into the WHO, vital and health statistics took on new life, promoting, among other actions, the adoption of a broad program of international collaboration in this field, through the creation of national commissions that could be responsible for coordinating work in various countries around the world (Laurenti, 1991, Benedicto, 2013).

From the perspective of organic diseases and observing epidemiological strategies for health surveillance—responsible for preventing diseases and mitigating preventable deaths—this was (and is) a quantitative tool of immeasurable value for the health of populations and the containment of epidemics, whether caused by communicable diseases or not. However, the question we must ask in this text is: what about mental health? How can the universal recognition of psychological suffering promote mental health?

With the launching of the 6th revision of the ICD in 1948 and its use in 1950, a chapter dedicated to psychological problems appeared for the first time. In the table below, we can see how the nomenclature (nosography) and the expansion of nosological categories related to the psyche have changed over the editions of the ICD in its chapter 5 (now chapter 6), dedicated to this theme:

Table 1: Evolution of chapter nomenclature, number of groupings, categories, and subcategories of revisions to the ICD – International Classification of Diseases (1948–2022)

ICD Revision	Name of the chapter	Groupings	Categories	Subcategories	Year of Entry in Effect
6th Rev.	Mental disorders, psychoneuroses, and personality changes	3	26	60	1949
7th Rev.	Mental diseases, psychoneuroses, and personality disorders	3	26	60	1958
8th Rev.	Mental disorders(*)	3	26	131	1968
9th Rev.	Mental disorders	3	30	180	1979
10th Rev.	Mental and behavioral disorders	11	78	274	1993
11th Rev.	Mental, behavioral and neurodevelopmental disorders	21	161	-(**)	2022

Source: Laurenti (1991); Benedicto et al. (2013); World Health Organization (2025).
(*) This revision states that this chapter is not indicative for classifying mortality as a primary cause.
(** The changes made in this revision, which are intended to bring it more into line with DSM-5, do not allow for an exact estimate of the number of possible subcategories.

Thus, when observing the expansion of the ICD's criteriologic categories, it is important to add that, in the field of mental health, considering that each subcategory is formed from a set of probable symptoms for the classification of the case (type of disorder to be labeled), such a comprehensive range of diagnostic possibilities produces (in addition to the harm caused by third-person diagnosis) a broad lack of differentiation in the label assigned to a human's psychological suffering, and, in this logic, the possibilities for diagnosis of various types of disorders multiply.

It is worth mentioning that, using another widely used criteriologic manual, the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association (APA), the same line of argument could be drawn. For example, if we look at its current version, the DSM-5, 163 combinations of symptoms were found for the diagnosis of Major Depressive Disorder (MDD), as well as 25 combinations of symptoms for schizophrenia, in addition to (amazingly!) 12,225 combinations for schizoaffective disorder (Kontis, 2020). These findings were even more robust in the DSM-IV, from which 227 combinations of symptoms for the diagnosis of MDD were reported (Zimmerman, 2015; Vale, 2024).

It should be noted that, as it does not refer to so-called organic diseases, the

paradox highlighted here would not be revealed with the same clarity. Additionally, the ICD project (whose current official name is International Statistical Classification of Diseases, Injuries, and Causes of Death) is highlighted here as an example of how criteriologic diagnoses are issued (based on the combination of symptoms that must be present in the interpretation of complaints made by patients, but named and evaluated by their healthcare provider). This “criterion-based logic,” known as a third-person diagnosis—a technical evaluator/observer of a subject—seems, to a large extent, to be used satisfactorily in so-called organic diseases.

However, this type of possibility—the third-person diagnosis—tends to be ineffective for bringing mental health professionals and other humans suffering from psychological distress closer together. This is evident in the rapid growth of issues related to mental health in this universal diagnosis, whether in relation to the incidence of mental disorders, the use of psychotropic drugs, or social security spending on mental health.

The hypothesis raised here is that something in this medicalization/medication of mental health has been, as Whitaker (2017) points out, extremely paradoxical: while in so-called organic health, years of healthy life have been gained, regarding psychological suffering, day after day, we have faced what this author has called the psychiatric drug epidemic—as a result of the increase in the incidence of so-called mental disorders.

It is therefore reasonable to think that criteriological and universalizing diagnoses in mental health (as replicas of traditional diagnoses in organic health), which disregard people's culture, history, social conformations, unique narratives, and psychological suffering as described and understood by those who feel the pain, need to question whether this "faculty of discerning and identifying truth; judgment, reason" (Houaiss, 2025) – as the very definition of criterion advocates – has proven insufficient. First-person diagnosis therefore calls for human ears capable of listening (beyond simply hearing, of course) intersubjectively, pointing out comprehensive paths so that those in psychological suffering (immersed in a phenomenon of deprivation) can find some comfort. As Rosa (2001) says, “any love is already a little bit of health, a respite from madness” (p. 327).

In summary, the paths of criteriological diagnosis in mental health, which saturate so-called traditional (explanatory) psychopathology, seem to report an

experiment that, as such, contains an active observer and an inert observed. So inert that it dilutes the Hegelian master-slave dyad, since, in this case, the slave is unaware of such a theoretical framework and does not even yearn for the master's place. But, in most cases, the master intends to remain master, conforming people who meet the yearnings for functionality and social utility of "neoliberalism beyond the savage."

Illustratively, here is an (anecdotal?) passage from Borges (2007), in his book *Other Inquisitions*, under the title "The Analytical Language of John Wilkins," in which a classification with universalizing pretensions is presented:

> [...] Dr. Franz Kuhn attributes to a certain Chinese encyclopedia entitled *Celestial Emporium of Benevolent Knowledge*. In its remote pages it is stated that animals are divided into (a) those belonging to the Emperor, (b) embalmed, (c) tamed, (d) piglets, (e) mermaids, (f) fabulous, (g) stray dogs, (h) included in this classification, (i) those that tremble like mad, (j) innumerable (k) drawn with a very fine camel hair brush, (l) etc., (m) those that have just broken the vase, (n) those that from afar look like flies. (p. 83).

What we can think from a classification proposal that causes such strangeness as Borges' is that the classification fever, in its eagerness to universalize and standardize *explanations*, ends up creating an immense labyrinth separated from the human. Furthermore, it happens that humans in psychological distress do not want to explain themselves. On the contrary, they want to understand themselves as understood and, without solipsism, devote themselves to the subjective that genuinely emerges from (and in) the intersubjective—exercising their meaning there: care.

An experience for mental health: phenomenological psychopathology

Contrary to what is advocated by the criteriologic classification in mental health (as a legacy of the natural and biomedical sciences), the basis of traditional (explanatory) psychopathology, phenomenological psychopathology, despite its multiple conceptions, moves toward an understanding of the changes that manifest themselves in a person's daily experiences (or in their existence), not adhering to the natural sciences and, consequently, rejecting the conception that the brain is the locus of the psychic experiences that present themselves to the subject and that biomedicine can expand to the point of explaining the totality of psychic suffering—whether in its causes, treatment, or cure. As the inspiration for phenomenological psychopathology – Jaspers (2000) – states in the introduction to his monumental and century-old *General Psychopathology*, this work will be dedicated to

understanding the human being and will discuss “the modes of experience and the meaning of General Psychopathology” (p. 11), since “the practice of the psychiatric profession always deals with the whole human individual” (p. 11). It is also in Jaspers that we find an anchor for phenomenology, when he writes: “It is up to phenomenology to present in a lively manner, analyze in their kinship relations, delimit, distinguish as precisely as possible, and designate with fixed terms the psychic states that patients actually experience” (p. 71).

Thus, in its early stages, phenomenological psychopathology (comprehensive and descriptive) focuses on the “truly conscious psychic phenomenon” (p. 13). For Jaspers, [...] "psychology and psychopathology are not, in principle, separate. They belong to each other and learn from each other" (p. 13).

Reaffirming the intersubjective nature of the psychiatrist [psychologist, mental health professional] and patient dyad, as well as contesting an (explanatory) psychopathology based on the natural sciences, Jaspers states that:

> (a) Diagnosis is the last thing in the psychiatric understanding of a case (apart from the diagnosis of known brain processes); it is the least essential part of truly psychopathological work. By becoming the main thing, it becomes an anticipation of something that is found at the ideal end of the investigation. (p. 33);
> (b) [...] we always use the expression “understand” to indicate the intuition of the psyche acquired from within. The knowledge of objective causal connections, which are always seen from the outside, we will never call understanding, but always “explanation.” (p. 42);
> (c) Describing requires, in addition to systematic categories, felicitous formulations and contrasting comparisons, presentation of the affinity between phenomena and their respective seriation; or else, their occurrence in leaps without transition. (p. 71)

In psychopathology, this shift in perspective from the natural sciences (explanatory) to phenomenology (descriptive and comprehensive), with some other predicates that do not fit within the scope of this article, occurs, according to Messas and Fukuda (2018), in a myriad of approaches and understandings of phenomenological psychopathology. Among them, in Table 2, the authors highlight:

Table 2: Authors and Works that Exemplify the Diversity of Understandings of Phenomenological Psychopathology in Psychiatry and Psychotherapy Over 60 Years (1964-2024)

Authors	Title of the work	Year
H. Spiegelberg	Phenomenology Through Vicarious Experience	1964
Y. C. Forghieri	Psicologia Fenomenológica: Fundamentos, Método e Pesquisa	1993
A. Kraus	Phenomenological-Anthropological Psychiatry	2001
R. Petrelli	Fenomenologia: teoria, método e prática	2005
A. Tatossian	A Fenomenologia das Psicoses	2006

L.A Finlay	Dance Between the Reduction and Reflexivity: Explicating the Phenomenological Psychological Attitude	2008
M. Amatuzzi	Psicologia fenomenológica: uma aproximação teórica humanista	2009
A. Giorgi	The Descriptive Phenomenological Method in Psychology: A Modified Husserlian Approach	2009
C.C. Andrade & A. F. Holanda	Apontamentos sobre pesquisa qualitativa e pesquisa empírico-fenomenológica	2010
T. Fuchs	Subjectivity and intersubjectivity in psychiatric diagnosis	2010
N. Depraz & F. J. Varela & P. Vermersch	À l'épreuve de l'expérience. Pour une pratique phénoménologique	2011
K. S. Kendler & J. Parnas	Philosophical Issues in Psychiatry II - Nosology	2012
S. Gallagher & D. Zahavi	La Mente Fenomenológica	2013
A.M.L.C. Feijoó & C.M.A. Mattar	Fenomenologia como Método de Investigação nas Filosofias da Existência e na Psicologia	2014
L. Galbusera & L. Fellin	The intersubjective endeavor of psychopathology research: methodological reflections on a second-person perspective approach	2014
G. Arciero & G. Bondolfi & V. Mazzola	The Foundations of Phenomenological Psychotherapy	2018
G. Stanghellini & M. Broome & A. Raballo & A.V. Fernandez & P. Fusar-Poli & R. Rosfort	The Oxford Handbook of Phenomenological Psychopatology	2018
G. Messas	The Existential Structure of Substance Misuse - A Psychopathological Study	2021
G. Messas, M. Tamelini	Fundamentos de Clínica Fenomenológica	2022
F. Brencio	Phenomenology, Neuroscience and Clinical Practice - Transdisciplinary Experience	2024
G. Messas, F. Brencio	Topography of depressive experiences. A dialectic approach	2025
G. Messas, F. Brencio	From "Things" to Structures - A Dialectical Phenomenological Perspective to Mental Health	2026

Source: Adapted and expanded by the author from Messas & Fukuda, 2018

Thus, similar to what occurs with phenomenological psychopathology, the rapid growth in recent years of phenomenologically based psychotherapeutic approaches—which began with the so-called third force in psychology in the mid-20th century—and, consequently, the knowledge and interest of mental health professionals in phenomenological psychopathology is no longer surprising, since we have moved from experiment to experience, considering that mental health is not subject to – nor is it fully covered by – the same bases as organic diseases (governed by the natural sciences and of an explanatory nature).

Perhaps for this very reason, phenomenologically based psychotherapeutic approaches (method) conform to quite diverse views with regard to their currents (theories). Among them, we can highlight, along with their main formulators: person-

centered therapy (Carl Rogers), Gestalt therapy (Frederick Perls), logotherapy (Viktor Frankl), existential therapy (Jean Paul Sartre), Daseinsanalysis (Medard Boss), and Heideggerian phenomenological hermeneutics (Heidegger).

Morato (2009) suggests a differentiation that can locate the junction of philosophical theories and formulators of psychotherapeutic approaches in the articulation between phenomenological and existential:

There are three different forms of naming that articulate the terms *phenomenological* and *existential*, generally employed by the humanistic orientation in psychology:

> a) *phenomenological-existential*: an attempt to bring together aspects of phenomenology in general and existentialism, through authors such as Husserl, Nietzsche, Sartre, Buber, and Kierkegaard;
> b) *phenomenological and existential:* distinction, within phenomenology, between a more transcendental and a more existential form;
> c) *phenomenological existential:* perspective of Heidegger's existential phenomenology and contributions by Merleau-Ponty based on it. (p. 34).

Thus, it seems by chance to also introduce the notion of experience, which will be addressed in this essay from the perspective of structural phenomenological psychopathology in the psychotherapeutic treatment of people experiencing cancer. This notion emerges from the work of Martin Heidegger, an author who will guide the proposition that follows in the next topics of this work.

Let us begin, then, with Heidegger (2011a), in his work *On the Way to Language*, in which experience is contemplated in the following passage:

> [...] To have an experience with something, whether with a thing, a human being, or a god, means that this something overwhelms us, comes to meet us, reaches us, overwhelms us, and transforms us. 'To do' here does not mean in any way that we ourselves produce and operationalize the experience. To do here means to go through, suffering, receiving what comes to meet us, harmonizing and attuning ourselves to it. It is this something that is done, that is sent, that is articulated. (p. 121)

This experience takes language as the dwelling place of being – thus opposing the language of the natural sciences (instrumental) (Heidegger, 2011a). It is in this philosopher—Heidegger, who is known as the philosopher of the turn, and whom I like to think of as continuing to build his own path—that I rediscover the possibility of (intersubjective) psychotherapeutic work that moves within *Dasein* from care to language, from Being *and* Time to Being *is* time:

> If it is true that man, whether he knows it or not, finds in language the proper dwelling place of his presence, then an experience we have with language will touch us in the most intimate articulation of our presence. (p. 121)

A lens of Heideggerian hermeneutic phenomenology

From what we have seen in this work so far, we know that phenomenology rests on philosophical ground and has increasingly become an indisputable source for thinking about being in its most diverse theoretical fields. In mental health and, in particular, in psychotherapeutic practice, a way of embracing phenomenology has been taking shape as an understanding of being that dispenses with metaphysics based on the sensible and supersensible division (subjective-objective; subject-object; observer-observed; physical-metaphysical).

In this view, known as a path toward overcoming metaphysics, what comes to the fore is the fact that, as humans, we relate to entities beyond entities, which are simultaneously thing and being. Likewise, our authentic relationship occurs in the same direction—we are entities as beings and, consequently, beings as entities. In the words of Stein, 2010:

> [...] as we understand, we understand being; as we understand being, we understand ourselves. We have two understandings; and one depends on the other (p. 66).

Continuing, this author recalls an important difference between the verbs "to understand" and "to comprehend," attributing a certain superficiality to the former, since, when we understand, we understand at the level of the statement (characteristic of Aristotelian metaphysical language, dualism, the ordering of the natural sciences, and the search for truth). On the other hand, in comprehending, one moves to a deeper level, through a structure that makes the statement possible (preceding it). This is the understanding intrinsic to the human way of being. Quoting Heidegger, Stein (2010, p. 73) points out: "We are so finite that we need the concept of being in order to think."

To ratify this argument, I highlight Being and Time (Heidegger, 2004), in its §32:

> In understanding, pre-sence[3] projects its being toward possibilities. This *being toward possibilities,* constitutive of understanding, is a power-to-be that reverberates on pre-sence as openings. The projecting of understanding has its own possibility of elaborating in forms. We call this elaboration *interpretation*. In it, understanding appropriates what it understands. In interpretation, understanding becomes itself and not something else. Interpretation is existentially based on understanding and not vice versa. To interpret is not to take note of what

[3] The term "pre-sence" is used in the 13th edition (2004) of Being and Time (trans.), by Márcia Sá Cavalcante Schuback, to translate *Dasein* (being-there). In this essay, this form will only be used when there is a direct transcription from this edition.

> has been understood, but to elaborate the possibilities projected in understanding. (p. 204 - emphasis added).

From this emerge two ideas that are essential to this essay: i) pre-understanding (which anticipates, therefore, comprehension) is the condition of possibility for comprehension; ii) there is a circularity in thought which, in fundamental hermeneutics (hermeneutic phenomenology), is called the hermeneutic circle by Heidegger.

Thus, in Heideggerian analytics, the lens focuses on co-generation and not on what can be understood as a mere game of opposites, thus anticipating what had been concealed and, at the same time, simultaneity mitigating this game of oppositions. It should not be forgotten that metaphysics is a task of the philosopher and not of *Dasein* (this term will be better understood later) (Inwood, 2002, p. 111).

In the words of Heidegger (2012b), regarding the overcoming of metaphysics, it is important to clarify that this *"overcoming"* does not mean leaving traditional metaphysics behind, but rather emphasizing its transformation:

> [...] we should not imagine, based on some premonition, that we can remain outside of metaphysics. After overcoming it, metaphysics does not disappear. It returns transformed and remains in power as the difference still existing between being and entity. (p. 62).

However, a reconfiguration of what was (and still is) constitutive of Western thought—based on Aristotelian metaphysics—imposed on Heidegger a dispute that needs to be clarified based on what he calls the forgetting of being. In other words, the impossibility of being being (as substance/essence) an element thought a priori brings to Heideggerian philosophy the question of the meaning of being and not what being is. Therefore, the questions that matter, instead of "what is being" are "who is being?" and "what is being like?", since:

> [...] in determining the essence of this entity 'man,' the question of his being was forgotten. Instead of questioning it, the being of man was conceived as 'evidence,' in the sense of simply being given along with other created things. (p. 86).

At this point, I think it is necessary to briefly expand on the terms that will be discussed below, since I will continue with this Heideggerian perspective.

The first of these is *Dasein*. As we will move here, indistinctly, from care to language, it is worth mentioning that *Dasein* (being-there) as described in *Being and Time* speaks of the mode of being of the entity (both ontic and ontological) being, therefore, *Dasein* both being and existing – as Kirchner (2016) puts it, thing and

existing-outward; "the being that we ourselves, in this or that way, always already are" (p. 118); "being that, in order to be, is originally lacking in being" (pp. 119-120). At this point in Heidegger's work, the "there" (the particle "*da"* in *Dasein*) refers to being-in-the-world (world not as a specific place, but an existing in mixture with the world) . At the Heideggerian turning point, in "On the Way to Language," *Dasein* loses its "there" and its "*da"* takes on the meaning of "where being is" (or the dwelling place of being) – the moment when the human being (the existing) comes to be understood as Being itself (time). *Dasein* is the existent that "has in its being the possibility of questioning [itself]" (Heidegger, 2004; Heidegger, 2011a; Inwood, 2002).

The meaning of being is what enables it to understand being as existent (*Dasein*; being-there), while forgetting it occurs through the attribution of characteristics that emerge tautologically from the questioner to the questioned – the being who asks what being is also answers what being is. In constructing the meaning of being, therefore, it is important to think about the modes of being and not merely define what that being is. This thinking must be directed toward a complete (ontological) indeterminacy of being, since any a priori determination contains within itself an answer to what being is. Existence (ek-sistir; being-outward) is, therefore, the possibility of understanding Dasein ("a being that bursts into being") about its being, being "in the essence of its being a movement out of itself, without, however, abandoning itself" (Heidegger, 2011b, p. 469).

And, for now, the second of the terms is "existentiary"[4]. Considering that *Dasein* is not a term that can be fully confused with other beings, so that its essential characteristics can be singularized, in his work, Heidegger forges the term *existenzialien* (translated here as existenciary, existential). This term refers to the myriad of possibilities always open to *Dasein*, which is destined (in its freedom) to choose one of them among so many, based only on the way it understands them (appearance of structure – integration of conditions of possibility) (Inwood, 2002). But even so, each existential says something about *Dasein* as a whole – in a peculiar way of being.

It is worth emphasizing, therefore, that what I am calling structure here refers to the existentiaries formulated by Heidegger, as proposed in his masterpiece Being and Time (hermeneutic phenomenology; the hermeneutics of *Dasein*). Thus, based

[4] Further on, other terms used reservedly by Heidegger will be observed as they are now.

on Heidegger's framework, structure will be the result of a plethora of conditions of possibility originating in the factual world; structure will be understood here as an idiosyncratic and dynamic integration of these conditions of possibility. There is, therefore, no quality of determination of facticity; the world is not an explanatory source of what being is. Being is being-in-the-world—its structure depends on the way affective tones present themselves and mix in the existence of *Dasein* (Carneiro-Leão, 2019).

A look at structural phenomenological psychopathology in the psychotherapeutic follow-up of people experiencing cancer

A psychotherapeutic approach that considers the human being in a structural phenomenological psychopathological proposal based on Heidegger can, therefore, consider the human being based on their existential structure. In *Being and Time*, in §9, Heidegger (2012a) provides us with:

> All explanations that arise from the analysis of *Dasein* are achieved in reference to its structure-of-existence. And because they are determined from existentiality, we call these characters-of-being of Dasein *existentiaries*. They must be strictly separated from the determinations-of-being of the entity that does not conform to Dasein and that we call *categories.* (p. 145).

This excerpt therefore refers us to the discussion woven around nosological categories, pointing out that I will follow the path of experiences as "what happens to us" – and not biomedical experiments. In other words, the determinism that the natural sciences attribute to entities (e.g., water boils at 100°C under normal temperature and pressure conditions; blood pressure limits in humans can be standardized – being universally standardized – and become parameters for medical care), makes no sense in the face of hermeneutic phenomenology, except, perhaps, in what the inert body (*der Körper*– in German) is (all other entities other than *Dasein* – ontic and ontological), but not in *der Leib* – the German word for body as experience or "lived body," as Tatossian (Tatossian, 2006) puts it. Thus, before discussing the existentiaries involved in the psychotherapeutic approach to people with cancer experience, Heidegger's notion of illness must be explained here, since, in his hermeneutic phenomenology, it is thought of as a phenomenon of deprivation. For the philosopher, in the series of seminars he held together with psychiatrist Medard Boss between 1959 and 1969 for an audience of mental health clinicians (mostly psychiatrists), a pathological state is revealed in the following passage:

> What is remarkable is that your entire medical profession operates within the realm of negation, in the sense of deprivation. For you deal with illness. The doctor asks someone what they are looking for: what is the problem [*Wo helt es?*]. The patient is not healthy. Being healthy, being well, being [s]ane are simply absent, they are disturbed. Illness is not the simple denial of the psychosomatic condition [*Zuständlichkeit*]. ***Illness is a phenomenon of deprivation(*).*** In every deprivation there is the essential co-belonging, that which is lacking, that which has been suppressed. This seems trivial, but it is extremely important, precisely because your profession operates in this field. To the extent that you deal with illness, you actually deal with health, in the sense of health that is lacking and must be regained. The character of deprivation is also not recognized in science in general, for example, when physicists speak of material nature as dead nature. Only that which can die can be dead, and only that which lives can die. Material nature is not dead nature, it is lifeless.
> [...] not-being-healthy, being sick is a privative form of existence. (p. 73-74)
> (*) Emphasis added by the author.

To deal with the notion of deprivation in *Dasein*, care (as healing) must be brought to the fore:

> [...] The existential totality of the entire ontological structure of pre-sence must therefore be formally apprehended in the following structure: the being of pre-sence is said to precede itself by already being in (in the world) as being together with (the beings that come to meet within the world). This being fulfills the meaning of the term ***healing(*)***, which is used here from a purely ontological-existential point of view. Any ontic tendency such as care *[concern]*[5] or neglect *[unconcern]*[6] is excluded from this meaning. (Heidegger, 2004, p. 257).
> (*) Emphasis added by the author.

According to Inwood (2002), *healing* should be understood as the fusion of the three intrinsic faces of *Dasein* – which is what composes it in *Being and Time* (1927)[7]. This indication by Inwood – as Carneiro-Leão (2004, p. 20) points out in the preface to *Being and Time* – affirms that *Dasein* (that which has always been thrown as being-in-the-world) is a structure of realization, whose three aspects are: existentiality, facticity, and decay.

a) Existentiality[8] (quality of ek-sisting) – being "being-in-front-of-oneself";

b) Facticity[9] – already-being-in-a-world;

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[5] The term "concern" appears in the first edition of Being and Time, translated by Fausto Castilho (2012a). In this essay, I add this term to this quote to further clarify the notion of care (as healing).
[6] The same applies to the term neglect - "unconcern."
[7] A posteriori, as previously stated, Dasein will be revisited by Heidegger based on the notion of language (which was taking shape in the 1950s and was published in 1959).
[8] Existentiality – the vigor of integrating structure and limits in structuring. The strength of this effort comes from the original co-belonging of the existential, existential, existential in the epochs of pre-presence. Therefore, there is a constitutive difference between the structuring of existence, the existentials, and the structuring of other beings, the categories.
[9] Facticity – at any level of the exercise of existence, there are consolidations of references, elaborations, and changes. The term that Latin tradition has reserved to designate these consolidations is the verb to do, with its derivatives done, fact, factual, in fact, factuality, and facticity. Aiming to distinguish between the planes of ontological structuring and ontic consolidations, Being and Time uses, for the first abstract noun, facticity (Faktizität); and, for the second, the derivatives factual, factuality (Tatsache, tatsächlich, faktisch, Faktum, dass). As stated in explanatory note N10 at the end of Part I of the 13th edition (2004) of Being and Time, Márcia Sá Cavalcante Schuback (trans.)

c) Decadence[10] – being-together-with (the fall, daily coexistence with others).

I return, then, to considerations about existentiaries, noting that these comprise a cast in Heideggerian hermeneutics, according to *Being and Time*, much vaster than that which will be pointed out here. But, given the intention of this essay – to think structurally about psychopathological issues in people with cancer experience – only the existential aspects of finitude, temporality, spatiality, and historicity will be addressed.

That said, I consider *finitude* to be a fundamental structure for the psychotherapeutic work proposed here, since it relates to what Dasein (unlike all other entities) has always known and whose intention is concealed by the social taboo of death – which is perhaps even stronger in contemporary times. Dasein (unlike all other beings) has always known and whose intention is obscured by the social taboo of death – which is perhaps even stronger in contemporary times. Finitude refers to the fact that *Dasein* is the existent that knows itself to be limited by the unpredictable (death). As Giannetti (2025, p. 37) says: "Life is a finite interval of indefinite duration." In Heideggerian hermeneutics, *Dasein* is being-towards-death – the particle "towards" being synonymous with "meaning" and, at the same time, "mission." In other words, Dasein is a being whose meaning (towards) is death, which is also what gives it contour and, at the same time, no contour – the possibility of existing in openness despite its limited nature – a possibility within impossibility.

However, we must not forget Felix's (2017) synthesis on finitude:

> Projecting itself factually toward the possibility in which it is thrown toward its end, 'at the limit of its possible,' it understands that being-there, being, is already on that horizon; nothing is given to it to accomplish, and, perhaps above all, nothing is given to it to know: if death is in any way capable of revealing to the being-there the mode of original giving of being, that is, the conditions of possibility for the understanding of being in general, death also reveals that being-there cannot claim to grasp in concept what is beyond the reach of existence. (p. 111).

Dasein ends, and this experience is intrinsically its own. No one dies in anyone else's place. However, death is unknown to Dasein—it will die, but it will not recount (comment on) its experience of death. This fact points to an opening – that it is finitude itself that brings with it the legacy of transcendence every time the other (anyone) says (something positive, negative, neutral, long or short, true or not) about

[10] Decadence corresponds to the German expression *Verfallen*, including the moral and disparaging connotations that *Being and Time* excludes. It is a term that refers to the ontological-existential structure that is presence and not to a quality or modality. As stated in explanatory note N57 at the end of Part I of the 13th edition (2004) of *Being and Time*, Márcia Sá Cavalcante Schuback (trans.).

the dead.

Temporality refers to the *vigor of having been*, to the *present* and the *future*. These terms proposed by Heidegger attempt to differentiate temporality, mainly by emphasizing that it does not refer to linear time as we think of it on a daily basis: chronological time based on the past-present-future triad.

In the words of Benedito Nunes (2004),

> *Dasein* only looks back (past) becoming (future) to itself; and because it looks back to the future, it generates the present. There we have the ecstatic movement—the out-of-itself in itself and for itself of existence—which is called temporality. Each of these components is an ecstasy, founding a member of the structure of care: the coming to power-to-be, the returning to being thrown, the presenting to being together with beings. In this triple movement, a decloistering of subjectivity occurs. (p. 28).
> [...]
> Finally, temporality neutralizes the validity of substance. The substance of man is existence, an *Dasein* is temporal: it exists by temporalizing itself, between birth and death. Without temporalization, no *Dasein* would be, and without *Dasein* there would be no world. This being does not, as we have seen from the conception of time, fill the phases of a trajectory, but prolongs itself (*streckte sich selbst*). This is what imposes on its existence the structure of happening (Geschehen), from which historicity derives. Temporal at the core of its being, Dasein is historical. (p. 34).

One can therefore think that spatiality is the quality of the space of Dasein that happens in time (temporality and spatiality are intertwined in Heidegger's work) . As mentioned in the Zollikon Seminars, space can be reached by Dasein when it projects itself into the time in which it intends to occupy a given space – whether retained in the vigor of having been, in the present, or even launched into the future.

Last but not least, I refer to historicity as that which returns to what is historical, localized, and past in the world. When Heidegger questions what things were that are no longer in the present, the answer is that what has passed (become past) is the world itself (or the vigor of having been of *Dasein* – historian of its historicity). The world is the source of historicity, and this historicity is the bifurcated opening to the past: in one direction it presents itself as individual (in the vigor of having been) while in the other it shows itself as intratemporal – the sociocultural time of being-in-common. The first allows Dasein to turn to itself (finite), and the second delivers the decision made by turning to itself to the limits of what is experienced in the sociocultural, in “a common heritage.” Thus, authenticity in decision-making promotes the “resumption of possibilities from the past, of what still remains alive in it” (Nunes, 2004; p.36).

Two lenses for phenomenological psychotherapy (in conjunction with structural phenomenological psychopathology) to accompany people with cancer experience

At this point, I would like to recall Heidegger's work entitled *Gelassenheit* – written in 1955, and whose relevance today is indisputable. I highlight here, almost as a prediction, what the philosopher from Todtnauberg states: i) "...the forces of technical equipment and automatons will increasingly tighten the noose." (p. 20); and that ii) "...without realizing it, we are so attached to technical objects that we become their slaves." (p. 23). (Heidegger, 2001).

Continuing, Heidegger (2001) points out two forms of expression of thought: calculative thinking and meditative thinking. The first refers to a form of thought that never meditates, while the second occurs through proximity to what is close, an adherence to the here and now. But both types of thought are, each in their own way, "legitimate and necessary" (p. 13). However, the danger surrounding us is that, overwhelmed by the fluid and fleeting demands for information in our daily lives, humans may prove to be poor in thought; surprised by the absence of thoughts; allowing themselves to be led solely by this "sinister guest" (p.13). Therefore, *Gelassenheit* towards things (*die Gelassenheit zu den Dingen*) is the "attitude of simultaneous yes and no in relation to the technical world" (p. 24).

For Heidegger (2001), the danger lies in the

> extent to which the technical revolution that is taking place in the atomic age could trap, bewitch, dumbfound and dazzle Man in such a way that, one day, calculating thought would become the only thinking admitted and exercised. (p. 26).

In psychotherapeutic work with people who have experienced cancer, it seems imperative to me to emphasize *Gelassenheit*. That is, to always have as a horizon a simultaneous yes and no to the technical world.

The experience of cancer is, at the same time, in its phenomenon of deprivation, a fusion of meditative thinking and calculative thinking. The human being in this experience has in their Körper the cry for a technology that will restore them to sanity, while in their Leib they need the comfort and peace necessary to get through this deprivation.

Thus, psychotherapeutic work requires an attitude of both closeness and

distance from the technical world.

Humans who seek psychotherapy due to the experience of cancer need a space in which they can say the unsayable, a space for expressing pain. This is human pain—not pain of the Körper or the Leib (being and entity, each in its own way, need assistance, support, protection). Cancer[11], in its simplistic view and the taboo that surrounds it, presents itself to humans as a death sentence, as something monolithic and sufficiently overwhelming. So strong is its presentation that, at any moment, Dasein perceives itself in the fragility of the thread that connects it to the sword of Damocles. The path to be taken must, therefore, embrace the Körper in its illness—cancer—and the Leib in its phenomenon of deprivation.

The psychotherapist needs to walk alongside the person with cancer experience through the theoretical framework of the natural sciences, medicalization, and medication in the tangle of treatment possibilities that humans face in this experience, without, at the same time, dispensing with careful observation of the conditions of possibility that announce themselves as dynamics of reconfiguration of the structure of those in psychic suffering.

Gelassenheit, therefore, will be the theoretical backdrop for saying yes and no to the thoughts brought by the person with cancer experience, whether they are calculative or meditative, with special intersubjective attention so that calculative thinking do not erase meditative ones. These two lenses for phenomenological psychotherapy accompanying people with cancer experience (in conjunction with structural phenomenological psychopathology) need, therefore, be simultaneously cleared, cleaned, and polished by the psychotherapist and the person experiencing cancer so that, in intersubjectivity, whatever phenomenon it may be is revealed.

From the ecstatic in the phenomenon of deprivation to the path of structural dynamics

Returning to the existentiary elements of finitude, temporality, spatiality, and historicity as elements of psychotherapeutic practice for people experiencing cancer,

[11] Cancer, according to 2022 data from INCA – National Cancer Institute (accessed: 2025), *"is a term that covers more than 100 different types of malignant diseases that have in common the disordered growth of cells, which can invade adjacent tissues or distant organs."*.

it is essential to consider a unique restructuring of *Dasein* in the face of the transformations brought about by this phenomenon of deprivation.

Finitude, which presents itself as death definitively announced by cancer as a taboo, can be modulated by the calculative thinking, in the psychotherapeutic process through attentive listening to reports of attempts and plans to eradicate the disease, hopes, anxieties, fears, exposure of avoidance strategies, and the need for clarification regarding the myriad of (nosological) and treatment regimens announced by medicine. At the same time, where the meditative presents itself, the human being in psychological suffering wants and needs to talk about their ambiguity, their pain, their values, their legacy (or lack thereof), their loved ones, their future life (with or without their physical presence).

This process of mortification is so great that even when the *Dasein* is technically labeled “disease-free survivor” (five years after the end of medical treatment for cancer), the specter (or not) of recurrence is embedded in their daily life.

Thus, there is no need to suspend meetings and conversations about death, especially when the psychotherapist works with people who have experienced cancer. The possibility of psychotherapeutic meetings should keep its doors open to the need for suspension and/or maintenance that Dasein presents.

From the point of view of structural phenomenological psychopathology, finitude should be observed as an opening to the project of being—the possibility of Dasein operating closer to its authentic desires; or as Dasein's closure to the project of being, determined by the phenomenon of deprivation (cancer) . In the first or second path, the important thing, psychotherapeutically speaking, is to walk in the direction of being-towards-death, with the intention of leaving a legacy (the possibility of realizing the project of being). An exception must be made to the urgent need to extirpate the psychotherapist's assessment of what is best for *Dasein*. This must always take place in the encounter and in intersubjectivity – where what has value for the project can present itself. There is an imminent danger, beyond death: the psychotherapist's action in the positivity of dysthanasia .

With regard to temporality, we cannot forget that it always reminds us of finitude (death). There is a dark moment in its singularity that, even though we do not see time as a continuous linearity, makes us aware that we are closer to the end.

Following the route that Nunes (2004) traces when he writes about this existentialism, one can think that the ecstasies (*ekstasis*) of temporality are a way of redefining the vulgar understanding of time (in its linearity). For him, in his reading of *Being and Time*,

> […] Dasein is still the past without ceasing to be present. And the past is compressed in the present; just as the future is anticipated in the past.
> But whatever the ecstasy, whether *temporalization* operates through the "future" as in *existentiality*, through the past as in *facticity*, or through the "present" as in *fall*, each of the others [ecstasies] also temporalizes, always respecting the primacy of the 'future' in relation to understanding, which makes the project possible, but is originally determined by the present past *(Gewesenheit)* and the "present" *(Gegenwart)*, whose accent shifts to the present, that is, to what becomes present. (p. 29).
> […]
> Original time is finite and ensures the genesis of the being of Dasein and everyday existence. Improper temporality tends toward infinity. It extends to intramundane beings through the "present," as if it originated from them. For this reason, it is called intratemporal. (p. 30).

Thus, temporality in the psychotherapeutic process, despite the psychological pain that cancer causes Dasein, is an existentiary factor that requires fundamental attention, that a person in a phenomenon of deprivation may position themselves in the denial of their own death (infinity) – thus remaining apart from the possibility of thinking of themselves as the only and main ally of their life process. After all, i) death does not happen in life, it occurs at the very moment of the end; ii) at the moment of the end, Dasein participates in death only through knowledge of (or presence at) the death of another, given its impossibility of existing at the very moment of its own death – being-towards-death is being-in-finitude and not a posteriori participation in death. It is important to consider that thinking about finitude is not mortifying oneself, but rather staying closer to an authentic life. Thus, in psychotherapeutic encounters, the gaze of structural phenomenological psychopathology must turn to the possibility of producing a space for discussion of life that will address finitude. Observing the shift of *Dasein* toward infinity is key in order to avoid closing doors to this space for discussion.

As previously stated, spatiality occurs in time, and the way in which a person with cancer experience inhabits spatiality will be, in a being-in-the-world, in harmony with the time that presents itself in the phenomenon of deprivation. The inhabited spaces will, initially and in most cases, be restructured according to the needs that biomedical cancer treatment may demand. In this way, calculative thinking can be re-spatialized in human time, including a vast myriad of possibilities, often previously unknown: doctors' offices (physicians, nutritionists, physical therapists, among

others), various health procedures (e.g., use of catheters, venous access, special skin care in radiotherapy), chemotherapy rooms, radiotherapy rooms, surgery rooms, among others. On the other hand, in meditative thinking, spaces of fear, doubts, insecurities, hopes, affections, and sense of being-towards-death are configured. Depending on the phase in which the human being presents themselves in this phenomenon of deprivation, scenes that address different landscapes can be brought to psychotherapy. The vigor of having been and the future can be expressed and worked on in the psychotherapeutic process in the actualization—based, for example, on nostalgia and/or hope. The psychotherapist's vigorous attention in opening up to saying yes and no to calculative and/or meditative thinking becomes essential so that the journey through (and of) the process of such a phenomenon of deprivation can bring to light possibilities of immersion in spaces of overflow capable of promoting structural reconfigurations. The phase of the phenomenon of deprivation in which the person experiencing cancer finds themselves will therefore involve distinct structural dynamics and openness to deal intersubjectively with the impact of the news of cancer, the conditions of biomedical treatability, recurrence, and terminality, when applicable.

Certainly, this entire psychotherapeutic process will take place in the historicity of being-in-the-world, and all things that were, as well as things of ordinary life, no longer present themselves in the same way in the present of the human being experiencing cancer (and, in fact, in the lives of all existing beings). At the fork in the road that historicity imposes, the psychotherapeutic process will take place in the intersubjectivity that will bring openness for the *Dasein* to turn, ambiguously, to its finitude and/or to the possibility of legacy – life, as life, will be possible to be thought of, even if finite – calculatively and/or meditatively in what remains alive: death is not the opposite of life; it is the opposite of birth – historical moments that are non-negotiable for Dasein. Therefore, in the intersubjectivity of psychotherapy with people in a phenomenon of deprivation, the work will take place, from the point of view of structural phenomenological psychopathology, with refined attention to the despair present in ceasing to inhabit oneself (the fear of death), in the hope of survival, in the return of despair when relapse occurs, and/or in accompanying the irreversible proximity of terminality. Depending, once again, on how *Dasein* presents itself in each of these moments, historicity will take on different nuances and its conditions of possibility will be more or less broadened (or narrowed) to the extent that it adheres

to what is no longer or what may still be (with or without the physical presence of the existing).

In the guise of a temporary suspension

I must say, as I conclude, that what I have tried to explore here refers to the intersubjective experience between psychotherapists and people with cancer, but that the phenomenon of deprivation can certainly be motivated for psychotherapeutic encounters by any of the diseases that the International Classification of Diseases may list (or not yet...). It is important, however, that in these psychotherapeutic encounters, hermeneutic phenomenology, supported by structural phenomenological psychopathology, considers the actuality of *Dasein* in psychic suffering as an unprecedented experience of the conditions of possibility in a dynamic of singular structural configuration.

Based on Heideggerian hermeneutics, as mentioned above, a list of existentiaries can be configured with a view to a relevant and pertinent set to be worked on in existential phenomenological psychotherapy—which will consequently support a possible management based on the assumptions of structural phenomenological psychopathology.

The proposal I make in this text considers that existential phenomenological psychotherapy attempts to exhaustively approach the *non*-forgetting of being – as stated by the philosopher from Todtnauberg. The project is that there should be, on the horizon, an opening capable of promoting a psychotherapeutic journey of (and towards) *being* in hermeneutic phenomenology.

Thus, in psychotherapeutic practice, leaning toward *Dasein*, working intersubjectively on the phenomenon of deprivation, considering its idiosyncrasies in the experience of cancer, must be configured as an ethical and critical event. Ethical because, as Carneiro-Leão (2019) says, in the psychotherapeutic encounter:

> A conversation is less idle chatter and much more profound and serious the more integration of loving coexistence there is between the participants. (p.5).

And it is critical because, long before thinking about denying and/or excluding traditional metaphysics (and the use of its precepts in the natural sciences), what it aims to do is point to possibilities for overcoming it—going beyond it based on what precedes it: understanding that comes from pre-understanding. Understanding in

that (and that) which, being, is simultaneously ontic and ontological (thing and not thing; thing that thinks the thing; entity and being), thus being a defense of the first-person account in the psychopathological considerations that occur in psychotherapeutic encounters.

Such a first-person account must have as its interlocutor someone who, in listening, considers, for example, the distinction between: i) existentiary finitude, at one end of the arrow, and, at the other end, the statement that the chapter on mental disorders (which deals with categories related to psychological suffering) is not indicative of mortality classification as the primary cause – as stated in the International Classification of Diseases, 8th Revision –; or, ii) on the one hand, the temporal reference (a break in the linearity of time via calculative thinking) that occurs when the *"patient is absent"* to a medical-hospital procedure and feels penalized (e.g., by the health team, relatives, among others), and, on the other hand, the absence of the human in psychotherapeutic care when their temporality is altered by a phenomenon of deprivation – and thus should not imply any attribution of guilt (but, obviously, of deprivation).

A necessary note regarding what I have tried to express in this essay: in this differentiated display of the phenomenon of deprivation (cancer), psychotherapeutic listening must focus on the movement (variations) in the dynamics of structural reconfiguration. It is possible that at different moments of the phenomenon of deprivation, in intersubjectivity, psychotherapy points to manifestations of *Dasein* that would indicate the appearance of various psychological sufferings (depression, anxiety, psychotic symptoms, among others). One could say, just illustratively, that: i) upon receiving the news of cancer (biomedical diagnosis), what would be called (if the cancer did not exist) depression or anxiety or even obsessive-compulsive symptoms may present in humans; ii) in processes of terminality due to the experience of cancer, psychotic symptoms or delusional experiences – sometimes due to the necessary use of morphine and/or other opioids to alleviate physical pain – erupt in *Dasein*. However, the emergence of these forms of psychological suffering must be contemporized by the existential phenomenological psychotherapist as a phenomenon that would occur similarly to a compass rose, pointing in different directions of meaning. This requires the psychotherapist to have a very solid knowledge of existential phenomenological psychopathology, since it will be necessary to work with refined attention to affective nuances in an attempt to

understand that the nosological category of traditional (criteriologic) psychopathology manuals may be present. However, this form of presentation of psychological suffering requires joint work between the psychotherapist and psychiatrist dyad, which must be conscientious enough so that the *Dasein* experiencing deprivation does not "understand" their psychological suffering as the 'acquisition' of yet another nosological category (that is, yet another disease label) for their existence. The aim is for psychological suffering to be "understood" as something intrinsic to the experience of cancer (phenomenon of deprivation) and that can (and should) be worked on in psychotherapy as well as, if carefully evaluated in the psychotherapist-psychiatrist dyad – since Dasein in the experience of cancer is in contact with a myriad of biomedical procedures – be mitigated with biomedical support (through medicines or otherwise).

In closing, following the first-person narrative, I mention some excerpts written by Valter Hugo Mãe in his book *Educação da Tristeza* (Education of Sadness) – in which he discusses death, loss, mourning, and the rush of life. He does so moved by the death of his nephew Eduardo, at the age of 17, after an experience with cancer, as well as by the death of his great friend Isabel Lhano, at the age of 70, from an aneurysm (Mãe, 2025).

Below, I highlight the existentiaries that I "hear" in the text I read (first-person narrative). For death and time (or the consummation of *finitude* and *temporality* for *Dasein*):

> The size of life is all within love. If we love, we are extensive, infinite. If we do not love, we gather like bits of dust without meaning, without value (p. 32).
> [...]
> I know you are in death, but that will never stop me from waiting for you (p. 35).

For the passage of life, the occupation of space and time (the *historicity*, *spatiality*, and *temporality* of *Dasein*):

> We are becoming more and more divided between the joy of still being alive and the exercise of longing. These places of return to great intimate celebrations are games of endless differences where we point out what we have lost and gained. Each year, as in another photograph, we measure the children, how they grow, how much they stretch to also be adults, and with that we seek to dispel the absences. How many grandchildren does it take to fill the empty place of a grandfather? I ask. (p. 81).
> [...]
> [...] the memory of a child is now the life of a child. A citizen in memory, the child has its movement in each person who remembers it. And its name will be there every day so that the mouth is filled and never convinced that it is empty around it. The child who died is not nothing. Quite the contrary. It is an excess.A true giant who, through the power of love, will never cease to grow and will be able to occupy everything. The child, with everlasting love, will know how to prevent hell and install the proud longing for having had that family, for having had that complicity that only

> mothers and fathers feel for a child. That complicity, in fact, does not die. The pact cannot be broken by the worst of fires, the sharpest blade, or the longest time. (p. 97).

I think one last observation is still in order: finishing an essay can be an opportunity for the text to present itself in a different and definitive way at the exact moment it ceases to be *essaying*. I think, , that an essay—when I *say yes* to meditative thinking—is always a definitive text in the historicity of the "writer" and an essay in the historicity of the "reader." But we must consider that the "writer" and the "reader" can: i) refer to a single *Dasein,* both being the same*;* ii) refer to more than one (or another) *Dasein*. Thus, being distinct *ek-sistent* "writer" and "reader," I think that, as in the second case, the one who reads an essay tends toward the same movement as the first, since the reader rewrites, through understanding, their own text—which is transformed, once again, from *essaying* to a different and definitive text. By surrendering to the movement in (of) the historicity of the text, I temporarily suspend, as a "writer-reader," the lines of argument in this essay, letting it got to circularity and repeating that I do so to free myself from a draft (as Borges liked to say in reference to his friend Alfonso Reyes).[12]

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[12] According to María del Rocío Bernáldez Gómez's Master's thesis, "La reescritura del Orlando. Borges traduce a Woolf" (The Rewriting of Orlando. Borges Translates Woolf), Mexico City, 2011, p. 78, the phrase "We publish so as not to spend our lives correcting [the drafts]" is a phrase from the Mexican author and friend of Borges [Alfonso Reyes] that he used to repeat (in Jorge Luis Borges and Roberto Alifano, Conversaciones con Borges, Torres Agüero, Buenos Aires, 1994, p. 220).

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