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PHENOMENOLOGICAL PSYCHOPATHOLOGY OF  
COMMON SENSE AND MEDICALIZATION  
BLANKENBURG AND KIMURA ON SCHIZOPHRENIA  
AND DEPERSONALIZATION

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### *1. Preface*

In the tradition of phenomenological psychopathology, common sense has been focused upon as a key term. Blankenburg characterizes schizophrenia as a lack of common sense that enables an individual to understand a situation and cope with the environment and other people. The Japanese psychopathologist Kimura Bin has adapted the commonsense approach to depersonalization, drawing on Blankenburg's theory and Nishida Kitaro's concept of "active intuition". Phenomenological psychopathology of common sense theory risks medicalizing common sense by focusing overly on fundamental phenomena. In this paper, I would like to rethink the achievements and the disadvantage of phenomenological psychopathology of common sense and envision a non-medicalizing common sense theory.

## 2. *The concept of common sense*<sup>1</sup>

The concept of common sense dates back to Aristotle.<sup>1</sup> Because he did not use this word as a technical term [Gregoric 2007, II, 6], we should struggle to explain consistently what meanings he attached to it. We can at least admit that (1) Aristotle's term "common sense" refers to some ability related to "common objects", which can be sensed beyond specific modalities such as seeing, hearing, touching, tasting, and smelling; and (2) Aristotle [2016, 50-51] rejected the existence of a specific sensory organ for common sense.

Another source of the concept of common sense is the tradition of ancient Roman rhetoric. Cicero's *De Oratore* taught us that «[i]n oratory, the very cardinal sin is to depart from the language of everyday life and the usage approved by common sense (*communis sensus*)» [Cicero 1967, I, 12]. As was the case with Aristotle, we cannot be sure what meaning Cicero attached to the phrase «*communis sensus*». This phrase does not appear in Cicero's other texts [Nakamura 1979/2000, 346], and he did not appear to use this phrase as a technical term. Nevertheless, we could guess that Cicero used the phrase «*communis sensus*» to refer to the normal judgment abilities shared by ordinary people.

Although neither Aristotle nor Cicero used the expression "common sense" as a technical term, it later came to be regarded as such in a certain period that is difficult to date. In the Middle Ages, Avicenna (Ibn Sina) regarded common sense as a faculty of fantasy and included it in the "internal senses". Moreover, Avicenna [Avicenna 1981, 31] localized common sense in the frontal part of the front ventricle of the brain [cf. Afnan 1958/2016, 138]. In the eighteenth century, Vico [1744/1948, 57; 1744/2015, 63] regarded common sense (*senso commune*) as judgment without reflection that is shared by the human race.

### 2.1. *Kant on common sense*

Kant seems to be the first person who explicitly related the loss of com-

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<sup>1</sup> See Ishihara [2018, Ch. 1] for a further explanation of the history of the concept of common sense from Aristotle to Kant.

mon sense and mad people and pathologized the loss of common sense. Although John Locke [1700/1979] had already suggested the relationship between the loss of common sense and madness, he regarded the estrangement from common sense as typical among mankind: According to Locke, all of us are mad to a certain degree. In contrast, Kant insisted that the loss of common sense is the only common feature of different types of madness. That is, madmen are different from all mentally normal persons in that the former lack common sense:

The only universal character of madness is the loss of common sense (*sensus communis*) and its replacement with logical private sense (*sensus privatus*); for example, a human being in broad daylight sees a light burning his table which, however, another person standing nearby does not see, or hears a voice that no one else hears. For it is a subjectively necessary touchstone of the correctness of our judgments generally, and consequently also of the soundness of our understanding, that we also restrain our understanding by the understanding of others, instead of isolating ourselves with our own understanding and judging publicly with our private representations, so to speak [Kant 1800/1977, 535;1800/2006, 113].

Some scholars [Böhme & Böhme 1985; Rauer 2007] suggested that the discrimination of madness from reason was an important process for the establishment of Kantian critical philosophy and Enlightenment thought. In the first sentence of the article *The answer to the question: What is the Enlightenment?* Kant says, «The enlightenment is human being's exit from his self-incurred immaturity» [Kant 1784/1977, 53]. Kant repeats this phrase in *Anthropology* and adds that «he ventures to advance, through still shakily, with his own feet on the ground of experience» [Kant 1800/1977, 549; 1800/2006, 124]. On the other hand, Kant [1800/1977, 548-549; 1800/2006, 124] admits that the mode of experience is diverse among persons. Regarding this diversity of modes of experience, the following points are necessary to make a reasonable dialogue possible: (1) thinking by ourselves, (2) thinking through putting ourselves in the position of others, (3) always thinking congruently with ourselves. The ability to discern our own thoughts from those of others

is an indispensable condition of the Enlightenment. According to Kant, Madmen lack this ability and thus common sense.

### *3. Blankenburg and phenomenological psychopathology of common sense*

After Kant, the connection between madness and the loss of common sense was apparently forgotten. It was Blankenburg who clearly rebuilt the connection between the loss of common sense and madness. Not only did Blankenburg rebuild the connection, he also deepened the degree of medicalization by regarding the loss of common sense as specific to schizophrenia rather than mental disorders in general.

Blankenburg characterized the condition of persons with schizophrenia as a lack of common sense that enables an understanding of «the self-evident» and coping with the environment and other people. Blankenburg stated the following:

In turning to schizophrenia, we enter the proper domain for the psychopathology [...]. 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. [...] The judgments, emotions, reactions, and actions, which thereby result, no longer have relationship to social reality [Blankenburg 1969, 148-149; 1969/2001, 305-306].

According to Blankenburg, what persons with schizophrenia lack is the common sense that integrates emotion and the faculty of judgment, allowing us to be in touch with social reality and enter into the common world with others.

Blankenburg was not the first to define the core feature of schizophrenia as the loss of touch with the real world. Bleuler, who invented the word «Schizophrenie», specified that «one of most important symptoms of schizophrenia» is «the predomination of the inner life and active turning away from the outer world», which is «autism» [Bleuler

1912, 1; see also Bleuler 1911/1988]. Drawing on Bleuler, Minkowski characterized this autism as «the loss of vital contact with the reality» [Minkowski 1927/2002, 106]. If not focusing on schizophrenia, we can refer to Pierre Janet and Freud. Janet pointed out that the general feature of neurosis is «the loss of function of the real» [Janet 1909/2004, 299], which Freud [1911, 1] followed. Bleuler's concept of autism is based on the psychodynamic frame. He attributed autism to the effect of the affectivity of patients and their tendency to fulfill their desires that are incompatible with the outer real world [Bleuler 1912, 4].

The novelty of Blankenburg was the emphasis on the sociality of reality with which individuals with schizophrenia lose contact, drawing on the concept of common sense. The advantage of Blankenburg's common sense theory is that it suggests social reality matters for persons with schizophrenia rather than the conflict between inner desire and the outer real world. It also denotes that sensation, emotion, and judgment are involved with the loss of contact with reality. Although Blankenburg did not use the term “embodied mind”, his theory of the loss of common sense could be regarded as having an affinity with the embodied-mind approach to schizophrenia.

The disadvantage of the theory on the loss of common sense is that it medicalized the loss of contact with social reality in the meaning of impairment.<sup>2</sup> Although social reality depends on social context, the *theory of the loss of common sense* could attribute responsibility to individual impairment and individualize it. If it is the case that some impairments related to schizophrenia contribute to the loss of contact with social reality, we should struggle to discern the contribution of each impairment.

Recent scholars in phenomenological psychopathology tend to emphasize sensual and emotional disturbances as the bases of schizophrenia and other mental disorders [Fuchs 2010; Ratcliffe 2008; Sass & Parnas 2003]. According to Thomas Fuchs, such disturbances «in the dimensions of both perception and action» result in the disturbance of «the prereflective, embodied and practical immersion of the self in the world» [Fuchs 2010, 552].

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<sup>2</sup> Ayaya [2016] insists that disorders in sociality and communication of persons with ASD should be regarded a disability rather than an impairment. As for the necessity to distinguish between disability and impairment see Shakespeare [2017].

Stanghellini pointed out that the phenomenological tradition brings to light «the intuitive and non-propositional nature of common sense, moving the emphasis away from an above-all cognitive-mentalistic conceptualization towards one focused on the emotional-affective life and corporeality» [Stanghellini 2004, 89]. Following such a phenomenological tradition, Stanghellini reconstructed and finalized common sense theory on schizophrenia. He distinguished two aspects of «common sense deficit»: lack of intuitive attunement (impaired capacity to accurately typify the mental states of other persons) and damaged social knowledge network, as well as three dimensions of «schizophrenic vulnerability»: the sensory, conceptualization, and attitudinal dimensions [Stanghellini 2000].

The advantage of Stanghellini's theory of common sense deficit is that (1) it can call attention to the problem of embodiment, that is, sensual and emotional disorders based on the grounds of the problems concerning social relations of individuals with schizophrenia, and (2) it can call attention to the problem of social relations consisting of multiple dimensions. Thanks to Stanghellini, we can clarify that the term “common sense” includes multiple dimensions and rich aspects.

However, Stanghellini's theory of common sense still risks medicalizing the problem of social relations, as we have already seen with Blankenburg. Stanghellini said that «we could also metaphorically represent common sense as a sort of sensory organ oriented towards the world of social relationships» [Stanghellini 2004, 88]. He posited the hypothesis that «the relational deficit in schizophrenia is not a consequence of acute symptoms and course but instead is a fundamental aspect of schizophrenic vulnerability» [Stanghellini 2000]. By fundamentalizing the problem of common sense, Stanghellini seemed to internalize the problem of social relations in persons with schizophrenia.

#### *4. Kimura's phenomenological psychopathology on depersonalization*

Bin Kimura is one of the most famous psychopathologists in Japan. Some of his articles on psychopathology are well known in the Western psychopathological circle. However, his works written in Japanese on common sense are little known in the West, as exemplified by a

Stanghellini work. Although Stanghellini [2004] thematized the «psychopathology of common sense», he did not refer to Kimura in relation to common sense but only to his theory of the disturbance of selfhood [Stanghellini 2004, 149].

Kimura noted in his book *Phenomenology of Schizophrenia* [1975/2012c] that he had been deeply impressed by Blankenburg's inaugural lecture at Heidelberg University in 1969 (which would later be published as Blankenburg [1969]). Inspired by Blankenburg's theory on common sense, Kimura developed his thought on the same topic. The novelty of Kimura was that (1) he applied the loss of common sense theory to depersonalization, and (2) he connected Japanese philosopher Nishida Kitaro's concept of intuitive action with the concept of common sense and suggested the embodiment of the latter.

From an early stage, Kimura has been interested in depersonalization, and his phenomenological psychopathology on depersonalization has been influenced by Nishida's philosophy. Before we discuss Kimura, allow me to introduce Nishida's concept of "active intuition".

#### 4.1. Nishida on active intuition

Kitaro Nishida is one of the most popular Japanese philosophers, and "active intuition" is one of the key terms in his philosophy. In his paper, *The Standpoint of Active Intuition* [1935/2012], Nishida developed the theory of active intuition. He tried to show the integrity of seeing and action as based on the body and to connect active intuition to the historical and commonsensical world from whence we conceive «the infinite boundary of space and time». In another paper, Nishida referred to medieval Japanese Zen master Dogen's concept of *shinjin-datsuraku* («dropping off of body and mind»):

Our body is seeing as well as working. To become seeing is to become creative: to become a creative component in the creative world. However, this does not mean that the body or the self disappears as one thought, but rather that true life will be full in the self. The dropping off of body and mind does not mean that we simply become empty. The world turns to be expressive to me, as

I see it corporeally as a creative component. Things appear as the expression of life. In this sense, we can say that the expression moves me [Nishida 1937/1988, 251].

The concept of active intuition, which was developed through interpreting Dogen's concept of dropping off of body and mind, is similar to current theories of the embodied-mind approach or enactivism in that they are about trying to find an indispensable connection between perception, body, and the environment.<sup>3</sup> Via this concept, Nishida [1935/2012] tried to show the integrity of seeing and action as based on the body. In an article, Nishida related this concept of active intuition to that of common sense [Nishida 1950, 244; cf. Kimura 1988/2005, 68].

#### 4.2. Kimura on depersonalization

In his first academic paper, *Zur Phänomenologie der Depersonalization* [1963] (written in German), Kimura pointed out three aspects of depersonalization: (1) the feeling of the loss of the self (*Ich*), (2) the feeling of distance of the objects (including her/his own body), and (3) the feeling of discontinuity of the self and the time. He insisted that the task of phenomenological psychopathology is to elucidate the fundamental phenomenon of depersonalization underlying these aspects. According to Kimura, the feeling of the existence of the self comes from the recognition of outer objects; as Dogen says, «I do not testify all things, but all things come to testify me» [Kimura 1963, 393]. Kimura said, «when one sees something, one adds to it something individual, which corresponds to one's attitude, interest, and inner movement. In the perception, the inner movement is always expressed» [*ibid.*]. Moreover, Kimura claimed that such a perception is not passive reception of sensual contents, but a «*Tatsache*» ([active]-fact), using Nishida's term. In concluding, Kimura said that «the fundamental phenomenon of depersonalization proves to be incapability of making the [active]-fact (*Tatsache*) during the meet-

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<sup>3</sup> For enactivism and embodied approaches, see, for example, Hutto [2013] and Shapiro [2014]. Hashi [2015] tried to show the similarity between Dogen's thought and enactivism.



ing with the world as the disorder of self-actualization of the authentic self [*Ich*] in the intentional act of consciousness» [Kimura 1963, 397].

In his later paper on depersonalization, Kimura [1976/2006] proposed a hypothesis that painted depersonalization as lack of common sense. Although Blankenburg [1971] tried to regard the loss of common sense as the specific and fundamental disturbance (*Grundstörung*) in schizophrenia, which is not found in depersonalization, Kimura [1976/2006] tried to relate the loss of common sense to depersonalization. According to Kimura [1976/2006, 122], depersonalization should not be regarded as a disorder but as a phenomenon that can be seen among disorders such as obsessive-compulsive neurosis, schizophrenia, depression, and organic brain disease. Human vital function is nothing but the human function of total commitment to the world and needs a kind of «sensual ability», which is common sense [Kimura 1976/2006, 164-168]. Kimura insisted that the loss of common sense is characteristic of depersonalization.

He also insisted that common sense is the fundamental sensibility that has the function of making “the world” appear for human beings. Later Kimura [1989/2007] connected explicitly the concept of common sense with Nishida’s concept of «active intuition». Interpreting common sense as a «fundamental sense of practical involvement with the world», Kimura claimed that the dysfunction of common sense is responsible for the failure of active intuition:

This case [of depersonalization] tells us eloquently that what Nishida calls “active intuition” is the indispensable condition of the possibility for us to see the reality as the reality. The person with depersonalization complained of the loss of the extension of “now” or “here” which makes possible the self, others, space, the reality, not the loss of the abstract concept of those. Such “extension” can be experienced only when our perception includes active and practical moments and thus “seeing” becomes “acting” through our seeing the world with the interest in the life [Kimura 1989/2007, 395].

### 5. *Second person phenomenology: historicization and relationalization of schizophrenia*

As explained in the previous section, the novelty of Kimura's theory of common sense was that he adapted the common sense theory to depersonalization. In his paper written in the early 1970s under Blankenburg's influence, he also characterized schizophrenia as pathology of common sense [Kimura 1973; 1975/2012c]. However, he acknowledged the difference in his standpoint from that of Binswanger. The main point of difference is that while Binswanger tends to regard schizophrenia as a «disease»,<sup>4</sup> Kimura [1975/2012c, 26] would like to regard schizophrenia as distorted «ways of life» in relation to others.

As Kimura himself suggested, this attitude appears to be influenced by R. D. Laing's so-called "anti-psychiatry" approach. (He reported that, while Blankenburg distanced himself from Laing, he had a feeling of closeness to this author, although he was not an advocate of anti-psychiatry.) Kimura sought to find an approach that would not involve treating schizophrenia as a disease.

This non-disease-treating attitude is related to Kimura's thinking of "etiological phenomenology". In contrast to Blankenburg, who avoided collating phenomenological pathology with etiological issues, Kimura insisted that phenomenological pathology cannot help but take into account etiology. In considering etiological issues, Kimura intended to, so to speak, historicize schizophrenia. Instead of regarding the symptoms of schizophrenia statically, Kimura tried to grasp them as results of patients' failure to develop appropriate relations with others. Kimura thought the fundamental disturbance of schizophrenia is the problem of "between".

As for the disorder of "between" in schizophrenia, it is not the inner process of the patients but the phenomenon that occurs between the patients and others (including psychiatrists). Kimura even characterized schizophrenia as the «pathology of between» or «clinical condition of between», which is experienced not only by patients but also by psychiatrists [Kimura 1988/2005, 161-168; 1975/2012c, 246]. He named the phenomenological method used to elucidate schizophrenia based

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<sup>4</sup> However, Blankenburg did not use the term "disease (*Krankheit*)".

on the experience of psychiatrists as «self-conscious phenomenology». «Self-consciousness» refers to the humanistic impression that Kimura himself (psychiatrists themselves) had when he met patients face-to-face. Self-conscious phenomenology refers to the method of intuition on the inner state of patients based on self-consciousness of psychiatrists [Kimura 1975/2012c, 20]. Kimura also called this phenomenological approach «second-person phenomenology»:

Here phenomenology makes an issue of the structure of consciousness and being of the “questioned” (patients), not of questioners (psychiatrists and psychopathologists). [...] What psychiatric phenomenology tries to elucidate is not first-person or impersonal structure of consciousness and being, but second-person structure of consciousness and being from the start to the end. [...] How is it possible that the phenomena which show themselves directly in the front of the “questioned” become direct phenomena for the “questioners” too [...]? Is there a phenomenon which shows itself before both of the “questioned” and the “questioners” directly? This question, which should be asked first, is related to the condition of possibility of second-person phenomenology [Kimura 1972/2012b, 316-317].

### *6. Concluding remarks: Toward a non-pathologizing theory of common sense*

As shown above, compared to Blankenburg, Kimura’s phenomenological psychopathology on common sense can be regarded as historicizing and relationalizing schizophrenia and disorder of common sense. Nevertheless, Kimura shares with Blankenburg the tendency to pathologize common sense in so far as they advocate the psychopathology of common sense. Phenomenological psychopathology, in general, risks fundamentalizing and stabilizing the problems that come from social relations. Kimura’s works on common sense and schizophrenia suggest a non-medicalizing and relationalizing way to treat schizophrenia and depersonalization. However, if phenomenological investigation is conducted only from the perspective of psychopathologists, it risks

internalizing and attributing the problem to the patients. To avoid internalizing and to relationalize and socialize the problem concerning common sense, phenomenological investigation should not be conducted only by psychopathologists but with the participation of patients. Recent trends of user-involved or user-led research in medical studies, and the movement of *Tojisha-kenkyu* (study by patients themselves) in Japan [Ishihara 2015], suggest an opening of phenomenological investigation to patients. The only way to avoid medicalizing and pathologizing the problem concerning common sense seems to be that phenomenological investigation must be conducted by a «phenomenological community» consisting of scholars, patients, and persons involved with the problem [Ishihara 2013].

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## Keywords

Common Sense; Schizophrenia; Depersonalization; Medicalization; B. Kimura; W. Blankenburg; K. Nishida; I. Kant

## Abstract

In the tradition of phenomenological psychopathology, common sense has been focused upon as a key term. Blankenburg characterizes schizophrenia as a lack of common sense that enables an individual to understand a situation and cope with



the environment and other people. The Japanese psychopathologist Kimura Bin has adapted the common sense approach to depersonalization, drawing on Blankenburg's theory and Nishida Kitaro's concept of "active intuition". Phenomenological psychopathology of common sense theory risks medicalizing common sense by focusing overly on fundamental phenomena. In this paper, I rethought the achievements and the disadvantage of phenomenological psychopathology of common sense and envision a non-medicalizing common sense theory.

## Notes

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