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Beyond Illness: The Symptom as the Language of the Psyche

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Abstract

This article investigated how patients in palliative care perceive the symptoms they experience, seeking to understand how they themselves make sense of these experiences in light of the symbolic dimensions of analytical psychology. This is a qualitative study with an exploratory and descriptive design, conducted at the outpatient clinic of a palliative care unit in a hospital in Recife, Pernambuco, Brazil. Eight adult patients with life-threatening illnesses, selected purposively, took part, and data were collected through semi-structured interviews. The material was subjected to thematic content analysis, combined with the assumptions of analytical psychology and the method of symbolic amplification. The discussion focuses on the accounts of three participants, which show that the experience of illness can transcend its organic dimension and, in certain situations, be understood as an event endowed with meaning and with a potential for transformation. Symptoms appear above all as physical limitations and sources of suffering; in some accounts, however, they are understood as expressions of psychic processes and as an opening for dialogue with unconscious contents, pointing to movements of symbolic engagement. Three axes along which the symptoms acquired new meaning emerged: spirituality, as a source of meaning and hope; the strength of affective bonds, as an anchor of support and vitality; and subjective changes in the relationship with time, with oneself, and with others, accompanied by greater empathy. The study

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concludes that regarding the symptom as a living expression of the psyche and a possible language of the unconscious may foster an understanding of it as a summons to psychic elaboration and reintegration, in keeping with the notion of "total pain" in palliative care. This perspective invites health professionals to a broader kind of listening, one that integrates physical, psychic, relational, and spiritual dimensions in patient care.
Descriptors: analytical psychology; palliative care; symptom; individuation; symbols; suffering.

Além da doença: o sintoma como linguagem da psique

Resumo

Este artigo investigou as percepções de pacientes em cuidados paliativos sobre os sintomas vivenciados, buscando compreender de que modo essas experiências são significadas pelos próprios sujeitos, à luz das dimensões simbólicas da psicologia analítica. Trata-se de um estudo qualitativo, de delineamento exploratório e descritivo, realizado no ambulatório de uma unidade de cuidados paliativos em hospital do Recife, Pernambuco, Brasil. Participaram oito pacientes adultos com doenças ameaçadoras da vida, selecionados intencionalmente, com coleta de dados por meio de entrevistas semiestruturadas. O material foi submetido à análise de conteúdo temática, articulada aos pressupostos da psicologia analítica e ao método da amplificação simbólica. A discussão concentra-se nos relatos de três participantes, que mostram que a experiência do adoecimento pode transcender sua dimensão orgânica e, em determinadas situações, ser significada como acontecimento dotado de sentido e potencial de transformação. Os sintomas aparecem sobretudo como limites físicos e fontes de sofrimento e, em alguns relatos, são compreendidos como expressão de processos psíquicos e como possibilidade de diálogo com conteúdos inconscientes, indicando movimentos de aproximação simbólica. Emergiram três eixos de ressignificação dos sintomas: a espiritualidade, como sustentação de sentido e esperança; a potência dos vínculos afetivos, como âncora de apoio e vitalidade; e as mudanças subjetivas na relação com o tempo, consigo mesmo e com o outro, com ampliação da empatia. Concluiu-se que considerar o sintoma como expressão viva da psique e possível linguagem do inconsciente pode favorecer sua compreensão como convocação à elaboração e à reintegração psíquica, em consonância com a noção de "dor total" nos cuidados paliativos. Essa perspectiva convida profissionais da saúde a uma escuta ampliada, que integre dimensões físicas, psíquicas, relacionais e espirituais no cuidado com o paciente.

Descritores: psicologia analítica; cuidados paliativos; sintoma; individuação; símbolos; sofrimento.

Más allá de la enfermedad: el síntoma como lenguaje de la psique

Resumen

Este artículo contiene una investigación de las percepciones de pacientes en cuidado paliativo sobre los síntomas vivenciados, procurando comprender de qué modo los propios sujetos significan estas experiencias, a la luz de las dimensiones simbólicas de la psicología analítica. Se trata de un estudio cualitativo, de diseño exploratorio y descriptivo, realizado en consultorio externo en una unidad de cuidados paliativos en un hospital de Recife, Pernambuco, Brasil. Participaron ocho pacientes adultos con enfermedades que amenazaban sus vidas, seleccionados intencionalmente, con entrevistas semiestructuradas para recoger datos. El material se sometió a análisis temático, articulada según los presupuestos de la psicología analítica y el método de la amplificación simbólica. La discusión se concentra en los relatos de tres participantes, que muestran que la experiencia de enfermarse puede transcender su dimensión orgánica y, en determinadas situaciones, ser significada como acontecimiento dotado de sentido y potencial de transformación. Los síntomas aparecen sobre todo como límites físicos y fuentes de sufrimiento y, en algunos relatos, se comprenden como expresión de procesos psíquicos y posibilidad de diálogo con contenidos inconscientes, indicando movimientos de aproximación simbólica. Surgieron tres ejes de resignificación de los síntomas: la espiritualidad, como sustentación de sentido y esperanza; la potencia de los vínculos afectivos, como ancla de apoyo y vitalidad; y los cambios subjetivos en la relación con el tiempo, consigo mismo y con el otro, con aumento de la empatía. Se concluyó que considerar el síntoma como expresión viva de la psiquis y posible lenguaje del inconsciente puede ayudar a comprenderlo como convocación a la elaboración y a la reintegración psíquica, en consonancia con la noción de "dolor total" en los cuidados paliativos. Esta perspectiva estimula a los profesionales de salud a realizar una escucha ampliada, que integre dimensiones físicas, psíquicas, relacionales y espirituales en el cuidado del paciente.

Descriptores: psicología analítica; cuidados paliativos; síntoma; individuación; símbolos; sufrimiento.

Introduction

This article stems from research carried out within a professional master's program in Health Psychology with adult outpatients followed at the palliative care unit of a hospital in the city of Recife, Pernambuco. The qualitative investigation was conducted by listening to illness narratives, with the aim of understanding their symbolic and subjective dimensions in light of analytical psychology.

Palliative care is an approach that seeks to improve the quality of life of patients and their families when they face illnesses that threaten the continuation of life. According to the World Health Organization (WHO, 2020), this approach prevents and relieves suffering through the early identification, assessment, and treatment of physical, psychosocial, and spiritual symptoms.

This comprehensive perspective finds expression in the concept of total pain developed by Cicely Saunders. Her legacy links the care of physical pain to the recognition of emotional, social, and spiritual needs, in a person-centered approach (St Christopher's Hospice, 2025). This understanding underpins attention to the patient's subjective experience alongside the relief of symptoms.

Falling ill with a life-threatening clinical condition can amount to a limit experience, in which the possibility of death becomes closer and more concrete. Such a situation tends to stir up deep psychic contents, fostering contact with subjective aspects that had until then been little accessed. For Kovács (2003), confronting finitude can act as a catalyst for processes of reflection and internal reorganization. In line with this understanding, Jaffé et al. (1980/1995) point out that, from the standpoint of analytical psychology, death is not reduced to a biological ending but constitutes a psychic event of great symbolic density. The authors observe that, as death draws near, the unconscious tends to manifest itself through images and symbols, giving meaning to the experience of dying as an integral part of the totality of psychic life.

In palliative care, the patient's needs encompass physical, psychosocial, and spiritual dimensions. Care seeks to relieve suffering and promote quality of life, with attention to the needs of the person and of their family (WHO, 2020).

This perspective makes it possible to investigate the symbolic meanings attributed to the experience of illness. Discussing the development of psychotherapy in the field of the psychoneuroses, Jung (1935/2013, p. 131) described his initial orientation toward combating and analyzing symptoms. That discussion does not put forward an explanation for the origin of organic diseases. In this study, the engagement with analytical psychology is directed at

the meanings constructed in the experience of falling ill. Rothenberg (2006) suggests that the experience of bodily suffering can make perceptible psychic needs that had previously received little attention. This perspective shapes how one listens to the meanings patients attribute to their symptoms, without replacing the investigation and treatment of their organic causes.

In Jungian psychology, the symbol is a living image that goes beyond immediate rational understanding and points to what is ambiguous and not yet integrated, arising as an attempt to translate unconscious contents into consciousness (Jung, 1959/2011). This symbolic language manifests itself in dreams, affects, and symptoms, which act as channels of communication between the inner and outer worlds. From this standpoint, the symptom is recognized as a psychological and existential experience that calls for deep listening and for an elaboration that integrates body and psyche (Stein, 1998).

Listening to the symptom as symbolic language finds one of its foundations in the concept of individuation. In "The Relations between the Ego and the Unconscious," Jung (1928/2012) presents this process in relation to the differentiation of the personality and the integration of unconscious contents. Within this horizon, the symptom can be understood as an expression of tensions not yet worked through and as an opportunity to revise one's subjective stance toward one's own life course (Edinger, 1972).

In "The Quest for Meaning," von Franz (2010/2018) addresses the individual path and dreams in relation to existential questions, including reflection on death. The work offers a horizon for dialogue with the investigation of the meanings attributed to illness, without establishing that every experience of suffering produces psychic integration or transformation.

Drawing on this theoretical and methodological framework, this article aimed to investigate how patients in palliative care perceive the symptoms they have experienced. It sought to understand how the participants themselves made sense of these experiences, considering the symbolic and subjective dimensions of illness. Guided by analytical psychology, the analyses aimed to contribute to a broader understanding of care, one that values the symptom as an expression of the psyche and as a possible path toward elaborating and integrating human experience.

Method

This is a qualitative study with an exploratory and descriptive design, aimed at understanding, through their own narratives, the meanings that people in palliative care attribute to their symptoms.

The qualitative approach made it possible to access subjective aspects of human experience, valuing the meanings and interpretations constructed by participants within their existential context (Minayo, 1992/2014).

The research was conducted at the outpatient clinic of a hospital in the city of Recife, Pernambuco, between August and October 2024. The institution has a service specialized in following people in palliative care, which provides comprehensive support to patients with life-threatening illnesses.

Eight adults of both sexes took part in the study. All were aged 18 or over, cognitively intact, informed about their clinical condition, and enrolled in the institution's palliative care service. Selection was purposive, and the number of participants was set according to the criterion of theoretical saturation: recruitment ended once the data began to show recurring content (Minayo, 1992/2014).

Data were collected through semi-structured interviews held in a single session lasting 30 minutes on average. A sociodemographic questionnaire was also administered. The interviews were conducted with attention to each person's clinical condition and emotional availability; they were recorded with the participants' consent and transcribed in full by the researcher. Pseudonyms were used to ensure confidentiality.

The data were analyzed by means of thematic content analysis, as proposed by Minayo (1992/2014), combined with the assumptions of analytical psychology. The reading of the accounts sought to identify the meanings attributed to the experience of symptoms. Interpretation drew on symbolic amplification, which places images within a broader context of meaning by relating them to cultural, mythological, and archetypal images and themes (Kast, 2013).

Generative artificial intelligence tools, chiefly Gemini (Google) and Claude (Anthropic), were used to support the organization of the text and the exploration of interpretive possibilities. In the final revision, an artificial intelligence assistant was also used to check the writing and the consistency between citations and references. The authors examined the suggestions against the transcripts and the theoretical framework. Decisions on analytical categories, interpretations, and final wording were made by the researchers, who critically reviewed the material and take responsibility for the content presented.

The research was approved by the institution's Research Ethics Committee (Opinion No. 6.942.080) and complied with the principles of Resolution No. 466/2012 of Brazil's National Health Council. All participants signed the free and informed consent form and were told of their right to refuse or discontinue participation at

any time, without any detriment to them. Supportive listening and supervision by the psychology team were available throughout the process.

Results and Discuss

The study included eight participants in palliative care, aged between 42 and 89 years (mean age 56.6 years). Seven reported a cancer diagnosis, and one reported a tumor whose malignancy was not specified in the research records. Time since diagnosis ranged from two to 14 years. Six participants reported treatment with chemotherapy, three of whom also mentioned radiotherapy; two reported drug treatment only. This diversity of clinical trajectories provides the context for analyzing the meanings attributed to the experience of illness.

The sociodemographic profile was heterogeneous, including participants from the state capital and from the interior of the state, with different levels of schooling and different occupations. In addition, all reported religious affiliations, mostly Catholic and Evangelical. More than characterizing the group, these elements indicate that sociocultural and spiritual dimensions permeate the way the symptoms were experienced, revealing that the experience of illness cannot be understood apart from the symbolic context in which each person is situated.

Most participants were married or in a stable union, and all had children. The presence of family was a recurring finding, forming part of the social context and serving as a symbolic axis of psychic support. This network of affective bonds shed light on how the symptoms were worked through. In some accounts, the illness called for a renewed appreciation of relationships; in others, the presence of loved ones served as an anchor in the face of fragility. Family ties thus proved to be an integral part of the symbolic field of illness.

The contextual diversity observed among the participants contributed to an understanding of the multiple dimensions of the experience of illness in palliative care. Family bonds, spirituality, and sociocultural trajectories influence how symptoms are perceived and the meanings people attribute to their own illness. These elements place the experience of illness within a network of relational, symbolic, and historical meanings that gives it its singularity (Minayo, 1992/2014).

Three accounts stand out as illustrations of different ways of dealing with illness and its subjective effects. The interviews gave priority to listening to individual perceptions. In the analysis, symptoms were considered both in their bodily dimension and in the psychic

significance the participants attributed to them, including the sense they made of them, their affects, and their coping strategies. In these narratives, the experience of symptoms forms part of a path marked by pain, resilience, and the reconstruction of subjectivity.

The selected trajectories bring out three complementary dimensions of the experience of illness in palliative care. In one account, spirituality emerges as a structuring axis, giving meaning to pain and guiding the way the illness is faced as an expression of divine will. In another, affective bonds, especially the relationship with a daughter, function as a symbolic source of support, mobilizing psychic resources for overcoming the illness. Finally, the third account reveals subjective transformations set in motion by the encounter with illness, disclosing an internal reorganization marked by greater empathy, the development of patience, and a new perception of time.

The three accounts suggest that the experience of symptoms involves physical limitations and can acquire meanings related to each participant's life course. In the symbolic reading proposed in this study, these meanings are bound up with spirituality, affective bonds, and changes in the relationship with oneself and with others. This interpretation does not assume that illness produces psychic growth in every case, but it does recognize possibilities for elaboration in the narratives analyzed.

In the context of recurrence and metastasis, as may occur in cancer, illness tends to take on an intense symbolic charge and is experienced not only as a threat to life but also as a rupture of meaning. This dimension is evident in the account of Joana, a 42-year-old farmer who has been undergoing cancer treatment for six years and who describes in depth her pain and her constant effort to find new meaning in her experience, revealing the subjective and symbolic impact of the illness on her life:

> The way I see it is like this: the same way I fought for the breast one, I'm fighting for this one here, you know? Oh, I tried... I've already thought about giving up, not wanting to look after myself anymore, because the process is hard, but the breast one was harder. And I fought, thank God. But I get like, dear God in heaven, and then I stay at home crying. Why did this happen to me again? But why?

The experience of illness can prompt reflection on existence and on ways of facing the disease, and such movements are not confined to situations of recurrence or metastasis (Kovács, 2003). In this context, religious experience is considered in its subjective dimension, which is not limited to adherence to institutions or doctrines. This reading engages with Jung's (1940/2011b) discussion of the experience of the numinous and with Tacey's (2022)

approach to the sacred. In Joana's account, faith was a source of support in the face of pain and the uncertainties of treatment.

Bringing the religious experience discussed by Jung (1940/2011b) together with the theme of spirituality requires that the differences between these concepts be preserved. In this study, this dialogue guides the interpretation of the affective and symbolic dimension of Joana's experience, without reducing her faith to a theoretical explanation.

In the essay "The Psychology of the Child Archetype," Jung (1940/2011a, p. 156) emphasizes that "religion is a living bond with psychic processes which do not depend on the conscious mind but go beyond it, for they take place in the obscure setting of the soul." This formulation makes it possible to discuss religious experience in its psychic and symbolic dimension. In reading Joana's account, faith can be understood as a point of reference for meaning and support, though this interpretation does not exhaust the meaning the participant herself attributes to her relationship with God.

In Joana's case, this experience takes the form of an intimate connection with something that transcends the conscious ego, functioning as an inner axis that sustains her endurance, her faith, and her search for meaning in the face of illness. Lived religiosity thus not only comforts but also sets in motion deep processes of transformation, through which suffering acquires new meaning. In her account, Joana reveals how illness had a transforming effect on her subjectivity. When she says that she has become a stronger person, she expresses a repositioning in relation to her own life course, attributing to the illness the value of learning and personal growth. This reconfiguration of herself, though marked by pain, points to the possibility of an expansion of consciousness in contexts of suffering, showing how symptoms, besides affecting the body, stir the psyche and challenge life in symbolic ways.

This movement toward new meaning can be discussed in dialogue with the spiritual dimension of clinical experience presented by Corbett (2011/2024). In Joana's account, her relationship with the sacred shaped both her interpretation of the illness and the ways she faced treatment. This reading recognizes the subjective importance of faith and preserves the singularity of the meanings constructed by the participant.

Like Joana, other participants also revealed singular ways of coping with suffering, mobilizing affective, relational, and symbolic resources to deal with the challenges imposed by the illness. These experiences show that the symptom, however painful, can take on new meaning as an experience that passes through the body and reaches the psychic dimension, transforming bonds and rekindling the desire to go on. It is within this horizon that Alice's account

belongs: her relationship with her daughter emerges as a core of emotional support and existential meaning, opening a new axis of understanding.

The experience of Alice, 42, diagnosed with brain cancer two years ago, shows how affective bonds can act as symbolic anchors in the face of a life-threatening illness. After high-risk surgery and radiotherapy, she associates her survival with her daughter, who has become a focus of hope and motivation. This bond, amid vulnerability, reveals the symbolic power of affects in sustaining the psyche:

> I didn't really have much hope of coming out of a surgery as dangerous as the one I went through in my life. And I spent an hour in the ICU! When I came round, I opened my eyes, I saw that I was alive and that the dream I'd been dreaming before this surgery was a light. What light is that? My daughter, with me, and me coming out of surgery through her. The strength I had to survive, to fight a cancer, was my daughter.

Alice's account shows that the symptom can acquire a symbolic dimension when affective bonds give it new meaning. By linking her survival to her daughter, Alice points to the family as a pillar of treatment. Campos et al. (2019) emphasize that palliative care is guided by comprehensive attention to the patient and to their relational network. This dimension resonates with Salik (2013), who described cancer treatment as permeated by "relationships of encounter," in which the bond with the other becomes a space of psychic support and a means of giving new meaning to the experience of illness. In Alice's case, the relationship with her daughter gave concrete form to this relational field, functioning as an affective axis that fostered her reconnection with vitality and the mobilization of inner resources to face the illness.

Alice's experience shows that, in the face of serious illness, the psyche turns to affective symbols as anchors of support. Her daughter emerged as a central element of hope and vitality, confirming what Gordon (1977) called the transforming power of symbols, which are capable of reorganizing inner experience and fostering resilience.

In Alice's account, the image of her daughter brought together affection, hope, and the motivation to face treatment. In dialogue with Carvalho's (2012) discussion of creativity and the opening of psychic space, this image can be interpreted as a resource for elaborating the experience. The bond offered concrete support and acquired symbolic meaning in the participant's narrative.

Throughout Alice's journey, her daughter's meaningful presence served as a fundamental point of support in the face of illness, offering motivation and resilience to face cancer. From the perspective of analytical psychology, this experience exemplifies creativity as a vital function of the psyche, capable of reorganizing inner experience in the face of tensions and existential crises. Carvalho (2012) emphasizes that creativity creates an open psychic space, allowing images from the unconscious to emerge and giving access to inner resources for dealing with adversity, which shows how affective bonds can be linked to creative and transformative processes.

Jung (1921/1991, p. 74) states that "the psyche creates reality every day," drawing attention to its creative dimension. This perspective offers an interpretive approach to Alice's account, in which the image of her daughter united hope and the motivation to face treatment. The image did not replace clinical care, but it took part in the meanings the participant attributed to her own experience of survival.

Alice's experience shows how her daughter's presence is bound up with creative processes of the psyche, opening up paths of reorganization. From this perspective, creativity, as an essential psychic function, can foster the elaboration of new meanings and of inner strategies for coping with illness (Carvalho, 2012).

Discussing the creative process in poetry, Jung (1941/2013, p. 97) described the experience of a force that may be felt as relatively autonomous with respect to the conscious will. This formulation offers an interpretive approach to Alice's account, in which the image of her daughter gathered hope, continuity, and motivation. What is offered here is a symbolic reading of the narrative, not an equation of artistic creation with illness.

In the reading proposed in this study, the experience of symptoms involves both their bodily dimension and the meanings the participant constructed over the course of the illness. In Alice's account, her daughter's presence was experienced as a source of motivation and hope for facing surgery and treatment. This image offers elements for a symbolic interpretation of the experience, without establishing a psychic origin for the disease or attributing to the affective bond a proven effect on clinical recovery.

This elaboration can be understood as an expression of psychic creativity. Jung (1948/2014, p. 416) proposes that the unconscious be understood as "a natural organ endowed with a specific creative energy." In interpreting Alice's account, the bond with her daughter combined affective support and symbolic meaning, which suggests the mobilization of inner resources for working through the experience of illness.

From this perspective, acknowledging vulnerability can be part of the elaboration of the experience of illness. In Alice's account, the image of her daughter brought together affection, hope, and the motivation to continue treatment. In dialogue with Carvalho (2012), this experience can be interpreted as a mobilization of creative resources for dealing with the crisis, without assuming that illness automatically produces psychic integration.

Hollis (1993/2022, p. 130) observes that "the truth is simply that what we will need to know will come from within us," reinforcing the idea that coping with suffering requires turning inward and listening to the psyche. This formulation is in keeping with the Jungian view that the unconscious contains not only repressed residues but also creative potentials capable of emerging and reorganizing psychic life.

In Alice's account, this movement became visible: her strength rested not only on external factors but also on an inner working-through of vulnerability. By symbolizing her daughter as a light, she gained access to inner resources that transformed pain into vitality. The illness ceased to be seen solely in terms of its bodily impact and became an opportunity for symbolic integration, opening space for growth, reorganization, and new meanings in life.

Alice's account suggests that meaningful affective bonds can offer support amid vulnerability. Her daughter's presence combined concrete support, hope, and the motivation to face treatment. In the symbolic reading proposed in this study, this image can be understood as a resource for elaborating the experience, although the account, taken on its own, does not allow us to assert that a process of individuation has occurred.

Alice's experience allows us to discuss the meanings constructed around symptoms and treatment, in dialogue with the approach to relationships of encounter in the oncological context presented by Salik (2013). In her narrative, her daughter's presence was a point of reference for hope and continuity. A symbolic reading of this bond broadens the understanding of subjective experience without reducing the illness to a psychic origin or assuming that suffering produces growth in every case.

The experience of Letícia, a 52-year-old homemaker diagnosed with breast cancer seven years ago, shows how illness can bring about profound transformations in one's relationship with time, with others, and with oneself. After a mastectomy and during chemotherapy, she emphasized the physical challenges and, above all, the emotional and subjective effects of this journey, lived against a background of anxiety and depression. In her own words, Letícia stressed the importance of the care she received from health professionals, recognizing in this bond an essential support for

getting through the experience of illness and for developing new ways of relating to life:

> I learned to be less hasty, like, I used to be in a real rush, I wanted everything on my own time, and now I don't, I'm patient; I wait, if I can give up my turn to someone else, someone I can see is in the same situation as me or worse, I always, always look out for others more than for myself, you know?

Letícia's account shows how the experience of illness can trigger profound transformations in the perception of oneself and of others. Over the course of her journey after the cancer diagnosis, she came to understand that illness had changed her relationship with time, allowing her to develop greater patience and attentiveness to the needs of others. In this movement, the symptom, while still expressing pain and fragility, also became a catalyst for subjective reorganization, through which affects such as empathy, solidarity, and tolerance emerged as psychic resources that broadened her capacity to face the experience of illness.

The change in the way Letícia relates to time and to others can be understood, in light of analytical psychology, as an expression of the transcendent function. Jung (1948/2014) described this function as a creative process of the unconscious in which opposites are brought into living relation, allowing something new to emerge.

In this sense, the symptom ceased to be merely a physical limitation and came to summon consciousness to integrate previously dissociated dimensions, making a broader subjective reorganization possible. When she points to her greater patience and empathy, Letícia reveals how the experience of illness, though marked by pain, opened space for new forms of psychic balance and for a life lived more wholly.

The transcendent function, as discussed by Jung (1948/2014), involves the relationship between conscious and unconscious positions and the possibility that a new symbolic configuration may emerge. It is not a simple fusion of opposites but a process capable of modifying the conscious attitude. In Letícia's account, this formulation offers a perspective for interpreting the changes in her relationship with time and with others, although it does not allow us to claim that every stage of this process has been demonstrated.

This reorganization does not always occur in a linear fashion or without ruptures. Corbett (2011/2024, p. 406) observes that "suffering occurs when painful events and losses radically call into question our sense of how things ought to be. We discover that we are not who we thought we were, and that the world is not the way we would like it to be." In this sense, the experience of illness can

unsettle identities and expectations and open space for processes of symbolic reconstruction.

In this context of uncertainty, possibilities for elaborating the experience may arise. Hollis (1993/2022, p. 131) states that "suffering accelerates consciousness, and from a new consciousness a new life can arise." This formulation is taken as an interpretive possibility, not as a necessary outcome of illness. In the accounts analyzed, meaningful bonds and subjective resources played a part in the ways the participants faced the illness and constructed new meanings.

In the reading proposed in this study, the experience of symptoms can be examined in its relationship to affects, expectations, and the meanings attributed to illness. In Letícia's case, the narrative brought out changes in her perception of time and greater attention to the suffering of others. These elements suggest a subjective reorganization of the experience, without establishing a psychic explanation for the origin of her disease.

Inhabiting illness demands openness to the ambiguity of life, in which pain and discovery coexist. The symptom, as a symbol, calls on the individual to revisit their own history. For Letícia, this meant finding new meaning in suffering and turning fragility into renewal.

Deep listening to the symptom involves a gesture of respect, understood as the willingness to turn one's gaze, attentively and in depth, toward what at first sight might seem to be merely pain or limitation. The etymology of the word "respect," from the Latin *respectare*, suggests precisely this movement of returning, of looking again, of listening openly and recognizing that suffering carries within it an appeal for meaning. To respect the symptom, then, is to welcome its complexity, to recognize its capacity to reveal psychic contents that had until then been neglected, and to draw closer to the symbolic dimension of the experience (Rotolo & Lopes, 2023).

Likewise, the Portuguese word *desenvolver* ("to develop"), derived from the Latin *dis-* + *volvere* – "to cease being enveloped" –, evokes the essential movement of individuation. It is a matter of "des-envolver-se," of disentangling oneself from restrictive patterns of consciousness and opening up to other dimensions of the psyche, especially those that emerge from the unconscious. This process requires following singular and often solitary paths, in which the individual abandons habitual routes in order to discover their own inner direction, recognizing and integrating aspects that had previously been hidden or repressed (von Franz, 1988/2008).

Jung (1964/2016) observes that symbolic manifestations are not confined to dreams and can appear in thoughts, feelings, situations,

and acts. This understanding offers a perspective for examining the meanings the participants attributed to the experience of illness. The approach proposed in this study is directed at the narratives and images used to express this experience, without asserting that every bodily symptom is, in itself, a symbol.

From this perspective, symbolic listening to symptoms can foster the elaboration of meaning and the integration of aspects of experience that had previously received little attention. Pain retains its concrete impact and requires relief; recognizing its subjective dimension does not mean denying it, minimizing it, or regarding it as necessary for psychic development. In the accounts analyzed, spirituality, affective bonds, and changes in the relationship with time were resources for dealing with illness. Attending to these movements broadens care and makes room for possible reorganizations of psychic life, in dialogue with the process of individuation and with the singularity of each life course.

Final Considerations

Grounded in analytical psychology, this study sought to understand the meanings that patients in palliative care attribute to their symptoms. The accounts show that, for the participants, the experience of illness transcends its purely organic dimension and can become an event endowed with meaning and with a potential for transformation. From this perspective, the symptom is not reduced to a physical limitation and can be understood as a living expression of the unconscious.

The symbolic reading of the narratives made it possible to discuss possibilities for elaborating the experience in dialogue with the concepts of individuation and the transcendent function. The participants reported changes in their relationship with the illness, with their bonds, and with their own life course. These movements do not, in themselves, demonstrate that a process of individuation has taken place, but they offer elements for understanding how meaning can be constructed in situations of vulnerability.

Listening to the participants' singular narratives brought out the diversity of symbolic readings. As the accounts illustrate, spirituality emerged as a structuring axis of meaning and resilience for Joana, while affective bonds, particularly the relationship with her daughter, operated as symbolic anchors of support and hope for Alice. In another register, the experience of illness acted as a catalyst for subjective transformation for Letícia, who described developing a new relationship with time and greater empathy for the suffering of others. Though distinct, these accounts converge on the central idea that the symptom, as an expression of a "language

of the unconscious," can act as a call to psychic elaboration and reintegration.

The findings of this study suggest contributions to practice in palliative care. A symbolic reading of symptoms can complement attention to the physical, emotional, social, and spiritual dimensions of suffering recognized in the total pain approach (St Christopher's Hospice, 2025). This perspective invites health professionals to welcome the meanings patients attribute to their own trajectories, alongside symptom management and respect for the patients' needs and choices.

This study has limitations related to the small number of participants, the fact that it was conducted at a single institution, and the retrospective nature of the accounts. The interviewer's questions and rephrasings also played a part in shaping the narratives and should be taken into account in their interpretation. The results do not allow for statistical generalization or for a demonstration of the clinical effects of the symbolic reading. Future research could broaden the diversity of participants and follow, longitudinally, the processes by which meaning is attributed to symptoms and to illness.

Recognizing the symptom as a living expression of the psyche allows us to understand it not only as a painful effect of the illness but also as an invitation to a reconciliation with one's own history and with conditions of vulnerability. Within this horizon, the words of Mia Couto (2011, p. 40) resonate: "But only the seed offers flowers," a reminder that suffering, when it is welcomed, may hold within itself the germ of an inner transformation.

Welcoming the meanings attributed to symptoms means recognizing the singularity of each life course and the fluctuations of human experience. In poem XXI of "O Guardador de Rebanhos," signed by the heteronym Alberto Caeiro, Pessoa (2015, p. 713) writes: "Not every day is a sunny day, / And when rain has long been lacking, we ask for it." As a poetic approximation, these lines evoke the coexistence of different experiences, without equating the suffering caused by illness with a desirable condition. This study sought to contribute to a kind of clinical listening that joins the relief of pain to care for subjective life in contexts of vulnerability.

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