

THE ASSOCIATION BETWEEN SUBSTANCE USE/ABUSE AND PSYCHOSIS: A PHENOMENOLOGICAL VIEWPOINT

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The observation of the relationship between the use of psychoactive substances and psychoses has long been a psychiatric theme. Moreau de Tours (1973), for instance, back in the 19th century, devoted a whole study to examining the relationship between cannabis and psychoses. More recently, the epidemiological and semeiological literature has shown a more focused interest in three fundamental questions: 1) the causal role substances play in psychoses; 2) the occasional psychopathological specificity of psychoses directly linked to use and abuse; 3) the reasons for continued use in spite of important psychological damages. As far as efficient causality is concerned, however, the characteristics of such linkage have not yet been clearly established up to the present day either for cannabis (Ben Amar & Potvin, 2007), cocaine (Roncero *et al.*, 2013), or alcohol (Perälä *et al.*, 2010). The same could be said about psychopathological specificities (Soyka, 1990; Hall & Degenhardt, 2004; Freeman *et al.*, 2013). Taken together, the supposedly specific psychoses associated with such substances have not even been diagnosed in a manner that is sufficiently stable over time in order to guarantee their specificity (Whitty *et al.*, 2005; Caton *et al.*, 2007). Likewise, the motives for continued use remain controversial (Gregg *et al.*, 2007).

The general state of knowledge on the subject does not favor the establishment of any certainty. The only conclusion that can be derived from all those references considered together is the existence of some sort of association between substance use and psychoses! (Mathias *et al.*, 2008). The authors referred to even go on to propose replacing the notion of substance-induced psychotic disorder with that of substance-associated psychotic disorder, with the latter being a diagnosis that «[...] implies an *association* between state and substance, rather than causation, which more accurately reflects our current understanding of the interplay between psychotic symptoms and substance use» (p. 365; my emphasis). Whatever the modalities of that acknowledged association, the epistemological model used is notorious for not having sufficiently tackled either the extension or the dimension of the issue. It seems to pose inappropriate questions for promoting an acute comprehension of the relationship between psychoses and psychotropic substances. Instead, it is a more relevant tool in epidemiological records and investigations in large populations. Despite their sociological importance, those investigations contribute little to extricating the complexities of the pathological human experience. In fact, the most harmful flaw in epidemiological studies seems to be the banishment of psychopathological concepts (Jablenski, 1999). For the sake of simplicity and reliability, psychopathology has been replaced with diagnostic manuals, whereas the examination of clinical case reports began to be relegated to the background or a strictly anecdotal value. And, in the case of studies in which psychopathological aspects are investigated, the frailty of such studies derives from the assumption of psychopathology as a medical semeiology, i.e., that from syndromic definitions it would be possible to identify a clear and stable relationship among the studied phenomena (Gorostiza & Manes, 2011). In so doing, they neglect the insufficiency in that perspective (Fuchs, 2010). The assumptions contained in the paradigm, which are crucial for choosing the relevant themes, namely the search for efficient causes, psychopathological specificities, and continued use, seem to shed insufficient light on the matter.

Even though this subject is actually a complex one, it is possible that the questions that are fundamental for supporting clinical needs may not have been formulated and that scientific efforts may have been focused on overly general issues. The objective of this study is to present the foundations of a phenomenological psychopathological perspective applied to the theme concerning the relationship between substances of abuse and psychoses. I will seek to demonstrate how the phenomenological assumptions determine different categories for

grasping the situations studied, which will lead to a deeper comprehension of the pathological human condition and aid in defining an appropriate therapeutic treatment.

I. PHENOMENOLOGICAL PSYCHOPATHOLOGY AND PSYCHOSES IN SUBSTANCE ADDICTIONS

The phenomenological perspective on psychopathology is concerned with the conditions of possibility of the conscious experiences of existence (Charbonneau, 2010), such as temporality, spatiality, interpersonality or corporeity. However, existence as a whole cannot be understood through an isolated assessment of each one of those or their mere sum. Understanding existence requires an integrative view of the manner those articulate with one another in the singular individual (Binswanger, 1957). It is thus not a question of solely reproducing the aforementioned syndromic view in a refined way, but rather seeking existential units structured upon anthropological proportions (Blankenburg, 1982), validated through empathic evidence (Giorgi, 2002). Still more important for the purposes of this study, existence develops diachronically, thus requiring the phenomenological paradigm to recognize it above all as a continuous transformation, i.e., as temporality (Messas, 2010). Therefore, a phenomenological investigation should tackle the theme concerning existence and its pathologies by examining the relationship between a given structure situated in the world – and hence relatively stable – and its biographical movement, constituting a dialectical interplay between permanence and transformation, between positivity and negativity (Blankenburg, 2007).

Although rare, some decisive contributions relying on such anthropological-epistemological conceptions have delved into the theme of addictions, occasionally pondering over the psychoses associated with them. In terms of temporality, Binder (1979) identified alcoholic psychosis as being a gradual loss of the ability to historicize, and Zutt (1963) demonstrated how personal becoming grows distorted under addictions, being replaced with a natural cyclic temporality. This temporalization loss (Kemp, 2009) is crowned by giving away existence to an eternal instant (Kimura, 2005), derailed from human temporality. Focusing attention back on spatiality, Benedetti (1955) and Bilz (1956) recognized in alcoholics' hallucinations the pathological prolapse of intimate dramas into the collective space, which is fruit of excessively binding consciousness with sensoriality (Barthélémy, 1987) and interpersonal fusion (Pringuey, 2005). Likewise, as regards

stimulants, there is a disproportional approximation of the consciousness to interpersonal (Di Petta, 2011) and to work-related matters (Zutt, 1963). A general anthropology of addiction (Di Petta, 2004) and its related psychoses then arose (Cargnello *et al.*, 1962), in which it is observed how all substances, albeit in different ways, end up divesting the human being of her or his historical situation in the world (Gebattel, 1964).

II. THE ESSENCE OF DRUG INTOXICATION

Nonetheless, before one is to understand addictions and their consequences, one must comprehend the still poorly investigated experience of drug intoxication (Dörr-Zegers, 1995), since the former directly depends on the latter. Essentially, drug intoxication is a sudden atemporalization of consciousness (Messas, 2014), a discontinuity of temporality's ternary structural characteristics. Temporality, as the fundamental condition of possibility of existence, unfolds in one present, actual dimension, and two coative but non current dimensions: retention and protension. (Note: we are here not employing the two noncurrent terms in the sense given to them by Husserl. Nevertheless, I prefer these Husserlian-inspired categories rather than the terms past and future, since these evoke a lived experience, while those evoke their conditions of possibility, which are of interest to us here.) Drug intoxication disfigures this ternary composition, enthroning the present as the majoritarian and exclusive instance in the structure of existence and seeking to free it from its historical task. However, temporality does not exist *in abstracto*, floating isolated in the air. Drug intoxication's atemporalization necessarily unfolds in the other conditions of possibility, requiring a spatiality, an interpersonal, a corporeity, and an experience of the I that are all capable of lending support to that exclusive present. In order for human existence to take on a paralyzed configuration, there needs to be some sort of "material" support, an incarnation of atemporality, in the same way a figurative representation of the human face requires marble, for instance, in order to gain material constitution. I suggested that the compression of spatiality is the most efficacious modality for implanting atemporality into consciousness' structure (Messas, 2014). Consequently and from a phenomenological point of view, examining drug intoxication cannot do without an investigation of the individual modalities through which atemporalization actualizes itself in these conditions of possibility of existence. This type of study is carried out by means of investigating

the meanings drug intoxication takes on. Those modalities, in turn, can be assimilated either through the knowledge of the particular or through an essential or typical comprehension. Within the scope of this article, I will confine myself to the individual perspective of analysis, seeking to capture in the historical individual totality how it is that the meaning of drug intoxication allows itself to be shed light on, and in turn, sheds light on its associations with psychoses. Ultimately, the meaning of any experience is always individual.

III. THE MEANINGS OF DRUG INTOXICATION

The notion that a deeper analysis of existence must initiate by a comprehensive revelation of the inner meaning of each biography arises early in phenomenological psychopathology. From Binswanger's conception of inner life history (1928), one individual's situation in the world is consolidated as the internal logic from which subjective experiences take on meaning. It is the internal logic of each existence that is to determine its own causalities, in such a way that causality will not always act upon the existence in a mechanical manner, as will be described in more detail below. Structure precedes its constituting parts, which are its outer manifestation (Minkowski, 1995), thus overdetermining and configuring its efficient causalities. It is precisely for this reason that there does not exist a general effect for each substance, one that is indistinctive in all individuals and defined by the typicality of the substance. Although there are some tendencies towards effects – alcohol tends towards laughter, cocaine tends towards euphoria or aggressiveness, cannabis tends towards relaxation, and so forth – there is nothing that we can affirm with precision beyond that. And never will we be able to, given the multiplicity of both individual structures and the heterogeneity of their temporalities. Strictly speaking, a pure linear relationship for establishing an exogenous-causal connection is never fully achieved during an act of drug intoxication. It is always mediated by the structure of existence and, consequently, the notion of causality, if taken as rigorously as a foreseeable mechanicality demands, is a fallacious abstraction. Every intoxicating change that emerges in consciousness is endowed with a sense and is received in a manner that is subjugated to the primordial structure of values and meanings in that singular existence. For instance, we all know that in a situation where drug intoxication is absolutely inconvenient, the individual is capable of partially controlling many of the effects that would be otherwise exalted in a convivial activity.

The structured existential totality, in turn, evolves over time, little by little transforming the proportions of its temporal dimensions. For instance, the proportion of protension is larger in an adolescent than it is in an elderly, in whom retention is more consistent and dominant. Therefore, to investigate the meanings of drug intoxication is to identify how an atemporalizing influence is received by a structure that is temporally articulated in present, retention, and protension. In other words, the meaning illuminates how an atemporalizing essence acts upon a temporalized structure.

Although the phenomenological contributions may have given important steps towards understanding addictions and their psychoses, a methodological strategy still remains scarcely explored: the investigation of the meanings taken on by those transitory atemporalizations in each existence, and the way it allows itself to be led up to addiction or, eventually, to psychoses. As well as the investigation of the occasional new meanings that drug intoxication starts to acquire once a psychosis is established, given that every psychosis is a new temporal existential configuration (Minkowski, 1995). Using this rich perspective of investigation, Di Petta (2014) was able to differentiate a basic from a synthetic psychosis in drug addiction. With either an addicted or psychotic outcome, one may say that atemporalization has subjugated, in several ways, the immanent temporalization of existence; one yet needs to know the entire trajectory of the conditions of existential possibilities that culminates in such domination, so that the psychopathologist can get involved in the individual's biography and thus pursue the integral meaning of his or her pathological experiences.

And, since structure overdetermines its causalities, a phenomenological perspective must also investigate the reasons why psychotic existences seek after drug intoxication. It may be the case that these motivation relationships aid in maintaining cannabis consumption even in the presence of schizophrenia, which they end up worsening. The existential value behind the statement «retreat before the solidity of the world, with a preference for suspension in the imaginary» could be a strong enough reason to justify that situation.

Moreover, one cannot neglect the fact that these meanings can vary over the individual's biographical development, bringing complexity to the question and justifying the irregularity in findings of epidemiological-semeiological nature (Whitty *et al.*, 2005). Therefore, the hermeneutic circularity replaces the exaggerated search for a mechanical causality as the primordial scientific object, although its

value still holds true in certain heuristic regions, in which ontological dualism is a sufficient principle (Fuchs, 2005).

IV. THE ORIGIN OF PSYCHOSES

The fact that the causality operating in the relationships between drug intoxication and existence is not a mechanical one does not defy the investigation of genetic relationships connecting substance use and psychoses. It is possible to trace the specific existential trajectory that leads to the emergence of psychosis (Di Petta, 2014), revealing the meaning carried by acts of drug intoxication, before and after it. For a more accurate understanding of the connection relationships responsible for the emergence of psychoses during drug intoxication, a brief consideration on terminology is necessary. Since Tellenbach's seminal work on melancholy (1983), the classical notion of endogenicity has received a phenomenological status, allowing for an extension of the Jaspersian (1959) notion of comprehensibility to the conditions of possibility of existence. In spite of having been made complex, this notion, in Jaspers' work, is insufficient for phenomenological psychopathological purposes, since, while remaining on the level of personality, it keeps up an ontological dualism (Fernández, 1976). Tellenbach demonstrated how endogenicity is defined from rupturing the meaning of the situation (phenomenologically comprehensible), typical of a melancholic existence. A psychotic alteration is provoked by some relevant existential fact that acts upon zones of greater fragility, typical of the structure of existence. By amplifying the notion of phenomenological comprehension to the field of addictions, I will defend that it is possible, from an act of phenomenological comprehension, to say that pathological conscious experiences have an endogenous or exogenous genesis. In phenomenological terms, both connection relationships are comprehensible, albeit in different manners, as will be far better explained in the clinical examples.

The term that I intend to introduce here is totally tributary to the phenomenological tradition and its world view modalities, although it has remained in a larval state. The notion to be introduced has not yet been developed in phenomenological psychopathology maybe because there have been a very small number of studies on psychoses during acts of drug intoxication. In such studies, the investigation of connections is inevitable, since every act of drug intoxication has an immediately verifiable effect. This is what we will call a connection

relationship of the type “origin” (Note: the notion of origin we will use albeit, *en passant*, has a precedent one, as in Bleuler – 1983). The origin of a psychosis can be determined from the movements of the basic position of the temporal structure of existence and its relationships to acts of drug intoxication, thus making explicit the moment of the psychotic outcome. The notion of origin aspires to make coalesce into one unit both modalities of connection relationship, i.e., it aspires to adopt a perspective in which one can see the prevalent moving style of the structure of existence and the exogenous and endogenous actions that originated the psychosis by acting upon it. It is thus not so much the case of a rigid differentiation between exogenous or endogenous connection relationships, but rather the determination of the participation rate of each one of the elements in the outcome produced. Therefore, the classical psychopathological distinction between endogenous and exogenous psychoses remains valid, albeit acknowledged on new bases (Messas, 2013). For a phenomenological psychopathology, there will exist psychoses whose origin is *preponderantly exogenous* or *endogenous*. In the former, the basic temporal position of existence in the world – determinant of its comprehensibility relationships – remains unaltered; whereas in endogenous psychoses, there is a disarticulation of the usual temporal structure of existence, which initiates from its points of fragility. Since the temporal structure of existence is generally not altered in exogenous psychoses, the intoxicating action is causally more decisive than it is in the endogenous ones, often approaching a linear direction of causality.

The proportionality of endogenous or exogenous presence may vary over the biographical trajectory. Consequently, more important than the ideal typical acknowledgement of two diverse origins is the identification, in the individual’s singularity, of those points in which comprehensibility is disrupted and in which it is simply reduced or even emphasized with the practice of drug intoxication. Above all, the phenomenological psychopathologist must inquire into the intersections between drug intoxication and the origins, endogenous and exogenous, of a psychosis – both synchronically and diachronically. With the notion of origin, the meaning of psychosis is determined by knowing the structure of existence, thus not being reduced to a mere syndromic set. Each psychosis will thus have a diverse meaning for its acts of drug intoxication. In investigative terms, since the key point for diagnostic acknowledgment is the structure of existence, endogeneity must be previously acknowledged, therefore exogenicity can be reached only secondarily, *per exclusionem*. As a consequence, the profound diagnostic acknowledgment of psychoses requires a longitudinal

analytical view of existence. Acutely, solely conjectures of little ontological value can be made.

V. CLINICAL EXAMPLES

In psychopathology, every general model risks deteriorating into abstraction if it does not reveal its operation modality in factual reality. In order to avoid such flaw, I shall present, by means of two clinical vignettes, the diversity of meanings that drug intoxication may take on over biographical trajectories, as well as their intimate relationship with psychoses' origins. Under no circumstance is there an intention to exhaust them all. I will demonstrate how semeiologies are linked to the totality of existence. In order to strengthen the argumentation, I chose two cases in which the main addiction came to be one to the same preferred substance, cocaine. The same diversity could be demonstrated for other substances or other semeiological diagnoses. The ethics committee of the institution approved this study.

Case 1

– Predominantly endogenous psychosis

A., 50, has a long history of substance abuse, concentrating on cocaine for the past fifteen years. Until age 35 or so, the patient's preferred substance was cannabis. The patient always sought in drugs feelings of lightness. The patient reports preferring being drunk to facing adversities in life. Among those, the most important and pervasive one is the existential subordination to the patient's father figure, against whom the patient frequently used to revolt. The patient always hid himself in professional activities offered by the father. At around 30 years of age, the patient suddenly loses intimacy with the father, when the latter starts a new family. Gradually, from this period on, the patient starts giving preference to the use of cocaine and presents with three psychotic crises in fifteen years, with manic-like characteristics, characterized by an expansion of the I, abusive spending, and a hetero-aggressive irritability that brought with it legal problems. In the patient's own words, during the crises the patient would feel like «an inspector of the world; angrily controlling other people's activities so that they would not get out of line». All episodes were cured after a few weeks of psychiatric hospitalization and pharmacological intervention.

– *Analyzing the meanings of drug intoxication and the origin of psychoses*

The longitudinal investigation of A.'s biography shows how his basic existential condition is that of dual insufficiency. In this condition, there is always a virtual need for the presence of a hypersufficient interpersonal dual pole. Its presence provides the ontological safety needed for temporalizing the debilitated existence. It is only from this existential situation that we can genuinely comprehend A.'s continued drug intoxication. We detected two periods of distinctive meanings. In the first period, drug intoxication's primordial function was to postpone by means of its atemporalizing essence the confrontation with a hyposufficient existential position while keeping it stable. The result of this postponement was an immature personality. Immature, A. had to face the sudden loss of the hypersufficient paternal pole. This loss causes the temporal structure of existence to be unstable, thus constituting the so-called pre-field of endogenous manias (Tellenbach, 1969). Once destabilized the structure seeks to restore somewhat of its balance at any rate, frenetically making use of the cocaine-drug intoxication. In the second period, drug intoxication was used as a structure's stabilizing agent by means of an approximation to the world, replacing the biographical approximation to the father with a nonspecific and inauthentic interpersonal approximation. As A.'s structure was not capable of restoring its existential temporal balance, the psychotic episodes emerged. Their origin can be attributed to the imbalance in the temporal dimensions of existence at the moment the protension ensured by the father presence becomes weaker and existence does not find a new supporting point, thus requiring the addition of immediacy offered by drug intoxication. Irritation and aggressiveness are expressions of a consciousness that is excessively close to the inter-human world, in a state of continuous "friction" with it. His manic-like psychoses reveal a complete subjugation of the existence to the immediate interpersonal world, deprived of temporal amplitude. Interpersonality then starts to be sought after not in its genuine sense any longer, as a duality that is capable of providing sustentation for its historic becoming, but rather as a solid pole against which the structure of existence opposes itself in order to remain minimally defended against dissolution. The movement that leads to psychoses is the loss of the habitual configuration of the structure of existence, deflagrated by the continued absence of a temporalization pole. Protension-inclined temporality is lost in favor of structural presentification. Here, we cannot be fooled by the semeiology of manic-like exaltation of the I, understanding it as a genuine defensive force.

This pathologically inflated I, irritated and violent, is nothing more than an I that has been subjugated to the interpersonal environment. To experiment oneself as inspector of the world is, in reality, to serve interests that are external to genuine existence. There is thus a discontinuity between the basic existential structural configuration and that of psychosis, initiated at a typical point of fragility. This condition is indicative of a largely endogenous origin for the disorder. Cocaine action's causality in the genesis of psychosis appears to reside solely in the additional stimulus to the force that subjects existence to an interpersonality that is restricted to the present. Addiction on its own does not seem to have been a sufficient or necessary factor for psychoses. Its causal effect is, at a first moment (that of pre-field), more protective than it is a threat to the cohesion of the structure. Cocaine intoxication initially served as a consolidating agent of the structure that stood in intolerable imbalance. Only after the emergence of psychosis does causal action operate as an amplifier of the pathological existential form. At these final moments, one can affirm that there is an exogenous, quantitative action exacerbating psychosis.

Case 2

– Predominantly exogenous psychosis

J., 44, is hospitalized due to suicidal ideation after two frustrated attempts, with a history of frequent use of large quantities of cocaine since age 15. From the beginning, drug use takes place in the company of siblings during familial celebrations; over the past 10 years, he started using it in a solitary manner. Married for more than twenty years; two children. Has been working for 25 years at the same state-owned company. Although drug use has intensified in recent years, he continues working normally, with few losses to his job performance. In the same manner, there is no functional familial impairment – his wife knew about her husband's addiction only two months prior to his hospitalization. Around one year prior to hospitalization, the patient reported phenomena tormenting him that he cannot explain. Such phenomena comprise human voices and specters with which he converses, for they address him. They call him, give him suggestions at times, but never attack him – except for the final days prior to hospitalization. J. turns to them, answering their calls, taken by surprise when he finds himself talking to them, even though he knows they do not belong in the habitual world. He understands that these experiences are pathological, even as he has them. The voices and specters have also been emerging regardless of his acts of drug intoxication. Suicidal

ideation is disconnected from psychotic experiences, being provoked by an intense anguish experienced in the body and by experiencing the guilt before his existential failure.

– *Analyzing the meanings of drug intoxication and the origin of psychoses*

J.'s structure of existence is marked by his tendency towards maintaining his habitual universe. His existential movement is entirely conservative, seeking to keep intact the proportions between present, retention, and protension. He adheres to the practices of his family of origin, among which is cocaine consumption, and all his goals in life are marked by extreme stability. Within these structural conditions, the meaning of drug intoxication is almost exclusively that to provide some joy and vivacity for an existence with little capability to renovate its temporal dimensions. Addiction emerges solely from the reiterated practice. Therefore, we can say that its structure biographically develops in a cumulative manner. It is a dense structure, naturally prone to always "gain mass" and lose mobility. As cocaine use advances, there occurs a densification of all experiences, including the corporeal one. From a temporality standpoint, such densification reveals an increment of the structure's present dimension without any other change in the retention and protension dimensions, as is corroborated by the fact that both job performance and familial relationships all remain unaffected even under severe psychological alterations. Gradually, psychotic alterations originated from the densification of the present.

These result from a "sensorialization" of existence. In semeiological terms, they consist of pure auditory and visual hallucinations. Phenomenologically, they are forms taken from the human world, linked to materiality's densification. Psychosis intensely modifies reality's density, but preserves spatiality in inter-human conversation and social contacts. The origin of psychosis is thus exogenous, i.e, it arises from the substance's causal action upon a structure of existence that has no temporal flexibility. The result from atemporalized acts of drug intoxication upon the structure of existence is also its densification into corporeity, thus producing a state of depression (Stanghellini, 2004). The continuation of hallucinations even after use has been interrupted shows how an exogenous origin may transcend the acute stimulus. The depressive experience reveals a transition between exogenicity and endogenicity. On the one hand, even his intense experiences of corporeal anguish have not yet impaired his basic experience of meaning, and still remain within the exogenous field. Nevertheless, the intensity of his guilt-permeated experiences before his

existential failure may indicate the beginning of an existence rupture in a zone of fragility, thus suggesting a gradual endogenous transformation of the disorder.

CONCLUSIONS

The complexity of relationships between substance use and psychoses defies the elucidative capacity of the epidemiological-semeiological scientific paradigm. Phenomenological psychopathology, while seeking to comprehend the facticity of the structure of human existence in its conditions of possibility, may offer supplementary illumination to the clinical findings in the area. Taking as a basis for analysis the singular existence in a continuous process of transformation, it elects as its fundamental concepts the notions of meaning of drug intoxication and origin of psychoses. The emphasis on the singularity of existence requires that the concepts be presented by means of clinical case reports. With the use of these concepts, psychopathology may assimilate those findings originating in epidemiological studies of mechanical causality and semeiology, raising them to a superior ontological level as it reveals the variations in meaning that experiences receive from their implantation bases in the facticity of existence. As regards causality, the phenomenological understanding does not reject the occasional presence of a causal efficacy of an intoxicating action over a psychotic transformation. However, it intends to trace the chain of existential meanings that favors the emergence of this action and its maintenance after the psychotic event. Semeiologically, it unveils the diversity of experiences contained in continued drug intoxication – this diversity cannot be seized by means of the semeiological diagnosis of addiction, since this is limited to describing in a simplified manner a behavior that is multiple and varied. Such psychopathological enrichment allows psychiatry to find its original vocation once again, that of serving individuals in their issues concerning destiny and liberty.

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