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Clinical Intervention in Depressive Suffering: ADI/TIP Method, Psychology and Phenomenology of Affects

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ABSTRACT – Depression itself composes, in the West, an epidemiological phenomenon constituted by neurochemical factors highlighting an eminently psychic suffering which indicates the importance of psychotherapy. Nevertheless, it becomes evident the lack of propositive researches within clinical phenomenology. Such theoretical study uses the method of bibliographical research to present the therapeutic process of the ADI / TIP Method theoretically based on the phenomenological analyzes of affections as a possibility of intervention. The enlightenment over the structures from the experiences of affective sphere allows the apprehension of the contributions of this short duration (10-15 sessions) process, whose satisfactory results / changes demonstrate transformations in both the subjective/intersubjective configurations of individuals and the comprehension of singular senses resigned to the prime affective-emotional experiences, reducing the depressive symptomatology and collaborating for the current psychological practice investigation.

KEYWORDS: Psychotherapy, Depression, ADI/TIP Method, Phenomenological Psychology

Intervenção Clínica no Sofrimento Depressivo: Método ADI/TIP, Psicologia e Fenomenologia dos Afetos

RESUMO – A depressão compõe, no Ocidente, um fenômeno epidemiológico, constituída por fatores neuroquímicos, contudo, demarcando um sofrimento eminentemente psíquico que indica a importância da psicoterapia. Todavia, evidencia-se a escassez de pesquisas propositivas no âmbito da clínica fenomenológica. Este estudo, utilizando-se do método de pesquisa bibliográfica, objetiva apresentar o processo terapêutico do Método ADI/TIP, fundamentado teoricamente nas análises fenomenológicas dos afetos como possibilidade de intervenção. Verifica-se que o esclarecimento das estruturas das vivências afetivas permite a apreensão das contribuições desse processo de curta duração (10 a 15 sessões), cujos resultados/mudanças satisfatórias demonstram transformações tanto nas configurações de sentidos conformados às vivências afetivo-emocionais primevas quanto nas compreensões subjetiva/intersubjetiva dos sujeitos, reduzindo a sintomatologia depressiva e colaborando na investigação das práticas psicológicas clínicas na atualidade.

PALAVRAS-CHAVE: Psicoterapia, Depressão, Método ADI/TIP, Psicologia Fenomenológica

In recent decades, new modes of subjectivity and different forms of anxiety-related psychic suffering have emerged which are related to the very way of life dictated by the standards of today's societies, among which, due to their severity and extent, depressive suffering stands out. Depression is a disease belonging to the category of Mental and Behavioral Disorders (ICD-10) - Class of Mood Disorders - affecting about 350 million people worldwide and demonstrating higher numbers in underdeveloped countries (Word Health Organization [WHO], 2012). It is recognized as a universal human phenomenon, despite the different symptomatic manifestations in different cultures. In the West, depression composes an important epidemiological fact, tending to grow by articulating precisely the frustration derived from Western individualism (Baztán, 2008).

As a result, the number of researches on this theme is increasing, especially regarding the possibility of psychotherapeutic intervention, considered as a relevant factor in the remission or reduction of symptoms, associated with pharmacological treatment considering the mental and

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behavioral impairment of the disease. (Motta et al., 2017; Verdoux et al., 2014). Nevertheless, the disease is often either underdiagnosed or undertreated, especially in economically disadvantaged classes, a situation denounced as a challenge for the global mental health area (WHO, 2012). This fact has caused changes perceiving ways of acting of the professional psychologist, calling him or her to view the subject in a perspective of an "extended clinic", adapted to the new demands of social responsibility (Flor & Goto, 2015; Ribeiro & Goto, 2012). However, a significant gap can be observed concerning psychotherapeutic propositions including results, processes, anthropophilosophical foundations and an impact on depressive suffering, especially concerning the phenomenological-based psychological clinic. Thus, the current tendency towards a biologist reductionism in depressive treatment is reinforced, justified by its wide symptomatology and medical comorbidities, restricting the clinical intervention, usually to medication (Goto, 2008; Santiago & Holanda, 2013; Verdoux et al., 2014). The subject is a historical question whose origin goes back to the increase of individualism in the West, when the notion of clinic (*Klin*ê), inheritance of the Greeks (Gabriel & Goto, 2015), as well as the conception of the human person tended to be disregarded, giving rise to antagonistic reactions, especially in philosophy and psychology, which denounced the situation of political and social injustice and warned about the inherent risks of the hegemony of positivism (Husserl, 2012). All this movement had repercussions in the nascent Psychology at the time and in the discussion about the meaning of the current clinic, a socio-cultural context that mobilized Edmund Husserl (1859-1938) to conceive Phenomenology as a necessary method to study conscious experience and to ground the study of subjectivity rigorously (Goto, 2008). Thus, it configures a Phenomenological Psychology that should be pure, rational and non-experimental, constituting itself as a science of essences and not of facts, focused on the clarification of the original structures of subjective psychic life.

This critical thinking allowed the emergence of clinical interventions of a phenomenological-existential approach in psychology and psychopathology, having a more humanistic or more existential character, depending on the philosophical articulation that sustains it (Gomes & Castro, 2010; Goto et al., 2016). However, according to Batzán (2008) and Alonso-Fernandez (2009), the fundamental problems raised by Husserl at the beginning of the sec. XX persist contemporaneously, linking the increasing aggravation of depressive illness to the standards dictated by today's culture.

In this sphere, the authors describe the disease according to the phenomenological-structural method, highlighting the impact of the psychosocial elements present in it that characterize a syndrome composed of objective and subjective elements, marked by a "biographical break" in which the "vital impulse"[1] is interrupted. The suffering that begins as a psychic disorder, enters the affective sphere and nestles in the somatic dimension, bringing, as a result, a great symptomatological intensity that determines a psychophysical illness and not merely a reactive and exogenous disorder. Therefore, in the debate about the disease, the theme of affectivity is evidenced together in its structural and anthropological character, highlighting the subjective experience of the one who experiences it, expressing a "vital sinking" in which the whole being suffers and "suffers to live"(Baztán, 2008; Alonso-Fernandez, 2009). An eminently clinical-phenomenological character becomes clear that implies in conceiving the human in its subjective and intersubjective constitution, in its relations with its social and historical reality, the origin of fundamental attitudes, including in the presence of health or disease (Diaz, 2012; Josgrilberg, 2017b).

In this context, and despite the importance of the Husserlian proposal concerning the psychological clinic, it can be noticed, concurrently, a lack of research addressing the issue in the field of psychotherapy, based on the phenomenological analyzes of the constitutive structures of the human person in its eidetic-transcendental nature (Feijoo & Goto, 2016), as is the case of the phenomenology of affections. Such scarcity engenders a lack of possibilities for offering help, contrasting with the disquieting data related to this syndrome (Santiago & Holanda, 2013).

Guided by these concerns, we sought to identify a therapeutic intervention that had its assumptions based on Phenomenological Psychology, supported by a Phenomenological Anthropology, which would distinguish itself by its ability to bring about significant changes in the subjects' psychic and existential suffering, and in this case, especially in depressive suffering. To this end, the therapeutic process proposed by the Direct Access to the Unconscious Method (ADI), whose clinical psychological application happens through the Personal Integration Therapy (TIP) - ADI / TIP Method, differentiated itself. It is a consistent interventional proposal which has produced new research based on its results in several symptomatologies and positive responses regarding the number of patients attended (130,000 patients attended by 2017)[2], with a degree of satisfaction and perceived improvement of 80,41%, figures that, in isolation,

1 Alonso-Fernandez (2009) and Baztán (2008) describe the decrease in vital impulse with specific characteristics present in depressive mood: a feeling of "detachment from life" and an "emptying of self"; anergy: somatic slowness and psychic decrease in vitality; interpersonal and spatial decommunication; and rhythmopathy: deregulation of both circadian and seasonal rhythms, as well as altered perception of time (fixation in the past, detachment from present reality and denial of the future).

2 The ADI / TIP Method is practiced by a team of psychologists and physicians working in clinics or care centers present in several states of Brazil (Federal District, Espirito Santo, Sao Paulo, Rio Grande do Sul, Paraná) and abroad (Germany, Austria, Portugal, Poland and Italy), linked to FUNDASINUM and TIP-Clínica, headquarter clinic based in Belo Horizonte - MG.

arouse interest[3] (Jost, Jost de Moraes, Veloso, Alves, & Tróccoli, 2009; Nunes-Silva, Moreira, Jost de Moraes, Rosa, & Marra 2012; Nunes-Silva, Moreira, Rosa, Marra, & Valadares 2016).

Furthermore, the possibility of extending this intervention to resource-poor people must be mentioned, considering that the founder of this therapeutic proposal, Renate Jost de Moraes (1936-2013), established, in 1986, the Foundation of Humanistic Integral Health (FUNDASINUM), an institution presently maintained by TIP-Clínica. It provides social services, conducts clinical research and trains psychologists and physicians specialized in this approach. These research, in turn, are intended to promote a constant critical reflection of the methodology itself and to disseminate its results to the scientific community and the general population.

The following study aims to present the therapeutic process of the ADI / TIP Method, which is part of the phenomenological clinic as a practical/theoretical possibility of intervention in depressive suffering. The internal consistency of its theoretical constructs as well as its external validity, based on the phenomenological analysis of E. Husserl and E. Stein, may support the processes of practice and performance of the clinical psychologist by enabling a rigorous study of the main concepts used in psychology, highlighting, in this case, the sphere of affectivity (Goto, 2008; Goto et al., 2016). We seek to propose theoretical advances by exposing a theory based on clinical practice demonstrating the benefits that appear from this foundation and highlighting the need to evaluate scientifically grounded psychotherapeutic interventions, able to answer questions arising from clinical practice, particularly, in this matter, regarding the problem of depressive illness.

METHOD

To achieve this objective, a theoretical research study was chosen, characterized as bibliographic research (Lima & Mioto, 2007), defined as an ordered set of search procedures for solutions according to the object of study, the context of research, and the analysis employed. The study aims at creating an analytical synthesis and proposing solutions, considering the impossibility of a definitive apprehension of the studied subject (Goto et al., 2016). As a linguistic parameter, the Portuguese, Spanish and English languages were defined, and the methodological course was organized in two moments: the first, which aims to present the therapeutic intervention proposal inaugurated by Renate Jost de Moraes, based on the results of Husserl's phenomenology of affections (1859-1938), notably in his "Logical Investigations and Ideas for a Pure Phenomenology", as well as in the works of E. Stein (1891-1942), particularly in "Contributions to the Philosophical Foundation of Psychology and Sciences of the Spirit", together with their commentators and interpreters. The second moment intends to reflect on the contributions of the ADI / TIP Method for the intervention in depressive suffering.

The ADI / TIP Method: anthropological-phenomenological description and foundation

The therapeutic process of the ADI / TIP Method was elaborated and structured by the psychologist Renate Jost de Moraes (1936-2013) with the objective, since its inception, of caring for the patient in an integral way, that is, in his "psychonoosomatic suffering" (Jost de Moraes, 2008, 2016) proposing to support him or her in facing his or her difficulties contemplating several therapeutic demands. This term coined by the author places "noos" at the heart of the word, aiming to highlight the centrality of the "noological dimension", following the Franklian terminology and examining also the spiritual sphere as will be explained below. The author developed and organized this methodology from the data that emerged from her clinical experience. In this sense, all the possibilities offered in the therapeutic process, as well as its results, are the outcome of experiential empirical research, built from this practice. Thus, the theoretical formulations came later, in dialogue with other authors, especially Viktor Frankl, Carl G. Jung, Henri Bergson, and Edmund Husserl, among others, during the reflection and search for understanding of the phenomenon already evidenced.

Jost de Moraes began her studies and clinical experience since 1975 and proposes in her main works a therapy with defined guidelines. Her method allows emerging systematically several significant moments throughout the process, which are, however, flexible to each patient and each stage of their personal growth.

In the early days of her clinical practice, Jost de Moraes (2016) used some techniques of classical hypnosis. However, understanding that these resources were limited by acting only in the psychic sphere, she concluded that they did not collaborate in the understanding, elaboration, and transformation of the experience of suffering. This change happens in the sphere of meaning configured through the lived-experience, which is located within the scope of will and freedom, called by Stein (2007) the "spiritual sphere". With this purpose, Jost de Moraes developed a therapeutic methodology with specific methodological procedures: "therapeutic questioning" and "directional inversion",

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3 FUNDASINUM maintains a statistics department that generates, on a permanent basis, data on the volume of patients and on the perception of their degree of satisfaction in facing their difficulties. Approximately 2,300 patients / year, or 61,400 sessions / year, are estimated from 2010 to 2017. Currently the training of psychologists and physicians in this approach is done as a Lato Sensu Graduate Course taught by FUNDASINUM in cooperation with the Faculty of Medical Sciences of Minas Gerais –FCMMG - FELUMA.

revealing possibilities of access to important affective-emotional elements that constitute human interiority.

Initially, we highlight the "therapeutic questioning", which appears in this context, following the ancient proposal of Socratic "maieutics" (470-399 BC), but with its own characteristics. At this juncture, it aims to operationalize and enhance the intuitive possibilities of the patient, authorizing precisely the apprehension of events that are coupled with psychic contents and senses that, although pre-reflexive, can be perceived, understood and "decoded" always considering the tripartite structure (body [Leib], psyche and spirit) of the human person (Stein, 2007).

The methodological proposition of the "directional inversion", in turn, refers to the inversion of the order of approach to the unconscious psychic contents. The author indicates that instead of emerging "forgotten" (unconscious) contents to the consciousness - a procedure that would lead to a "rationalization", as described by Freud - it is suggested to enable the patient to perceive, in the light of reflective consciousness, recorded psychic and existential contents. These are recorded intuitively and directly in his or her psyche, dispensing the use of hypnosis or other obliterating resources of consciousness, as well as other means of an "indirect approach" of unconscious contents which are supported by external indicators to the subject (Jost de Moraes, 2008, 2016). The articulation of these two fundamental procedures - the "directional inversion" and the "therapeutic questioning" - used in a systematic way, enhances the possibilities of intuitive apprehension of the person allowing him to "turn his gaze" to that lived-experience, equally intuitively captured, aiming at psychic and existential restructuring of the patient. These methodological resources, employed in clinical practice, allow the visualization and perception of the same experience, allowing a description in rich detail of emotionally valuable situations and events that emerge in the therapeutic space as "scenes" or as an "inner movie".

In this way, lived-experiences are unveiled that connect to impressions and records linked to subjective senses conformed to oneself, others subjectively important and the surrounding environment. These emerge in this context immediately and non-reflexively, revealing themselves as primordial "existential codes" named by the author as Register-Phrase (RP), appearing as they were recorded and signified by the one who experienced them. This basic structure, in turn, permits the diagnostic-therapeutic work with intrapsychic, interpersonal, and existential conflicts regarding primary records and together authorizes the organization of a short-term therapeutic intervention (10-15 sessions), the therapy named above, which is preceded by a preparatory phase and followed by two subsequent steps in the therapeutic process of the ADI / TIP Method.

The preparatory phase of the process includes a medical consultation, as usual in depressive cases, aiming to examine and monitor the patient for organ problems and psychopathological disorders, followed by the Preparatory Therapy Exercises (EPTs - 13 sessions). EPTs consist in listening to recordings of relaxation exercises accompanied by relaxing music in order to facilitate the performance of the proposed exercises; This is followed by visualization exercises aimed at relieving tensions, enabling the patient to visualize and describe internally perceived images, linked to experiences understood as affectively important, enabling the subject to "detach" from the symptom. As a result, the patient performs an "intrapsychic inversion", helping him or her to perceive himself or herself as "master of himself or herself" rather than subjected to his or her psychic impulses and motivating him or her to carry out the therapeutic process (Jost de Moraes, 2008, 2016; Jost et al ., 2009; Nunes-Silva et al., 2012; Nunes-Silva et al., 2016).

The second stage refers to the Personal Integration Therapy (TIP) itself, when, according to Jost de Moraes (2008), the methodology of the direct access to the unconscious is used as a diagnostic-therapeutic objective, aiming to intervene in the patient's "Psychonoosomatic" state of suffering. In this way, a "circular process" is defined for each accessed nucleus of suffering, composed by the "diagnostic phase", the "therapeutic phase", the "positivation", the "closure" and the "testing". All therapeutic questioning, both in the diagnostic and therapeutic phases, begins with an "objectivization", which uses focusing and specifying questioning resources, in order to avoid both interpretations and rationalizations, as well as the retrieval of memories of conscious memory or the deviation to the use of fantasy or imaginative creation by the patient. One of the resources of the "objectivization" refers, for example, to the therapist's request to identify a "number", a procedure that, in addition to circumventing rationalization, helps to focus on the patient's life moment indicating the context of the event that must be intuitively perceived, providing, according to each case, either a "positivation", or a diagnosis of the problem situation, or even the understanding and therapy of a given experienced suffering.

The "diagnostic phase" is intended to help the patient identify the roots of his psychic suffering, starting with the visualization and description of what he perceives internally, expressed as a lived "scene", but still with sparse or broad contents. It follows from this revealed data, a diagnostic investigation, guided by the therapist, that uses the "objectivization" and the "diagnostic questioning", with the purpose of specifying the "details" of the perceived, "tapering" and deepening the apprehension of the lived-experience, in order to understand the "apex" of the issue in focus, referring to the configured synthesis of the personal meaning of that particular lived-experience. As indicated, yet, now broadening the comprehension, these subjective "impressions" are evidenced as particular sense nucleus that articulate with the subject's judgments about himself or

herself (self-concepts) expressed in Register-Phrase (RP), which can structure (positive) or disrupt personality. Besides, Concluding-Phrases (CP) are elaborated about others and the lived situation as well as Decisive-Phrases (DP), referring to assumed positions, albeit in a pre-reflexive context. These configurations of meaning, in turn, are linked to modalities of self-configuration, which tend to generalize to similar life situations.

The "therapeutic phase" - equally using the resources of "objectivization", "directional inversion" and "questioning", now aiming at therapy - starts from this psychic material found, related to intersubjective events to discover, jointly with the patient, possibilities of understanding the underlying affective-emotional circumstances that generate that suffering. This dynamic, which permits a gradually deeper "internalization", allows the "decoding" of the configured negative registers, by enabling the change of the subject's internal movement from a centripetal or self-centered dynamic to a centrifugal or self-transcending dynamic, following Steinian terminology (Stein, 2005a, 2005b).

Thus, the result broadens the notion of resignification of the lived-experience, considering that it allows a transformation in the way the subject is perceiving, feeling, thinking, seizing and positioning himself or herself in front of the lived-experience, in addition to allowing the emergence of contents experienced as positive during the phase of "Positivation". This allows the appearance of content linked to experiences perceived as healthy and which reconfigure the "personality". Finally, the focused problem situation is "closed" by checking or "testing" whether changes, also described and perceived intuitively, have been made at the level of personal being. Thus, the patient is empowered to cope with his difficulties, enabling him to discover other references to judge himself or herself, the other and the world (Jost de Moraes, 2008, 2016).

In this sphere, it is clarified that the objective is neither the regression to the age of the traumatic moment, nor the cathartic revival of the suffering experienced, nor even the understanding at the explanatory-causal level of the reasons and consequences of a given event. We seek, at this juncture, to establish a procedurally progressive dynamics, starting from the diagnostic identification of the roots of psychic suffering and the therapy of the founding nuclei of suffering, so that the moments that were built on this negative emotional basis will be redone. According to Jost de Moraes (2016), the described possibility, namely the intuitive apprehension of the lived-experience and its singular sense in a direct way, as well as the permission for the "decoding" of negatively configured subjective impressions and senses finds support in the considerations about the characteristics of human intuition, made by the French philosopher Henri Bergson (1859-1941). He defines intuition as a capacity for immediate and direct knowledge of facts and events that reaches the interiority of things, allowing a simple and global view, without need of speech mediation (Bergson, 1944).

It is important to point out that according to Tourinho (2016), citing Júlio Fragata (1920-1985), the approximation between Husserl and Bergson is evident, not only in relation to the intuitive character of the apprehension of consciousness, but also regarding the temporal conception of consciousness itself, confirming this statement by mentioning Husserl's comment referring to the work of the French philosopher, when he would have exclaimed: "The Bergsonians, consistently, is us" (Tourinho, 2016, p.157). Similarly, it is understood that the experiences described by patients in the context of the Personal Integration Therapy - ADI / TIP Method - emerge as "events" that, following Romano's (2009) phenomenological description, are events that, due to their radical meaning, manifest themselves in form of a rupture in one's existence, exceeding the fact by altering one's understanding of oneself and one's surrounding world and demanding one's personal implication in what supervenes (Almeida, 2016; Jost, 2014; Romano, 2009). Likewise, they find support in phenomenological considerations, appreciating the dynamics of affections that refer to the totality of life, having their origin and renewal in concrete life experiences of the human being that, resonating in the interiority, provoke constituent feelings of affective life, marking it as an experience of meaning (Quepons, 2016b).

Husserl (2012) pointed out that one of the most specific traits of psychic life is precisely its dynamic and unitary articulation, a structural-intentional movement that occurs through links that cannot be explained merely by psychic causality or temporal succession, considering that they are of the order of the teleological and the significant. In this trajectory, he distinguishes the "feeling-acts" from the "sensible feelings", so that the former, while being acts, carry an intentional reference and the latter, like the sensations, offer the necessary support for the constitution of these acts. Thus, "the happy event, as an objective property, appears as if surrounded by a "pink hue" not only referring to the content and context of an event as an event, but it would be all coated with the colors of joy or sadness. The feelings of pleasure or displeasure are "in the sentimentally determined apprehension of the event, referred to the event itself" (Husserl, 2012, p. 339).

It displays a significant point for the present discussion, considering that Husserl (2012) detects the possibility that "sensitive feelings" endure after the intentional objects that aroused them no longer appear in the foreground, maintaining their duration as a sensitive feeling after the intentional object is not present anymore. Consequently, this fact characterizes "a completely new mode of intention" (Husserl, 2012, p. 339) and causing that the feeling of pleasure or pain can be felt by simply referring to the subject who feels or become a pleasant or unpleasant represented object itself (Goto et al., 2016).

Husserl in the 1900-1914 "Manuscripts M" - belonging to the project "Studies on the Structure of Consciousness" (*Studien zur Struktur des Bewusstseins*) - operates a transition from a Phenomenology of Feelings (Gefühle) to one of the mood (Stimmungen) (Goto et al, 2016), presenting the latter initially as a unity of feelings fused together that form a horizon that can determine the character of individual feelings shown in the flow of consciousness. From this point of view, mood - despite not having an explicit intentional relation to something objective, differing from the feelings that have such a relationship - have an intentionality. At the same time they have an unclear background that defines an indirect horizontal intentional relation, namely "implicit", "obscure" or "diffuse", that is made with a horizon of objects, distinguishing itself from an intentional relation in a vertical sense, such as feelings. The mood are thus characterized as a lasting and dominant feeling, constituting a certain form of deep emotional consciousness that remains as an affection that "does not abandon us", although neither its reference nor its origin can be traced.

However, in any case, they correspond to a new relationship with regard to the foundation of experiences, engendering a synthesis of affective unity that can be understood in terms of effectual links and synthesis of association. In this way, "sensitive feelings", based on the intentionality of mood and acts of feeling, gain their own intentionality, albeit diffuse, serving as "ingredients" of the manifestation of mood (Quepons, 2016b).

In this context, it becomes clear that moods, such as depressive mood, for example, cannot be taken as mere psychic states of the subject, disconnected from the constitution of the world and the objects present in it. On the contrary, they play a primary role in the transcendental constitution of the world, and yet, because of their "irradiative" ability to provide certain moods to individual intentional objects, they not only operate on a specific event intentionally linked to a feeling, but they influence with that particular "affective colorful" the varied feelings present in the flow of consciousness (Goto et al., 2016).

Stein (2005a, 2005b, 2007), in turn, analyzing phenomenologically the constitutive structure of the human being, first distinguishes the living body as the level of most immediate self-perception and then describes the psychic dimension as the level of resonance and reaction to what is received by the sensible path, an inner life, however, which differs from consciousness. This quality which refers to the aspect that becomes aware of the lived-experience (its aspect that is conscious), condition of possibility of the manifestation of the psyche and human experience (Jost, 2016; Stein, 2005a; 2007). Also, it is a demarcation that allows the understanding both from the possibility of apprehending psychic acts as well as having access to founding affective-emotional records through intentional consciousness, a fact that allows the understanding of motives and motivations central to psychic sufferings.

As a corollary, it is appreciated that if value is directly articulated with the affective lived-experiences and the meaning attributed to them (Stein, 2005a, 2005 b), and remembering that what is offered to sensitivity is an important element in character formation, affective situations experienced in the family context which is the founding nucleus of affective life, can serve as a locus of positive and negative formations of meaning about oneself, the other and the world. These, in turn, becoming personal beliefs, enter the interiority, penetrate the psychic sphere and start to act in the very existence of the subject who configured them. It is soon understood that these personal beliefs, if negative, can deform and disrupt the own existence, considering that, by their intentional constitution, the human subject is configured in the world, a world that is his or her horizon of senses (Josgrilberg, 2017b).

In this field, Husserl (2006, p.188) states that "the expression 'horizon of lived-experiences' [...] here means not only the horizon of phenomenological temporality in its three described dimensions but differences between new kinds of modes of giving". He goes on to explain that a lived-experience: "[...] which has become the object of a look of the ego, which therefore has the mode of the 'noticed', has its horizon of unnoticed lived-experiences; [...] a horizon with a background of inattention, with relative differences in clarity and obscurity, as well as enhancement "(p.188). Here, the author states, analytical possibilities of "bringing the unnoticed to the pure eye, making of a passing observation a primary observation [...] In the continuous progression of apprehension in apprehension we also apprehend [...] the flow of the lived-experiences as a unit "(p.188). Thus, the Husserlian concept of "horizon intentionality" allows us to describe how the manifestation of an object of experience reveals itself through a series of coherent apparitions, interconnected with each other through retentions and anticipations of its global meaning. It also allows us to understand that an experience corresponds to a process of meaning transfer to other objects or experiences of different kinds, engendering associations that link the various lived experiences, forging a chain of meanings of increasingly complex understandings (Quepons, 2016a, p.87), which covers, as it can be concluded, the horizon of the noticed and unnoticed.

As for the various lived-experiences - composed of a content that is received in the consciousness, through the lived-experience of this content and the consciousness of that experience, by which the lived-experience itself is also called consciousness -, Stein (2005a, 2005b) distinguishes those which, in a singular trajectory, refer to a first beginning and those that emerge motivated by these original lived-experiences, following the dynamics of motivation that

deals with the origin, that is, one lived-experience to be complemented by another (Almeida, 2016; Jost, 2014; Stein, 2005a, 2005b). These originally lived-experiences refer to the subject's first look at what appears to him or her and which, being characterized as an event, is appropriated by him or her and thus comes into existence in his or her inner life, together with the feelings and the value related to it. Considering that all experience of consciousness is registered in the flow of consciousness, it becomes clear that this first lived-experience, by motivational dynamics, is linked to other lived-experiences, engendering a network of sense connections that defines psychic qualities referring to the concrete circumstances of the surrounding world. (Stein, 2005a, 2005b, 2007).

Thus, an experience that has been "lost in memory" may present itself again to intuition, whereas "retention" remains, which allows either the experience of a "new perception" of the lived-experience or a renewal of the previous lived-experience, in case "retention" fails (Stein, 2005b, p. 782). Husserl (2006) confirms that all of the immediate moments of the lived-experience, even those of the initial phase of a lived-experience that has just emerged, has its horizon of the before, which is not an empty before, but necessarily has the meaning of a past now as all now of the lived-experience has its horizon of the after. Thus, the course of life and the successive events of the plot of intentional lived-experiences configure a certain habitual style that crosses both the doxic sphere (perception, judgment, representation) as well as the axiological and practical spheres, configuring internal and external horizons that contain a series of anticipations of meaning based on a set of assumptions from which the given core of experience is explained (Quepons, 2016a, p. 89).

As a result it becomes clear that the psychic states are experienced and felt states not only by the body, but are vital feelings lived by the I. These are feelings that are not localized at any particular point, as in the case of bodily feelings, but which diffuse throughout the whole being, showing their effects not only on bodily but also spiritual activities. It is in this set that Stein (2005b, 2007) defines the constitutive spiritual dimension of the human person, the sphere of will, of want and freedom, possessing its own laws and not reducible to the psychophysical dimension. Indeed, in "spiritual feelings" are involved: acts in which values or objects present themselves as value bearers, or as "goods" as well as attitudes that these values trigger in the subject opening him to the contemplation of a new world of objects. In this domain, the sphere of mood refers to the attitudes adopted by the subject in the face of previously given objective material - people, qualities and forms of personal conduct or specific values of the personal sphere - "reactions" to the acquisition of knowledge of some kind. However, in this case, sensitivity plays a totally different role.

In this sphere, "I-referenced" content is defined and totally emerges in the I, filling it with a certain feeling affective such as anxiety, fear, exaltation, hope, whose correlative is not an absolute value, but something significant for the subject who experiences it. In this respect, it becomes clear that the reduction of the vital impulse, in the case of a depressive disorder, despite the evident somatic element, motivates multiple sufferings that cannot be evaluated from a biological or even psychophysical perspective, taking into consideration that everyone's world is toned with the color of sadness (Baztán, 2008; Alonso-Fernandez 2009). In the same argument, it can be also concluded that the therapeutic approach of this suffering must be multifaceted, considering both the drug treatment, being aware it is a psychiatric disease, and the psychotherapy aiming to maximize the gains for the suffering subject. On the other hand, from the point of view of psychotherapy, it is necessary to evaluate that if the possibility of access to these early lived-experiences and registers is given, some change in this lasting "way of being" could be achieved, considering that vital states and vital feelings constitute the psychic dimension (Almeida, 2016; Stein, 2005b).

It is precisely through the promotion of this openness for the apprehension of the configured senses to the experienced events, that Jost de Moraes (2016) proposed the inversion as the path of access to these meaningful contents, using the human capacity to know through intuition (Bergson, 1944). At this juncture, there is a particular clinical experience that also reveals that these unconscious registers are susceptible to "impression" as soon as from the gestation phase, marking singular apprehensions, often linked to experiences of love - acceptance, reception, trust - or lack of love -. rejection, exclusion, abandonment. Moreover, it is also emphasized that these basic lived-experiences are experienced by the child based on subjective perception of the relationship models of their first affective references, that is, the parental figures, both regarding the quality of the conjugal relationship and the apprehension of the characteristics of parenting relationships.

These subjective configurations, in turn, tend to have repercussions on intra and interfamily relationships, characterizing intersubjective modes of relationship that can determine non-constructive chains of meaning of transgenerational character, corroborating basic studies in Clinical Psychology (Bowlby, 1990; Erikson, 1976; Jung, 1996; Winnicott, 1990) and legitimizing the results of recent research that emphasize the intense mother-infant interaction since the gestational phase (Almeida, 2016; Jost et al., 2009; Jost de Moraes, 2008, 2016; Roncallo et al., 2015; Silva, 2016). However, Jost de Moraes (2016) warns, corroborating the Husserlian statements, that what matters is not the "fact itself", but the apprehended meaning that is always configured by the person himself or herself, in a taking of position, even if on a preconscious level, and that giving rise to a certain feeling, is "imprinted" on the interiority, intermingled with other subjective senses and similar objectives, articulating itself with previous and subsequent events, presenting itself, through a process of "irradiation"(Quepons, 2016b), by establishing meaning linkages.

In the phenomenological analysis - although the phenomenology of the life of the child and especially of the prenatal life is a little approached subject - recent studies have been dedicated to understanding this phase of the life based on the Husserlian considerations, especially of the generative phenomenology. Husserl (2017, p.375), in this sphere, states that: "[...] the original horizon begins where the human horizon is born implicitly, just as in the original beginning of temporalization the horizon of temporalization is already implied as temporalization […] ". He then completes: "[...] the first *hyle*, which first affects [first affection] becomes this what is first apprehended; this is, in a first turn, the first theme while being the first filled [known].

In this sense, the I already has the "world horizon". It already has, in its own way, a previous world, an extemporaneous world, which allows it to be - this "pre-I" - affected, forming a first nascent bond with the parents, who are also within a total community of living selves immersed in the historical temporality to which they belong. Thus, the *infans* child, as a pre-speaker, which includes the intrauterine life of the fetus and the baby in the first year of life (Josgrilberg, 2017a), that is, the child still "within the mother's flesh" (Husserl, 2017, p.375), already has a primordiality forming in the original state, intrauterine vital space, where the first existential predispositions are formed (Josgrilberg, 2017a), demarcating generational and transgenerational links of primordial character. It is noted, therefore, that the characteristics that reveal themselves from the "unconscious", when directly approached, do not correspond to the Freudian classical concept of this psychic sphere. In contrast, the description of the unconscious, as presented by Jost de Moraes (2008, 2016) from experiential clinical practice, can approach thematically the phenomenological analyses of Husserl's latest studies on the unconscious dimension by stating some aspects of the life flow of consciousness and raise the possibility of certain aspects occurring unconsciously.

It refers to a total 'horizon' of non-current modes of appearing and validity syntheses, however, which act together, in a continuity of 'retentions' and 'protensions' that synthesize in the present, in an essentially original dynamism, the past and future lived-experience, historically connecting the generations (Goto, 2015; Husserl, 2017; Josgrilberg, 2017 a) and linking the issue of affections based on lived-experience to the time horizon (Quepons, 2016a). In fact, the unconscious, as described by the author, includes the psychic dimension, but is not restricted to it, evidencing a "noological unconscious" referring to the spiritual dimension, sphere of openness to existence - because it is linked to the inner life (Stein, 2005a, 2005b, 2007) - towards oneself, the other, the world and transcendence, containing the horizon of lived-experiences, both the noticed and the unnoticed (Husserl, 2006), as the phenomenological analyzes proceed.

In short, Husserl and Stein differentiate between "psychic feelings", such as mood, and "spiritual feelings", such as joy and sadness, lived-experiences that imply an act of consciousness and an act of understanding of meaning (Stein, 2005a). These acts emerge from a "*Persönliche Ich*", "free and spiritual [...] that does not develop, but only 'unfolds' itself in the course of development" (Stein, 2007, p. 100-103), defined as possessing the power to "condition" and transform the sickening psychic states of being (Jost, 2016). In the same sense, Jost de Moraes (2016, p. 82) describes and distinguishes from her clinical experience a "Personal-I" in its origin and full potential, free, unrepeatable and responsible for the self-configuration, thus able to decide "For the good use of his or her freedom" (Jost de Moraes, 2008, p. 60).

It can be observed that the phenomenological analyzes focused on the affective sphere of lived-experiences can support the understanding of clinical practice, which occurs in the concreteness in the life-world of a person in "flesh and bone", and collaborate in the elucidation of basic psychological processes (Goto et al., 2016) involved in depressive suffering, having as an eidetic fundament lived-experiences in their structural character. It is an objective which should be paramount in therapeutic intervention. Therefore, in the next topic, it will be displayed how the clinical-phenomenological practice of the ADI / TIP Method seeks to understand and intervene in depressive suffering.

The ADI / TIP Method as a possibility of intervention in depressive suffering

Given the above, it is observed that this therapeutic proposal appears as an important intervention in the demand for care to different psychic and existential sufferings that arise in the phenomenological clinic, not being, therefore, an exclusive therapeutic resource for depressive symptomatology. Nevertheless, by enabling important changes in self-perception and primary and secondary intersubjective relationships, it also points to improvements in depressive symptomatology (Lopes, Jost, & Rosa, 2016). Depression, as indicated, has a multiple symptomatology, carrying "objective" elements such as slowness of physical and mental metabolism associated with anhedonia, difficulty in concentrating, sleep problems and decreased appetite as well as "subjective" lived-experiences, such as decreased self-esteem and self-confidence, ideas of guilt and/or unworthiness, sadness, inhibition, lack of interest in interpersonal communication, among others (Baztan, 2008). Corroborating these assertions, in understanding the clinical experience of the ADI / TIP Method, depressive suffering is described by patients (Lopes et al., 2016) as a chronic feeling of "being different" from others, together with the feeling of being "into oneself", unable to communicate. Patients sometimes describe themselves as "a defective piece" in the world, or "as if they were walking on a never-ending road, blurry with a thick gray haze that makes vision impossible, with no desire to continue living," reporting, therefore, a type

of experience that "obscures", "distorts" and "obfuscates" the perception of events in the world (Diaz, 2012, p. 180).

In this sense, and citing again Husserl (2012), it can be understood that if the sensation and feeling aroused in the primordial event tend to dye later events with the same colors, characterizing a feeling that endures and "does not abandon us", this depressive way of experiencing the surrounding events, in fact and once again, could not be gauged solely because of psychophysical causes even if one considers such moods as dullness, melancholy, and irritability, in case its motivation cannot be grasped. The assessment is corroborated during the therapeutic process when the depressed patient reveals objective-subjective dynamics, linked to various conditionings offered to sensitivity engendering cognitive and behavioral schemes, which branch out and extend to other situations of psychosocial and existential lifelong malaise. (Krause et al., 2007; Honda & Yoshida, 2013; Jost et al., 2009). Thus, the focus on a therapeutic intervention - and, because of its characteristics, especially depressive suffering - must be the self in its peculiar "obscuration" movement or self-transformation, even before the behavioral change or symptomatology decrease. Otherwise, little can be intervened in the suffering of loss of energy and reason for living. In this assertion, at least three fundamental factors are considered: first, it is considered that a therapeutic change necessarily implies the transformation of subjective theory (Krause et al., 2007; Honda & Yoshida, 2013) or the reconfiguration of conformed senses in an objective or subjective way (Jost, 2014). Second, and as already underlined, it is appreciated that mood cannot be reduced to psychic states considering that the apprehension of its meaning only reveals itself in the correlation established between the subject and his experienced world, in the concreteness of his own lived-experience, including considering their ability to tone the various feelings present in the flow of consciousness (Goto et al., 2016). Third, it is considered that every act of valuation causes a change in the feelings and vital inner states that can be positive or negative, proceeding from the outside as well as from the inside and come spontaneously or through events that cause a break in the connection of intentional experiences, modifying the understanding of oneself and the world, as it can occur through a therapeutic intervention.

In fact, according to Stein (2005b, 2007), the I's motivation for changing certain states of feeling can only come about through the eruption of a "new level of depth" that stands out from the previous one, a possibility that opens when the I is touched by a certain object, with a meaning content capable of provoking a feeling, of joy or pain, that indicates the recognition of a value and a requirement for decision making and mobilization of an appropriate action for self-realization (Jost, 2014). However, the question is: how to intervene in feelings and sense configurations allowing changes in the subjective and intersubjective structure, so that the self finds references more corresponding to its proper being, which, in the final analysis, could make possible the reduction of its depressive symptomatology?

In this respect, as evidenced, the ADI / TIP Method appears as a possibility by allowing precisely the apprehension and understanding of the fundamental lived-experiences of the "first before", which may occur in previous stages of intersubjectivity, in the first relations established with the cultural and emotional world, which will enable the subjective temporal formation of oneself, dialoguing with Josgrilberg's (2017b) statements. Take, for example, situations that usually occur in the clinical practice of this process, when the patient with a depressive diagnosis, in the "diagnostic phase" of the "circular process", identifies and describes, through intuitive apprehension, the perception of himself or herself as if he or she "shrunk" his or her being in the intrauterine space, with the intention of "disappearing" as he or she visualized her pregnant mother, "walking around," nervously, "due to being pregnant again," thinking that "this son came at the wrong time. "

In these circumstances, the patient evaluates himself or herself as someone who is "leftover", understanding that there is no place (in the world) for him or her. You can understand yourself as being "guilty" of your mother's suffering, describing yourself as a "mistake" or "an extra burden", concluding that your life "has no value". Sometimes he or she describes the perception of a "weakness" all over his body, feeling the space around him "colorless", sometimes "breathless", jointly reporting a "desire not to 'feel' anything else, anesthetizing himself or herself and weakening his or her vitality in concluding that his "life is not worth living". Also, feelings of "worthlessness", distrust and helplessness appear that cause an enclosure in oneself and a closure to the outside world, whose darkened "feeling affective" "radiates" to the whole being. This inner dynamic emerges in the therapeutic context of the Personal Integration Therapy, acting as an "existential order", which materializes in the body and the psyche, extending to other spheres of life, configuring a sick "way of being" that characterizes the "depressive mood", confirming the descriptions of Baztán (2008).

In fact, this author describes "depressive humor" as an "emptying of self" that reveals itself without any perception of the future, intensified by ideas of a ruined inner world and, above all, a self crushed by an inexplicable sense of guilt that can lead him or her to suicide, perceived as the only possible solution to relieve him or her of the "burden" of living. Besides these considerations it is essential to mention what can be observed from the clinical experience of the ADI / TIP Method, which evaluates that, despite this "emptying", the self is characterized as not completely having lost hope of finding a place in the world, even though it is marked by a "life suffering". In this existential space of the one who blames himself or herself and punishes himself or herself, in a lifelong victimization position, however, that appears in the therapeutic whole of this process, with the

double function of requesting a “debt” of love and blaming those with his or her suffering who he or she judges to be responsible for his or her pain.

Nevertheless, through the same dynamic of “questioning”, following the “circular process”, the path of therapy or “decoding” of these conditioned psychic and existential records becomes possible. It is a procedure that allows multiple directions and that will depend on the patient’s apprehension about what he or she intuitively understands, but in the case of depressive suffering, the existential inversion of the meaning given to the disease itself becomes fundamental, which ultimately has the self-referenced self as its intention. Continuing the foregoing reflection, the patient may discover, for example, that his or her mother had argued earlier with his or her father and that in this conflict he or she understood herself to be worthless to his or her mate, feeling abandoned and worthless as a person. It may also include that the ideas of lack of love and insignificance that his or her mother experiences are already the result of previous experiences, often transgenerational in character. In this trajectory the patient, at the very moment of the therapeutic process, is identifying the motivational factors linked to the attitudes of other members of the triggering and rooting event of their suffering, opening the possibility of intervention in the lasting “feeling affective” (Quepons, 2016b, 8), in this case, of sadness, allowing the understanding of what is most authentic in affective-emotional terms, both in relation to oneself and in relation to those blamed for the experienced suffering.

In the illustrated case, this conjuncture may allow the subject to understand that his or her sufferings do not allude to a rejection of himself or herself, nor do they refer to his or her father or the problem situation. In the same way, and the same movement, taking as a starting point the personal-Self, he or she can discover his or her capacity to decentralize himself or herself, moving from the subjective perception of a lived suffering to the self-transcending apprehension of the possibility of transformation of the shared intersubjective suffering. In this way, it is possible to perceive, for example, parents who embrace each other, dreaming of the child to be born as well as the visualization of oneself jumping with joy in the intrauterine space.

Therefore, in this methodological-therapeutic approach, the emergence of new meaning contents is possible, allowing the emergence of a “new level of depth” (Stein, 2005b) revealing diverse and more constructive apprehensions combined with values that allow the suffering person the configuration of a more fulfilling common way of being of one’s existence. This fact is confirmed in previous research and in descriptions realized after the Personal Integration Therapy, such as: “Today I feel like a person capable of loving and being loved (...) before I saw myself as a misshapen mass. Now I feel that this mass is being prepared to be what it should be”(Lopes et al., 2016).

FINAL CONSIDERATIONS

By taking the radical proposal of the Phenomenological Psychology in its emphasis on the movement of giving meaning to a lived-experience, the debate on the issue of depressive mood is broadened, not limited to its biological and reactive aspects by including and highlighting the sphere of feeling, whose effects extend beyond the objectively perceived motive by contemplating the being in its integrity. These considerations can help both the phenomenological understanding of a certain depressive way of living and the psychotherapeutic intervention in this suffering that has its roots and ramifications based on the configuration of meanings experienced by a self. This can be the I of the intrauterine *infans*, of a baby, of a child, of a teenager or an adult. It is an I of pre-conscious and constitutive intentionality in terms of corporeality and pre-constitutive in terms of consciousness that unfolds in the constitution of increasingly complex meanings. It is an I, who establishes the path of meaning in terms of before and after, sustaining its comprehensive dimension as Josgrilberg (2017b) points out.

Thus, through the contribution of the ADI/TIP Method, articulating the clarification provided about the experiences of the affective sphere to the understanding of the foundations of the human possibility of “turning the gaze” to the generating context of the “saddening” senses of being, as well as to those “joyful of being”, allows a broad understanding of conformed subjective and objective dynamics, authorizing changes in subjective theory, the way of feeling the other and the surrounding world, leading to the consequent improvement in interpersonal relationships and openness to an existential repositioning. As a result and considering the “nesting” of subjectivity in the somatic dimension (Baztán, 2008), a significant reduction in depressive symptomatology is possible, as the results of this therapeutic process have shown.

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