

## The anti-psychological action of the common sense.

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In this paper we address the relationship between clinical psychology and common sense. This disciplinary matter, in fact, is often confused with the common sense, although, as we shall see, their purposes and actions are diametrically opposed.

One factor that makes this confusion can be found in the language used by clinical psychology: very often the clinical psychology uses not only technical terms but also words from everyday language. These words, however, assume more articulated and complex meanings if they are used in the clinical psychological frame. Other times, this share of terms with the common language leads to a simplification of psychological constructs and this empties the psychological constructs of their sense: in these cases the clinical psychological intervention ends up coinciding with common sense.

Salvatore (2006), in this respect, talks about a general condition of weak theoretical grounding of the psychological language and he identifies some elements of closeness between the disciplinary discourse and common sense. First of all, the Author emphasizes that "psychological research has little capacity to reach counter-intuitive outcomes or at least results that are not obvious" (p. 121) compared with the outcomes of the other sciences like physics, chemistry but also linguistics. Heider (1958) similarly asserts that "the knowledge" intuitive "can be considerably penetrating and go very deep to understand the human behavior, while in the physical sciences this knowledge based on common sense seems rather primitive" (p. 8). In addition, Heider (1958), goes on to say that:

if we, hypothetically, abolish all scientific knowledge about our physical world, not only we wouldn't have cars, TVs, and atomic bombs, but even find that a person normal would not be able to confront with basic mechanism of the wheel and of the lever. If we abolish all knowledge of the scientific psychology, the problems about the interpersonal relations could easily be addressed and resolved largely as we did before there was the scientific psychology (p. 8).

Although the two authors seem to start from very similar points of view, they reach different conclusions: while for Heider the psychologist must translate the intuitions of the common sense in a language more useful to scientific inquiry, as the naive psychology contains much truth that, however, are not included within an overall and clear system (1958), for Salvatore, instead, the problem is related to the weakness of the psychology language. Indeed, this language, seems characterized by two particular aspects: the first is the tendency to treat the psychological categories in reified terms "in other words, to use psychological concepts not as constructs which, as the name implies, *construct* the objects of the discipline in modellistic terms, but to use them as pieces/states/qualities of the world" (p. 122); the second aspect, instead, refers to the definition of the objects of psychology.

Parallel to the tendency to use psychological categories in reified terms, psychology tends to choose its objects of disciplinary interest (both on a theoretical and a professional level) from phenomena taken directly from reality. This tendency is essentially a by-product of an epistemological approach of neo-positivist inspiration, which sees the categories of scientific language as the precipitate of a controlled process of systematic organization of experiential data (Salvatore, 2006, p. 123).

Ultimately, according to Salvatore, both psychologists and laymen have contributed to psychological language's adrift, so that many psychological concepts are treated as if they described pieces of reality, perhaps hidden, but endowed with ontological substance.

This particular situation leads us to emphasize the importance of an exploration of psychological language and of its relationship with common sense. The reified use of

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psychological clinics categories, for example, seems to relate to the emptying of meaning of psychological constructs and, therefore, the separation between what we think that be strongly linked: the theoretical constructs and the processes in place. The theoretical constructs, in fact, may be understood only in an exploratory process designed to comprehend the cultural, relational and contextual aspect of these constructs. Moreover, according to Carli and Paniccia (2005), we can say that to learn the clinical psychology is required the use of a learning setting in which is possible to analyze the condition of the instituting of the setting. In this sense we can say that the use of theoretical constructs within the professional practice, can only materialize within clinical processes that take account of the instituted processes and of the cultural, relational and contextual dimensions that set up the psychological intervention. Alternatively, the theoretical constructs are emptied of "psychological sense" and they are loaded of common sense.

Regarding the issue of choice of objects as the psychological phenomena taken directly from reality, we will also see that the same Salvatore (2006) uses as example the discipline's sectorialization in terms of environments (psychology of organizations, scholastic psychology, sports psychology, psychology of tourism ...). According to the Author, this demoralization isn't used to identify the professionals who share the same professional context, it is proposed, by contrast, with the aim of understanding the different areas such as specific and independent areas of the psychological discourse, each of them characterized by objects and special methods of investigation. According to Salvatore, the identification of specific areas with their own objects and methods of the investigation suggests us that the discipline of psychology is not anchored to the theoretical constructs, "but to phenomena of reality, as they appear on the historical plane, pre-scientifically – to the eye of common sense - due to the contingency of cultural dynamics" (2006, p. 123).

These two characteristics of psychological language identified by Salvatore (the reification of psychological constructs and the use of phenomena of reality as objects psychological) are therefore a limit to the psychological intervention because, as we have tried to argue, the psychological action binds to the functioning and categorization of the common sense and this produces the loss of that "possibility of the radical review of initial premises which is both the ultimate value of the psychologist's function and the basic requirement for those who go to a psychologist" (p. 124), in addition, "as soon as the psychologists adopt the client's categories to define the phenomenon they are dealing with [...] they find themselves exposed to the client's contagious impotence" (Salvatore, 2006, p. 124).

The risk to anchor our professional activity to the common sense is very high: however, in the course of this work, we will try to delve what makes common sense problematic in respect to the exploration of issues of psychological interest.

#### *The characteristics of the common sense*

For a first definition of common sense we can follow Kelley (1992), which argues that:

the psychology of the common sense includes common people's ideas about their own and other persons' behavior and about the antecedents and consequences of that behavior. These ideas are expressed in the labels and term the we, as common folk, use to describe people and in the familiar saying and stories that we tell each other about individuals, kind of people, and people in general. In short, [...] the psychology of the common sense is embedded in and carried by our everyday languages (p. 4).

But how is produced the common sense? Still Kelley (1992) suggests that the psychology of common sense is created and transmitted by people who have the opportunity to observe and learn how individuals behave and the conditions for which specific changes occur in behaviors. These people also consider and discuss these issues, they develop ways of

speaking about behaviors and individuals, and, finally, they create stories and aphorisms on the most important and regular changes (Kelley, 1992).

Also according to Geertz (1988) the common sense is an interpretation of the immediate consequences of the experience, but this Author states that "a own characteristic of the thinking based on common sense is precisely that [...] to assert that his principles are produced by the immediate experience and that they aren't a deliberated reflections upon it" (p. 93). Geertz (1988) therefore suggests to differentiate between the simple learning of reality and the judgments or the assessments on it. This is important because if common sense is an interpretation of the immediate consequences of the experience, it is historically constructed and is "subject to parameters historically defined" (p. 95), so common sense can be considered a cultural system, and as such, "it can changes dramatically from one people to another" (p. 95).

Another feature identified by Geertz (1988) is that common sense is all-encompassing: "No religion is more dogmatic, no science more ambitious, no philosophy more general" (p. 106), the common sense is, in fact, "an account of things and it claims to see these things in their entirety" (p. 105).

The same Author also identifies some "semi quality" of the common sense, as it is possible to found in different cultures. The first is the naturalness: "the common sense represents matters - namely, certain issues and not others - like they are in the simple nature of the case. On which is being thrown an air of 'naturally' a sense of "the thing standing" (p. 107). The second semi quality is the convenience, but it is not the practical in the sense of strictly pragmatic utility, but in the sense of sagacity: "tell someone that he have common sense does not mean tell him that he is stayed stuck to the useful, but it means tell him what to get my head to the party: be careful, keep my head straight" (p. 110). The third semi quality is the lightness, that can also be defined as simplicity or literalism, and it is expressed in a tendency to treat issues like exactly what they seem to be, neither more nor less. Follows, then, the lack of methodical, "the wisdom based on common sense is ad hoc in a brazen and unapologetic" (p. 113), in fact, the proverbs and idioms of the common sense aren't organized through consistency but they are characterized by contradictions, " look before you leap, "but" who hesitates is lost "(p. 114). Finally, the last semi quality of the common sense is the accessibility. It is simply the belief that anyone can understand and use the conclusions based on common sense. Precisely for this reason, there aren't specialists in common sense, but "everyone thinks he is an expert" (p. 115).

Another key feature of common sense we can find in what Moscovici (2005) says on social representations, we can, in fact, consider social representation as the basic elements that form the common sense. Moscovici, therefore, argues that the most important reason for which we form the representations is "to make family something unusual, or the unknown same" (p. 38). The author argues that the unfamiliar is attractive and fascinating for the individuals and the communities, but at the same time, it alarms them and forces them to reject the unknown because it threatens the established order. The alternative to the rejection of elements of reality, because foreign, it would seem only make family the unknown and this, according to Moscovici, is possible through two mechanisms: the anchoring and the objectivity.

With the anchoring we can compare something strange and disturbing with something else that we already known and, in this way, we identify the category that is most suitable to incorporate the new situation. So, the qualities of the category used to give a name to the unknown elements, will also be acquired by those elements that formerly were obscure. "The anchoring is, therefore, classify and name something" (Moscovici, 2005, p. 47). This mechanism is particularly interesting because it helps to justify what we said at the beginning of this paper: the aims and the actions of the common sense and the ones of the clinical psychology are diametrically opposed. So, the anchoring appears as a different and contrary mechanism with respect to an important psychological function proposed by Carli (1997, ed.): the suspension of the emotional act. This feature allows us to explore the

processes that characterize of the client's<sup>1</sup> collusive demand and its relational proposal; it also allows us to not act our affective symbolization<sup>2</sup> of the other, within our collusive dynamic (Carli, ed. 1997; Carli & Paniccchia, 2003). Through the suspension of the emotional act we can establish a productive relational exchange with the unknown<sup>3</sup>. In this case, the client, his narration, our relationship with him and the whole process built can usefully be regarded as a reality unknown and to explore. If, however, we link the client, or the new situation, to a pre-determined category or to a situation already lived, through the anchoring, we will reduce the complexity and ambiguity of the situation. The anchoring, therefore, lead us to recognize a person, it lead us to put the individual himself in a default category. Instead, Montesarchio, Grassi, Marzella and Venuleo (2004) emphasize the importance of the "unknowledge" in the clinical relationship. This concept refers to the opening to the new and to the unknown and it implies the absence of preconceived assumptions and categories about client that we want to know, "avoiding to surrender to the temptations of *deja vu*" ("he reminds me another patient") that it may be understood but not acted" (p. 46).

The common sense, then, leads back unknown situations to a condition already known, through the mechanism of the anchoring. This process obviously implicates not only our cognitive functions, but also the affective dimensions: reducing the other's unknown to a class already known, we can use affective symbolization already tried, with which we have a greater familiarity. This is an easy, compared with the difficulty of maintaining the complexity and ambiguity arising from the relationship with a new situation. This simplification let us to adjust more quickly to the new situation but with the risk of losing important information about it.

The use of the emotional symbolization already known, through the mechanism of the anchorage, is a central point in our discourse about the common sense: in our proposal, in fact, the common sense favors the establishment of collusive processes through the use of relational scripts already known. It's understandable, now, because we said that the common sense and the clinical psychology have opposite goals and ways of work: the clinical psychology, in fact, has as its objective the development's construction and, for this, uses the function of exploring the collusive processes, the common sense, in contrast, creates or strengthens the collusive processes.

Continuing to follow the Moscovici's contribution (2005) we can identify other important aspects of the common sense: according to the Author, in fact, the tendency to classify, through the anchoring, is never a purely intellectual choice, but it reflects a certain attitude towards the object, a desire to define it as normal or aberrant, each classification system also requires a point of view based on consensus (Moscovici, 2005). These statements lead us to what Paniccchia, Giovagnoli, and Giuliano (2008) define how two souls of psychological intervention: the first has conformist targets, while the second arises development goals. Having conformist goals means to be interested in individuals' behavior and in restoring lost functionality, eliminating (when possible) the problems that don't allow adaptation to the environment. This type of intervention, therefore, is directed primarily to the individuals and it considers the environment as an aspect taken for granted, which remains in the background. "We could say that this is the psychology that corrects deficits" (Paniccchia, Giovagnoli, & Giuliano, 2008, p. 62). The other soul of psychology, however, consider the environment, or rather the context, in constant interaction with the individuals, the groups and the organizations. The lived, as well as the behaviors, are part of the context and the contextual dimensions themselves can not be excluded from the intervention. "In this case the intervention's goal is not the resolution of a individual's deficiency in the adapting to the environment, but the developing of the persons' competence to organize relations within

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<sup>1</sup> When we talk about clients we don't refer only to an individual subject but also a group, institution or organization.

<sup>2</sup> The affective symbolization is one of two ways in which it is organized the relationship between individual and context: if the perception let us to organize the context of the cognitive point of view, the affective symbolization let us to organize its emotionally (Carli & Paniccchia, 2003).

<sup>3</sup> The unknownn "is the one who we can't say to know him, what he thinks or how he lives his relationship with us, out of communication with him" (Carli & Paniccchia, 2003, p. 62).

their contexts"(Paniccia, Giovagnoli, & Giuliano, 2008, p. 62). In the latter approach also, we can't know what will be the development of the psychological intervention, since there isn't a normative dimension which directs the psychological action: it will aim to explore the experiences that characterize the relationship between individuals and the context and that led the client to the psychologist.

We can consider, for example, the processes of the classification, also prevalent in clinical psychology, which may be regarded as an attempts to reduce the ambiguity of the relationship with the unknown: following the intuition of Moscovici, this thing, also, leads us to think about a desire to define the other as normal or aberrant (pathological), and to do it on the bases of the social consensus. In this case, therefore, what seems central is the pursuit of conformism and parameters on which anchor the other to consider him normal or to make him normal. This process also favors the establishment of collusive asymmetric processes, based on power relations in which those who are called aberrant depends on who defines him so.

The common sense, then, is essentially based on social consensus and thus "it is an expression of the dominant culture. This is an important point which should not be forgotten. When we take it as a parameter, we take with it the prevalence of a culture, ones with which we are most identified among many" (Paniccia, Giovagnoli, & Giuliano, 2008, p. 65).

The second mechanism, proposed by Moscovici (2005), through which the social representations make family the unknown, is the objectification. This mechanism allows us "to turn something abstract into something concrete, to translate what is in the mind into something that exists in the world" (p. 46). The objectification, therefore, reproduces what is abstract, elusive and unknown into something concrete that can be seen and touched, and therefore something that can be better controlled. We return to the classification of the psychological intervention that pursues conformist objectives: the objectification can be represented, for example, with the construction of scales and tests that measure the degree of normality of the individual. In this case, the test results make concrete the abstract concept of normality. It is clear that this type of intervention does not arise as an explicit objective the measuring of the degree of the "normalcy" of the population, although we used it for brevity, but this kind of intervention has as aim the measuring of other individual characteristics that are, however, comparable to normal-aberrant binomial (punctual / laggard, physiological anxiety / dysfunctional anxiety and much more).

The reducing of the complexity of the reality in pairs of opposing and mutually exclusive categories is a characteristic of the common sense. This mechanism closely resembles the Manichean religion. The Manichaeism was founded by Mani in the third century after Christ. This religion, in fact, conceived the existence of two realms: the realm of the good and the one of the evil. According to this religion the kingdom of the evil has invaded the realm of the good, and now, these two kingdoms are at war with each other and the world, as it appears today, is thus the result of the war between these two forces. Even if the Manichaeism no longer exists as a religion, it is now a container for all doctrines that see the world divided in black and white distinguishing among us, children of light, and they, demonic children of the darkness. Buruma and Margalit (2004), in this respect, offer an interesting reading of the relationship between East and West. The Authors speak of "Occidentalism" in connection with the dehumanized vision of the West, as it is depicted by those who oppose the idea of the West. One aspect that characterizes this relationship is to consider the West and East as two diametrically opposed worlds: the Orientals, but as the Authors underline, even the Westerners, who are opposed to Western culture, consider the West as a lover of money, commerce and bodily pleasures, in a word, a lover of the matter, the Orient, instead, is seen as the realm of the deep spirituality. Among other things, the opposition between the spirit and the matter is the basis of the Manichaeism, indeed, in this religion the same matter represents the evil and the temptations of the body that keeps away from relationship with God. In this sense "the enemies of the West" see the West as corrupt and material, and consider the East as very spiritual. Similarly, the authors point out that Westerners have used the same simplification: "Ronald Reagan when he said that the Soviet Union was the

'evil empire', George W. Bush, when he considered North Korea, Iran and Iraq as the 'axis of evil'" (p. 93). The thesis proposed by Buruma and Margalit to explain the relationship between the East and the West, however, is based on respect for the complexity involved in a relevant issue as the coexistence of different cultures. The Authors, therefore, using the evidential paradigm<sup>4</sup>, think that a key to understand the possible causes of the current situation can be identified in the historical dimension. This dimension, in fact, is characterized mainly by cross-cultural influences; they refuse, so, the simplistic explanation of the Manichean clash between civilizations.

This mechanism, that consists in put in contrast two stereotyped ideas, is often present in the reasoning of the common sense; it can be particularly problematic: it could bring to an event like the 11th September and what followed that event. However the same mechanism is found in many other situations: we can think about the distinction between the sexes. The common sense, in fact, considers only the existence of two sexes: the male and the female; so it plans to include all possible realities and, at the same time, it is also prescriptive: it indicates what is considered normal and what is aberrant. However this simplistic view clashes with the complexity of the genders, of the sexual orientation, of the sexual choices and also of the ambiguous physical forms; moreover, what deviates from the norm is often not tolerated: it undermines the belief system that the common sense has built. Then as the society responds to the deviations from the norm depends, once again, to the cultural dimensions and to how the common sense has decided to treat such "aberrations". Geertz (1988), citing Robert Edgerton, describes the reactions to the phenomenon of the hermaphroditism of an American group and of the Navajo and of the Pokot (a Kenyan tribe). For Americans, the hermaphroditism is a horror, the sight of the bisexual genitals or even the mere discussion of this condition can cause a feeling of nausea. "The response is to encouraging the bisexual person, usually with great passion and sometimes with something more, to adopt a precise sexual role, male or female" (p. 102). Even for the Navajos the hermaphroditism is an abnormal condition, but it arouses amazement and awe, rather than horror and disgust. It is believed that the bisexual has been blessed by God and that he sends this blessing to the others. The Pokots, finally, consider the bisexual an error and, although they haven't great respect for these people, however they don't feel any sense of disgust or horror. For the Pokots, therefore, the bisexual person is useless because it can not extend the descent as a man and he can not carry the bridal dowry as a real woman. This example also confirms what we already said following Geertz (1988): the common sense, in fact, is not what the mind spontaneously understands but what the mind, filled with presupposition, concludes.

At this point we can try to summarize briefly the main features of the common sense; in doing so we do not want to propose a list of features but we want instead to emphasize how such characteristics are linked together in order to better understand the complexity and, at the same time, the simplicity of the reasoning based on the common sense. First, a key aspect to consider is that the common sense is used primarily to familiarize what is unknown, moreover, in doing so, the common sense even defines what is considered normal and what is not. Also the common sense, as the normal-deviant dichotomy, uses Manichean mechanisms to divide the reality through the use of stereotyped, opposed and coupled categories. These categories, among other things, are considered all-encompassing and therefore able to explain any phenomenon. In addition, the naturalness, the convenience, the lightness and the lack of methodical mean that they common sense is

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<sup>4</sup> The evidential paradigm, proposed by Carlo Ginzburg in his essay "Spie. Radici di un paradigma indiziario", in 1979, represents a model of interpretation of the events based on a systematic search for clues on which you can base the reconstruction of a historical fact. Starting from the observable data, this process helps us to understand a complex situation that is not comprehensible at first. Often the observable data are marginal but they could be traces very useful to give meaning to what is unknown. The evidential paradigm is based therefore on an inferential process (cf. Grasso, Cordella & Pennella, 2003 and Grasso, Lombardo & Pinkus, 1988).

easily used by anyone, the same way, even the use of the everyday language and the belief that the principles of the common sense are an immediate product of the experience rather than a thinking about it, increases the accessibility of the common sense itself. We conclude by recalling that the common sense is a cultural system and, as such, it may vary from one population to another, expressing their dominant culture.

All these features lead us to consider the common sense as a cultural system that favors the establishment of collusive processes through the use of the affective symbolization already experimented. This, as we have seen, occurs mainly through the anchoring of the new situations to some categories already known and organized it in opposing pairs and stereotyped. The common sense expresses the dominant culture of a given society and it has an opposite function to the ones of the clinical psychology; this encourages us to think about issues that may arise, for the clinical psychological intervention, when we don't takes account of the action of the common sense. The anti-psychological action of the common sense, in fact, makes that the collusive processes are acted in the relations, leading to probable failure of any type of professional intervention that is aimed at promoting development. Even the spread of a psychological culture, within society, and the growth of the social demands addressed to the psychologists, is hampered by the action of the common sense. In this sense, the knowledge of the mechanisms that underpin the common sense and the awareness of the influence that the common sense has on the professional activities of psychologists, are fundamental importance for the clinical psychologists. For successful psychological intervention we will also need to dedicate a space for reflection, with the clients of the intervention, on fundamental mechanisms of the common sense and on the presence of these mechanisms in the relational proposals addressed to the psychologists. At the same time, finally, the exploration of the common sense is also crucial in the learning process of the clinical psychology, because the common sense is an implied theory that is used into the social relations and it enter in conflict with the learning of the founding theories of the clinical psychology; all this will allows, to those who want to study the clinical psychology, to develop their competence to deal with the ways in which the common sense organizes the individual and social action.

We can say at this point that the exploration of the common sense is a fundamental aspect in the training and in the profession of the clinical psychology. As Paniccia, Giovagnoli and Giuliano (2008) suggest we can ask, in fact, what would happen if the common sense organized both the request to the psychologist and the answer that is proposed by the scientific and professional system: "If the collusive dynamic that organizes the request to the psychologist coincides with the collusive dynamic which organizes the professional response, there would be no possibility of thinking the relationship, so there would be no possibility to design a development" (p. 60), it would be impossible, therefore, the exploration of the collusive dynamics proposed by the client, eliminating so every possibility of establishing a psychological function and of integrate clients' problems in a broader framework.

#### *The influence of the common sense on the clinical psychology*

To explore the influence of the common sense on the clinical psychology and the subsequent use of the normal-aberrant category, within this disciplinary area, we will reference to the text *Abnormal Psychology*, 2008, written by Kring, Davison, Neale, and Johnson. It's interesting to note that the original title of the book *Abnormal Psychology: the Italian translation [Psicologia Clinica]*, therefore, one side loses the explicit reference, at least in the title, to the abnormality, and at the same time offers us a use of the term clinical as synonymous with abnormal.

We introduce briefly the meanings related to the clinical term. Clinical derives from the Greek word *kliné*, translated by the word bed, this term indicated the relationship between the doctor and the sick person: this report was characterized by the position of the patient

lying on the bed and the doctor bent toward the patient to examine him<sup>5</sup>. Other uses of clinical term refer, however, to the relational optic and to the learning by direct experience<sup>6</sup>. The relational aspect, that we can consider as an essential part in the clinical psychology, seems to disappear entirely in the examined text and it makes room for the concept of the abnormal: something that deviates from the norm. We also noted that the medicine has gone down this road, giving less importance to relationship and by focusing more on etiopathogenetic causes of the disease. The medicine, however, can refer to a normal functioning of the organism and the deviation from the normal, because it identified the normal functioning of the body (physiology) and the aetiology of many organic disorders (Pathology). In this way the doctor, through the diagnosis, may draw a linear relationship between the symptom, the disease and the cause of the disease: he can identify thus also an appropriate remedy. In this sense, the elimination of the symptom leads to physical healing and restores the state of health: concepts of the health and the healing are therefore synonyms within the medical model, the healing is therefore considered the objective of the doctor's intervention (Lombardo, 2005). Unfortunately, the same medical model, did not identify the etiology of all existing diseases, in any case, the medicine is more oriented towards the identification of the causes of the disorders and do not seem interested, instead, to the relational aspects.

The using of the concept of the normality, within the medical model, leads also the implications that we have identified in the binomial of the normal-aberrant: the reference to the normal, in fact, encourages people to conform to the behavior which is considered normal. The obligation to the care of oneself is an example, but also the logic of the prescription is interesting: the user, in fact, doesn't play an active role in the healing process, but he follows what the doctor says. In this sense, as we saw, who is considered abnormal (or if you like, ill) depends on who defines him as such. The efficacy of the medical intervention and the need to refer to the medical to care oneself, however, make that the therapeutic process begins "without analyzing the 'implicit' request behind the explicit demand of medical consulting" (Lombardo, 2005, p. 99).

Within the clinical psychology, the use of the concept of normality still expresses a most obvious reference to the social consensus; in this area, it is not possible to establish a relationship of cause - effect between the mental disorder and its origin. The Psychopathology, in fact, "predicts the existence of a multi-factor in the establishment of the psycho pathological dynamics that cannot be explained by a linear process between the cause and the effect, as happens in the medicine" (Lombardo, 2005, p. 101). This, then, leads us to believe that, in this field, there isn't a normality that can be used as reference parameter and that when the concept of the normality is used, it hides the influence of the common sense and the intention, therefore, to simplify what is unknown linking it to something familiar. We have seen that in this action is fundamental the use of the anchoring (Moscovici, 2005) and that this mechanism contains within itself a desire to define the other as normal or aberrant, basing on a social consensus. In this sense, we can consider the concepts of the normality and conformism closely linked.

So we return to the text under consideration: Abnormal Psychology. In it there is no explicit reference to the clinical psychology: it is not defined in any way, although the authors define themselves as clinical psychologists, and indeed it seems that there isn't a need for such

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<sup>5</sup> Cf. Imbasciati (2006) and Lombardo (2005).

<sup>6</sup> Consider, for example, the practice which was widespread in the late Middle Ages and the early Renaissance: in some medical schools was taught at the bedside of the sick, to the doctors in training. The first to use a physician teaching based on clinical observation was, towards the end of the sixteenth century, in Padova, Giovanni Battista da Monte, also called Montanus. The firsts "clinical" born from that moment on, entrusted to the academics; there the patients with similar disorders were grouped and the teaching of the medical knowledge, at the bedside of the sick, were an institutionalized practice (Lombardo, 2005).

definition. In this sense we can speak of a given psychology clinic, in which there is no need to clarify the conditions by which we party and, as such, the influence of the common sense seems more active.

Let's follow the words of these Authors:

We all strive to understand others. But sometimes it is not easy to understand why people do certain thing or feel certain feelings. Even about ourselves we aren't always able to understand feelings and behaviors. Understand why people behave in an expected way, normally, is hard enough, even more difficult is to understand the human behavior that is outside of the normality (p. 4).

This is the beginning of the text. It notes the importance of the instituting stage of the interventions of the clinical psychology: similarly, the first lines of a book can tell us what is the collusive proposal of the authors to who reads the text. In this case the Authors start by a common sense observation (all we strive to understand others) and, as such, it is totalizing (all!). One wonders, for example, why we all strive to understand the others and the importance which seems to have, in this, the desire to acquire predicting models of the others' behavior. This desire also appears to be linked to the fantasy of possessing the other and of controlling him. This, again, is opposed to the category of extraneous that appears to be, contrary, an important resource for use the ambiguity of the relationship with the client; in our case it seems that the extraneous is denied, reducing the others to preexisting behavioral patterns.

The clinical category of extraneous, in summary, it seems not to interest the authors, who, in fact, continue their speech stressing the inherent difficulty in understanding each other and, also, they appear here, use a seductive mode with the reader which is led thus to regret his difficulties to understand his and others' behavior, believing that these abilities are instead held by the Authors. Finally, they clearly indicate that there is a normal behavior that is expected (the desire to predict and control the others' behavior returns another times), and abnormal and aberrant behavior. Last seems absolutely not understandable: the Authors suggest the strangeness and the irrational of the abnormal behavior.

The next statement is: "This book aims to investigate the abnormality" (p. 4). Clarified this and defined the conditions from which the Authors starts (which is not, therefore, the clinical psychology, but the abnormality), they say: "Another challenge that is continually required at the study of the clinical psychology is to preserve the objectivity of proceedings. The object of this study, the human's behavior, involves us in a personal level and it calls into question our emotions, making it difficult to maintain the objectivity" (p. 4). It seems almost superfluous to recall all the debates and the theories that have helped us to overcome the positivist conceptions; but even the social representations that seem surpassed are constantly live and they can still organize the cultural and scientific attitudes. In addition, two core elements of the Positivism are precisely the objectivity with which the observer is considered separated (we would say split) from what he is observing; and the object of the study, which is considered exist regardless of who studies it. So, the object of the study has intrinsic characteristics that are not influenced by (or that are not in relationship with) one who observes that object, besides the object of the study must be measurable.

In line with the positivist conceptions, therefore, the Authors identify as object of the study the human's behavior. No reference, therefore, to the unconscious aspects and to the relational dynamics: it would seem that these issues are completely eliminated. However, they argued that human's behavior affects us and calls into question our emotions: but this is seen as a limit for the objectivity of those who want to study the behavior, instead of grasping that, just this involvement may be a key resource for understanding the human's functioning; we can think, for example, to the processes of transference and counter transference, in their broadest sense. Grasso (2004), in this regard, proposed a redefinition of transference as a "prevailing relational fantasy" suggesting that:

this fantasy contains not only behavioral characteristic elements with which that person tends to manipulate and use the others to their own "pathological" purposes, but also more or less realistic expectations that were activated by the decision to require a psychological intervention to a "expert" and the establishment of which he is part: the psychologist should therefore carefully consider his mode of interaction (and the issues related with the counter transference) both toward the client and toward the institution in which he operates, to understand the different levels of the message expressed as request of his performance (p. 144).

This theoretical proposal, therefore, in addition to a specific attention to the context in which develops the psychological intervention, emphasizes the importance of the understanding and the use of the involvement with the client as a resource for the intervention itself. In the affirmation of Kring, Davison, Neale, and Johnson, it seems, however, an obstacle.

Returning to this point to the differentiation between the two souls of the psychological action, we can define the Authors which members of the psychology that corrects deficit. Their action, therefore, aims to change the behaviors that do not allow adaptation to the environment; they consider the environment as something that as background, but that doesn't enter into relationships with the individuals. The attention is therefore paid to the individual behaviors, there is no room, as we said, for the experience and the relational dynamics. This component of the psychology characterized by conformist goals seems heavily influenced from the common sense, seen the continuous reference of the Authors to the abnormal behavior. If, as said, is not possible to speak of normality and of the abnormal psychology, obviously the attitude proposed by the Authors of the text "Abnormal Psychology" is likely to strengthen those cultural representations based on the common sense, who see the society divided into normal individuals and individuals abnormal, with the consequent attempt to "normalize the abnormal". These mechanisms, as we seen, are very common in the common sense, they can lead to significant cohabitation problems within a society: it can thus establish collusive processes aimed at the control and at the possession<sup>7</sup> that result in asymmetrical relationships, with no productive goals.

Another interesting aspect highlighted by the Authors is the notion of paradigm proposed by Kuhn: this can be defined as the framework within which work a scientist, it influences the way of looking at problems, but also the choice of issues to consider. In this respect, therefore, the Authors argue that "no paradigm alone offers a full conceptualization of the psychopathology, rather each vision brings its contribution" (p. 31). They describe thus the paradigms that are used for the study of the psychopathology: the genetic paradigm (which stresses, above all, the relationship between genes and behavior, although currently it gives ample space to the influence between genes and environment), the paradigm of neuroscience (which states that mental disorders are associated with aberrant brain processes), the psychoanalytic paradigm (which consider the psychopathology as a product of the unconscious conflicts) and the cognitive behavioral paradigm (which has its roots in the cognitive science and in the behavioral therapy). Also if the different paradigms are widely described and also if the Authors emphasize the fundamental contribution that each paradigm can make to the understanding of the psychopathology, in the exposition of the psychological disorders, as we shall see, the Authors seem to prefer some paradigms over others.

Moreover, they criticize the classification of disorders, that can produce a stigmatizing effect and that can lead to the information loss on the uniqueness individual (the person is anchored to a specific diagnostic category and, therefore, he acquires all the characteristics of that category, losing the unique aspects that characterized him). However, the Authors, using once again a totalizing form claim that there is "a fundamental truth: the tendency to classify everything that can be elaborated by our thinking is part of human nature. So [...] since we use the categories, the best thing is to develop and systematize them" (p. 74); it is

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<sup>7</sup> The possession and the control are part of what Carli and Paniccia (2002) have termed as neoemotions.

the same to say that because we are influenced by the common sense, you might as well use it in the professional relationship with clients.

We are not arguing the futility of the classifications, which also can be used within the relationship with the client, but the reference to this methodology, without the consideration of the relationships and without attention to the clients' experiences, makes the classifications a strong technique against someone weaker. This creates the dependence and the delegation to the psychologist who holds the knowledge. Moreover, as we have seen, the tendency to categorize and simplify is owned by the common sense: its use, therefore, does not allow a debate on the report and it involves the loss of a key resource for client's development. We can therefore say, following Di Ninni, that:

if the problem is "see and grasp", for a biggest sharability within a scientific community, we are preparing to identify and measure, if there is interest in intervening with the clients within a relationship, perhaps it may be useful to agree on what is happening, including instruments fielded (Di Ninni, 2004, ed, p. 118).

An elaboration of all psychological problems is outside of this work, however, may be interesting at this point, a brief exploration of how Kring, Davison, Neale and Johnson treat the anxiety disorders and the phobias in particular. Let us follow what the Authors say in relation to the anxiety disorders: "a common feature of all anxiety disorders are abnormal anxiety levels in intensity or frequency. The panic disorder and the phobias are characterized by intense fear, as well as the anxiety" (2008, p. 124). We wonder who decides if the levels of anxiety are abnormal, admitted that there is the normal anxiety. Who does assess if the fear is intense or not? To answer these questions that we follow the Authors, that referring to the DSM-IV-TR, argue that "for every disorder exist criteria which define in which terms the anxiety or fear must interfere with the functioning of the person, or causes discomfort, because it can make the diagnosis of a particularly disorder"(p. 124). Establish the existence of the abnormal levels of the anxiety or fear then would seem useful only to the professional that making the diagnosis: the interest of the person using these classification systems is, in fact, to identify in which terms the anxiety or the fear must interfere, or cause discomfort, to make a diagnosis. Again, it is researched the objectivity of the professional<sup>8</sup>, rather than considering the subjectivity of the client and the uniqueness of the relationship with the psychologist. Even the inconvenience, as the subjective experience, is considered only as a parameter to allow the formulation of a diagnosis.

It is clear also that if we think at a normal level of anxiety or fear, we will bring everyone who deviate to these standards to the norm. It is found here, therefore, the search of the conformity that the reference to normal suggests. There may be useful in this the juxtaposition of two elements that Buruma and Margalit (2004) identified in Westerners, in their vision of the West: the West, in fact, is seen as characterized by the conformity and by the comfort. Comfort comes from the Latin "comfort": that strengthen, comfort and is a derivative of "fortis": strong. The reference to normal, therefore, besides producing social conformity, also allows to strengthen the position of those who using the norm as a benchmark: it is therefore comforting. In this sense, then, the proponents of the diagnosis, without agreeing with the client about what is happening, establishing an asymmetrical relationship in which the strong technical prevails on the weak user. This is obviously a function held also by the common sense: besides at the reference to the dominant culture and thus at the social conformity, the common sense strengthens and empowers who use it

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<sup>8</sup> The Authors, however, stresses that, although the DSM has been improved, "there is still ample room for the disagreement" (p. 73). Referring, for example, to the symptoms for the diagnosis of the manic episode, the Authors wonder, "what it means to say that the mood is high in abnormal way? These assertions provide the basis for the occurrence of errors systematic, as well as the insinuation in the clinical evaluation of subjective ideas on what is the correct behavior for the average person at a certain stage of existence. Since different clinical may take several different definitions of symptoms such as "elevated mood", the achieve of an high reliability is presented as a problematic objective (Kring, Davidson, Neale, and Johnson, 2008, p. 73).

and the dominant culture itself. The power received comes from the ability to control the outside world, but it could also bring the new situations to known categories. This, as we have seen, is a surface power and it is end in itself: it cannot be used within the relationship with the other.

To define the phobias Kring, Davison, Neale, and Johnson still refer to the DSM-IVTR:

the DSM-IV-TR defines the phobia as the marked and persistent fear of a particular object or situation, the fear is clearly disproportionate to the danger that such an object - or situation - can entail. The person recognizes that his fear is excessive, and yet is willing to make significant efforts to avoid what causes his fear (p. 124).

First, strike us the adjectives that are used to talk of the fear: marked, persistent and (clearly) disproportionate. These adjectives suggest that there is also a slight fear, of short duration and in proportion to the stimulus: this, in fact, seems to be the normal pattern of fear, which can be tolerated and that is also justified: there isn't space for other forms of fear: the other forms are, in fact, classified as psychopathology. Even the "subject" seems to collude with the professional about the abnormality of his fear, yet he continues to behave as if it were "normal": he continues to implement efforts to avoid the object, or the situation, that gave rise to his fear. Perhaps the reference to the abnormal fear is not what allows us to grasp the source (or the sources) of the use of the phobic behavior by the customer. Marcelli (1999), for example, notes how is "artificial and too didactic distinguish 'normal fear and phobic' and 'pathological fear and phobias'. Only the economic and dynamic valuation can give some answers and not just a semiological reference" (p. 318).

Let us see what the Authors propose as treatments for the anxiety disorders and the phobias in particular: "treatments effective against the anxiety disorders share a crucial technique: the exposure, it is asked to the subject to address the thing of which he is afraid" (p. 137); this statement is justified by referring to an ancient Chinese proverb "Go straight to the heart of danger, because there you will find salvation". It is clear that the proverbs are products of the common sense and that, in particular, the Chinese one hide an idea of wisdom, but as we have seen, the accessibility, the lightness and the naturalness are the principles of common sense; this should warn us against the processes of simplification inherent in the common sense itself.

The exhibition, in the systematic desensitization is based "on the training of the patient to acquire the ability to relax", then go on to imagine "a hierarchy of increasingly frightening situations, that he put up with the therapist" (p. 143). The exhibition, therefore, is used both for the specific phobia, defined as "fear intense and unreasonable, caused by the presence of a particular object (or situation)" (p. 124), both for the social phobia, defined as "irrational and persistent fear of the situations that may involve to be submitted to the others' judgment, or even only exposed to their presence" (p. 126).

The exhibition, as treatment, but also the explanation of the etiology of the phobia through the Mowrer's factorial model<sup>9</sup>, refer to the cognitive behavioral paradigm. The cognitive approach is mainly present in those interventions where are called into question "the patient's beliefs regarding the likelihood that the comparison with the object, or the situation that causes his anxiety, always lead negative results" (p. 137). Through the paradigm of neuroscience, in addition, the Authors take into consideration the "crucial role" of the amygdala in the anxiety disorders and the use of the medicines in the treatment of these disorders. Also the genetic paradigm is taken into account "the twin studies suggest an heritability of 20-40% for phobias" (p. 135). What seems to be completely missing, however, is what the Authors themselves have defined as psychoanalytic paradigm. We can link this absence with the Authors' assertion against Freudian psychoanalysis, "as based on

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<sup>9</sup> This model assumes that the phobias are based on conditioning processes: through a classical conditioning process, a person learns to fear a neutral stimulus (CS conditional stimulus) as intrinsically linked to a threatening stimulus (US unconditional stimulus); through the operating conditioning process, the person learns to reduce this conditioned fear by avoidance of the CS. The avoidance answer is maintained because the fear works as a reinforcing (cf. Kring, Davison, Neale & Johnson, 2008).

anecdotal evidence collected during the therapy sessions, the contemporary psychoanalytic theories are accused of not having strong objective foundations and therefore they lack of scientificity" (P. 48). In this statement we find the same positivist orientation, but above all, we can say that these beliefs leads to miss those fundamental resources that the clinical psychology, through the circumstantial paradigm, may uses to facilitate a review process of the symbolization of the inner and external reality, allowing the use of different relational modes.

The same Authors underline that "all the anxiolytics cause side effects," "moreover, the benzodiazepines cause addictive and severe withdrawal symptoms, so it may be difficult to discontinue their use: they are addictive substances". Finally," in the most cases, when the patient stops taking the medicines, the disease relapse. The drugs are effective only in the period of their engagement" (p. 138). Besides about cognitive approaches is often found that these methods are less useful than the exposure, for the treatment of the specific phobias" (p. 144). Finally, about the exposure, the Authors say that "many studies show that the effects of the therapy lasts at least one year, but one study found that many people have also experienced a relapse, at least partial, in the 12 years after the treatment" (p. 143). These statements lead us to believe that the psychoanalytic paradigm, or rather the circumstantial one, which was put by in the descriptions of such mental disorders can be very useful, least through integration with other paradigms.

Gabbard (2007), for example, recalls that Freud considered in his latest works, the anxiety as a signal of a hazard in the unconscious: when the sexual or aggressive forbidden thoughts, that could result in a punitive retaliation, threaten to emerge from the unconscious, it is activated an anxiety signal; in relation to this anxiety signal we use three defense mechanisms (displacement, projection and avoidance) to prevent to the unconscious thoughts and feelings to come to the awareness conscious. The anxiety signal, however, may not be completely canceled by the defensive mechanisms and it gives rise to neurotic symptoms including the phobic neurosis. The case of Little Hans (Freud, 1909), in this sense, is exemplary: Hans, 5 years old, began to fear to leave home for the fear of being bitten by a horse. The horse is a displacement<sup>10</sup> of the fear against the father and of the punishment that the father could imposed to Hans because of his sweet desires to the mother. The fear of being bitten by a horse becomes, then, the afraid to see the horses falls, and this leads also to the aggressiveness against the father: the aggressive impulses, however, are projected on the horses. Finally, Hans implements avoidance behaviors towards the object of his phobia: the horses themselves; this, at the same time, prevent Hans to go to road. So we can say that the phobia also offers a secondary benefit: namely, the little Hans can stay at home with his mother that he loves so much.

This brief reference to the case of Little Hans enables us to grasp the complexity of an issue as the phobia. We are interested to stress, in our speech, the relational aspect of the phobia that, as you can see in the case of Little Hans, has large influences in the individual-environment relationship of Hans. In the work of Kring, Davison, Neale, and Johnson, the phobias, but also the other mental disorders are considered only such individual characteristics; in these cases, the reference to the common sense appears to be immediate and massive. This produces immobility within the social system, strengthening bias against people who turn to the psychologists to deal with the psychological problems: the psychological intervention that is based on the common sense, in fact, cancels any possibility of creating individual and collective development and it uses as reference parameters the consensus and the social control: renewing, so, those same collusive processes that led the client to contact the professional.

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<sup>10</sup> It is interesting, in this regard, what Matte Blanco suggests in the 1981 in "The unconscious as infinite sets: an essay in bi-logic. Matte Blanco, in fact, tells us that in the displacement there is no moving: the way to be symmetric, through the principle of the symmetry, treats two elements as if they are identical, so both have the same characteristics. "We can (logically) refer to the moving only if we observe the operations of the 'symmetrical logic' by an 'asymmetrical' viewpoint" (p. 50).

It appears limiting, in our view, the only reference to the diagnostic criteria and to an apparent normality, when the complexity of the question confronts us with issues that should, instead, carefully deepen with the customer.

### Conclusion

In this paper we have deepened the action of the common sense and the relationship between it and the clinical psychology. The important aspect that we wanted to emphasize is that the reference to the normal and the common sense is counterproductive and misleading, within the clinical psychology profession. The common sense, in fact, reifies the psychological categories and expresses the point of view of the dominant culture, in so doing, it fosters the collusive and familistic processes<sup>11</sup> that do not allow the identification of the objectives or the creation of productive development. In this sense, therefore, the common sense proposes goals opposed to those of the clinical psychology and its action is in contrast to the professional interventions of this ambit. For this reason, the knowledge of the working of the common sense seems to be a key element in the training and in the practice of the clinical psychology.

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<sup>11</sup> The familism can be considered a mode of organizing the social interaction and it is based on the possession and on the affiliates dynamics: in it there is no place to identify the productive objectives (cf. Carli & Paniccia, 2003).

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