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Bereavement, *pathos*, and clinical psychology: a phenomenological reading

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Abstract: The comprehension of bereavement has undergone profound changes in its theoretical and practical aspects, with relevant repercussions in the recent version of DSM. Not only the cultural context but also the clinical psychology has profoundly impacted its understanding. Phenomenological-existential psychology studies the phenomena as lived experiences in the world, contributing with the thought on the experiential and *pathic* character of bereavement. This study aims to present bereavement in this perspective, and its implications for clinical psychology. When we submit the phenomenon of bereavement to *epoché*, we find evidence of intersubjectivity. It is an experience that begins with the abrupt suppression of the other as corporeality, which breaks the habitual meanings of the life-world. In the face of meaning suspension, it is proposed that the clinical setting allows the resumption and re-signification of the interrupted narratives, against a new life-world opened on the outside of the horizon of theoretical predeterminations.

Keywords: bereavement, clinical practice, phenomenological psychology, intersubjectivity, *pathos*.

Nowadays there are differences in the way we understand and act in bereavement. Bereavement alone cannot be considered as a mental disorder. However, the controversy over its classification as such, and the description and delineation of its symptoms have been intensified in recent years, since before the release of the latest version of the Diagnostic and Statistical Manual of Mental Disorders, DSM-5, in 2013. In the previous manual, DSM-4 (APA, 1995), it was considered that the distinction between grief and depression was not clear enough since bereavement was an exclusion criterion in this manual for the diagnosis of the major depressive disorder. Thus, if depressive symptoms arose within two months after the death of the deceased, the diagnosis of depression was excluded.

We witnessed an era of pathologization of life and hypermedicalization, with little tolerance to mourning subjective experiences. The weakening of rituals involving death and mourning, their individualization and subjectivation, and their reduced expression possibilities within the community (Koury, 2010) contribute to its social limitation and understanding as a pathological experience – increasingly and intensively. Such a perspective of the invisibility of mourning expression produces relevant consequences in the quality of the lived experiences in grief, as well as in the possibilities or difficulties faced by the mourner while coping with the loss of a loved one.

One of the critical points of the discussion concerns changes that occurred in the understanding of grief in DSM-5, which central aspect is the differentiation between what could be considered "normal" grief and "depressive" or "complicated" grief (Zachar, 2015). At any rate, it is a consensus that, despite the occurrence of complicated bereavement being known, it could not be understood *a priori* as a reaction that differs from the normal context of existence. An understanding that, according to Zachar (2015), excludes bereavement from the field of psychiatric disorder, which highlights the medicalization dilemma.

There were two relevant changes in DSM-5 (APA, 2014) to the understanding of bereavement. The first one consists of the withdrawal of grief reactions as the exclusion criterion for the diagnosis of major depression and the second one consists of its inclusion in a session called "Persistent Complex Bereavement Disorder". In this session, bereavement came to be understood as a condition that needs, nevertheless, to be the object of further studies and research, a fact that reveals a remaining bordering aspect between what we can consider as "normal" and "pathological" in grief. However, the diagnosis of complicated bereavement is extended in DSM-5 to one year of persistent symptoms among adults and six months among children, keeping the two months for the diagnosis of depression. Nevertheless, while the manual opens the possibility of understanding mourning as a normal reaction without neglecting cases with more intense mental suffering, the evaluation of the process as normal or complicated falls upon the clinician. This fact improves the risk of intensifying the pathologization of life, as widely debated in the literature, thus increasing the number of diagnoses and the use of unnecessary medication. As already denounced by Tatossian (2012), this also creates the risk of a practice in which the clinician "is in a position of knowing, rather than in a position of practice" (p. 147). We will see later that bereavement is a condition experienced by someone within a story, therefore intelligible only when understood in a life's core, as advocated by Caponi (2014). Put another way: "it is less the material content of

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the symptom that matters than the way it is assumed, that is, the way of living globally, the essential way of life" (Tatossian, 2012, p. 146).

In addition to the discussions imposed by the DSM-5, the various psychological theories of grief have been strongly impacted by clinical studies in recent years (Molinié, 2008). Such impacts have led to substantial changes in understanding both what is recognized as "normal bereavement" and as "complicated bereavement", and have produced significant differences in what is considered adequate for its support and attention in psychotherapy and even in psychiatry. We see this impact described in DSM-5 (APA, 2014, p.811).

Freud (2011) at the beginning of the last century had made relevant considerations about mourning, defining it as a response to a significant loss, characterized by profound dismay, loss of interest in the external world, inhibition of general activity, and an inability to love or replace the lost object. In this perspective, the primary task of the bereaved is to break the bond with the beloved object making him (or her), from then on, capable of new libidinal investments.

At present, Bowlby's theory of attachment prevails in bereavement literature (Basso & Marin, 2010, Franco, 2010; Parkes, 1998, 2001, Wortman & Boerner, 2011). Per this perspective, one tends to understand mourning as an unpredictable, inexplicable, and disconnected experience from other lived before on previous stages of the life cycle (Parkes, 1998, 2001). It is characterized as an experience which is not merely "intrapsychic", but that unveils essential social aspects in which the process of bereavement implies a transition of roles, for example, from married to widowed (Molinié, 2008; Parkini, 1998, 2001). One of the major impacts of this perspective occurred together with the ones of Kübler-Ross's work, which concerns its influence on other theories which, in turn, organize the experience of mourning in predetermined stages, fact that deeply nurtured the ordinary understanding of mourning in our society (Wortman & Boerner, 2011). However, per Wortman and Boerner (2011), theoretical models that arrange grief on stages failed to explain grief and mourning cultural issues. Although they opened the possibility to comprehend the variable aspects of the personal experience in grief, they ended up universalizing it, failing to understand the values, feelings, and behaviors involved in this experience, which are highly variable and difficult to standardize.

Another relevant contemporary theory in this field perceives the phenomena from the constructivist viewpoint, which is anchored in social and cultural perspectives. It understands grief and bereavement as a process of personal adjustment in which the individual seeks to find ways to reconstruct a meaningful life narrative in the intertwining of the several discourses and cultural practices, or personal projects linked to the lost loved one (Davies, 2004; Molinié, 2008; Rosenbaum, 1991; Shapiro, 1998; Wortman & Silver, 1989). Molinié (2008) points out that the task of psychotherapy, or the work to be done in mourning, would be "to mobilize narrative resources at the service of the co-construction of loss meaning, no doubt more adjusted to the needs of each mourner" (p. 463, our translation), since it is impossible to unlink oneself from one's loved ones.

The phenomenological-existential approach provides a perspective that assumes grief phenomenon as a *pathic* lived experience, in which a singular experience is framed as a phenomenon given in the world and with others. *Pathos* here is understood as:

> a subject's original disposition (*Stimmung*), at the core of what is peculiar to human beings. Thus *pathos* encompasses any and every human dimension . . . . in fact, pathos would rather be connected to a disposition (*Stimmung*) that precedes knowing and willing. (Martins, 1999, pp. 66-68)

Although there are already some studies about bereavement in this perspective, it is a relatively recent approach to the issue which has grown on the fringe of the above mentioned theoretical references, and as far as studies of bereavement and grief are concerned, they are still little pondered in Brazil (Freitas, 2013). In this work, we present a comprehensive proposal of the bereavement lived experience from the phenomenological-existential point of view and its implications for clinical practice in psychology.

Bereavement and phenomenological psychology

When we submit the phenomenon of bereavement to *epoché*, also called phenomenological suspension, in search of its originating nuclei experience, we come across the evidence of intersubjectivity as its foundation. The experience of mourning is, therefore, fundamentally human. In one of the interpretations of this approach, Freitas (2013) describes bereavement as a phenomenon that begins with the abrupt suppression of the other as corporeality. In the words of Freitas, Michel, and Zomkowski (2015, p. 17-18):

> the first condition for the experience of mourning is the very vivid rupture of being-with, of sharing a specific spatiality and temporality. Death impels us to experience this loss irreversibly, producing openness to distress and impotence in the face of the disappearance of the other and the interruption of our history in common. It is not just the other that disappears with his or her history. It is a shared life that is interrupted, we die, "we" in a wide sense – me and the other. With him or her, both of us disappear, our common history, a specific way of expressing in that relationship, an open possibility to world perception, possibilities to

> experience a social role, an emotion, an everyday task. He or she dies in his corporeity; I die in my possibilities of being with him or her, the "we" as shared temporality.

From existential psychology, grief can be understood, therefore, as the absence of "thou" in the I-thou relationship (Freitas, 2013; Freitas et al., 2015). The experience of the loss of a loved one is usually an experience of profound psychic suffering in which the survivor loses more than an "other". The survivor also loses some possibilities to exist in the world, and can, therefore, experience the emptiness of the meaning of his existence.

Conceiving mourning as a phenomenon that begins with the abrupt suppression of the other as corporeity brings us to the understanding of intersubjectivity as intercorporeity, idea developed mainly by Merleau-Ponty. To take the notion of intercorporeality in Merleau-Ponty to understand what the experience of mourning means existentially is to assume radically the human lived experience as given outside the field of the pure privatization of subjectivity, as well as a simple, direct product of cultural events. For the author, intersubjectivity is constitutive of human existence, experienced in the concreteness of existence and not by the cognitive understanding of otherness. Understanding bereavement from the perspective of intercorporeality is, therefore, to understand existence as an "inevitable encounter with the radical otherness of the other" (Coelho Júnior, 2003, p. 206). Intercorporeity thus refers us to our existence given in the sensible interweaving with the other. Losing a loved one is, therefore, "losing a world, losing a depth, losing a perspective" (Freitas et al., 2015, p. 21).

The flesh, the common ground of our existence, allows us to perceive the other as sensitivity and not as a clear and distinct data of existence, hence that mourners often report a loss of meaning of the life-world as the foundation of the experience of mourning (Freitas et al., 2015). To assert our intercorporeality is to affirm that we are immersed in a lived experience of a co-constituted sensuousness, presented by the experiences that we have lived and not by the cognitive understanding of an ego. The sensitivity for lived experience, is that of our intertwining, of the singularity which emerges from a common inhabiting, from the experience of a common world (Vilar & Furlan, 2016).

The existence is, therefore, in a merleau-pontyan perspective, interlacing, chiasmatic. While thinking on intercorporeity, we are perceiver-perceived, sensible-sentient, seer-visible, marked by ambiguity. Merleau-Ponty (1964/2000, 1945/1994) makes it explicit employing the classic example of hands that touch and are touched. Just as my body reveals my former existence, likewise, the other also appears to me in its nearness-distant as an extension of the sensible of the world, as openness and evidence of my being-there. As a kind of sensitive reflection, otherness allows me an openness to sensitivity. Its disappearance before death can cause a rupture of the habitual meanings of the lived world of the mourner and the interruption of the possibilities of being-with. It is not only the other that disappears, but there is also a chiasmatic reversibility between the disappearance of the other and the disappearance of the bereaved (DuBose, 1997), just as my two hands are co-present and coexist as "reflective", we are myself and the other a copresence in the world.

We note that in this perspective when we question the process of the death of the other and mourning, we do not deal only with the loss of a loved one, but with the loss of a shared world, irrevocably. The death of a significant person is constituted for the mourner as the end of a possibility. In bereavement, in the loss of a loved being, there are modes of existence in which the life-world is abruptly interrupted in its temporal flow through death and henceforth is unable of any actualization in the context of a given coexistence. That coexistence is interrupted and emerges as history, there is no longer the possibility of updating it, by the simple impossibility of the performance of the other in the world. Death is an event extrinsic to coexistence and affects us irreparably. In the experience of the mourner, the coexistence becomes history, as a habit that repeats itself, but, by the suspension of the common future, presents itself without a perspective of a project. The other that has gone away presents itself now as a conditional impossibility of the existence.

The deceased, of course, remains in the *Lebenswelt*, or life-world, of the mourner, but no longer as the one who opens new visibilities of the world in the condition of existing, since we do not share either spatiality or temporality. We will not age together anymore; we will no longer be witnesses to each other's existence. Coexistence is abruptly thrown into a life of discomfort that does not cease to reveal our interrupted narrative. Existentially understanding the process of bereavement is, therefore, about understanding the ways of being that are lived in the experience of a radical and definitive rupture in the life-world of the bereaved in its intersubjective, specifically intercorporal character.

Like all phenomenology, the research and clinic in phenomenological-existential psychology attempt to reveal what and how is to live the experiences in the lived world, in our case, the experience of grief and bereavement. What has been strongly emphasized in research in this perspective about the bereaved lived experience are the pain and the loss of meaning of the life-world, and the distinctions that are implied in it by the contexts and circumstances of death, particular aspects of each broken relationship, and the historical horizon (Brice, 1991; Douglas, 2004; DuBose, 1997; Gudmundsdottir, 2009; Gudmundsdottir & Chesla, 2006; Smith, Joseph, & Nair, 2011). By dealing with lived experiences in the

world with others, the phenomenological-existential perspective in psychology presents relevant implications for the psychological clinic that welcomes the bereaved. We will discuss some of them below.

The phenomenological perspective of mourning and the clinical psychology

When we propose considerations about some concepts from philosophy to the field of psychology, several challenges are presented, which have been placed at the center of the debate about the possibility of phenomenological psychology (Valério & Barreira, 2015). The first is that we do not carry out a vulgar adaptation of the principles and philosophical ideas that allow us to think about the various phenomena, be they of phenomenology or existentialism. Thus, we emphasize that our meditation here takes the way of a reflexive construction on the implications to a clinical psychology approach to bereavement and not the pathway regarding statements and technical applications. For this, we first clarify our choice to think here in a proposition of a clinical practice and not in a grief therapy.

In their etymological origins, the terms "clinic" and "therapy" differ strongly in their meanings, although at the same time they are often used synonymously in some languages, such as Portuguese and French. According to the etymological dictionary of the Portuguese language (Cunha, 2012), both terms have a Greek origin, and clinical refers to bed, rest, and therapy and also to healing. According to Rezende (2010), the latter would refer more accurately to providing medical care, to treat. Doron and Parot (2007), in their Dictionary of Psychology, also subscribe the term "clinic" to bed and listening and assert that the clinical method would be related to the way of looking at the other to understand its condition. According to the authors, the term "clinical psychology" was first used by Freud in a letter to Fliess.

The term "psychotherapy" refers to any procedure that seeks by psychological means a "cure" or provide "inhibition of the symptom" (Doron & Parot, 2007). Binswanger (2001) warns us that the word psychotherapy refers to a technique and, like every word of a technical-scientific nature, holds a choice of meanings which, in this case, refers to a reduction of the human relationship to a "service rendered to a cause". So if we think of grief as a life process, part of the existential condition, what do we have to heal? What symptoms to extirpate since pain is part of the experience of loss? In this way, we choose to rescue the term "clinical grief intervention" instead of "grief therapy", opening the possibility of exercising care instead of pursuing a "recovery" or a technically determined cure. We will try to clarify this choice.

The first specificity of the perspective presented here, as previously demonstrated, concerns the understanding of bereavement as an existential experience, lived in a shared world, a world of coexistence. This perspective contrasts with the apprehension of mourning as an experience that can be understood *a priori*, with predetermined stages and experiences, which are constituted as a mere effect of a loss. This last perspective, based on an understanding of grief and bereavement as a staged process, implies that one who has lost someone significant must recover from suffering to return to a so-called "normal" life. To that end, there would be a specific technic that would allow a kind of self-management of feelings and behaviors to be achieved through previously structured interventions. On our perspective, however, it is not a question of explaining or even describing cultural, subjective or intrapsychic elaborations that could allow the formation of new relationships, "improvement" or "overcoming" of suffering nor the training of "adaptive behaviors". There is no point in talking about new bonds because we do live beforehand in a world of copresences, as evidenced by the intersubjective character of our existence. Neither do we speak of any links, of course, but of meaningful relationships that were abruptly and hopelessly broken.

The task that existence imposes is to live with absence since the bereaved hold the deceased as meaningful, which is an absolute character of mourning or, in other words, to live grief is to have the challenge to live with the immediate life-world once shared, now disorganized, even it is still opened to meaning. An existential clinic of grief is thus constituted by the opening of possibilities toward new modes of being-with given by the irremediable absence of the dead. Although it is no longer possible for our joint experience to be updated, the world and the relationship call for a re-signification, since the dead does not cease to be "presented" in the bereaved existence, through objects, habits, aromas, photographs, memories… What we would like to explain is that the grief experience does not present itself as private or internalized, but as being-with matter, as a question about the life together and the shared world, lived through a historical horizon of meanings. Every question calls us to meditation, here, especially the one lived by the griever. When faced with death and its absurdity, there are no answers that can be imagined *a priori*, or that can be technically forged since there is no unique or normative way of expressing pain or living with loss.

Each theoretical understanding of mourning has a specific comprehension of what is "mourning work" and its paths for mourners. At present, there is a generalized understanding of mourning, which requires the mourner to be discreet in the expression of suffering (Koury, 2010). It is understood contemporaneously, in the same way, that the suffering of mourning must be traversed in a calm, peaceful, and measured way (Machado, 2016). One of the problems that emerge from these conceptions and influences the psychotherapeutic proposals prevailing in contemporary times is the normative perspectives outlined there, predetermining what would be the "normal" grief

experience and its possibilities of expression, as well as its consequent pathologization. As discussed by Machado (2016), with the process of Western secularization, suffering ceases to be understood as central to existence in a way that must be reduced, if not avoided. In this context, palliative care and the several grief psychotherapies advance with their proposals for standardization of the dying processes and bereavement, within an aesthetic understanding of "good death". Such standardization has impacts on the beliefs about the way grief should be lived, being that:

> the suffering caused by the situation of loss, if not avoided, must be lived in a calm, pacific and measured way, in order not to interfere in the configuration of the peaceful environment built by the palliative care team. Mourning experts formulate what would be a typical experience after a loss. (Machado, 2016, p. 10)

The experiences of loss are thus expected to follow a standard path regarding the behavior and expression of those who passed through it, and everything that lies outside the limits of this standard is labeled as "complicated bereavement." These contemporary understandings of grief are somehow absorbed and perpetuated by practices in psychology and psychiatry and give an extensive opportunity for mourning and life pathologization:

> the construction of knowledge about bereavement leads to the creation of rules to be internalized, based on the delimitation of what experience is expected [in grief] as well as on experiences liable to intervention, as long as are considered a threat to life. The development of this knowledge produces a new group of symptoms and, therefore, new cultivated needs. (Machado, 2016, p. 11)

As Feijoo and Protasio (2010), we understand that in the psychological clinic "therapeutic setting can be articulated opening a contingent space in which the analyzed can see himself [herself], judging himself [herself] to find the eternal measure of existence" (p. 167). But how can be opened such a possibility before so many predeterminations? As stated earlier, the abrupt interruption of intercorporeity makes impossible the usual modes of being in a specific relationship, requiring a re-signification of it, considering the new existential configuration that is presented in the absence of the other one with whom the world is shared intersubjectively. Bereavement, therefore, demands the bereaved new life meanings and new ways of being with the one who died. A re-signification of the relationship between the bereaved and the dead is required, but not as a lost object: what can I be as existence without the other that is still a presence for me, for what I am? The chiasmatic tension pointed out by DuBose (1997) is not the only one revealed: I disappear myself with the other disappearance, for sure, but by being alive I have the dead "living" in my life-world. We often wonder if the dead somehow survives in a life beyond the grave, forgetting that they live in our history. But how to survive the death of a loved one? Being able to maintain him or her as meaning, which is measured by the bereaved existence, and cannot be granted by standardizations extrinsic to each existence, predetermined, although it is intertwining with them.

The first implication for psychologist's work would be to open up the possibility to maintain the dead as meaning – even if a new one – in the bereaved life, which is often against some conventional interventions and to the idea of recovering, so frequent in contemporary society (Rosenblatt, 2008). To maintain the dead meaningful to bereaved means to enable new chapters to the interrupted story, and not to extirpate the possibilities of narration, even if the narrative is for the bereaved silence or repetition, for example. Another implication is to question norms and conceptions done *a priori* about what is the experience of mourning.

The no recovering is shown relevantly in the phenomenological studies on grief (Brice, 1991; Douglas, 2004; DuBose, 1997; Freitas & Michel, 2014; Gudmundsdottir, 2009; Gudmundsdottir & Chesla, 2006; Smith et al., 2011), which point out that the bereaved lived experiences, in general, differ from theories that define them through stages, tasks, and idealizations about what would be grief. No recovering is understood, therefore, as an inability to return to a previous or predetermined mode, which ignores or imposes a specific meaning of the thou in the existence of the bereaved. As long as the imposition of a "recovering", understood as a return to life as lived before death is a frequent problem to bereaved, the conflict between to maintain silence and to express mourning is a frequent problem too. It is based not only on common sense beliefs about bereavement (Koury, 2010) but also in the myths that the professionals themselves and the specialized literature maintain about what is expected as "normal" or "complicated" bereavement (Wortman & Boerner, 2011; Wortman & Silver, 1989).

Among the various beliefs about grief, one is precisely about the need to express suffering (Breen & O'Connor, 2007; Wortman & Boerner, 2011). This belief is experienced as a conflict due to the discreet behavior imposed to bereaved by today's horizon of our society, per the analyzes of Koury (2010) and Machado (2016). Silence or no expression of feelings through grief, such as high levels of stress or depressive behavior, is not necessarily linked to a complicated bereavement as usually postulated (Wortman & Boerner, 2011) – but are ways of expressing themselves which must be understood at the core of each existence, as modes of being within their existential possibilities.

The behavior standardization in grief and bereavement is a complex problem and, therefore, is not simple to confront it. Once the phenomenological-existential clinical practice intends to provide a setting where patients could find the ways to tutelage their existence, taking him or herself as the measure of being, the clinical setting is the very condition of possibility to understand the different experiences in the core of each life, of each existence, and not from an *a priori* reference.

Bereavement is an experience that happens, which we literally "suffer," as *pathos*. Hence, grief cannot be "controlled" with prescribed tasks or steps that could determine the way this experience is traversed, and therefore do not allow each personal way the bereaved live in a new world. In addition to its *pathic* character and its intercorporal foundation, mourning cannot be understood as an experience from which we can recover – as pointed out by the bereaved ones in several national and international phenomenological research pieces. Bereavement, literally, becomes incorporated in existence, thus allowing new possibilities of signification and openness before this very existence.

Like all phenomenology, a phenomenological-existential perspective in psychological practice must consider the lived experience as a reference of listening, dialogue, and intervention, and not theories that seek to organize the experiences of bereavement in advance. The bereaved experiences (as we can see from national and international works) point to the loss of life-world meanings, intense experiences of emotional and physical pain, rearrangement of values before death and life, reorganization of relationships, and suffering before cultural impossibility of sharing pain (Brice, 1991; Douglas, 2004; DuBose, 1997; Freitas & Michel, 2014; Gudmundsdottir, 2009; Gudmundsdottir & Chesla, 2006; Smith et al., 2011).

As Ricoeur (2010) asserts, "suffering is, like pleasure, the last stronghold of singularity" (p. 5). To approach it clinically does not mean that we have previously objectified the suspension or elimination of suffering, once it is a condition to existence. Minkowski (2000) considers that although it has no meaning itself, it poses us the problem of the meaning of life. Therefore, everyone shares it, and it is not possible to escape from it. Clinical practice is, therefore, the opportunity of considering the condition implied in the suffering, allowing the singularization pointed out by Ricoeur. In the case of grief, through the incorporation of the loss in its life history, allowing that the clinical listening could be an alternative to common sense, an opening for the possibility of increasing the meanings of the other in the very existence. Remembering that the opening of this possibility does not coincide with its imposition or contingency predetermination.

Final remarks

To pervert the medical establishment, which seeks the cure granted by patients, and makes physicians (or in our case, the psychologist) doubt patients toward a diagnosis and prescription, we conclude it is necessary to the psychologist to rely in the bereaved narrative of pain, and in his or her possibilities of living in grief and mourning. Moreover, we remember that bereavement is not a nosological entity given *a priori*, but is a phenomenon that distinctly presents itself in mourning suffered, in the modes bereaved expresses his or her suffering, in the lack of meaning that he or she experiences, in his or her pain, in the ambiguity experienced in the presence-absence of the other. In this scenario, we propose that the clinical setting would enable a re-signification and the appearance of new meanings and narratives before a new life-world that presents itself. And the most important – perhaps also the most difficult – is to understand that death imposes upon us a rupture of the narrative of our coexistence, in which our shared stories are usually interrupted in the middle of a sentence. Consequently, it is not to forget, but it is the act of giving and modifying meanings that allow us to weave new possibilities to live with the absence – so present – of whom we love.

Luto, *pathos* e clínica: uma leitura fenomenológica

Resumo: A compreensão sobre o luto sofreu profundas modificações em seus aspectos teóricos e práticos, com repercussões importantes na recente versão do DSM. Não apenas o contexto cultural, mas também a clínica psicológica impactou profundamente a sua compreensão. A psicologia fenomenológico-existencial estuda os fenômenos como vivências no mundo, contribuindo com a reflexão sobre o caráter vivencial e pathico do enlutamento. Este estudo objetiva apresentar o luto nessa perspectiva e suas implicações para a clínica psicológica. Quando submetemos o fenômeno do luto à *epoché*, deparamo-nos com a evidência da intersubjetividade. O luto é uma vivência que tem início na abrupta supressão do outro enquanto corporeidade, rompendo os sentidos habituais do mundo-vida. Diante da suspensão de sentidos, propõe-se que o *setting* clínico permita o retomar e o ressignificar das narrativas interrompidas, diante de um novo mundo-vida que se abre fora do horizonte das predeterminações teóricas.

Palavras-chave: luto, clínica, psicologia fenomenológica, intersubjetividade, *pathos*.

Deuil, *pathos* et clinique: une perspective phenomenologique

Résumé : La compréhension du deuil a eu des profonds changements dans ses aspects théoriques et pratiques, avec des répercussions importantes sur la dernière version du DSM. Cette compréhension a été profondément touchée par le contexte culturel et aussi bien par la clinique psychologique. La psychologie existentielle-phénoménologique étudie les phénomènes en première personne, ce qui contribue à la réflexion sur le caractère expérientiel et pathique du deuil. Ce travail vise à présenter le deuil dans cette perspective, aussi bien que ses implications à la psychologie clinique. Lorsqu'on aplique l'*epoché* à ce phénomène, nous trouvons l'évidence de l'intersubjectivité. Le deuil est une expérience qui commence avec la disparition brutale de l'autre comme corporéité, brisant le sens habituel du monde-vie. Face à la suspension du sens, on propose que, dans la clinique, la narrative interrompue soit signifié face à un nouveau monde-vie qui s'ouvre dehors de l'horizon des pré-déterminations théoriques.

Mots-clés : deuil, clinique, psychologie phénoménologique, intersubjectivité, *pathos*.

Duelo, *pathos* y clínica: una perspectiva fenomenológica

Resumen: La comprensión del duelo ha sido profundamente modificada en sus aspectos teóricos y prácticos con significativas repercusiones en la última versión del DSM. No solo el contexto cultural, sino también la clínica psicológica ha impactado profundamente en su comprensión. La psicología existencial-fenomenológica estudia los fenómenos como vivencias en el mundo, contribuyendo a la reflexión acerca del carácter experiencial y *pathico* del duelo. Este estudio tiene como objetivo presentar el duelo en esta perspectiva y sus implicaciones para la psicología clínica. Al someter el fenómeno del duelo a la *epoché*, encontramos la intersubjetividad como evidencia. El duelo es una vivencia que se inicia con la supresión brusca del otro como corporeidad, rompiendo con el sentido habitual del mundo-vida. Frente a la suspensión de los sentidos, se propone que el *setting* clínico permita la resignificación y la retomada de las narrativas interrumpidas, ante un nuevo mundo-vida que se abre, fuera del horizonte de la predeterminación teórica.

Palabras clave: duelo, clínica, psicología fenomenológica, intersubjetividad, *pathos*.

References

American Psychiatric Association. (1995). *Manual diagnóstico e estatístico de transtornos mentais DSM-IV*. (D. Batista, Trad.). Porto Alegre: Artes Médicas.

American Psychiatric Association. (2014). *Manual diagnóstico e estatístico de transtornos mentais. DSM-5*. (M. I. C. Nascimento, trad.). Porto Alegre: Artes Médicas.

Basso, L. A., & Marin, A. H. (2010). Comportamento de apego em adultos e a experiência da perda de um ente querido. *Aletheia*, *32*, 92-103. Recuperado de https://goo.gl/DYnqaY

Binswanger, L. (2001). Sobre a psicoterapia. *Revista Latinoamericana de Psicopatologia Fundamental*, *IV*(1), 143-166. Recuperado de https://goo.gl/C2uC2V

Breen, L. J., & O'Connor, M. (2007). The fundamental paradox in the grief literature: a critical reflection. *Omega*, *55*, 199-218. doi: 10.2190/OM.55.3.c

Brice, C. W. (1991). What forever means: an empirical existential-phenomenological investigation of maternal mourning. *Journal of Phenomenological Psychology*, *22*(1), 16-38. doi: 10.1163/156916291X00028

Caponi, S. (2014). O DSM-V como dispositivo de segurança. *Physis: Revista de Saúde Coletiva*, *24*(3), 741-763. doi: 10.1590/S0103-73312014000300005

Coelho Júnior, N. E. (2003). Da intersubjetividade à intercorporeidade: contribuições da filosofia fenomenológica ao estudo psicológico da alteridade. *Psicologia USP*, *14*(1), 185-209. doi: 10.1590/S0103-65642003000100010

Cunha, A. G. (2012). *Dicionário etimológico da língua portuguesa* (4a ed.). Rio de Janeiro, RJ: Lexikon.

Davies, R. (2004). New understandings of parental grief: literature review. *Journal of Advanced Nursing*, *46*(5), 506-513. Recuperado de https://goo.gl/ro6qgd

Doron, R., & Parot, F. (2007). *Dicionário de Psicologia* (O. S. Leme, trad., 3a ed.). São Paulo, SP: Ática.

Douglas, D. H. (2004). The lived experience of loss: a phenomenological study. *American Psychiatric Nurses Association*, *10*(1), 24-32. doi: 10.1177/1078390303261942

DuBose, J. T. (1997). The phenomenology of bereavement, grief, and mourning. *Journal of Religion and Health*, *36*(4), 367-374. doi: 10.1023/A:1027489327202

Feijoo, A. M. L. C., & Protasio, M. M. (2010). Os desafios da clínica psicológica: tutela e escolha. *Revista da Abordagem Gestáltica*, *16*(2), 167-172. Recuperado de https://goo.gl/oTNv21

Franco, M. H. P. (2010). *Formação e rompimento de vínculos: o dilema das perdas na atualidade*. São Paulo, SP: Summus.

Freitas, J. L. (2013). Luto e fenomenologia: uma proposta compreensiva. *Revista da Abordagem*

Gestáltica, *19*(1), 97-105. Recuperado de https://goo.gl/NCr9vr

Freitas, J. L., & Michel, L. H. F. (2014). A maior dor do mundo: o luto materno em uma perspectiva fenomenológica. *Psicologia em Estudo*, *19*(2), 273-283. doi: 10.1590/1413-737222324010

Freitas, J. L., Michel, L. H. F., & Zomkowski, T. L. (2015). Eu sem tu: uma leitura existencial do luto em psicologia. In J. L. Freitas, & M. V. F. Cremasco (Orgs.), Mães em luto: a dor e suas repercussões existenciais e psicanalíticas (pp. 15-24). Curitiba, PR: Juruá.

Freud, S. (2011). *Luto e melancolia*. (M. Carone, Trad., 2ª reimpressão) São Paulo: Cosac Naify.

Gudmundsdottir, M. (2009). Embodied grief: bereaved parents' narratives of their suffering body. *Omega: Journal of Death and Dying*, *59*(3), 253-269. doi: 1 0.2190/0M.59.3.e

Gudmundsdottir, M., & Chesla, C. A. (2006). Building a new world: Habits and practices of healing following the death of a child. *Journal of Family Nursing*, *12*(2), 143-164. doi: 10.1177/1074840706287275

Koury, M. G. P. (2010). Ser discreto: um estudo sobre o processo de luto no Brasil urbano no final do século XX. *Revista Brasileira de Sociologia da Emoção – RBSE*, *9*(25), 9-95, 2010. Recuperado de https://goo.gl/Tnq5Wd

Machado, R. M. (2016). Luto na contemporaneidade – expertise, discursos e práticas de assistência. *Anais do Congresso Internacional Imagens da Morte: tempos e espaços da morte na sociedade*, 7. São Paulo, SP: Associação Brasileira de Estudos Cemiteriais.

Martins, F. (1999). O que é *phatos*? *Revista Latinoamericana de Psicopatologia Fundamental*, *2*(4), 62-80. doi: 10.1590/1415-47141999004005

Merleau-Ponty, M. (1994). *Fenomenologia da percepção*. São Paulo: Martins Fontes. (Trabalho original publicado em 1945)

Merleau-Ponty, M. (2000). *O visível e o invisível*. São Paulo: Perspectiva. (Trabalho original publicado em 1964)

Minkowski, E. (2000). Breves reflexões a respeito do sofrimento (aspecto pático da existência). *Revista Latinoamericana de Psicopatologia Fundamental*, *3*(4), 156-164. doi: 10.1590/1415-47142000004012

Molinié, M. (2008). Logiques du deuil et construction du sens: un abord clinique. *Pratiques Psychologiques*, *14*(4), 461-469. doi: 10.1016/j.prps.2008.04.001

Parkes, C. M. (1998). *Luto: estudos sobre a perda na vida adulta*. São Paulo: Summus.

Parkes, C. M. (2001). A historical overview of the scientific study of bereavement. In M. S. Stroebe, R. O. Hansson, W. E. Stoebe & H. Schut (Orgs.), *Handbook of bereavement research: consequences, coping and care* (pp. 25-45). Washington: American Psychological Association.

Rezende, J. F. (2010). Terapia, terapêutica, tratamento. *Revista de Patologia Tropical*, *39*(2), 149-150. doi: 10.5216/rpt.v39i2.10734

Ricoeur, P. (2010). *Os três n*íveis do *juízo m*édico (Colecção Textos Clássicos LusoSofia, J. M. S. Rosa, trad.). Covilhã, Portugal: Universidade da Beira Interior. Recuperado de https://goo.gl/JaTcvZ

Rosenbaum, J. N. (1991). Widowhood grief: a cultural perspective. *The Canadian Journal of Nursing Research*, *23*(2), 61-76. Recuperado de https://goo.gl/ZCWpby

Rosenblatt, P. C. (2008). Recovery following bereavement: metaphor, phenomenology, and culture. *Death Studies*, *32*(1), 6-16. doi: 10.1080/07481180701741228

Smith, A., Joseph, S., & Nair, R. (2011). An interpretative phenomenological analysis of posttraumatic growth in adults bereaved by suicide. *Journal of Loss and Trauma*, *16*(5), 413-430. doi: 10.1080/15325024.2011.572047

Shapiro, E. R. (1998). The healing power of culture stories: what writers can teach psychotherapists. *Cultural Diversity and Mental Health*, *4*(2), 91-101. doi: 10.1037/1099-9809.4.2.91

Tatossian, A. (2012). O que é clínica? (pp.141-147). In A. Tatossian & V. Moreira, *Clínica do Lebenswelt: psicoterapia e psicopatologia fenomenológica* (pp. 141-147). São Paulo: Escuta.

Valério, P. H. M., & Barreira, C. A. (2015). Arqueologia fenomenológica, fenomenologia genética e psicologia: rumo à gênese das manifestações culturais. *Psicologia USP*, *26*(3), p. 430-440. doi: 10.1590/0103-656420140075

Vilar, S. C., & Furlan, R. (2016). Alteridade e expressão em Merleau-Ponty: rumo a um paradigma alternativo da subjetividade. *Memorandum*, *30*, 157-176. Recuperado de https://goo.gl/gHVwi7

Wortman, C. B., & Boerner, K. (2011). Beyond the myths of coping with loss: prevailing assumptions versus scientific evidence. In H. S. Frienman (Org.), *The Oxford Handbook of Health Psychology* (pp.438-476). New York: Oxford University Press.

Wortman, C. B., & Silver, R. C. (1989). The myths of coping with loss. *Journal of Consulting and Clinical Psychology*, *57*(3), 349-357. Recuperado de https://goo.gl/5ohWDW

Zachar, P. (2015). Grief, depression, and the DSM-5: a review and reflections upon the debate. *Revista Latinoamericana de Psicopatologia Fundamental*, *18*(3), 540-550. doi: 10.1590/1415-4714.2015v18n3p540.9

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