Subject and Hypermodernity

Sujeto e hipermodernidad

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ABSTRACT

The theoretical and sociohistorical bases of the actual transformations of modernity and the corresponding moving social status of the subject are explored. The hypermodern ideology puts a strong focus on the self-governing individual, neglecting social, collective and political issues compared to the dominant forces of the neoliberal economy. A *clinical sociology approach*, using participative methods in groups, is a strong way to raise critical consciousness and real empowerment. Clinical research experiences rely on the 'exchange of types of knowledge', where science, professional expertise and common sense are producing new understanding for action.

Keywords: Subject, Hypermodernity

RESUMEN

La indagación se basa teórica y sociohistóricamente en las actuales transformaciones de la modernidad y sus correspondientes movimientos sobre el estatus del sujeto. La ideología hipermoderna pone un fuerte foco en la autonomía individual, relegando lo social, lo colectivo y lo político, comparable a las fuerzas dominantes en la economía neoliberal. La aproximación de la sociología clínica, que usa métodos participativos grupales, es un medio potente para elevar la conciencia crítica y el real empoderamiento. Experiencias de investigación clínica se sustentan en el intercambio de los distintos tipos de conocimientos y saberes, donde científicos, profesionales y el sentido común producen nuevos conocimientos para la acción.

Palabras clave: sujeto, hipermodernidad

Introduction

The title of this presentation addresses a difficult issue: how can we relate the individual and society, and more specifically, the individual as a 'subject', characterized by a psychic and creative capacity and the society, to be understood as the sociohistorical collective creation of institutions, political governance and the human and social relationships necessary for common life. The social reality develops at different levels: the family, the small groups, the formal organizations, the Nation states, the world larger entities. Firstly, we will sketch the main elements that characterize what has been called the transformation of pre-modernity to modernity, and more recently, to post-modernity. These societal changes have to be understood as a dialectical interaction with the individual as subject. We need to develop a substantial theory of the subject and of society'. Secondly, we present the basic dimensions of a clinical sociology and psychosociological process in research, training and intervention. Participative research and knowledge sharing are particularly stressed as part of a clinical perspective.

The transformations of modernity

The constitution of societies and change, as seen through our modern categories, are based on five dimensions: the conception of time and history; the type of dominant source of knowledge configuration; the production of goods and services, the work organization and technologies; the power and governance structure; the role and importance of the individual.

Pre-modern societies, characterized by anthropologists as traditional societies, do not distinguish so much those structural elements, seeing them as parts of a holistic or cosmological unity. Time and 'history' are often defined as cyclical following cosmic rhythms of day and night, moon phases, seasons, sequence of years constituting cycles more or less significant. The world, the society, the individual lives, are to be

understood through mythical explanation, referring to a Divine source or Natural order. Religion, in its different forms, has been for a long time the dominant source of knowledge. Production of goods and services is family and 'city' based, crafts and small production units being the rule; the rural world is most important. Still, we find in there major projects like the building of temples or imperial monuments. The power structure is traditional, based on strong leaders and clans, and later on royal and aristocratic hereditary transmission. The individual as a social entity is part of larger whole, defined through hierarchical and fixed categories. The old meaning of a submitted subject is closer to reality: under powerful elites, servants, slaves or marginalized ones are numerous.

Modernity comes around by the 16th and 17th century or so, particularly marked by what has been called the *Siècle des lumières'* in Europe and was developed till the end of the 20th century. It is characterized by instituting a major break from premodern views. Rational philosophy and then empirical science will constitute the basic source of knowledge, the new ground to understand the world and man being through Reason and its rigorous development. There is no more mysterious, mythical, or Revelation type of explanation for the origin and development of the world: it is to be found in the progress of science. The second important view is a conception of time as an historical and progressive development. Progress is the key word for interpreting the world, societies, institutions and one's own life. The productive industrial and manufacturing complexes are becoming central, through constant technological innovation and corresponding creative collective work. Mass production demands more and more a market economy focus and world expansion. Complementary to those developments, democracy is to be, more and more, the new way of governing the established or developing Nation-states. The basic democratic creed and ideal, gained through some revolutions, is grounded in the liberty of each individual and the equality between all individuals, thus forming a large citizenship brotherhood. The liberal individual is the

cornerstone of modernity expressed in the dominant couple: capitalism and democracy. Of course there are all kinds of actual limitations and contradictions confronting this ideal view of modernity, but its proponents would invoke historical forces that should lead to it. It is to be noted that the Progress based on economical and material increasing resources, the importance of Reason, Science and Technique are then shared by contrary ideologies. And the liberal-capitalist ideology as well as the historical materialism of elementary Marxism were both critical of the "resisting" traditional structures that could reduce those progressive elements. Then comes the falling apart of that modernity project and alternative and new developments and ideologies.

Post-modernity is the more radical view and invites to quit modernity's fantasies. In that critical perspective, creation of a unified democratic society and of a more human world is a naive utopia. The necessary historical progress of human societies is a delusion. If traditional societies were led by the past and modern ones by the future, postmodern societies are to be in the Present, with a short time perspective. Science with a big 'S' is compared to the old conceptions of Religion or Nature seen as final explanations: all kinds of "grand narratives" (Lyotard, 1979) are to be forgotten. This is the condition to be really free from those heavy institutions who restrain the creative and mobile individual's life. The actual world is a 'liquid' one (Bauman, 2005) in every sphere of life: the family is no more the fixed nuclear structure; couples are more and more unstable; work is a many workplaces adventure where flexibility is required; societies are governed by changing groups and defined around limited projects and interests; life aging patterns themselves are changing. Freedom, flexibility are the rules and the individual has to be the center of his life in a fragmented and changing society: he is a free liberated subject within a changing and a weakened institutional context.

Hypermodernity, on the contrary, is modernity in excess, a radical accentuation of its characteristics, and thus, a break with their ideal forms and traditional aspects. This

hypermodern world as a pervasive ideology has been well described by many philosophers, sociologists, economists, psychologists (Aubert, 2004; Charles, 2007; Dardot & Laval, 2009; Marcuse, 1967). Paradoxically, post-modernity seems to be a necessary step leading to it, through its critique of ideal modernity. The more idealistic aspects are to be forgotten and replaced by an overall pragmatic and 'realistic' orientation. Time is to be used as a resource, in an accelerated way of life (Rosa, 2013). History is reduced to present time: past and future are to be of immediate consequences. Science is much appreciated when it is applied and technologically oriented for efficient results: instrumental reasoning is the rule (Habermas, 1987; Marcuse, 1967). Work and economy are to be optimized through a dominant neo-liberal and market oriented economy (Dardot & Laval, 2009; Lipietz, 1996). Democracy has to be more effective: society and its institutions are huge administrations to be well managed, based on experts' knowledge (De Gaulejac, 2005). In all that, the individual becomes his own self-managed person: life is a project to be self-directed using all the resources around with efficiency (Aubert, 2004). But, contrary to post modernism, the individual is submitted to much stronger institutional pressure in all spheres of life. He has to perform in the workplace to keep his job, in organizations dominated by 'excellency' and 'total quality control' management. He is to succeed in his personal intimate relationship, in keeping himself in healthy and good shape. Leisure is for immediate and intensive satisfaction in a consumer world. The individual is still the subject, but having to respond to more and more social demands.

Some continuity in a more balanced view of modernity is maintained in what some authors would call "advanced" or "*second modernity*" (Giddens, 1991; Touraine, 1992), characterized by critical considerations about what seemed to be too mythical or traditional elements in the modern ideal pattern and too excessive in both post or hyper modernity. The too great faith put on science as a solution for any problem, the idealistic view of progress as a linear and necessary improvement of everything, the

evident limitations of democratic life, the failures of equal societies, among other things, bring up a more realistic view in the necessary required collective efforts for building up a more meaningful life and more humanistic institutions. Technological progress with new sources of energy, the “numerical world” (computers, social networks via internet), the richness of accumulated knowledge in science, arts, professions and the progress in general education are possible resources for enhancing the wellness of people. But the sharing of richness and power with all citizens in a society are still meeting great obstacles to be challenged by democratic initiatives and strong political will. Both the radical exclusion of basic institutions in society expressed in a post-modern view or the alternate excessive demands of a neo-liberal and pragmatic vision like the one in hypermodernity are to be avoided as restrictive and dangerous ideologies. Autonomy of the individual depends on the quality of democratic life and institutions, for a more collective autonomy (Castoriadis, 1975), the condition to renewed institutions for the common good.

It is to be noted that this sketchy presentation of modernity and its transformation is to be taken with cautiousness, especially regarding the present societies. There can be in any society some coexistence of traditional pre-modern elements with modern, postmodern, hypermodern, advanced modern tendencies, with of course the dominance of one type over the others.

The social individual as a subject and social actor

The conception of the person or the individual as a subject is closely linked, as we have indicated, to the sociohistorical context of each society’s dominant type. In a reconsidered advanced modern society, the individual is to be seen as an active subject and actor in social and collective life, not as an isolated entity. To understand the individual as a subject, we need to refer to theoretical ground that explores that dimension. Existential phenomenology, humanistic psychology and psychoanalysis are

such basic references. They are closer to what W. Dilthey (1992) identified as ‘moral’ or human sciences opposed to merely naturalistic objective sciences, like physics or behavioral sciences.

The human subject as such has a psychic life that cannot be discovered solely by external observation. It is through a reflexive consciousness on one’s proper activity that this inner life can be explored (De Biran, 1995), through the confrontation of voluntary or intentional activity with resistant external constraint. That is, that permits to distinguish between that part of me that is my initiative and what is the external force that do not depend on me. And that external force can also be in me, in my biological and material being that is part of my world (Henri, 2000). The synthetic expression of P. Ricoeur (1990) expresses this dialectical movement of identity building: becoming a oneself as another one (*Soi-même comme un autre*), meaning that what constitutes my subjective identity is conditional to a progressively confrontation with otherness within and outside oneself, to “incorporate” this otherness in “me”.

As will note the philosopher Castoriadis (1975), the development of subjectivity is not to be separated from society and institutional structures. The infant cannot survive without close relationship with others and self-consciousness cannot emerge without language which is a basic social institution. If psychic life is fundamentally a specific reality that cannot be reduced to external entities, it is conditioned by those external realities, from physical and material constraints to existing social institutions. But being a creative subject and a creative collective actor, the individual can get more ‘autonomy’ (self-creation of norms), and, within a ‘democratic’ life (power of the people), he plays a role in changing and creating norms and institutions. But as we learn from history, the individual subject as well as the collective group can choose to maintain the status quo, reject changes, accept dependence, or, on the contrary, choose destructiveness in all forms. This is why individual autonomy cannot do without the collective autonomy called democracy, which leads to common established norms and institutions to be

able to live together.

That conception of the subject-social actor is in fact quite *modern*. It emphasizes the importance of a free and active subject, which is one the major point of the modern pattern. And it defines also the individual subject as an active actor in the social and political life, the basis of all democracies. It is far from a pre-modern vision where the individual is part of a greater whole which greatly determines his role and orientation. But that view of autonomy is not post-modern neither is it hypermodern. The community of subjects have to establish the social institutions that are to be the benchmarks of one's each conduct, institutions they live by. The autonomous subject is still free and responsible to lead his own way in that context, but he is not context free. This conception would be closer to a reconstructed "advanced" or "second modernity" perspective.

Clinical sociology: interaction and partnership

Considering research in human and social sciences, one needs to adapt the chosen theory and methodology to take into account the general sociohistorical view we have briefly presented so far. Clinical psychosociology or sociology (De Gaulejac & Roy, 1993; Fritz, 1991; Rhéaume, 1993, 2009; Sévigny, 1983, 1997) is mostly appropriate, considering the complex dialectical movement of the subject and social institutions. The clinical sociological research approach is placed within the more general framework of a clinical sociological perspective used in many works with individuals, groups and organizations. Here, the term "clinical approach" should be understood in a metaphoric sense in which the notion of "clinic" borrows the idea of closeness and involvement with people (*klinè* - in Greek - meaning "at the bedside" in order to help an ailing person). By analogy, a social clinic means to get involved with people, with social groups, in the hopes of being useful and at the same time applying proven knowledge (Enriquez, Houle, Rhéaume, & Sévigny, 1993).

Clinical sociology in research and intervention is based on *Action-research,* as many other approaches in the field (social work, public health, human rights movement, participative management). It aims more specifically at producing a sociological knowledge (if we understand sociology here in broad sense of social and human sciences) in order to reach a better and critical understanding of a situation. The critical standpoint is to be mentioned. *Consciousness raising*[i] in the long tradition of Paulo Freire (2005), for example, or even the stricter lewinian participative and 'normative reeducative' approach (Bennis, Benne, & Chin, 1985) would support this theoretical emphasis about power issues and social foundations.

Participatory research (Fals-Borda, 1987) is much akin to a clinical research perspective. The clinical metaphor introduces three more distinctions: the participants in the research are in a "clinical" relationship, one actor is defined as a demander, and another one is the respondent or provider of research expertise in sociology. "Clinical" refers to the uniqueness of the situation to be analyzed; the "clinical case" is always a singular situation. And, finally, participation, in a clinical context, means a very complex interaction between the researcher and other participants. This relationship is one of "critical involvement" of the researcher creating a dynamic transference which has some similarity to transference in psychoanalysis. In social terms, the asymmetrical and unequal initial relationship between a demander and a provider has to develop into a more symmetrical and equal participation between different actors producing a common understanding of the situation through different expertises.

Sharing Knowledge: from multidisciplinarity to interdisciplinarity

Many researchers in clinical sociology identify themselves with a theoretical approach characterized as complex and dialectical (Enriquez et al., 1993; Pagès, 1993). Without delving too deeply, it is important to stress the combination of these two concepts: complex and dialectical. As in many systemic theories, or in ecological thinking, we

recognize the complexity of social "reality." We then explore the complexity of levels from the microsocial to the macrosocial, from the individual to societies and the world. We can take into account the complexity of forms of expression and types of knowledge, from the rational and conscious use of formal languages to the non-rational and unconscious physical and affective experiences. Researchers and participants in a research and intervention experience represent different expertises, different forms of knowledge and different experiences as social subjects-actors. Everyone is participating in the coproduction of knowledge within the specific social situation under study.

From this perspective, interdisciplinary research is the optimal condition for research. Sociology, as a social science, is opened to diverse contributions - for instance, from anthropology, political science, economics and/or psychology - to the extent that those disciplines can be of assistance in this unending attempt to understand the complex and dialectical relationship of the individual and the society, confronted with social problems and social situations to be changed. The reference to discipline and a multidisciplinary approach is also an interesting perspective as it stresses the importance of rigorous training and expertise in one field or another and the diversity of viewpoints necessary to cover the complexity of social phenomena. Interdisciplinarity, on the other hand, leads ideally through effective exchanges made between the diversity of disciplines, their concepts and theories, research methods and techniques, even to some transdisciplinary emergent knowledge, as it is conceived by Particia Leavy (2011). It is true that focusing on common concrete social situations or problems to be solved and involving a participative process with all the social actors lead in that direction.

Emancipatory Project: An Ethical Issue

Following the principle of sharing knowledge in the context of action, we meet the issue of orientation and values: is the researcher to stay neutral, external to the subjective point of view of the participants, being objective in her/his analysis? In a clinical approach, this standpoint is not only impossible, but is to be avoided. The researcher is involved in the research contract with the demanders; the researcher shares knowledge and meaning in the situation and participates in a collective project. That does not mean the researcher, as such, has to be compliant or dependent on the practitioners' or population's point of view; the researcher's contribution is, on the contrary, to create a distance, to introduce critical data and knowledge, to give different interpretations.

That critical involvement is "overdetermined" by the epistemological perspective of a participatory research. The basic clinical orientations here are to facilitate consciousness-raising in order to change situations, to establish a more collective and egalitarian interaction between subjects-actors and to engage in a global ethical orientation towards democracy, empowerment, emancipation. Increasing social justice cannot be put aside as a main goal to be pursued.

But what happens when some demands for research are intended to increase power of the elite, or the professionals, over or against other segments of the population? Is it not too often the role of "participative" research to find better ways for the leaders to resolve conflicts by reducing "opponents" power? Can a clinical researcher working with powerful social leaders stay neutral and objective? The clinical sociologist cannot adopt such a perspective and has to make clear her or his democratic-critical standpoint. The well-known theoretical and methodological developments in social analysis or institutional analysis intervention have revealed the importance of "working

through" the demand of an intervention, analyzing the power issues - the hidden dimension of domination, the self-interest bias.

At another level, the emancipatory perspective can be challenged on the ground of the contradictory movement that characterizes how our societies qualified as "post" or "hyper" modern societies. In both views, for example, the theory of social classes is seen by many as obsolete and there is no real alternative to that previous global interpretation. There are many reasons to think that a clinical sociology approach based on the radical and critical epistemology evoked here is, in this context, most necessary. It aims at developing social subjects-actors capable of collective social action. It works at reducing the main "pathologies" of this time: a crisis of meaningfulness of life situations, a feeling of intense powerlessness and solitary individualism. It supports a 'second' of 'third' redefined modernity.

A typical clinical psychosociological process

Clinical sociology as a research and intervention process is based on many developments in psychosociology, specifying a number of conditions: a negotiated relationship between offer and demand for research; the researchers' involvement; a democratic knowledge sharing mechanism; the mutual goal of an emancipation ethic; and a shared responsibility for results.

Social Demand and Research Supply

A clinical sociological research project usually develops from a request brought by individuals or the representatives of a requesting organization. For example, people in charge of a community group want to conduct an assessment or an evaluation of their group to better determine the group's future orientation and they ask social science researchers to help them do it. In fact, behind the request for research lies the 'social demand' which involves a more radical critique of the practices actually brought into

question by the request. The targeted change uses issues of orientation to mask a bigger social question, for example, a problem involving the power relationships necessary to act on social inequality or marginalization. Such questioning is rarely explicit at the outset and must be addressed as soon as the first meetings with the different actors involved in the situation. Note that the researcher's position is not immune to the questioning process. He or she handles the request, however, the researcher continues to pursue personal interests related to his or her career as a researcher at a university or a research center.

The work surrounding a demand never simply responds to a request or to an offer. It is a process of negotiation surrounding complementary objectives that culminates in the creation of an agreement. This leads, for example, to the drafting of a research protocol which will then be presented to public funding organizations. At the beginning of the research project, a research supervisory committee is created to ensure oversight.

The use of clinical methods requires a greater degree of involvement than a survey questionnaire, for example, because this type of undertaking demands more in the way of subjective work. This is true not only for the narrators, i.e., those available to voluntarily present their experiential testimonies, but also for the researchers called upon to listen, guide, analyze and interpret or not interpret these accounts. Often this inter-subjective dimension creates a certain discomfort or culture shock for people accustomed to demanding their rights, to developing services and mobilizing group members, since one's personal life is viewed as a private matter belonging to the informal and hidden sphere. A stronger bond of trust must be created requiring explanations and ethical guaranties.

Knowledge Sharing

At the heart of the clinical work plan are the analysis and interpretation of accounts or, more generally, the relationships between the types of knowledge involved in the

research project or intervention. Such an approach relies on an elaborate tradition of thought and practice in research—in sociology as in the fields of social psychology, anthropology or philosophy—concerned with the specificity of practical, professional knowledge and with the knowledge of everyday life or plain common sense[ii]. Over time, clinical intervention has assigned a great importance to a plan of communication and cross-analysis in which each actor, based on his or her position and his own knowledge, engages the others in understanding the situation.

In the clinical work, the key knowledge sharing moments occur between researchers and group representatives during discussions pertaining to the conceptual framework and the methodological approach that draw on the researchers' academic knowledge and the representatives' professional knowledge. As a condition of a shared, critical reflection where experience and knowledge collide, the group dynamic meetings and/or individual interviews with organization members also imply the real job of translating different types of knowledge.

A Liberating and *Critical Ethic*?

The clinical sociology approach implies an ethical and deontological framework in which the limits and rules of the various actors' participation are defined, i.e., the voluntary nature of participation, freedom of expression, confidentiality of exchanges between individuals or within the meeting groups. Beyond these classical deontological rules, a clinical approach introduces two additional rules. The first is consistent with the fundamental ethical stance related to democratic open-mindedness that allows knowledge sharing on a pluralistic, more egalitarian and complementary basis, i.e., all participants may express themselves and participate in the various phases of the research. A second rule stems from what can be described as the liberating aim: the research encourages the expression of statements that translate into action likely to reduce social inequalities. This occurs on two levels. First, the clinical approach

innately produces knowledge by constantly questioning the hierarchical institution of knowledge. But, also, there is the larger aim of relying on the effects of consciousness-raising and of knowledge sharing among researchers, professionals and participants in order to actively pursue a greater participation and a re-appropriation of the social actor's power (empowerment).

Shared Results

The ethical principles described above demand that the project participants share responsibility for, and recognize each actor's respective contributions to, the interpretation, analysis and distribution of research results. In order to reach different audiences, distribution methods may vary to allow for actor-appropriate forms of expression (i.e., research reports, professional journal, audio-visual presentations).

Some Methods in Clinical Sociology

We have seen that what characterizes clinical sociology is the interactive process of research and shared analysis: it is a process of coproduction of knowledge and this knowledge speaks of individual and collective production of society and of selves. The historical development of clinical sociology favored some research techniques and methods that are shared also with many other disciplines, researchers and practitioners, because clinical sociology emerges from different scientific backgrounds. I briefly mention five of them:

Group work and meetings at different stages of research are highly valued. The T-Group training and group dynamic studies (Bennis et al., 1985) are classical references for many. Cultural consciousness-raising groups and dialogue strategy from Freire (2005) are just as classical. That means that small group meetings used at different points in a research project, even when they are used as working groups, are significant activities for change and development dependent on in-depth analysis.

Life history or life narratives are also quite developed methods in clinical sociology. These can be done with individuals, small groups or collectives. During interviews, the focus is put on the importance of understanding historical change as it is experienced by individuals and collectives, interpreted into the larger sociohistorical context. This is a structured process as follows: listening to or reading the life narrative of participants developed around specific themes and periods of life; sharing a social analysis that can be made of those narratives; and revising as well as creating new directions and projects for the future.

The use of *socio-drama or role playing* techniques in small or large groups is another efficient research tool. It permits exploration of complex social issues such as power relationships and creative problem solving. It is particularly productive and efficient in consciousness-raising strategies on social inequality or discrimination issues.

Feedback survey or using *questionnaires on a participative basis* is another historical practice in clinical sociology. It can reach large groups and collectives that can discuss and debate the results and develop projects on a collective basis.

Finally, *case studies* are in-depth examinations (for a defined period of time) of individuals, programs or events. Case studies can focus on a single case or multiple ones. They are particularly useful for understanding typical situations as well as ones which are unique or exceptional. Case studies can be very useful in understanding the relation between interventions and change.

Conclusion

Clinical sociology is much concerned with theory in trying to understand social transformations at all levels. Clinical, it has a methodological approach to the study of social phenomena, as such, it is not restricted to a particular domain. As a clinical and critical process of social analysis, some particular issues are privileged - the complex and dialectical relationship of the individual and society as well as the social

construction of self-identity. Some social objects are of particular interest in this perspective, such as the study of community development, the struggle for survival and strategies of emancipation developed by excluded or marginalized people, work clinical analysis and participative action in the workplace, aiming at 'healthy work'. The social construction of self-identity is another area that corresponds well to a social clinical perspective.

The clinical sociologist involved in producing knowledge in the context of social action can be seen as a sort of knowledge broker, dealing with linking different social actors occupying different places in the social structuring of action. The exercise of this role varies greatly and is dependent on the sociologist's social status, the type of knowledge produced, the quality of her/his relationship with the people involved, the kind of issues at stake, and so many other considerations.

Social transformation, in a clinical sociological perspective is to be seen as inherently linked to individual transformation. This is not to be understood in a pure circular relationship between the two, nor as a unilateral cause and effect relationship, society conditioning and determining individual type or behaviour, nor as a closed, self-sufficient view of the individual being a self-centered and free entity "creating" her or his own world. No, we have to consider this relationship in dialectical and complex terms. Societies, at every level, represent basic material and restraining structures to any social action, individual or collective. But the free individuals, as social actors, can influence and change power structures and institutions, taking part in collective actions.

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Notes

i Consciousness raising a concept closely related to Freire's work, means this reflective process done with ordinary people in order to address the power issue between social classes. Developed fist in the Brazilian context of opposition between peasantry and landowners, is came to be a general schema for understanding_all kinds of social inequalities: men and women, rich and poor, dominant rulers and submitted populations …Kurt Lewin's perspective, in the forties, working for a more democratic life in groups, organizations and society is another way to express the same idea.

ii I refer here to three types of knowledge of which the epistemological bases are: scientific knowledge, practical and specialized work knowledge, and knowledge gained through the relationships of daily life. These types of knowledge constitute an established hierarchy based on a socio-historical evolution. Scientific knowledge is now sanctioned by academia, and professional knowledge is sanctioned partly by formal education, but also by professional Orders or Guilds. Finally, experience-based knowledge is the "common sense" shared by a given social group. Other types of knowledge also could be mentioned. For instance, aesthetic knowledge forms the common ground for arts, and spiritual knowledge is the basis of all religions.

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