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2 **First-episode Psychosis and Centrality in the Work of Psychiatrist Henri Grivois:**
3 **A Dialogue with Phenomenological Psychopathology**
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12 **Short Title: First-episode Psychosis and Centrality in the Work of Henri Grivois**
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24 **Keywords:** phenomenology; psychosis; centrality; intersubjectivity; embodiment
25
26

27 **Abstract**

28 The article traces the hypotheses of the contemporary French psychiatrist Henri Grivois
29 concerning what he calls nascent psychosis. In a perspective close to descriptive
30 phenomenology, Grivois tries to identify the alteration of subjective experience specific to the
31 first moments of a psychosis. He thus describes the experiences of concernment and centrality
32 as consisting in a disruption of the tacit mechanisms of mimesis and inter-individual
33 attunement. Using the common points between Grivois's aim and that of the
34 phenomenological approach, the article puts these two conceptions of first-episode psychosis
35 into dialogue, questioning in particular the pre-reflexive register of experience. The notion of
36 centrality questions the conditions of the constitution of intersubjectivity: it places the
37 question of the bodily and gestural incarnation that founds the relationship to the other at the
38 center of our understanding of psychosis. Grivois's hypotheses and the phenomenology of
39 psychoses together contribute to the questioning of the therapeutic methods employed in the
40 early stages of treatment. Centrality, in particular, questions the limits of verbal descriptions
41 of psychotic experiences, and invites us to think about methods that are based more on the
42 anchoring and bodily attunement of the patient and the therapist.
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45

46 **Introduction**
47

48 In the course of his practice in a Parisian psychiatric emergency room, psychiatrist Henri
49 Grivois developed, over the last 30 years, a substantial body of work focused on the original
50 notion of "nascent psychosis" [1-4]. This notion was forged in parallel with the surge of work

51 devoted to first-episode psychosis in contemporary psychiatry [5-7], but remains clearly
52 distinguishable from it. Nascent psychosis does not correspond to a syndrome whose signs
53 could be identified from a 3rd person perspective. Instead, it is a notion based on a critique of
54 psychiatric semiologies and classifications, and which suggests that the specificity of first-
55 episode psychosis lies in a particular form of subjective experience.

56 Grivois describes the clinical specificity of these first moments of a psychosis with
57 reference to two particular alterations in the subject's experience, which he calls concernment
58 and centrality. Concernment designates a diffuse experience in which the subject feels
59 concerned by the presence of others and has the feeling that people are linked together by
60 elusive connections. Centrality emerges as an extreme modality and a generalisation of this
61 experience of concernment in which the subject has the impression of being at the center of a
62 crowd whose movements converge towards him or her.

63 Grivois claimed an approach based on a descriptive phenomenology [8], just as the EASE
64 scale for exploring psychotic experiences refers to the experience of centrality [9]. However,
65 in spite of these proximities between Grivois's work and the phenomenological approach, the
66 notion of nascent psychosis finds little echo today in the field of psychopathology.

67 Nevertheless, the clinical analyses proposed by Grivois contain fruitful possibilities for a
68 dialogue with the current phenomenological approach to the psychoses. The experiences of
69 concernment and centrality invite us, in particular, to question the place of intersubjectivity in
70 the development of a psychosis: they question the tacit conditions of possibility of this
71 experience of intersubjectivity, as well as the subjective upheavals engendered when these
72 tacit mechanisms are altered and transformed into explicit experience.

73 After a brief presentation of Grivois's hypotheses, we will explore similarities and
74 differences with the phenomenological approach, and with the conceptions of a minimal self
75 in schizophrenia [10, 11]. Then, we will question the implications of the experience of
76 centrality in the therapeutic encounter between the patient and the clinician.

77
78

79 **I. An Original Approach to First-Episode Psychosis**

80

81 Grivois chooses to use the term nascent psychosis, rather than the term first-episode
82 psychosis characteristic of studies dealing with subjects at ultra-high risk of psychosis and
83 with the early detection of schizophrenia. The expression "nascent psychosis" seeks to take
84 into account both the often-elusive aspect of these first moments of a psychosis, and their
85 dynamic logic: these initial sequences often go unnoticed by doctors and patients, but they
86 alone allow us to grasp the logic of the development of psychotic symptoms, and in particular
87 the logic of the development of delusions [12].

88

89 *1. Nascent Psychosis, Beyond the Scope of Psychiatric Semiologies*

90 The notion of nascent psychosis is based on a critique of the semiology and
91 nosography of psychoses used in classical psychiatry. The classification of different types of
92 psychosis (paranoia, schizophrenia), of different delusional mechanisms (intuitive,
93 interpretative, imaginative) and of different alterations of experience (derealization,
94 depersonalization, ideas of reference) have, according to Grivois, produced a clinical
95 fragmentation that makes it impossible to grasp the emergence of a psychosis as a single,
96 unitary experience [12]. Grivois thus defends the hypothesis that there is an initial alteration
97 of subjective experience common to all forms of psychosis. Situated beyond nosographic
98 classifications, this initial experience would then evolve according to one of the different
99 forms of psychosis and the subjective reactions that it may entail [2].

100 Contrary to certain contemporary psychiatric conceptions of early psychosis, which
101 associate the latter with attenuated psychotic symptoms [13, 14], Grivois seeks to grasp the
102 birth of these symptoms, before the stage at which they become fully constituted as delusions,
103 hallucinations or disorganization. This nascent and subjective form of psychosis is
104 particularly difficult to describe, for patients as well as for clinicians. Grivois thus
105 understands the proliferation of semiological terms seeking to identify and classify the signs
106 of nascent psychosis as a defense mechanism on the part of psychiatrists, faced with the often-
107 unspeakable strangeness of these pivotal moments [12].

108 Although Grivois does not belong to the current of phenomenological psychiatry, he
109 does claim a phenomenological type of approach in his aim to grasp the qualitative and
110 subjective specificities of nascent psychosis and to shed light on their role in the subsequent
111 logic of the unfolding of symptoms: "From the concept of concernment, I propose a
112 phenomenological morphogenesis of the initial sequence of psychosis" [8, p.104]. According
113 to Grivois, any nascent psychosis, regardless of its subsequent evolution, is articulated around
114 two experiences that radically modify the subject's relationship to the surrounding world and
115 to intersubjectivity, which he calls concernment and centrality. These two disturbances of the
116 relationship to the world, pathognomonic of nascent psychosis, thus play a role close to what
117 Minkowski calls the generating disorder of schizophrenia [15].

118

119 2. *Concernment and Centrality*

120 The very earliest experience of psychosis would be that of concernment, which is then
121 amplified and generalized in an experience of centrality. In Grivois's writings, concernment
122 refers to an experience that happens to everyone in a normal way, and whereby a subject
123 experiences the relations of reciprocity and mimicry that govern intersubjective relations. In
124 psychosis, this concernment would be amplified and would become conscious, leading to
125 experiences of varying degrees, the most extreme of which is the experience of centrality:
126 here the subject experiences himself as the object of everyone's attention, and perceives the
127 movement of others as that of a synchronized and coordinated crowd.

128 These experiences would form the unique foundation of any psychosis. They should
129 not be reduced to ideas of reference, which would rather correspond to any one of their
130 possible crystallizations at a later stage. Nor should they be confused with delusion, which is
131 only one of their potential evolutions: concernment and centrality can also evolve towards
132 non-delusional psychoses, or even regress and not give rise to a chronic psychosis.

133 The term "concernment" was coined by the psychiatrist and literary critic Starobinski
134 in relation to Rousseau's experiences of persecution [16]. Grivois's innovation is to relate this
135 experience to a disruption of the immediate and implicit experience of what he calls inter-
136 individuality. Basing himself on the works of the anthropologist René Girard [17], Grivois
137 supposes that intersubjectivity is constituted by infra-conscious mimetic relations between the
138 subject and others, which take the form of prompting and motor resonance: "From the most
139 insignificant to the most elaborate, simultaneous, connected or deferred, our gestures do not
140 cease to be used as prompting and reference to other individuals" [3, p.48]). In normal
141 experience, concernment remains implicit. It is based on infra-conscious mechanisms of
142 imitation and identification, which form the basis of the coordination of movements and
143 actions with others, and the phenomena of contagion.

144 In the experience of concernment specific to psychosis, a disruption and a surge of these
145 infra-conscious mechanisms of reciprocity and mimicry would occur, which would then
146 become conscious for the subject and would be exacerbated in a hypermimesis. The
147 movement is then experienced as indeterminate in its origin, and the subject can attribute it
148 neither to himself nor to the other. The subject would then have the strange experience of a
149 synchronization of his movements or intentions with those of others – an experience of a

150 similarity or an indifference that perplexes him. The subject has the impression that there is an
151 extraordinary coordination and connection between himself and others, one that must be
152 explained by a particular signification.

153 This feeling of motor resonance with others is then likely to be generalized in an
154 experience of centrality, in which the subject has the feeling of standing among the others as
155 if in the middle of a coordinated crowd, from which he or she can feel like the center, like the
156 leader or, on the contrary, like the scapegoat who is excluded. Centrality proves to be an
157 intrinsically contradictory experience for patients, in which the subject feels they themselves
158 initiate the movement of others, while also being potentially annihilated by their presence.
159 One of the patients met by Grivois declares thus: "I am the personality of billions of human
160 beings, men, women, children. One is nothing [...] and one becomes everyone." [1, p.124].
161 Centrality is thus a basic disruption of intersubjectivity that can lead to a delusional belief in
162 an exceptional position or mission, as well as to a persecutory delusion. The experience of
163 centrality can give rise to the feeling of being solicited by the movement of others, and of
164 being passively submitted to them: "A gesture, a simple step backwards or forwards for
165 example, keeps its nature of movement in space but loses its usual neutrality because nothing
166 is indifferent from now on in relation to the others" [3, p.128].

167 According to Grivois, this experience of centrality can account for the fact that psychoses
168 are very frequently triggered during adolescence: it would indeed be a period in which the
169 construction of the subject's identity, the importance of belonging to groups and at the same
170 time the demand for singularity make the exacerbation of the experiences of mimesis and
171 reciprocity particularly favorable [3].

172 The hypothesis that there is a disruption of motor resonance mechanisms also echoes
173 Jeannerod's work on shared motor representations [18], and neurocognitive work on disorders
174 of agency in schizophrenia [19]. The alteration of these infra-conscious motor exchanges with
175 others is indeed likely to produce experiences of indifferentiation, as well as uncertainty as to
176 the origin of the movements or intentions perceived or carried out. According to Grivois,
177 centrality is thus at the root of experiences of derealization, depersonalization, as well as the
178 feeling of significance that leads to delusional interpretations. The development of a delusion
179 would aim, for the subject, at verbalizing this enigmatic experience of centrality and at giving
180 it meaning.

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184 **II. Dialogue with Phenomenological Psychopathology**

185

186 While contemporary work in phenomenology seeks to explore the diversity of the
187 alterations of experience in early psychosis [20], Grivois suggests that the roots of these
188 experiences lie in a more original experience of concernment and centrality. For this reason,
189 Grivois was criticized for reducing the phenomenology of nascent psychosis to a single
190 experience, and for not taking into account the highly varied and polymorphic character of the
191 first psychotic experiences [21]. On this point, there is a significant gap between Grivois's
192 approach and current work in phenomenological psychopathology on psychosis. Grivois
193 defends a broad and unitary conception of psychosis, in which all forms of psychosis,
194 including their manic and melancholic forms, would have their roots in the same deregulation
195 of concernment. Conversely, the experiences explored in phenomenology by the EASE and
196 EAW scales seek to identify anomalies of the self that would be specific to disorders of the
197 schizophrenia spectrum: they aim to differentiate the beginnings of schizophrenia from the
198 alterations of experience present in mania or in psychotic depression, in particular [22].

199 While this gap must be kept in mind, it nevertheless seems to us that this hypothesis of a
200 unique original experience is also what invites a dialogue with phenomenological
201 psychopathology. Close to the role that Minkowski confers on autism as a generating disorder
202 of schizophrenia, centrality allows Grivois to examine the conditions for the constitution of
203 the implicit experience of intersubjectivity and the place of the subject in the world. Although
204 Grivois does not subscribe to a transcendental phenomenology, centrality can be questioned
205 from the point of view of the pre-reflexive register of experience and the impairment of the
206 minimal self.

207

208 *1. Centrality as Loss of a Pre-Reflexive Horizon?*

209 Centrality is in some ways similar to what some authors in phenomenology refer to as a
210 disorder of the minimal or basic self, i.e., the pre-reflexive dimension of the sense of self,
211 which has as its correlate the development of hyperreflexivity in schizophrenia [11]. The
212 diminution of the basic sense of self results in the pre-reflexive dimensions of the sense of
213 self becoming the object of explicit attention and exaggerated awareness. In centrality, the
214 infra-conscious mechanisms of resonance with others are deregulated, resulting in an
215 impairment of the feelings of self-agency and myness that are essential for the minimal self.
216 These mechanisms are then transformed into an explicit process, bringing about, like the
217 phenomena of hyperreflexivity, a perplexity of the subject and a reification of his or her
218 experience.

219 Sass [23] stresses that experiences of centrality are correlative to solipsism that he
220 describes as characteristic of schizophrenic delusions: in this solipsistic attitude, only the
221 subject's experience is perceived as real, but due to the fact that the transcendental self has
222 been impaired, the self cannot perceive itself as the subject of this experience. In a way that is
223 very close to what Grivois describes in relation to centrality, Sass emphasizes that the subject
224 oscillates between the impression of being equivalent to the whole and of being non-existent.
225 Like centrality, solipsism is a self-contradictory experience.

226 In a collaborative article written by Sirere, Grivois and the French phenomenologist Jean
227 Naudin [24], the authors propose to understand centrality as a disappearance of the neutral
228 background of the world and of a common horizon. Indeed, if in centrality the subject feels
229 himself to be at the same time himself and all the others around him, there is no more
230 background of experience. As Raballo et al [25] point out, the centrality described by Grivois
231 is close in this sense to the descriptions of first-episode psychosis proposed by Klaus Conrad
232 in his gestalt analysis. Centrality would correspond to the phase that Conrad [26] calls
233 apophany, which corresponds to the nascent phase of the delusional experience, in which the
234 subject attributes an excessive meaning to the elements of his perception. This is
235 characterized in particular by the experience of anastrophe: the latter consists in an alteration
236 of the structure of experience in which the subject loses the neutral reference system that
237 allows him to perceive the world, others and himself from different perspectives. He then has
238 the feeling that the whole world revolves around him.

239 Following Binswanger's work [27], Sirere, Naudin and Grivois propose to understand
240 centrality as a fourth form of failed existence – alongside distortion, mannerism and
241 presumption – one that would be specific to nascent psychosis. It would be a question here of
242 an anthropological disproportion, and more particularly of a spatial disproportion of Dasein.
243 Centrality would then bring about an inversion of intentionality close to the one described by
244 Binswanger: if the subject can no longer constitute the experience of the world, in the absence
245 of an implicit horizon of his perception, it is the world that starts to aim at the subject from
246 the outside. The subject then has the impression that the gestures and the words of the others
247 are directly addressed to him.

248 The phenomenological approach can thus enrich Grivois's analyses, by giving a
249 transcendental foundation to his hypothesis of an alteration of the immediate experience of
250 the world and of others. The pre-reflexive dimension of the experience also makes it possible
251 to clarify the unspeakable and ungraspable character of the centrality underlined by Grivois:
252 this experience would be difficult to describe in any other way than by metaphors because it is
253 situated in a register of the experience which normally is not the object of a verbal and
254 explicit perception and description.

255 One of the strengths of the notions of concernment and centrality proposed by Grivois
256 seems to us to be that they place intersubjectivity at the heart of the first upheavals of
257 psychosis. Grivois thus quotes a patient who declares: "Psychosis is something one catches
258 from others and that is treated by others" [28, p.16]. By making concernment a disruption of
259 the implicit mechanisms of motor reciprocity with others, Grivois proposes a hypothesis
260 about the constitution of what he calls inter-individuality. Could this hypothesis of a tacit
261 motor attunement with others enrich the phenomenological analyses of psychosis?
262

263 2. *Mimesis and Intersubjectivity*

264 The minimal self is anchored in intersubjectivity, on the basis of a common pre-reflexive
265 horizon constituted by what Husserl calls passive syntheses [29]. The pre-reflexive horizon of
266 experience is from the outset anchored in intersubjectivity insofar as the horizon of meaning
267 of an object in the world also includes the perception of this object from the point of view of
268 another. Empathy and imitation, rooted in the subjective experience of body and action, play a
269 central role in Husserl's understanding of intersubjectivity. But this relation to the other
270 cannot be based entirely, in Husserl's view, on an instinctive and immediate imitation of the
271 movements of others: this relation to the other rests on the mediation of imaginative
272 perception [30].

273 The pre-reflexive dimension of intersubjectivity cannot therefore be reduced, in Husserl's
274 view, to the motor dimension of mimesis. Yet, Grivois's hypothesis carries the risk of such a
275 reduction, insofar as Grivois affirms that these phenomena of motor resonance, in their basic
276 dimension, are devoid of any meaning and of any social dimension. The phenomenological
277 perspective understands, on the contrary, the pre-reflexive dimension of intersubjectivity as a
278 horizon of meaning, constituted in passive syntheses by the sedimentation of shared
279 significations, uses and affordances. While phenomenological hypotheses on psychosis can be
280 placed in dialogue with work on the neurocognitive bases of agency, they cannot be reduced
281 to a purely sensorimotor constitution of intersubjectivity.

282 Grivois's hypothesis nevertheless allows us to draw attention to the bodily and relational
283 dimension of the onset of psychosis. In spite of the gap between this conception and the
284 phenomenological approach, it echoes, in certain aspects, the work of Merleau-Ponty on the
285 bodily anchoring of the imagination and the opening up onto horizons of sense on the basis of
286 the immediate and sensorial experience of the body [31]. For Merleau-Ponty, the body is a
287 constituent body: as the point of perspective of perception, it is the "mediator of a world" [31,
288 p.180]. Merleau-Ponty invites us to consider an intentionality proper to the body, in which
289 bodily space and feeling are constituted through action. Movement is what gives a horizon of
290 sense, insofar as the world constitutes the horizon of anticipation of a motor project. This
291 background of movement includes in itself the perspective of the bodies and of the
292 movements of others: it is thus based on an immediate and tacit interaction between the
293 bodily presences of the subject and of others, which can be brought closer to the infra-
294 conscious motor regulations evoked by Grivois.

295 But it is in its clinical implications that Grivois's hypothesis seems to us to be strongest. It
296 places the emphasis on phenomena that are very often observed in first-episode psychoses but
297 that are rarely studied precisely: mimesis and transitivity, but also the strangeness of contact

298 with others. Often mentioned in the phenomenological diagnosis of psychoses [15, 32], the
299 latter can also refer to the loss of an immediate attunement between the subject's bodily
300 presence and that of others. Building on the work of Merleau-Ponty, the French
301 phenomenologist Marc Richir suggests thinking the pre-reflexive dimension of
302 intersubjectivity from a *Stimmung* understood as contagion or resonance, which permeates the
303 intersubjective encounter anchored in the lived body [33, 34]. In Richir's work, the *Stimmung*
304 refers to an affective tonality that can neither be reduced to an act of consciousness, nor to a
305 characteristic of the perceived object, but one that permeates experience without any clearly
306 assignable origin: it is anchored in an embodied experience and cannot be translated into
307 explicit representation [34]. *Stimmung*, as an opening to the world, is anchored in the register
308 of passive syntheses as described by Husserl. Richir posits that this *Stimmung* refers to a
309 mimesis that would be felt by contagion. This *Stimmung* refers to a mimesis that is not
310 reducible to a mirror relation and to the reproduction of the identical, but which constitutes
311 the most unfigurable and most archaic register of intersubjectivity.

312 Richir understands the psychoses as an affliction that deprives the subject of his capacity
313 of internal and active mimesis anchored in the body. This capacity then turns into a quasi-
314 specular, caricatured or mannered imitation, evoking there also the forms of the failed
315 existence described by Binswanger. These formulations by Richir present similarities with
316 Grivois's hypothesis of hypermimesis. However, what seems important to us to underline in
317 these hypotheses is their implications for thinking about the clinical specificities that the
318 relationship to the other takes on in the therapeutic encounter, specifically in these moments
319 of nascent psychosis. Grivois's work stresses these therapeutic implications, and the dialogue
320 with phenomenology is also fruitful on this point.

321

322 3. *The Logic of Nascent Psychosis and its Therapeutic Implications*

323 One of the important contributions of Grivois's analyses is that he examines the onset
324 of psychosis according to a dynamic logic. In contrast to works describing the prodromal
325 phase of psychosis on the basis of overt psychotic symptoms, Grivois's "nascent psychosis"
326 seeks to shed light on the progressive and subjective development of these symptoms.
327 Delusions and hallucinations, in particular, are understood by Grivois as crystallizations that
328 arise after the emergence of concernment and centrality and that aim at expressing verbally
329 and giving meaning to this upheaval of experience [1]. Such a dynamic understanding gives a
330 crucial place to the subjective reactions, most often infra-conscious and involuntary, to one's
331 experiences of centrality. Grivois underlines in particular the important role played by the
332 perplexity and the major anguish entailed by the experience of centrality, a role that is very
333 seldom highlighted in phenomenologically inspired research.

334 Using detailed descriptions of clinical cases of adolescents in the early stages of
335 psychosis, Grivois notes, in particular, that centrality, by making the subject lose all evidence
336 of his place in the world and among others, places him in the unbearable feeling of an urgency
337 to give meaning to these phenomena. The unspeakable and contradictory character of this
338 experience, in which the subject feels simultaneously at the center of everyone's attention and
339 reduced to nothingness, pushes him or her to look for formulations which, in order to explain
340 this experience as best as possible, will take on the delusional character of a revelation, a
341 mission, or a supernatural machination [1]. In the same way, hallucinations are for Grivois a
342 symptom that appears secondarily, and that crystallizes the impossibility of distinguishing,
343 because of hypermimesis, who, whether the other or oneself, is at the origin of the words
344 being pronounced [35].

345 Grivois thus assumes that at a certain moment of this phase of the onset of psychosis
346 there is a breaking point, beyond which the logic of the surge of symptoms will make it very
347 difficult to go back and avoid the setting in of the psychosis. Once the delusional explanation

348 has been constructed, the phenomena of centrality tend to subside, but the rupture with
349 common reality is already firmly established. The lesson that Grivois draws from his clinical
350 experience is therefore that of the earliest possible therapeutic intervention. This is difficult to
351 achieve, on the one hand because patients often arrive at the hospital after the unfolding of
352 centrality, when a first delusional episode occurs, and on the other hand because centrality
353 lends itself very little to verbal description. The phenomenological approach invites us to
354 mention an additional difficulty, which Grivois did not develop very much: the phenomena of
355 hypermimesis, transitivity and indifferentiation between self and other are likely to be
356 amplified by the proximity of the therapeutic encounter and to provoke in the subject
357 experiences of intrusion, persecution, or even anxiety of annihilation.

358 According to Grivois, the aim of this early handling of nascent psychosis is to
359 counteract the need to resort to delusional explanations of centrality. He recommends
360 accompanying the subject in his verbalization of the experience of centrality, without seeking
361 to reduce the strange and contradictory character of this experience. To do this, Grivois relates
362 this experience to its basis of motor disruption, in such a way as to make it unnecessary for
363 the subject to have recourse to delusional explanations. [1]. The description of these
364 experiences would thus have a therapeutic value, insofar as describing this experience would
365 make it lose its character as an enigma that calls for a delusional explanation. It seems to us
366 that there is a proximity here between Grivois's approach and the recent phenomenological
367 works devoted to the prodromal phase of psychosis in the affirmation of a therapeutic power
368 of the description of these alterations of experience that are enigmatic and anxiety-provoking
369 for the subject. Parnas and Handest, speaking of interviews with patients using the EASE
370 scale, emphasize the "relief, when the patient realizes that his strange world of experience is
371 not entirely unique or private since it seems familiar to the psychiatrist [...]." [36, p.132]. But
372 the sharing of this experience between patient and clinician would not aim solely at this type
373 of relief: it would also aim at rendering the recourse to delirium unnecessary, by diminishing
374 the strange, extraordinary and enigmatic character of these experiences.

375 The need for an explanation of centrality is, according to Grivois, of vital importance
376 for the patient. If we rephrase Grivois's analyses in phenomenological terms, the delusion
377 would be an attempt to make sense of the pre-reflexive alterations of the experience of
378 intersubjectivity. It seems to us that Grivois's hypotheses invite the phenomenological
379 approach to analyze more precisely the particular type of anxiety, both vital and ontological,
380 that arises from experiences of centrality, and its role in the construction of the delusion.
381 However, the phenomenological approach allows us to highlight two paradoxes in the
382 therapeutic proposals formulated by Grivois: on the one hand, if the founding experience of
383 psychosis is that of a disruption and loss of basic intersubjectivity, how can we confer a
384 therapeutic power upon the intersubjectivity of the clinical encounter? And on the other hand,
385 how can the description of these alterations of the pre-reflexive register by the clinician, who
386 brings these alterations into a narrative and explicit register, respond to these pre-reflexive
387 afflictions without reinforcing the phenomena of hyper-reflexivity?

388 These questions, also formulated by the phenomenological approach [37], do not seem
389 to us to be sufficiently taken into account in Grivois's work. They invite us to examine more
390 precisely the subjective implications of the experience of centrality in the space of the
391 therapeutic encounter, as well as the form that the descriptions of these experiences can take.
392 Englebert suggests that the gap between the impairments of the minimal self and the narrative
393 register of the therapeutic encounter invites us to reflect on clinical practices that allow us to
394 place the emphasis on the sharing of a common space without necessarily having recourse to
395 an explicit description of the experience lived by the subject [37]. He therefore proposes the
396 idea of a territorial self, one that is an intermediary between the minimal self and the narrative
397 self and that is based on bodily interactions and relational attunement. Faced with the risk of

398 an exacerbation of hyperreflexivity in the verbal elucidation of the patient's experiences, the
399 phenomenological approach can invite us to explore non-narrative forms of these
400 descriptions, based on mediations directly founded on the dimensions of the body, space and
401 movement, such as the one proposed by Gisela Pankow using the practice of modelling [38].
402 This type of mediation, based on other means of expression than language, can be relevant in
403 view of the difficulty of verbally describing the pre-reflexive alterations of experience. Such
404 clinical devices intervene as a mediating object between the patient and the clinician: they are
405 thus likely to diminish the hypermimetic effects of the mirror relationship described by Richir
406 and to return to the basis of the constitution of intersubjectivity using the figuration of bodily
407 feelings and movement.

408

409

410 **Conclusion**

411

412 The major interest in first-episode psychosis over the last two decades is still ongoing
413 and has made it crucial to consider the modalities of psychotherapeutic care specific to the
414 particularity of the experiences of the onset of psychosis. Taking into account this central role
415 of an alteration of the conditions of intersubjectivity in nascent psychoses seems particularly
416 important in the present context in which, worldwide, the experience of confinements and a
417 reduction of social relations are likely, especially in young subjects, to lead to forms of
418 derealization and disturbance of intersubjective attunements.

419 Grivois's work, which was very well known in France when it was published, is today
420 less used in psychopathology and does not receive much attention in international literature.
421 His analyses of nascent psychosis, based on very detailed clinical case descriptions, seem to
422 us to be nevertheless quite original and capable of dialoguing with neurocognitive work on
423 agency and motor resonance as well as with the phenomenological approach to the pre-
424 reflexive conditions of experience.

425 Grivois's hypotheses invite us to further question the dynamic logic of the sequence of
426 subjective experiences leading to overt psychotic symptoms, starting with the feelings of
427 anxiety, perplexity and vital urgency that they provoke in the subject. It seems to us that this
428 notion of anxiety or vital urgency could be analyzed in greater depth and in a more enriching
429 way in the field of phenomenology. Conversely, the phenomenological perspective allows us
430 to address certain criticisms of Grivois's work, such as the risk of reducing intersubjectivity to
431 a purely motor component, or the risk of amplifying hypermimesis in the therapeutic
432 encounter. These questions open up the possibility of a more in-depth description of the
433 subjective experiences of the early stages of psychosis and the creation of therapeutic
434 methods that take into account the specificities of these experiences and their consequences
435 for the clinical encounter.

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445 **Conflict of Interest Statement**

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447 The authors have no conflicts of interest to declare.

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