



PROJECT MUSE®

First Steps Toward a Psychopathology of "Common Sense"

Wolfgang Blankenburg, Aaron L. Mishara

Philosophy, Psychiatry, & Psychology, Volume 8, Number 4, December 2001, pp. 303-315 (Article)

Published by The Johns Hopkins University Press
DOI: 10.1353/ppp.2002.0014



➔ For additional information about this article

<http://muse.jhu.edu/journals/ppp/summary/v008/8.4blankenburg.html>

FIRST STEPS TOWARD A PSYCHOPATHOLOGY OF “COMMON SENSE”¹

WOLFGANG BLANKENBURG
(TRANSLATED BY AARON L. MISHARA)



ABSTRACT: In addition to discussing some philosophical accounts of common sense, this article considers several ways in which common sense can be altered or disturbed in psychopathology. Common sense can be defined as practical understanding, capacity to see and take things in their right light, sound judgment, or ordinary mental capacity. The philosopher Vico described it as the ability to distinguish the probable from the improbable. Goethe understood common sense as an “organ” that is formed in communication for the purpose of communication. Common sense is rooted in the intersubjective constitution of the life-world.

Obsessive-compulsive patients show relatively mild disturbances of common sense. Patients with major affective psychoses, in their premorbid personality structure, are overly attached to common sense. In schizophrenia, however, there seems to be a true abdication of common sense involving a loss of “natural self-evidence.” Even in premorbid states, such persons often lose both the sense of tact and the ability to “take things in their right light.” Although logic, and the ability to engage in theoretical discussion, may be preserved, there is a loss of interpretive skills and the “faculty of judgment”; this results in an inability to cope with everyday practical and social activity. There is also a characteristic sense of perplexity, a sense of amazement before that which would normally seem self-evident and a frequent tendency to reflect upon the conditions of possibility of existence that otherwise remain concealed. The author suggests that the fragility of common sense should not be seen as a mere deficiency state. Rather, it derives from a basic vulnerability inherent in the very structure of being human. (Abstract written by special issue editor: L.A.S.)

THE PHRASE IN OUR TITLE, “Psychopathology of Common Sense,” may seem strange to some readers. How can the disturbance of what is obviously a banal ability have significance? However, we find here something that is frequently true: The deepest human problems lurk behind the obvious.

One dictionary defines *common sense* as “practical understanding; capacity to see and take things in their right light; sound judgement. Ordinary mental capacity” (Funk and Wagnall’s 1964). In this definition, an understanding governed by practice and the ability to see things in their “right light” is considered most essential. Healthy judgement is simply equated with normalcy.

In general, our current understanding of the term, “*common sense*” [English in the original] predominantly derives from Anglo-American usage. The conceptual history of “common sense,” however, extends back to ancient times. Our present term is a translation of the Latin *sensus communis*. The Aristotelian definition of common sense (in Greek, κοινή αἰσθησις, from which the Latin *sensus communis* is derived) is the organ that orders and sums up sensations.² However, we will not concern ourselves with the Aristotelian definition. In Anglo-American usage, the definition of *common sense*, such as the one above, more closely resembles that proposed by

the stoics. Although it will not be our emphasis, it is still possible to trace relationships between the two definitions.

Many modern thinkers have addressed the problem of *common sense*. Descartes (1953), Vico (1966), Shaftesbury (1711), Thomas Reid (1846) and the Scottish school, and Kant are some. We need not enter here into a debate with the philosophical tradition. Gadamer (1965) has already done this with masterful subtlety. From these modern thinkers there spans a sweeping arch which extends to the more recent philosophy of life, Bergson's views, Husserl's approach to the life-world,³ and Heidegger's (1927) analysis of the everydayness of Dasein. It also extends to Marxist conceptions of practice, pragmatism, Moore's (1969) approach, and various sociological and anthropological trends of recent times.

The problems connected with the concept of *common sense* become particularly salient for us under the following conditions:

1. When the scope of an exclusively cognitive approach to the relationship between subject and world is critically examined; this is when one questions the human subject as merely being a subject of cognition and, with this, questions the rift between theory and praxis; this manner of questioning leads to a concept of praxis in a wider sense, which is no longer seen as the opposite of cognition but is rather included as a part of it. Praxis is now seen as a form of coping with world and, with this, its function of opening up and interpreting world only properly comes to light.
2. When the relationship between mediacy and immediacy, as it pertains to our ability to make judgments, becomes questionable;
3. When our attention shifts away from major human problems to the basic, apparently banal assumptions of everyday life; these are seemingly obvious, taken-for-granted assumptions, which do not lose any of their fundamental importance even as we strive to go beyond them.
4. When we raise the question about the social underpinnings of our cognition and knowledge. This touches, perhaps, the most important condition. It is the question of a relationship between cognition and the social world.⁴ If we speak about *common sense*, then we are speaking about a "sense" that is common to each of us. That means that either it has its origin in this commonality or it aligns itself to such a commonality, which then becomes bind-

ing for it.⁵ This problem becomes particularly critical in Husserl's examination of the intersubjective constitution of the life-world.

In conclusion, we come across the following themes in our investigation of the phenomenon of *common sense*: (1) the relationship between cognition and action or practice, (2) the relationship between mediacy and immediacy, (3) the questionableness of the obviousness of what seems obvious, and (4) the intersubjective constitution of the world.

We see that the topic of *common sense* is a legitimate philosophical problem. For the philosophical sociological thinker, Natanson (1963, 909), common sense is "potentially the most productive topic for our philosophical investigations." We now must ask: What can we know about it *empirically*, and what kind of empirical studies have been undertaken?

The concept is barely mentioned in psychological handbooks. It does not seem to play much of a role in contemporary psychology. This is not to say that it is not pertinent. It is rather to acknowledge that the appropriate methods, which could tackle these problems systematically, have not yet been explored. With the current trend for psychology to be ever more concerned with sociological questions, however, this lack will presumably change.⁶

Admittedly, this concept, which has been so variously accentuated in its history, requires sharper analysis. There is no consensus, for example, of whether *common sense* involves a unitary "function." For the time being, we must leave open the question whether, indeed, it may be that heterogeneous factors preserve its intactness.

In a first step, we should not allow ourselves to interpret the concept's evanescent quality and lack of contours merely negatively. We may be tempted to do so for the sake of greater conceptual clarity. While such clarity is often a desirable goal, it will in the present case make our concept dissolve into nothing. The very "sponginess" of the concept, rather, is connected with its richness and vitality. We should not presume that its vagueness signifies a lack of clarity on our part. It says at the same time something about the peculiarity of the matter itself. It withdraws from our efforts

to conceptualize it unambiguously as an object. However, we must not simply yield to this withdrawal. In our very striving to overcome this resistance, we should take heed of it. We should take this withdrawal as an indication of the *mode of Being* of common sense itself.

For the empirical research of this function, it is best to start with examining when it fails. In doing so, we enter the realm of psychopathology. Descartes had expressed the view that nothing in the world is so well apportioned as common sense (cf. the first sentence in his *Discours de la method* [1637] (Descartes, 1953). We cannot agree. Even among the mentally healthy, there is great variability. This range of fine variability for the most part recedes from efforts to objectify and measure it. Any quantitative variations can be attributed to random chance or accident.

The situation changes when we come to *neurotic* and *psychopathological developments*. The loss of certainty with regard to *common sense* in the various disorders can no longer be overlooked. Von Gebattel (1954) and Goepfert (1960) have demonstrated that patients with obsessive-compulsive disorder do not place into question, doubt, enumerate, continuously monitor, and repeat those things that are usually taken as problematic by others. They concern themselves rather with "small, everyday things." These are things, which are normally taken as matter of course or "understood in themselves." They are things that a healthy *common sense* usually considers taken care of and does not bother with.⁷ In 1938, Straus described "an insistent need to powerlessly question" in such patients, which emerges in the place of the spontaneous "being able to live one's day" (Straus 1960, 208). These patients require certainty in areas of life in which "mere opinion (*doxa*)⁸" should prevail. Still, even in this example, our attempt to discover what is specific to the function of *common sense* remains incomplete. Therefore, we should turn in our analysis to even greater symptoms of loss of this function.

How does the function of *common sense* appear in the endogenous psychoses? Notably, we do not find a disturbance to common sense in *cyclothymic* patients. They experience, rather, an enveloping loss of affective relationships to their

world, which is something different. On the contrary, we could ask whether patients with major depression are not, in their pre-morbid personality structure,⁹ too strictly attached to their *common sense*.¹⁰ Older psychoanalytic investigations, such as the one by Cohen, Baker, Cohen et al. (1954), support such a view. In any case, the preserving of this ability in cyclothymic patients is an important criterion for differential diagnosis with schizophrenic patients. In manic patients, the *common sense* of their wit enables an astonishing accuracy in their ability to provoke, even hurt those around them. Their manner of "coming too near" others and ability to "be on target" would not be possible without access to common sense and differentiates them from manic-form hebephrenic patients.

We will now turn to the other group of patients with endogenous psychoses: those with *schizophrenia*. In turning to schizophrenia, we enter the proper domain for the psychopathology of *common sense*.¹¹ For example, Strindberg writes, "It is not the logic of the merely given that prevails here" (*Inferno*, 423). Or in another place, "This is not a matter of the proper things. It is not *natural*, not a logic of events" (*Entzweit, Einsam*, 85). It becomes clear that there is an abdication of *common sense*. (For a discussion of these matters and Strindberg's psychosis, see Binswanger 1963, 1965; Hofer 1968a,b.)

We are able to study the loss of this ability not only in paranoid psychoses. This loss is even more pronounced in the slow and insidious course of hebephrenic schizophrenia or schizophrenia simplex. This frequently begins with a barely noticeable decline in the ability "to take things in their right light." This subtle loss or atrophy precedes the emergence of other symptoms. What becomes striking for those around the patient is that there is a withering away of a sense of tact, a feeling for the proper thing to do in situations, a loss of awareness of the current fashions or what is "in," and a general indifference toward what might be disturbing to others.

We also find a loss of tact and shame in manic patients. This indicates, however, that when we use the same terms, we are actually meaning quite different things.¹² Manic patients and, in a

clearly different way, sociopathic as well as healthy individuals can all be tactless and shameless. Each of these groups may disregard the basic considerateness that others expect from them. Nevertheless, they are still in possession of what they disregard. This ignoring or disregarding is fundamentally different from the “clueless groping” of the hebephrenic patients.

It is not only the loss of the feeling for what is suitable, but also for what others may think, or what the situation demands. That is, there is a loss of the sense for what is nearest and what is less so.¹³ They lose a sense for what can be understood as a matter of course as determined “by the matter itself.” This is all a matter of *common sense*. What first emerges for many patients is a being unable to play along with the rules of the game of interpersonal behavior. Conrad had described this as “trema” to indicate a prodromal stage of schizophrenia.¹⁴ The judgments, emotions, reactions, and actions, which thereby result, no longer have relationship to social reality.

This process can sometimes have effects in the sphere of sensory processing. For example, a young craftsman reports that “it” (referring to his illness) began in the following manner: He lost his sense of proportion at the same time that a nearby young girl lost her “taste” for a meal. Drawing upon Tellenbach’s (1968) investigations of sense-psychology, we could make reference to Aristotle’s definition of *common sense* by taking into account the ambiguity of the word “taste.”

As far as judgement is concerned, it is less a matter of differentiating true from false than of distinguishing the probable from the improbable. Vico had emphasized that just as science is concerned with the truth, so *common sense* is concerned with the probable (*verisimile*). It is precisely those errors and derailments at the beginning of the hebephrenic psychoses that make evident for us the fact that the significance of the probable is in no way a deficient mode of cognition of what is true. Rather, the probable is encompassing and provides the basis for what is true, which is here meant in the sense of what is correct and demonstrable. Vico (1963, 27) described an “*infima vera*,” the scope of which is not to be underestimated. The proper thing to do

in life is to be judged according to the weight of the circumstances and things at hand and thus, it becomes a matter for *common sense*. This faculty should be developed in young people as early as possible so that they do not fall prey in later life to all kinds of deviancies and folly. *Common sense* is here viewed as the ability to put things in their proper place. Without this, all manner of correctness simply hangs in the air.

This brings us to the ancient distinction between logic and topos. This distinction becomes relevant when we examine the school essays of our hebephrenic patients before they fell ill.¹⁵ There is a frequent being off key when it comes to the topic (the *topoi*). This is the case although the logic remains intact, even if overemployed. In Husserl’s sense, we are able to state: The formal logic is embedded in a “world-logic.” The question about the manner of this embedding has the greatest interest for psychopathology. The logic that we are talking about is a logic of the “life-world,” to which *common sense* belongs.¹⁶ To put it more precisely; the life-world is to a large extent nothing other than the intentional correlate of common sense.

It is not uncommon for the relatives of the patient to report that the illness began with the patient raising questions about “the most ordinary things.” These are things, which, to the common sense of the healthy person, are the most obvious, naturally understood things in life. In contrast, the patients still manage to solve difficult, intellectually more demanding tasks without considerable effort. These are tasks, however, that do not require much interpretive skills. In this early stage, some patients retreat to the study of mathematics or physics. They try to replace the “natural successiveness or consistency” of experience that rests on common sense with what are sometimes more- and sometimes less-ingenious logical constructions.¹⁷ These efforts are only temporarily successful. There follows a rigidity and consistency that is maintained with painstaking efforts. Binswanger (1956) has shown that such efforts result in a becoming “extravagant” (*Verstiegenheit*) and exhibiting highly mannered eccentricities.

One might think that all this might be easily established by psychological tests. But that is far

from the case. The Wechsler Intelligence Test has little to say about the functioning of common sense. We have seen schizophrenic patients in our clinic who have a massive disturbance to common sense functioning and yet whose IQs exceed 130. The profile of subtests sometimes gives indications but not always. The Rorschach test is more informative but still lacks specificity. Recent efforts in clinical psychology to propose a hypothesis of "overinclusive thinking" still have not been particularly applicable in the practical domain but have considerable theoretical interest. (For reviews, see Payne [1966] and Fish [1966].) "Overinclusion" indicates a loss of contours in thinking, or to put it more precisely, a lack of the ability to distinguish between the relevant and the irrelevant. It would seem that the concept of relevance is a particularly tangible term, and for that reason, it is rarely reflected upon. What actually allows us to recognize something as relevant or irrelevant? Whatever this may be, it is, without question, not formal logic. It is also not some empirical criterion. On the other hand, however, it is also not something that is simply irrational, or purely dictated by feeling. We refer, rather, to what the older tradition describes as the "faculty of judgement," which in turn provides a basis for *common sense*.

So far, relatively simple methods of clinical investigation have proven to be most effective in investigating this problem. The patient, for example, is requested to retell fables, explain proverbs and sayings, interpret picture stories, etc. What is being examined in such procedures? I think that it is basically—although not exclusively—common sense. These procedures are usually conceptualized in terms of the search for the presence of a latent formal thought disorder. Every psychiatrist knows from experience that thought disorder only becomes a concern with the more severely disturbed patients. In such cases, Beringer (1924, 1926) described an abridgement of the patient's "scope of intentional arc." By way of contrast, in a still significant analysis of the father-and-son-image test with patients with schizophrenia, Kuhn (1943) found an "impairment of the patient's cognitive sympathy function." In spite of his reference to the philosopher

Max Scheler, who is known for his phenomenological studies of emotions and sympathy, however, the decisive question of how sympathy could have a "cognitive" component remains unresolved. Indeed, when dealing with a so-called disturbance of "empathy" (*Einfuehlung*) function in the actual patient, it is often impossible to decide whether the disorder is primarily one of thought or affect.

The very alternative of disturbance to cognition or affect is itself questionable. We find ourselves rather thrown up against what turns out to be a circular structure. One is able to say that in the ability to judge, feeling has become the organ of cognition. But even this formulation is not sufficient. Affectivity and the ability to judge, as we find it in *common sense*, refer back to an original unity of thinking, feeling, and willing in human existence, which is primarily related to an intersubjective world (*mitweltbezogen*).

In view of the above difficulties to put such structural abnormalities into objective form, the phenomenological analysis of the introspective descriptions of those patients who are able to give them remains *the* method of choice. Patients of the subtype, reflective schizophrenia simplex, are particularly suited to this purpose. Wyrsh (1940) was the first to describe and point out the theoretical importance of this disorder. Clinically, it is rare. From the 455 patients examined for this disorder in our clinic, only twenty-seven were in a prolonged condition of pronounced reflectiveness. Of this group, only five could be classified as having schizophrenia simplex.

The following are extracts taken from statements made by a twenty-year-old female patient. Following a serious suicide attempt, she was admitted to the Freiburg University Psychiatric Clinic:

"What is it that I am missing? It is something so small, but strange, it is something so important. It is impossible to live without it. I find that I no longer have footing in the world. I have lost a hold in regard to the simplest, everyday things. It seems that I lack a natural understanding for what is matter of course and obvious to others."

She then explains what she means:

"Every person knows how to behave, to take a direction, or to think something specific. The person's

taking action, humanity, ability to socialize...all these involve rules that the person follows. I am not able to recognize what these rules are. I am missing the basics....It just does not work for me....Each thing builds on the next....I don't know what to call this....It is not knowledge....Every child knows these things! It is the kind of thing you just get naturally.

See, for instance, how difficult it has been for me. I was admitted to the clinic and everyday—how all this took place in this space—I tried to absorb how others, as people, behaved in front of me. I had to disappear like a child...this just isn't normal. My soul is sick...what else could it be?"

In order to take what is expressed in the patient's stammerings on its own terms, psychiatrists are required—according to Kisker (1960, 10)—to become more philosophical. This does not mean, however, that we need to interpret these statements metaphysically or engage in metaphysical speculation. Statements by patients such as the ones made above reveal, in a kind of immediacy, the conditions of possibility of our existence that otherwise remain concealed. The patient states that what she lacks is "something so small...something so important. It is impossible to live without it." She herself considers it "strange" that something so small, something so unapparent, should prove to be so important and necessary for life. This amazement—born from a desperate perplexity—is our starting point. We must allow ourselves to be drawn into this amazement to fully comprehend the implications of such statements. The patient's stammering and struggle for words need not merely be seen as the expression of a thought disorder. It could be caused by the incapacity of our colloquial language to provide ways of expressing what, as it were, lies beneath such a disorder, that is, a predicative, nameless understanding and communicating. This small and important thing, which the patient thinks that she lacks, is not *only* the knowledge of the naturally understood and matter-of-course things of everyday life, it is also the manner in which she understands things to be this way or that. The "what" and the "how" of this knowing are inextricably interrelated.

A twenty-four-year-old, male patient with schizophrenia clearly had something similar in mind when he wrote in a letter addressed "to a stranger":

"I do not know whether you are happy. Let us just put it this way so you will understand. Whom do you thank for this being—let us just call it—unburdened? Your childhood, your youth, your family? Perhaps. Your experience of protection and security, your being unburdened or your happiness are all indebted to something in relation to which you are barely conscious. It is this something which enables the being unburdened as well as these other things. It is what forms the first foundation."

What we find expressed more awkwardly and, therefore, seeming at first to be more genuine in the first patient, we find in more reflective and self-conscious form in the second. In terms of the matter described, the two descriptions really involve the same thing. With the consciously patronizing expression, "...well, let us just put it this way so you will understand....", the second patient is indicating that he has something very specific in mind. Indeed, he continues, "This mysterious 'something' appears to obstinately oppose conscious awareness. It furnishes the greatest resistance—and this has its reasons." In his reflection about what he is missing, the patient is able to obtain essential (anthropological) insights into the human condition.

Our first patient spoke about "something so small." She lives in the belief that what she is missing is something entirely unapparent and worthy of disdain. She finds it hard to grasp that it should have such great importance. She says, "It is so small. One comes upon it, as it were, in passing. There is really not much in it. It is just naturally there as self-evident for everyone. Other things have much more importance." Then she says rather derogatorily, "It is just a matter of mere feeling, sensing what is appropriate. One has this from nature." That is, one should have it "from nature" as a tacit possession, as the necessary prerequisite to accomplishing one's daily tasks.

In the face of their experienced deficits, our patients assume a mask of seeming banality and disdain. Behind this mask they conceal how what is naturally obvious and self-evident for healthy persons has withdrawn from them and been denied them. Healthy common sense is based on this seeming natural obviousness. Kant (1799) writes, "*Common human understanding*, which,

as mere healthy (not yet cultivated) understanding, which, as the least to be expected from anyone claiming to be human, has therefore the doubtful honor of being given the name of 'common sense' (*sensus communis*); and in such a way that by the name 'common' (not merely in our language, where the word actually has a double signification, but in many others), we understand 'vulgar,' that which is everywhere met with, the possession of which indicates absolutely no merit or superiority." (156–67). But this is precisely what our patients are missing. They state over and over again that they are missing the most banal and mundane of things.¹⁸

Our female patient states, "It is such a strange feeling, when one does not even know the simplest of things." Indeed, these are, seen objectively, the simplest of things which seem to slip away from her: how to behave in certain situations, how to dress, how to grapple with everyday problems, how to speak with the people one meets, or what one is supposed to think about them, and so on. It was possible, however, to discuss with her abstract, theoretical questions about her experience in an unimpeded and rather differentiated manner.

Let us take a concrete example. The patient asks herself which dress she should wear for a particular occasion. This becomes a tortured asking herself which material the dress should have. She tries to make clear to herself up to the smallest detail why it should be precisely this color and this material for this occasion. It is quite easy to see how this becomes an endless undertaking. After all, the particular qualities that one finds pleasing in the material of a dress are, in part, complexly determined by processes of social judgment. We should not suppose that it is possible to completely analyze—i.e., without remainder—these processes into their component parts. We may attempt to enumerate them by listing the bourgeois conventions, prevailing fashions, striking aesthetic qualities, possible relevant personal memories, one's will to have a personal style, personal preferences, and so on. These are precisely the kind of experiences that becomes problematic for her. They are also the kind of experiences that resist being subsumed

under unambiguous, rational definition. They are based on assumptions, which are rooted in the interpersonal, intersubjective realm. They are a matter of a certain delicacy and subtlety of feeling.

In this regard, it is interesting to read in Kant (1799): "Taste can be called *sensus communis* with more justice than sound (healthy) understanding can...aesthetic rather than intellectual judgment may bear this name of a sense common to all" (160). Vico, Shaftesbury, and others had already made suggestive statements in this direction. At the beginning of the twentieth century, Simmel (1909, 26) employed the term "imitation"¹⁹ to indicate "the transition from the group into the individual's life." He developed this concept especially for its application to fashion. He wanted to grant to practical life the same kind of feelings of satisfaction that one experiences in theoretical thinking. The experience of transition to individual life by means of imitation in fashion might be likened to the feeling of satisfaction one experiences when subsuming the individual appearance under the general concept. Our patients, however, are unable to take any solace in such feelings of satisfaction. The ability to dwell healthily in a habitual and customary world is based on the ability to be consoled in this way (Wyrsh 1949). The healthiness of common sense rests on habituality. The natural self-evidence of everyday existence draws its nourishment from just such a habituality.

We are now confronted in our analysis by the problem of the relationship between the logical and the social significance of what is universal or presumably common to each individual. We must ask how can that which has been found to be generally valid for those who belong to a particular ethnic and cultural group be built, as it were, into the particular person's spontaneous understanding of things and integrated into the personality? This same commonality is to be found again on the outside of the person with a certain independence as taken for granted and naturally self-evident in the person's social environment. We may ask how the person from this basis in common sense (which spontaneously emerges as naturally self-evident within the per-

son) comes to be an individual, i.e., taking an independent position in the world. The unity between common sense and being an individual is a natural developmental process in the healthy person. For many of our patients as we have seen, however, this whole process becomes problematic. As a result, they constantly alternate between a stereotyped assuming of maxims taken from their environment and an autistic retreat into themselves.²⁰

It would certainly be an error to assume that this could be explained in these patients as a morbid relationship to self, what Conrad identifies as a “cramp” in the ability to reflect. On the contrary, things would improve for such patients if only they could reflect less. When this was suggested to our female patient, she responded vehemently:

“One always measures oneself in terms of other people....Everybody does that. This goes on *unnoticed* in others” [i.e., in healthy people]. “What I am talking about everyone does or has done at one time. It is what one calls a developed *sensitivity or feeling for situations*.²¹ Everybody needs it.”

Our patient refers to a basic need to compare. The healthy person has it as part of an available repertoire, what Heidegger (1927) calls an “*a priori perfect*” (in the Latin sense of what is already accomplished). The patient makes this very clear by constantly stating how strange it is that she is missing this ability to compare:

“This is what is so strange for me. What is missing for me is even more fundamental than what is missing for others. Many people do not know how to dress well. Even if they know that they do not have any taste, they are not particularly bothered by it. But I am missing something even more fundamental. These people do not even sense the necessity of common sense because they do not lack it. They simply *have* common sense. Then they are able to put two and two together. It is no longer so critical for them. They are able to create a connection with others and enter a realm in which everything functions from itself. Then, one is able to find a way. Then, it is natural and obvious. One is unable to live without it.” In despair, she continues: “Without it, one cannot manage at all!”

Kant (1799) writes, “But under the *sensus communis* we must include the idea of a sense

common to all, i.e., of a faculty of judgment which, in its reflection, takes account (*a priori*) of the mode of presentation of all other persons in thought, in order, as it were, to compare its judgment with the collective reason of humanity” (157; translation by Bernard 1951, 136, slightly modified).

In contrast to this, our patient complains, “I have no inner standard of comparison by which I could see whether I am able to sympathize *with* others.” This is in marked contrast to that which bears an *a priori* character in the healthy person. As an inner, or respectively, internalized standard, it serves as an indispensable basis for being able to place oneself in the other person’s position. It also serves as the presupposition for judgments shared with others, which have a universal character. For our patients, however, this is accomplished each day anew only with the greatest effort. This is, in fact, so difficult for our patients that any turning to others and bestowing attention on them—which rests on just such a basis—is no longer possible.

It is understandable that the psychiatrist would be disposed to pursue such an “*a priori*” in the development of the patient’s life-history rather than formally as a condition of possibility of experience. Seen in terms of transcendental phenomenology, the peculiar ability of common sense has its basis in the intersubjective constitution of the life-world.

If we turn to child development, it is well known that Erikson (1957) describes “basic trust” as the foundation of the person’s relationship to world. The biologist Portmann (1951) finds the significance of “early or premature birth” in humans to lie in the fact that the resulting process of maturation is codetermined by social factors. This occurs in a manner that is not available to animals. The predisposition for common sense may very well be present in early infancy. However, the development of common sense is first observable in connection with the acquisition of language.

The relationship between the development of language and the development of common sense is important, but we will not pursue it here. We will focus, rather, on some hypotheses that can

be found in the work of Wynne. They help us to understand how the development of common sense in the individual's life-history may become disturbed. He proposed an intimate relationship between the prevailing forms of communication in the family and the forms of personality organization (including cognitive style) in the children growing up in the family. These connections are particularly conspicuous in families in which children later become ill with schizophrenia.²² The communication style—i.e., what occurs or does not occur between the family members—becomes internalized in the patient and plays some role in how the presuppositions for cognition, judgment, and, also, the ability to encounter others develop. One of the basic methods in our assessment of schizophrenia is the evaluation of its impact on the ability to encounter others (von Bayer 1955).

Even if such hypotheses are only partially verified by further research, we nevertheless gain a conceptual grasp of the genesis and disturbance of common sense in the life-history of the individual person. Borrowing from Goethe's well-known formulation, one could say that common sense is an "organ," which is formed in communication for the purpose of communication. It is formed in reciprocal interaction for the sake of this interaction. Given our current state of research, however, one must nevertheless leave open how much the milieu—in this case, the communicative milieu—in which the small child develops provides the basis in which common sense evolves in the person. This, of course, is connected to the question of how much a genetically determined process of maturation or, respectively, failure of maturation, plays a role in its development.

In our present investigation, we must nevertheless confront the further puzzling question: If common sense is determined so early in human development, why does its lack, which we have been observing in our patients, usually first appear after puberty? One possible answer is that this ability only really first becomes tested when the individual starts to become an adult and stand on his or her own feet (see Kuhlenskampff 1964, and also Kretschmer 1959; Bräutigam 1965). This question, however, requires a much

more penetrating analysis of research in developmental psychopathology and problems of maturation (cf. Häfner 1963; Bayer 1968).

In conclusion, we must consider one further possible objection: Is common sense really a ubiquitous phenomenon? It may merely be the product of social processes, or for that matter, very specific social structures. Are there not—to say the least—extremely diverse manifestations of common sense in different socio-cultural contexts? The prevailing common-sense judgments of any particular society vary considerably from one society to the next. We can respond to these concerns by noting the fact that there *is* indeed something like common sense in the most diverse peoples and in the most varied socio-cultural contexts. This fact can hardly be doubted (cf. Natanson 1963, 912ff). In saying this, however, we do not deny that there are not only differences in the content of common sense between cultures, but also formal differences that may also involve levels of intensity. That is, the types and degrees of relatedness to common sense can vary tremendously.²³ They correspond to the various forms of intersubjective constitution of the life-world, or respectively, to various levels of being rooted or anchored in it. Observations of cultural variations of the Far East seem to point in this direction.²⁴

In these considerations, we find ourselves confronted with the question of whether common sense possesses an essential structure. Can it at all be conceptualized in a static sense as a "function?" This would have its basis in an inheritable predisposition that receives further definition in early childhood development. If it were such a function, it would simply be present and relatively intact for the individual person. By means of this function, the healthy person would be able to develop and ascribe truthful propositions about his or her world. On the other hand, we might ask whether such a view is fundamentally misguided. That is, is the view, which purports a basic sense common to all, outwardly cultivated, but also possibly impaired in various disorders, erroneous? After all, this would merely lead us back to a psychology and psychopathology based on developmental stages.

Alternatively, we could propose that the development of human existence is a dialectical process with its own fragility in which there occurs a destabilization or, perhaps, disturbance to a hypothetical basic common-sense function. Such a fragility and destabilization could also provide the impetus for developing a sharpened self-consciousness. This process would accomplish the encounter with others' worlds and, on ever-higher stages of mediation, the integration of these worlds in one world common to all of us. If this were the case, then could such a dialectical movement become exaggerated (too tensely drawn) and thereby collapse or become annihilated? In other words, we raise the following question: Is the brittle fragility of common sense merely a matter of pure deficiency or does it involve, rather, a basic risk or vulnerability which belongs to the very structure of being human? The latter view corresponds to the long tradition of philosophical anthropological models, which spans from Herder to Gehlen. Common sense would then be given in terms of the most various levels of dialectical development. It would not be something static, but, as human existence, it would be embedded in a dialectic of becoming. Thus, the possibility we mentioned above of a becoming attached to "too much" common sense in the premonitory personality of depressive patients can also be understood in terms of such a dialectic.

After all is said, our fundamental two-part question remains unanswered: (1) To what extent do the "disturbances" of common sense described in this study represent a decompensation in the framework of a dialectical development of the essential structure of being human? Or (2) To what extent do such disturbances rest on a basic insufficiency, which itself does not enter into a dialectical process? This question cannot be answered in terms of our present state of knowledge but only in terms of our individual preferences for particular world-views. Rather than yielding to such temptations, we should focus our attention on developing a methodology that would be able to differentiate the empirical scope of application of the static approach to deficits from that of the dialectical one.

NOTES

1. The original article in German is "Ansätze zu einer Psychopathologie des 'common sense.'" *Confinia Psychiatrica* 12, pp. 144–163. Originally appearing in 1969, this essay has in part been modified by the author for the present translation. Presented as his entry lecture when joining the faculty of the University of Heidelberg psychiatric clinic, it is dedicated to the Director, Prof. Dr. W. von Bayer for his 65th Birthday and thus, just before v. Bayer's retirement.

2. Aristotle, *De Anima* III a. More precisely stated: the κοινή αἴσθησις as the actual perception, enables the relation of sensations to self and world.

3. In doing so, one is able to take into account the entirety of Husserl's late work, especially *The Crisis of the European Sciences and Transcendental Phenomenology*. English translation by D. Carr. Evanston: Northwestern University Press, 1970.

4. As each of the above four points are closely connected with one another, 3 and 4 may be considered in tandem. G. Lehman has written: "The mystery of the everyday...shows itself to be ultimately a mystery of social reality. There is a dialectic immanent to the concept of the everyday which expresses itself in the fact that the everyday world reveals itself just as much as it conceals itself." Cf. Theunissen, 1965.

5. With regard to the problem of common sense, one may ask the following: What significance does the interhuman or intersubjective have for the becoming manifest of world? And conversely: What significance does the becoming manifest of world (and thereby our being able to be in a world) have for the development of the interhuman realm? Putting this problem in still other terms: How far does cognitive understanding rest on coming to terms with others and how much does coming to terms with others rest on cognitive understanding? Clearly, both sides interlock in a circular structure, which is peculiar to their relationship. What is important is that this interconnecting does not rest on the uniqueness of the particular interpersonal relations but rather on that which is, as it were, shed from these relations as a particular deposit or sediment, which then acquires "constitutional" significance (in the sense of Husserlian phenomenology) so that every future relationship to self and to world is thereby co-constituted.

6. Translator's note. Blankenburg wrote this in 1969. It is hard to say how much of Blankenburg's prediction has become true. More recently, empirical investigations of "everyday" cognition and emotions have been the themes of several conferences and edited collections. Blankenburg himself points to how difficult it is to conceptualize and thus operationalize common sense. Nevertheless, his use of it as a basis of differential

diagnosis and understanding the subjective experience of the patient does seem to open up the possibility of its further study. However, the potential application of phenomenology for the neuropsychological study of schizophrenia has, in general, been regrettably neglected.

7. Translators' note. Blankenburg uses the German expression for common sense, *gesunde Menschenverstand*, for the first time in the essay. The German expression contains the word for "health" (*gesund*) and implies mental health in its ordinary usage.

8. Translator's note. Straus uses the ancient Greek word, *doxa*, which means "opinion," thus recalling Plato's opposition in the dialogue, *Theatetus*, between mere opinion and true opinion or knowledge (*episteme*).

9. Recently, Alfred Kraus (1969) has attempted to work out the common elements in the descriptions of the premorbid personality structure of depressed patients as found in the writings of Shimoda, Tellenbach, Becker, and others. He then attempts to integrate these elements into a phenomenological-anthropological theory.

10. We find an entirely different kind of (relative) hypertrophy of common sense in patients with mental retardation. The problem of how much this is a primary and how a compensatory phenomenon is interesting and not well researched.

11. Kant (1800) had already seen this when he wrote, "The single universal characteristic of madness (*Verruecktheit*) is a loss of common sense (*sensus communis*) and a *logical obstinacy* (*sensus privatus*) which enters in its place" (151). Cf. K. Kisker (1957) and W. v. Baeyer-Katte (1966).

12. The loss of tact that we experience in some organic patients is also completely different where there is very specific deterioration of brain processes. Although the resulting structure of the loss varies from case to case, the lapses may nevertheless be similar.

13. E. Bleuler (1911) writes, "Their ideas and thoughts are presented in entirely irregular fragments. These frequently contain what is not pertinent, thereby completely overlooking what is nearest" (64).

14. Translator's note. Situated in Goettingen, K. Conrad (1905–1961) was conversant with the Heidelberg and Freiburg applications of phenomenological anthropology to psychopathology but was more influenced by Gestalt theory. Trema refers to the first of five stages in the progression of schizophrenia: trema, apophany, anastrophe, apocalyptic, consolidation, and residual or defect state. (For a description of Conrad's stages, see Sass [1992]).

15. Translator's note. Following Kraepelin, Blankenburg takes schizophrenia simplex to fall under the more general category, hebephrenia, rather than making it its own independent clinical subtype as Bleuler did. (See commentary in this issue by Mishara.)

16. For Husserl, the "life-world...is the world that is concealed in the horizon of our shared humanity" and thus serves as "the continuous basis for our experience of validity, an always ready source for self-evident, taken for granted assumptions." (1954, 124).

17. Binswanger's concept of "natural consistency," which he developed in close relationship with the phenomenological philosopher, Szilasi, needs to be further developed both with regard to what he means by "natural" and by "consistency," [i.e., the experience of continuity of natural consciousness, A. M.]. What common sense actually preserves is the balance of what has been called by Binswanger the "anthropological proportions." This balance is maintained by dampening the tendency to ascend vertically in one's perspective. It also means not merging or melting into the horizontal dimension of existence. (We are now more readily able to understand the ambivalence of Goethe or Hegel towards common sense.)

Translator's note: This difficult but critical footnote for understanding Blankenburg's definition of common sense requires some clarification. It may help to cite a similar passage by the same author (Blankenburg 1971). In describing Descartes's methodological doubt and the inherent danger of losing common sense, Blankenburg writes that there is a "...possible endangering of what Binswanger has called the 'anthropological proportions.' This is determined by the relationship between height and breadth. In relation to Descartes, this means: in order to accomplish the pure *cogito* he must ascend into isolating heights. This radically precludes the healthy habituality of natural experience" (1971, 66, my translation). For Binswanger's concept of anthropological disproportion as referring not merely to space but also to "directions of significance" in the projection of existence as a "world design," see Mishara (1994): "The images of ascending (in self-realization, along the vertical axis) and of going forth, encountering obstacles, and being with others (along the horizontal axis) signify basic human *possibilities* of movement. Using a term normally applied to the 'vertigo' of mountain climbers (*sich versteigen*) and 'extravagance' (*Verstiegtheit*), Binswanger shows how there can be an 'anthropological disproportion' between the vertical and horizontal dimensions or 'directions of significance' in the projection of existence as a 'world-design'" (63).

18. Translator's note. As Heidegger writes, we only become aware of the context when the hammer fails.

19. In referring to this concept, however, it should be added that it only approximates what is being examined here.

20. We find this alternative in even more extreme form in echolalia and echopraxia, on the one side, and negativism or stuporous inaccessibility, on the other.

21. When the patient describes “sensitive feeling” or a “feeling of the world,” she had no idea that such thoughts have their resonance in Pascal’s “*esprit de finesse*.” “*Esprit de finesse*” and “*esprit de couer*” can be seen as more differentiated modes of appearing of common sense.

22. Translator’s note. When W. Blankenburg was writing this article, the theories of Wynne were much more in vogue in explanations for schizophrenia than they are now. The celebrated neurodevelopmental hypothesis of schizophrenia prevalent in contemporary psychiatry to explain the delayed onset of the disorder was not known at the time. See Blankenburg’s own speculations about the prevalence of adolescent onset below.

23. Common sense becomes particularly salient when individuation processes in a society become accelerated. (Cf. Habermas’s concept of the structural change of the public realm and W. v. Baeyer-Katte [1966]). It is not accidental that discussions concerning common sense increased in the eighteenth century. Nevertheless, an enduring dialectical relationship of tension between a *sensus communis* and a *sensus privatus* appears to belong to the essential structure of being human. As long the person develops in a healthy manner, each of these poles remains related to and counterbalances the other.

24. Compare, for example, “*Beitraege zur vergleichende Psychiatrie*” (*Contributions to Comparative Psychiatry*) ed. by N. Petrilowitsch (1967), especially Wulf’s description of a certain “relativity,” which is specific to the consciousness of the Vietnamese.

REFERENCES

- Bayer, W. v. 1968. Jugendliche Problematik und Reifung in ihrer Bedeutung für die Psychiatrie. *Ruperto-Carola* 45:167–74.
- . 1955. Der Begriff der Begegnung in der Psychiatrie. *Nervenarzt* 26:369–76.
- Baeyer-Katte, W. v. 1966. Immanuel Kant über das Problem der abnormen Persönlichkeit. In *Conditio humana. Erwin W. Straus on his 75th birthday*, ed. W. v. Baeyer and R. M. Griffith, 35–54. Berlin: Springer.
- Bergson, H. *Ecrits et paroles*, T.I, p. 84 ff. (RM Mosse Bastide).
- Beringer, K. 1924. Beitrag zur Analyse schizophrener Denkstörungen. *Zeitschrift für die gesamte Neurologie und Psychiatrie* 93:55–61.
- . 1926. Denkstörungen und Sprache bei Schizophrenen. *Zeitschrift für die gesamte Neurologie und Psychiatrie* 103:185–97.
- Binswanger, L. 1956. *Drei Formen missglückten Daseins. Verstiegenheit, Verschrobenheit, Manieriertheit*. Tübingen: Niemeyer.

- . 1963. Über das Wahnproblem in rein phänomenologischer Sicht. *Schweiz. Arch. Neurol. Neurochir. Psychiat.* 91:85–88.
- . 1965. *Wahn*. Pfullingen: Neske.
- Bleuler, E. 1911. Dementia praecox oder die Gruppe der Schizophrenien. In *Aschaffenburg, Hb. der Psychiatrie*, vol. IV. Leipzig u. Wien: Deuticke.
- Bräutigam, W. 1965. Erlebnisvorfeld und Anlässe schizophrener Psychosen. 7. Psychiatertagung des Landschaftverbandes Rheinland, Suchteln.
- Cohen, M. B., G. Baker, R. A. Cohen et al. 1954. An intensive study of twelve cases of manic-depressive psychosis. *Psychiatry* 17:103–37.
- Conrad, K. 1958. *Die beginnende Schizophrenie*. Stuttgart: Thieme.
- Descartes, R. 1953. *Oeuvres et lettres*. Paris: Gallimard.
- Erikson, E. H. 1957. *Kindheit und Gesellschaft*. Stuttgart and Zurich: Klett. (*Childhood and society*) New York: Norton, 1950.
- Fish, F. 1966. Experimentelle Untersuchung der formalen Denkstörung bei der Schizophrenie. *Fortschr. Neurol. Psychiat.* 34:427–45.
- Funk and Wagnall’s. 1964. *Standard dictionary*, International ed. New York.
- Gadamer, H. G. 1965. *Wahrheit und Methode. Grundzüge einer philosophischen Hermeneutik*, 2. Aufl. Tübingen: Mohr.
- Gebattel, V. v. 1954. *Prolegomena zu einer medizinischen Anthropologie*. Berlin, Heidelberg, and New York: Springer.
- Goeppert, H. 1960. *Zwangskrankheit und Depersonalisation*. Basel and New York: Karger.
- Häfner, H. 1963. Prozess und Entwicklung als Grundbegriffe der Psychopathologie. *Fortschr. Neurol. Psychiat.* 31:393–438.
- Heidegger, M. 1927. *Sein und Zeit*. Halle: Niemeyer.
- Hofer, G. 1968a. *Der Mensch im Wahn*. Basel and New York: Karger.
- . 1968b. Der Wahnende als Mitmensch. *Psychiat. Clin.* 1:253–62.
- Husserl, E. 1954. *Die Krisis der europäischen Wissenschaften und die transzendente Phänomenologie. Husserliana*, Bd. VI. Den Haag: Nijhoff.
- Kant, I. 1799. *Kritik der Urteilskraft*, 3. Aufl. (C). Königsberg.
- . 1800. *Anthropologie in pragmatischer Hinsicht*, 2. Aufl. (B). Königsberg.
- Kisker, K. P. 1957. Kants psychiatrische Systematik. *Psychiat. Neurol. Basel* 133:17–28.
- . 1960. *Der Erlebniswandel des Schizophrenen*. Berlin, Göttingen, and Heidelberg: Springer.
- Kosik, K. 1967. *Die Dialektik des Konkreten*. Frankfurt a. M.: Suhrkamp.

- Kraus, A. 1969. Melancholiker und Rollenidentität. In *Melancholie*, ed. W. Schulte. Stuttgart: Thieme.
- Kretschmer, W. 1959. *Die entwicklungspsychologischen Zusammenhänge in Aufbau der Hebephrenie*. II. Int. Kongr. f. Psychiatrie. Congress Report, vol. I, 215–18. Zurich: Orell & Fussli.
- Kühn, H. 1943. Über Störungen des sympathiefühlens bei Schizophrenen. Ein Beitrag zur Psychologie des schizophrenen Autismus und der Defektsymptome. *Zeitschrift für die gesamte Neurologie und Psychiatrie* 174:418–59.
- Kuhlenkampff, C. 1964. Psychotische Adoleszenzkrisen. *Nervenarzt* 30:530–36.
- Lukacs, G. 1964. *Die Eigenart des Ästhetischen*; Bd. II, Ges. Werke Bd. 12. Berlin and Neuwied: Luchterhand.
- Mishara, A. L. 1994. Binswanger and phenomenology. In *Encyclopedia of phenomenology*, ed. L. Emyree et al. Dordrecht: Kluwer.
- Moore, G. E. 1969. *Die Verteidigung des Common Sense*. *Fünf Aufsätze*. Einl. von H. Delius. Frankfurt a. M.: Suhrkamp.
- Natanson, M. 1963. Philosophische Grundfragen der Psychiatrie. I. Philosophie und Psychiatrie. In *Psychiatrie der Gegenwart*, Bd. I/2, 903–25. Berlin, Göttingen, and Heidelberg: Springer.
- Payne, R. W. 1966. The measurement and significance of over inclusive thinking and retardation in schizophrenic patients. In *Psychopathology of schizophrenia*, ed. P. H. Hoch and J. Zubin, 77–97. New York and London: Grune and Stratton.
- Petrilowitsch, N. 1967. (Hrsg.): Beiträge zur vergleichenden Psychiatrie. *Akt. Fragen Psychiat. Neurol.*, vol. 5. Basel and New York: Karger.
- Portmann, A. 1951. *Biologische Fragmente zu einer Lehre vom Menschen*, 2. Aufl. Basel: Karger.
- Reid, T. H. 1846. *The philosophical works*, Bd. II. ed. Hamilton. Edinburgh.
- Sass, L. 1992. *Madness and modernism: Insanity in the light of modern art, literature, and thought*. New York: Basic Books.
- Shaftesbury, A. Earl of. 1711. *Characteristics of men, manners, opinions, times*, Bd. I–III. London. Treatise II (Dtsch. Sugs.: Philosophische Werke, Bd. I–III [Leipzig 1776–1779]).
- Simmel, E. 1909. *Die Mode*. *Philosophische Kultur*, 2. Aufl. Leipzig.
- Straus, E. 1960. *Psychologie der menschlichen Welt*, 108 ff. Berlin, Göttingen, and Heidelberg: Springer.
- Tellenbach, H. 1968. *Geschmack und Atmosphäre*. *Medien menschlichen Elementarkontakts*. Salzburg: Müller.
- Theunissen, M. 1965. *Der Andere*. *Studien zur Sozialontologie der Gegenwart*. Berlin: de Gruyter.
- Vico, G. 1963. *De nostri temporis studiorum ratione*. Neapel 1708. Lat.-dtsch. Ausg.: Vom Wesen und Weg der geistigen Bildung. Darmstadt: Wiss. Buchgesellschaft.
- . 1966 [1924]. *La Scienza Nuova (1725/1744)* (Dtsch. Übers. Von E. Auerbach: Die neue Wissenschaft über die gemeinschaftliche Natur der Völker [Berlin/Leipzig: de Gruyter, 1924 / Reinbek: Rowohlt 1966]).
- Wyrsh, J. 1940. Über die Psychopathologie einfacher Schizophrenien. *Msschr. Psychiat. Neurol.* 102:75–106.
- . 1949. *Die Person des Schizophrenen*. Bern: Haupt.