

**"COMMON SENSE" PSYCHOTHERAPY  
OR DOES OUR SUBCONSCIOUS MIND LOVE US?**

*V. D. Mendelevich, D. R. Trutneva*

*Kazan State Medical University*

*Research Institute of Self-regulation*

**Abstract.** The article analyzes the issue of why some clients/patients need irrational practices to restore their mental state, while others need rational ones. The conclusion is that the correspondence between the "customer myth" and the "therapist myth" is very important for achieving effective psychotherapeutic interventions. However, even though an irrationally oriented psychotherapist can be effective, rational practices should be preferred — cognitive-behavioral therapy, anticipation training, existential psychotherapy, or methods of self-regulation, such as mindfulness practices or using the Master Kit mobile application. The irrational cannot be considered harmonious. Only psychotherapy based on rationalism and common sense can cope with both symptoms and phenomena and lead to personal growth and a state in which a person can make free and responsible choices.

Keywords: psychotherapy, irrationalism, rationalism, common sense, cognitive-behavioral therapy, existential psychotherapy, anticipation training, Master Kit, mindfulness practices, mindfulness.

One of the most topical issues in modern psychotherapy is why some clients/patients need irrational practices to restore their mental state, while others need rational ones. Research in evidence-based psychotherapy does not answer this question. It only shows that many techniques, even those that do not have scientifically proven effectiveness, are considered to work by clients/patients and their psychotherapists [18]. In addition, articles on comparative psychotherapy often mention that there are no significant differences in the effectiveness of different methods and that there is an "equivalence paradox" in psychotherapy [29]. However, there are no indications of whom exactly and which particular methods help. The equivalence of the techniques effectiveness does not mean the equivalence of clients/patients.

For psychotherapy to self-identify as a science, it is important to understand whether it is appropriate and justified to offer clients/patients practices based on an irrational worldview, even if they "help." It is known that "death treatment" or thanatotherapy [4] or "systemic constellations" by B. Hellinger which claim that the fate of a person is affected by the field of the

history of his family's kinship, which records all significant (problematic) events with his relatives in the past" [33] help some sufferers. The irrational type of psychological knowledge also includes S. Grof's transpersonal psychology and other types of psychedelic psychotherapy [28], the main methods of which are "mystical experiences," "cosmic consciousness," and special forms of spiritual experience. The focus of transpersonal psychology (i.e., "psychology beyond personality") is on altered states of mind. According to proponents of this area of psychotherapy, the experience of birth, death, rebirth, and other events in an altered state of mind leads to going beyond oneself (transcendence) and entering other, more holistic relationships with the world [13]. Undoubtedly, *there is no reason to consider these approaches rational. However, we cannot say that their mythology doesn't work. It is important to understand to whom such practices may be addressed.*

According to O. V. Lavrova [17], *the choice of a psychotherapist (and hence the technique of psychotherapy) is often made based on the degree of correspondence between the "customer myth" and the "therapist myth": "The myth is a specifically human way . . . of modeling, mastering and cognition of the reality, a kind of universal image of the world, with which all other forms of human existence are connected" [1]. The psychoanalyst perceives the world through the symbolic role of the unconscious mind. By the way, perhaps because of the large number of adherents of this myth, there is a widespread tradition of appealing to the image of the unconscious mind when explaining to the client the causes of his or her psychological problems — "your subconscious mind loves you and cares about you . . . it does not allow the occurrence of unpleasant or stressful situations . . . your subconscious mind wants to keep you safe and sound" [12]. It is an ironic metaphor for a sane person and a harsh reality for a psychoanalyst.*

Like many other experts, O. V. Lavrova [17] is skeptical of the concept of the unconscious mind and its role in psychogenesis. "The status of the existence of the unconscious mind is undermined from its inception, because the unconscious mind is something about which nothing is known to consciousness," the author writes. "And if something is unknown to consciousness, then how can this consciousness consider the unknown one existing?" It turns out that *psychotherapeutic practices based on myths (irrational in their nature) are suitable, like a "key to the lock," only when both the client and the therapist perceive the world irrationally.*

Despite the appeal to the unknown, incomprehensible, secret, and unproven, such practices are in demand, fashionable, and even quite effective [14, 21]. In order to criticize their use, it is necessary to formulate a list of real dangers and negative consequences for health and psychological wellbeing which these irrational practices can potentially bring.

On the other hand, when determining what psychotherapeutic methods are justified and appropriate, it is necessary to answer the question of whether rational decision-making always helps a person get rid of stress, frustration, and intrapersonal conflict. Is a rational person always calm, imperturbable, balanced, and self-satisfied?

It is not always easy to classify different techniques of psychotherapy and unambiguously determine whether a particular practice is rational or irrational. For example, how can we prove that the point of view of cognitive-behavioral therapists (CBT) is more realistic than that of psychoanalysts? How can we prove that irrational beliefs are irrational and distortions of reality? Perhaps the only convincing way may be the results of psychotherapy with the use of the *ex juvantibus* approach. Today, there is no other scientific evidence of the truthfulness of psychotherapeutic theories. *The concept of "evidentiality" in psychotherapy has long been replaced with the concept of "persuasiveness" [21].* If we take into account the criterion of "persuasiveness for the majority" ("commonness"), it is impossible to ignore the concept of common sense. The stability and development of society and the individual are determined by sanity, not irrationality [11]. V. M. Allakhverdov [3] claims that in a logical relation, a common everyday consciousness is able to cope with the "irrational attack" with its own logical and interpretative means; it makes the senseless meaningful, creates a pattern where it may not exist, and builds this version of the world in which it is possible to act, if not according to the usual patterns, but meaningfully anyway."

The concept of "*rationality*" is associated with the concept of "*sanity*" [23]. Common sense *refers to a person's ability to make the right decisions and safe assumptions based on logical thinking and actual experience.* In addition, sanity implies the ability to resist prejudices, delusions, and hoaxes. *The irrational* traditionally reflects the unconscious process of rejection of reasonable and generally accepted explanations [16]. Here, the principle of "persuasiveness for the majority" (commonness) comes into force. It is believed [32] that "if a person has no cognitive impairment, he is initially rational." However, in fact this is not the case. There are no serious scientific studies on the prevalence of irrational beliefs. And yet, based on the logic of social development, the number of rational people should exceed that of irrational people.

According to E. V. Zolotukhina-Abolina [11], common sense as a rationality phenomenon is an extremely flexible tool in practical life. At the same time, common sense itself is very stable — it stands the test of a variety of irrational situations that at first glance ought to destroy it. But due to the fact that common sense is not only logic but also the ability to engage in

interpretation, humor, and games, it can survive even paranormal experiences and find a way out of social and everyday absurdity.

The important aspects of sanity include anticipation (prognostic) abilities [19], which underlie the adaptive mental processes and the harmonious development of personality. It is known that "intolerance to situations of uncertainty" [26] or fear of forecasting is very often the basis of maladaptive behavior. Undoubtedly, it is true that "learning to understand the consequences of one's behavior is more important than learning more about oneself" and "self-actualizing individuals [are self-actualizing because they] more rarely associate their predictions with their desires, affections, anxiety and fear, with general optimism or pessimism common to character," as claimed by A. Adler and A. Maslow, forefathers of psychology.

If the goal of psychotherapy is not just to rid clients/patients of symptoms or psychological problems, it is necessary to formulate what features and properties should be inherent in the "cured." The current consensus is that the global goal of psychotherapy is the formation of a harmonious character and personality with harmonious traits — a set of individual psychological stereotypes of behavior that contribute to the harmonization of everyday interpersonal relationships and avoidance of interpersonal and intrapersonal conflicts [23, 23–26]. It is implied that a harmonious personality has such features as rationality, sanity, maturity, predictive competence, flexibility of behavior, self-acceptance, acceptance of others and the world, autonomy, spontaneity, simplicity, problem centration, and a reasonable combination of altruistic and selfish goals [23]. Irrational psychotherapeutic practices are hardly suitable for achieving these goals. Most likely, the optimal result can be achieved with the help of CBT and existential psychotherapy.

We [20] proposed the technique of anticipation training (AT), which is a kind of CBT. It includes learning tools for developing self-regulation skills, giving priority to providing the client/patient with the most information possible about the ways and methods of psychological defense and compensation, sanogenetic and pathogenetic patterns of thinking and forecasting, patterns of development, and steps and outcomes of interpersonal and intrapersonal conflicts. In the process of such psychotherapy, the individual learns a reflexive style of thinking, sanity, and adaptive forms of response, as well as developing the ability to think sanogenetically about psychotraumatic influence.

Traditional CBT is based on logical persuasion of the client/patient with the help of learning tools for straight thinking and avoiding logical errors, irrational mindsets, and delusions [2]. The "common sense" psychotherapy implies the formation of an adequate, multivariate way

to predict reality, as opposed to the univariate (rigid) one, which is part of the pathological thinking pattern in the so-called causal attribution. Anticipation consistency is considered to be the basis of the personal position in "common sense" psychotherapy—a person's ability to anticipate the course of events, to build a forecasting process on a multivariate, flexible basis using past life experience. It is believed that harmonious characterological features and personality traits, as well as stress resistance, can be formed only when using the AT principles, such as (a) *rejection of claims* ("Nobody owes me anything"); (b) *rejection of unambiguity* (when interpreting the events taking place—"it can mean anything"); (c) *rejection of fatality* (when interpreting future events, "everything is possible"); (d) *development of a strategy of "anticipatory coping" and anticipating sadness instead of joy*.

In the practical part, the client/patient is invited to analyze everyday situations and consider them in accordance with the following algorithm:

1) clarification of the situation (the formulation of the problem, the essence of the solution, the assessment of who should make the decision and their competence in solving the problem, when the decision should be made, whether there is enough time for this, what should be done when solving the problem, whether the chosen method of action is appropriate);

2) possibility of decision-making (with the identification of all possible solutions to this problem, the use of collective search for solutions);

3) assessment of the consequences of making a decision (consideration of positive and negative consequences for the individual; the emergence of new tasks, opportunities and responsibilities, side effects, benefits or harm to others; the emergence of the need to make new decisions);

4) use of anticipation as a protective mechanism to assess the development of the situation (the most undesirable, frightening, traumatic, etc. result), the analysis of how the subject will act if "it will still happen" [20, 24].

*In addition to other components, there is the concept of "comprehension" in the center of psychotherapeutic techniques based on rationality.* On the one hand, comprehension means gaining an understanding of the presence of something, on the other hand, it means replacing an intuitive understanding of the problem with a rational one. Indeed, the rational one means corresponding to reality. Despite this, the concept of understanding (mindfulness) is used in different psychotherapeutic spheres — even in those that have no relation to the formation of rationality. In particular, when it comes to comprehending the affections repressed from the subconscious mind, it is necessary to ask, is there any evidence that they (secret affections) really

existed or exist? Where is the guarantee that "new insight" will not become a new misconception that will require "re-insight" in the future?

It is known that psychoanalytic practices are based on the paradigm of problem awareness, i.e., on the transfer of blocked impulses, images, and ideas from the field of unconscious processes into the field of consciousness [34]. But the main question is overlooked — does this mean that the problem becomes rationally analyzed when it becomes conscious?

In the analysis of "common sense" psychotherapy, the assessment of mindfulness practices is important. In recent years, this approach has become a fashionable trend and started to be considered as a "third wave of CBT" [10, 15]. According to D. G. Diakov and A. I. Slonova [10], the common goal of mindfulness and CBT is to get rid of rumination as the main cause of many mental disorders by switching attention. Such therapy does not aim to modify the content of thoughts but rather to make the client/patient realize that thoughts are not reality. The practice of mindfulness uses techniques of focusing on a person's attitude toward the content of his or her thoughts in order to eventually perceive them with detachment, contemplatively, without automatically connecting them to negative emotions [38, 41]. The basic goal of mindfulness, based on CBT, is for people to get rid of their automatic responses to thoughts, emotions, and life events. The core of the program is the development of mindfulness skills through meditation. Direct awareness of the processes in the body is considered to be the "door to the present moment" and the first step toward observing thoughts and emotions [10].

One can also observe the technique of self-regulation in the use of the Master Kit multimedia simulator [30], developed and implemented in Russia, which is one of the most popular CBT mobile applications among domestic consumers of "common sense" psychotherapy. This automated multimedia resource is designed for a person to work independently on his or her beliefs, mindsets, emotional states (fear, offence), unaccepted qualities, and self-esteem. The Master Kit technique includes six Universal Beliefs: "loving yourself unconditionally" (such as the attitude of a person towards him/herself and the attitudes of other people, non-judgmental love and acceptance), "my wishes" (when a person allows him/herself to have wishes as a desire to achieve something and to make his or her wishes come true), and "my emotions" (when a person allows him/herself to feel and show emotion), "my individuality" (when a person allows him/herself to feel his or her uniqueness and to show unique traits), "my life purpose" (when a person allows him/herself to understand his or her path, to develop, to move along his or her own unique ways of realization), and "finding solitude" (when a person allows him/herself to spend some time alone) [25]. The Master Kit technology

includes a combination of the author's text and the client's unique belief that allows the actual text to be synthesized for the user, which is "spoken out" by the process tool with positive intonation and pauses for repetition by the user for each specific task. With closed eyes, concentrating on his or her internal feelings, the user repeats the text aloud three to 10 times — the user stops the process tool only when he or she reaches the appropriate emotional state with a positive connotation. The Master Kit technique, like other techniques that use the CBT approach, mindfulness practices, and the common-sense paradigm, is designed to teach the client straight thinking and how to avoid logical errors and delusions.

There is a point of view that in the philosophical sense, the rational and the irrational are not opposed but harmoniously combined, expressing the uniqueness of human existence [9]. This is how integrated psychotherapy combines techniques built on the rational and the irrational. As was mentioned above, **the correspondence between the "customer myth" and the "therapist myth" is very important to achieve effective psychotherapeutic interventions.** According to I. A. Pogodin [27], in the postmodern era, the categories of reality and human nature cease to have decisive significance, replaced by the category of the reality image, which becomes crucial for the psychotherapeutic process. A human lives and "is nourished" only with images, which are the only reality. These images determine the characteristics of contact organization that arise in the field of need, the ways of satisfying them, and lifestyle in general. Each therapist works with "his/her" client, who is only an image formed by the therapist [27]. According to some authors [7], patients often need an irrational approach and the techniques of manipulative psychotherapy, in which the patient is deliberately misled.

However, even though an irrationally oriented therapist may be effective, the professional choice should be made in favor of rational practices. For even if subjectively positive changes are achieved in the process of using techniques built on irrationality, the maintenance of the client's mystical (mythical) interpretation of reality creates fertile ground for the formation of new mental disorders, disabilities, and personal crises in the future. The irrational does not harmonize, to say nothing of the manipulative. After all, calling an act or behavior irrational is claiming that it should not be done [8].

Undoubtedly, only psychotherapy based on rationalism and common sense can lead to personal growth [22]. According to I. Yalom, the main goal of psychotherapy is "to bring the patient to the point where they can make a free and responsible choice" [35]. Irrationalism can "get" a person only in the direction opposite to freedom and responsibility. In this respect, common-sense psychotherapy is the best way to achieve the main goal of psychotherapy. And

yet, we must remain reasonable and admit that the world is a completely or predominantly irrational thing. However, the world's irrationality does not refute the productivity and prospects of a person's rational approach to it and to him/herself and cannot take away rationality's unique abilities to solve social and personal problems [5].

## REFERENCES

1. Agranovich S. Z., Samorukova I. V. Harmony — goal — harmony. M., 1997.
2. Aleksandrov A. A. Albert Ellis irrational beliefs. Russian psychotherapeutic magazine. 2013; 1 (6): 45–51.
3. Allakhverdov V. M. Consciousness as a paradox. SPb., 2000. 528 p.
4. Baskakov V. Y. Thanatotherapy. Theoretical basics and practical application. M. 2016; 460 p.
5. Volkov E. N. Advising about the errors and the bounds of rationality. Nizhny Novgorod. 2015.  
<http://evolkov.net/consult/articles/2005.12.Counsel.about.delusion.&boundaries.of.rational.Volkov.E.html>
6. Volkov E. N. Critical rationalism, critical thinking and cognitive cartography: bases, method and drawings of cognitive-behavioral counseling. Journal of practical psychologist. 2014; 6: 19–37.
7. Garifullin R. R. Personality illusionism as a new philosophical and psychological concept. Kazan. 1997.
8. Gert B. The rational and the irrational in person behaviour. Morality and rationality. M., 1995: 159–179.
9. Goryunov M. A. The irrational in cognition. Autoabstract of candidate thesis. M. 2002.
10. Diakov D. G., Slonova A. I. Mindfulness method as the central sphere of the "third wave" of cognitive-behavioral approach. Actual issues of Humanities and Social and Economic Sciences. 2017; 11: 160–163.
11. Zolotukhina-Abolina E. V. Common sense and the irrational. Epistemology & Philosophy of Science. 2016; 2: 176–192.
12. Kaver O. I want to have a child: what should I do, if the baby does not come to my life? M.: "Ves" Publishing Group. 2016; 330 p.
13. Karandashev V. N. Methods of psychology teaching: Textbook. SPb.: Piter, 2005; 250 p.
14. Karvasarsky B. D. Psychotherapy: Textbook for Higher Educational Institutions. SPb.: Piter, 2007; 672 p.



15. Kovpak D. V. Use of certain types of "third wave" cognitive-behavioral therapy and the concept of mindfulness in the treatment of chronic pain and depression. *Psychosomatics and psychoregulation*. 2016; 1 (5): 30–42.
16. Krolevets Iu. L. The rational and the irrational (socio-philosophical aspect). *Omsk Scientific Bulletin*. 2009; 1 (75): 89–93.
17. Lavrova O. V. In-depth topological psychology: ideas about transformation. SPb: DNK. 2001; 424 p.
18. Latypov I. V. Searching for scientific character in psychotherapy (speculation). *Theory and practice of psychotherapy* 2014; 4: 88–92.
19. Mendelevich V. D. Anticipation mechanisms of neurogenesis. M.: Gorodets. 2018; 448 p.
20. Mendelevich V. D. Anticipation training in integrated psychotherapy and neurotic disorders relapses prevention. *Russian psychotherapeutic magazine*. 2014; 1 (7): 57–59.
21. Mendelevich V. D. Evidence-based psychotherapy: between the possible and the necessary. *Neurological Bulletin*. 2019; 2: 4–11.
22. Mendelevich V. D. Psychotherapy on the brink of irrationalism. *Professional psychotherapeutic newspaper*. 2005; 4 (31).
23. Mendelevich V. D., Avdeev D. A., Kiselev S. V. "Common sense" psychotherapy Cheboksary. 1992; 76 p.
24. Mendelevich V. D., Uzelevskaya A. E., Boev I. V. Anticipation training in the system of psychological correction of personality disorders and behavioral deviations. *Questions of mental medicine and ecology*. 2001; 1 (7): 16–18.
25. Handbook on Master Kit technique. Kazan: Research Institute of Self-regulation. 2018; 43 p.
26. Petrovsky V. A. Man over situation. M.: Smysl. 2010; 559 p.
27. Pogodin I. A. Features of psychotherapy in the postmodern era: procedural nature. *Moscow psychotherapeutic journal*. 2008; 4.p. 179–192.
28. Psychedelic psychotherapy with the use of ketaminum. E. M. Krupitskii, A. I. Palei, T. N. Berkaliev, V. B. Ivanov, O. O. Dubrovina, D. A. Kozhnazarova, I. V. Dunaevskii, E. V. Rzhankova, A. I. Grinenko. *Moscow psychotherapeutic journal*. 1993; 2.
29. Sosland A. I. The fundamental structure of the psychotherapeutic method, or how to create your own school of psychotherapy. M.: Logos. 1999; 386 p.
30. Trutneva D. R. The transformation of the person's social and personal mindsets by means of specialized software Self-regulation. 2019; 1. p. 4–9.
31. Tkhostov A. S. Therapist and his magic. *Psychology. Journal of Higher School of Economics*. 2006; 1: 103–109.

32. Tkhostov A. S., Neliubina A. S. Correlation of the rational and the irrational in everyday consciousness on the example of ideas about the disease. *Bulletin of Moscow University. Series 14. Psychology.* 2009; 1. p. 32–38.
33. Hellinger B. *And you feel relief in the heart* M. Institute of Counseling and System Solutions, Publishing house of the Institute of Psychotherapy, 2006; 208 p.
34. Chernov D. Y. Meaningfulness in individual and group psychological counseling. *Scientific notes of Saint Petersburg State Institute of Psychology and Social Work.* 2014; 1 (21). p. 30–40.
35. Yalom I. *Existential psychotherapy.* M. 2008; 608 p.
36. Fonagy P. The effectiveness of psychodynamic psychotherapies: an update. *World Psychiatry.* 2015; 14: 137–150.
37. Hofmann S. G. Psychodynamic therapy: a poorly defined concept with questionable evidence. *Evid Based Ment Health.* 2016; 19 (2): 63. doi:10.1136/eb-2015-102211.
38. Kabat-Zinn J. *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness.* N. Y.: Delacourt, 1990.
39. McAndrew L. M., Martin J. L., Friedlander M., Shaffer K., Breland J., Slotkin S., Leventhal H. The Common-Sense of Counseling Psychology: Introducing the Common-Sense Model of Self-Regulation. *Counselling Psychology Quarterly.* 2017; 11. <https://doi.org/10.1080/09515070.2017.1336076>.
40. Moshman D., Hoover L. M. Rationality as a goal of psychotherapy// *Journal of Cognitive psychotherapy,* 1989, № 3 (1).
41. Paul N.A. et al. Psychological and neural mechanisms of trait mindfulness in reducing depression vulnerability. *SCAN,* 2013, № 8. p. 56–64.
42. Seeman B. N. Whose rationality? Which cognitive psychotherapy? *International Philosophical Quarterly.* 2004, 44 (2). p. 201–222. DOI: 10.5840/ipq20044424.
43. Zaharia C., Reiner M., Schütz P. Evidence-based neurolinguistic psychotherapy: a meta-analysis. *Psychiatria Danubina.* 2015, 27 (4). p. 355–363.