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The experience of an inaugural episode of acute psychosis is initially a confrontation with an indefinable experience.

However, with the introduction of operationalized classifications (for example the DSM), the clinician attaches sometimes less importance to the subjective patient's experience than to the possible presence of symptoms, leading to a not-comprehensibility of delusional experience.

Following the phenomenological tradition of Minkowski, Binswanger, Conrad, Tellenbach Blankenburg and Kimura, some authors from the end of the twentieth century like Stanghellini, Parnas, Bovet and Grivois reaffirmed this approach that put between brackets the 'objective' concepts of descriptive psychopathology to make possible a more immediate encounter with patient. Thus, the intersubjectivity becomes a principal object of analysis.

For example, Minkowski speaks about a diminished sense of dynamic and vital connection to the world, 'the loss of vital contact'; and Blankenburg emphasizes the patient's loss of the normal sense of obviousness or 'natural self-evidence'. In a more empirical way, Conrad studied the first 117 episodes of psychosis and proposed a nomenclature of the initial phases of the disease (trema, apophany, anastrophe and apocalypses), to describe the becoming of the patient in a strange world, that's finish in a subjective 'reorganization of meaning'.

The objective of the present article is to review the different phenomenological concepts from Minkowski to nowadays authors to offer a better comprehensibility of psychotic experience.