

Theory versus Understanding in Psychotherapy

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In the 20th century psychotherapy is supposed to have made huge advances; these advances have been made under the banner of theory - psychoanalysis, analytic psychology, Kleinian theory, object relations theory, Lacanian theory, Rogerian theory, cognitive psychology and so on all have a theoretical base. Psychotherapists are divided into many schools and the name of the school usually depicts the theory that defines it; and the practice is supposed to derive from the theory. The theories are mostly modelled on those of the natural sciences; having a theory is supposed to give the school a badge of scientific respectability.

Now much of the *Philosophical Investigations* is devoted to exposing the conceptual confusions that are involved in creating a 'science of the mind'; for such an undertaking presupposes a picture of mental states and processes and the notion of a mental apparatus all of which Wittgenstein is concerned to undercut. The 'anatomy' of the mental apparatus, for example, is absolutely central to psychoanalytic theory; it is what the theory is about.

To quote Wittgenstein: '...we may not advance any kind of theory. There must not be anything hypothetical in our considerations. We must do away with all *explanation*, and description alone must take its place. And this description gets its light, that is to say its purpose, from the philosophical problems. These are, of course, not empirical problems; they are solved, rather, by looking into the workings of our language, and that in such a way as to make us recognise those workings: *in spite of* an urge to misunderstand them (Wittgenstein 1958 §109).

I want to show that there is a way of thinking about psychotherapy which avoids theory and follows Wittgenstein's advice, so I will first give a brief example and then go on to discuss it and contrast it with the psychoanalytic approach.

Clinical example

A man came to see me whose main complaint was that when he got up in the morning he felt his next door neighbour was directing rays at him that were shrivelling up his

brain. There were other difficulties he had but I want to concentrate on his main initial complaint.

Now to me this man's complaint is *sense/less*. By this I mean that although his words appear grammatically correct, they are in the right order etc., I do not know what they are referring to, what work they are doing except that they are expressing distress but it is obscure just what sort of distress they are expressing.

Thus I do not know of any machine that produces the feeling of 'shrivelling' in the brain. The brain has no sense organs, if one touches it the subject does not feel anything in the brain itself. Some brains I have seen look shrivelled but the patients did not complain of their brains feeling shrivelled.

Furthermore although many troubles arise from next door neighbours, large sections of the law deal with complaints between neighbours, it must be very unusual for one to persecute his neighbour by standing with an instrument trying to shrivel his brain every day for at least a year which was the time my patient said it had been going on.

Another point was that my patient had first gone to consult his doctor about the problem who had sent him to a psychiatric clinic and eventually onto me. This also does not make sense. Thus if I thought my neighbour was trying to shrivel my brain every day before breakfast I would first try some neighbourly tactics and ask him politely what did he think he was doing; if that did not work I would consult my lawyer or go to the police. My patient had done none of this; he told me he had never said more than a few words of greeting to his neighbour over some 5 years, had no complaint about him other than the one we are discussing, and had only consulted his doctor about the problem.

So my response when I heard his complaint was to look puzzled and say I did not understand him. I did not make any interpretation or pretend that I understood him or knew how to help him but I politely looked puzzled. The patient's response was to look puzzled too, he was obviously used to people responding as if they knew what he was talking about. I then went on to say that I did not know of any machines that shrivelled people's brains so I did not know what he was talking about. For the rest of the session we had a conversation about various nefarious machines and science fiction.

The main point was that we had entered into a conversation and were finding our way using ordinary language; instead of my taking up the position of the knower who knew what he meant and what was distressing him and implying that by some clever technical manoeuvres I might fix his problems.

So after a few weeks he no longer talked to me using his rather weird 'technical' metaphors of machines and frizzled brains. Instead of trying to explain his predicament

he increasingly used the ordinary language of desiring, believing, thinking, and the like to express his ordinary fears and confusions which of course are far more manageable than machines that shrivel brains.

'A philosophical problem has the form: 'I don't know my way about'(Wittgenstein 1958 §123). This was my patient's problem; he had got entangled in the rules of various language games with which he sought to explain his experience and so felt stuck. He was unable to express his troubles in an understandable form. So, by bringing his words back to their everyday use enabled him to make sense of his experience and so carry on with his life.

Theory

I want to contrast this approach with the more usual theoretical approach. Now this patient was deluded, luckily a not very fixed delusion; many delusions are very difficult or impossible to loosen up. Of course there are many theories about delusions. They are usually taken to be false beliefs which are incorrigible, unshared and preoccupying. In the case I am discussing it would be seen as a delusion of reference, the theory being that it is a projection in which the subject attributes to another person feelings and wishes that he fails to recognise in himself. In the case I am discussing it would be aggressive feelings of his own which he cannot acknowledge and so projects them onto his neighbour.

To quote Freud 'The mechanism of symptom-formation in paranoia requires that internal perceptions, or feelings, shall be replaced by external perceptions. Consequently the proposition 'I hate him' becomes transformed by *projection* into another one: 'He hates (persecutes) me', which will satisfy me in hating him'. Thus the unconscious feeling, which is in fact the motive force, makes its appearance as though it were the consequence of an external perception'(Freud 1911).

Now there is much that could be said about this quotation which puts forward an explanation that is now fundamental to psychoanalytic theory. Thus Freud assumes that what the patient says is a *symptom* of some underlying trouble. He assumes that if I hate someone I look inside myself and perceive my hate. Wittgenstein argues in many places that this is a gross misunderstanding of our psychological concepts; there is not an inner world in which we perceive our feelings and feelings are not objects or processes that we perceive. And language and meaning are not symptoms of something behind the phenomena that cause them.

I want however to make some other points. First I would claim that my patient had a philosophical problem. Now he was an ordinary quite intelligent man who had not been

to university; he certainly did not consider himself to be a philosopher and no academic philosopher would acknowledge him to be of their rank. But he had a philosophical problem in that he was conceptually confused, wanted clarity and sought peace cf.(Wittgenstein 1958 §133). 'People are deeply embedded in philosophical problems, ie., grammatical confusions. And to free them from these presupposes pulling them out of the immensely manifold connections they are caught up in.' (Wittgenstein 1993 p.185). One might say that the way he presented his problem was naive but at root the conceptual problems involved in idealism, Platonism, materialism, and so on are similar.

Another point, made especially by Goldfarb (1992 p.109-21), is that Wittgenstein taught that conceptual work must be done before the question of the applicability of science should be raised. Science and scientific explanations are not of use in dealing with every question. Wittgenstein taught that for each question we treat we are to tease out what we are aiming for and then to see whether our objectives will or will not be served by a scientific investigation. We must recognise how the urge to look to science for answers elides or ignores so much as to suggest that we are held captive by a philosophical picture.

'What is your aim in philosophy? - To show the fly the way out of the fly-bottle' (Wittgenstein 1958 §309). One might say that the aim of psychoanalysis is to guide the fly into it.

Thus Wittgenstein (1958 §158) shows how scientific investigators may say that the investigation can come out one way or another; that it is only a scientific hypothesis that such and such a state or process will be found; nevertheless they are moved by an *a priori* demand that things *must* turn out a certain way. The claim of a modest empiricism is mere lip service; Freud is a particularly good example of this tendency, he repeatedly claims he is a modest, hard working empirical scientist but actually has very definite *a priori*, but unacknowledged, notions of how the mind *must* be.

This turning of neurotic problems into scientific ones has enormous advantages to the practitioner. It enables a special vocabulary to be developed to describe the various mental mechanisms, and so the practitioner becomes a special sort of expert. Our ordinary psychological language of desire, feeling, and thought has developed over thousands of years to describe and express ourselves; it is learned in the nursery and developed with great subtlety by novelists, poets, dramatists and others; all of us use it with skill although, like all human activities, some have more ability than others. Special technical languages on the other hand are developed about unfamiliar areas - the anatomy and physiology of the brain, sub-atomic phenomena and so on. By having a special vocabulary the practitioner can claim to have a superior understanding to the ordinary person, one that is special, unitary and definite.

Understanding

A person in neurotic conflict needs to be understood and may require help to understand the nature of his conflict. So we need to consider the nature of understanding. Wittgenstein discussed it many times, I cannot summarise his probings here. But I want to make a few points.

He argued that there is not a definite state of understanding that in and of itself, in some way determines everything that counts as a manifestation of that understanding. He asks us to look at the varied range of our practices relevant to an ascription of understanding. If we do so we may come to realise the nonuniformity of our criteria for understanding and their intertwining with much in our physical, social, and mental lives.

Suppose someone's child has recently died. How do we express our understanding of his grief? It depends on many cultural and personal matters and much, in our culture, on how well we know that person. Thus if we did not know that person well we might express a good understanding of his grief by saying nothing to him. To explain it by talking theoretically of the gradual withdrawal of cathectic energy from the lost object is not to give a description of some ultimate process that grounds the ascription of mourning; for a start this explanation completely disregards the physical manifestations of mourning, the way we express it. Could we understand mourning if there were never any behavioural manifestations of it? This is what psychoanalysis asks us to believe. However the mourner may perfectly well understand what is happening to him without thinking of the psychoanalytic understanding of it. In fact if he were mourning and were to think solely of the psychoanalytic explanation he would be subject to a picture of the mind which *has* to be there. This would be an obstacle to his mourning because he would not be attending to the experience but to a picture of it.

This can be generalised. A deep obstacle in psychoanalysis is that the patient is continually subject to the analyst's picture of the mind which is conveyed by his interpretations. Instead of assembling reminders that clarify and neither explain or deduce anything, the patient may be encouraged to go on a wild goose chase for what 'must' be hidden in the unconscious (Wittgenstein 1958 §126-7).

The answer to the meaning of neurotic conflict is not to be sought by penetrating the phenomena and picturing the structure of some mental apparatus. Anything isolable enough within that apparatus to be usable for the identification of a particular mental process could reflect little of the range of our practices. Consequently any state that is so identified must have a tenuous claim to being a state of understanding.

Rather we need to explore the different ways we operate with words when we are caught in neurotic conflict and when we seek to understand it. This involves negotiation

and judgements between people. All kinds of things must be taken into consideration such as the honesty and seriousness of the participants. This is a far cry from the fixity of meaning assumed to occur between unconscious processes and manifestations of neurosis. A belief displayed by Freud's wish that a plaque be put outside the house where he 'discovered' *the* meaning of dreams.

Literature

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