

Wittgenstein, Freud and the Therapy of Language: Recognizing the Perspicuous or Constructing Mythologies?

Marie Guillot

The most obvious respect in which Wittgenstein can be compared to Freud is that they are both therapists of language. In accordance with the programmatic assertion that "The philosopher's treatment of a question is like the treatment of an illness" (1953, § 255), Wittgenstein dedicates his thought to healing grammar diseases and subsequent conceptual confusions. Similarly, Freud's attention goes to all the anomalies that jut out of speech - puns, slips of the tongue, and above all dreams, the latter being relevant to the linguistic paradigm since they are regarded as rebuses or cryptic texts in need of deciphering. The following objection might nip the comparison in the bud: apparently, for Wittgenstein, language distortions are the *causes* of the illnesses - "mental cramps" (1958, p. 59) and "sicknesses of the understanding" (1956, p. 157) - whereas for Freud, they are only *symptoms* betraying deeper troubles of another nature. For Wittgenstein, speech disorders would come first in the etiological chain, where for Freud they come last. But this opposition may be a superficial one. For Wittgenstein, strictly speaking, language as such cannot be responsible for philosophical diseases; for it would be inconsistent with the claim "that every sentence in our language 'is in order as it is'. (...) Where there is sense there must be perfect order." (1953, § 98) Language is not intrinsically misleading or deviant; it is not likely to de-regulate itself spontaneously. Hence, there must be a prior cause of linguistic illnesses, which should be searched for beyond the immanence of grammar. Wittgenstein seems to find this cause in an unconscious, metaphysical desire of the understanding to break the rules, to "[run] its head up against the limits of language" (1953, § 119). Thus, for Wittgenstein as for Freud, linguistic anomalies are the *manifestations*, rather than the ultimate causes, of diseases whose source is to be found in repressed cravings of the human mind¹.

The kinship between the objects of Wittgenstein's and Freud's therapeutic investigations being established, the question remains open whether their therapeutic *method* can be compared as well. The purpose of this paper is to solve this problem. In doing so, we will meet with the following ambivalence in both Wittgenstein's and Freud's thought: does therapy consist in the *recognition* of a meaning that has always been open to view, or in the *construction* of one? Does it involve vision, or action?

1. Recognizing the obvious

In order to compare Wittgenstein's and Freud's methods of healing, a preliminary remark on the analogy of structure between their respective conceptions of language is necessary. For both authors, speech is based on a *dual pattern*, on a complementary pair of opposite principles. Indeed, a parallel can be drawn between the Wittgensteinian distinction between *saying* and *showing* and the Freudian distinction between *manifest content* and *latent content* (or speech and symptom). The two authors are aware that all that is *expressed* in language is not necessarily *said*, but can also *show* itself; and that, correlatively, understanding the spoken content of an utterance does not guarantee that all the dimensions of its sense have been grasped. Both thinkers are interested in what happens within language but exceeds the reach of language itself, in what language exhibits or betrays but does not tell. In Freud's case, this elusive element coincides with the presence, in a conscious utterance, of unconscious meanings that are unintentionally manifested - shown - by the speaker. In Wittgenstein's works, the unsaid dimension of language is first identified with its logical form (1922), and then, more generally, with its grammar rules (1953): we understand spontaneously the sense conveyed by the sentences of ordinary language, but we are not necessarily conscious of the *rules* which govern their formation, however visible they are.

This is where linguistic troubles may intervene. Both authors believe that language becomes a prey to diseases when its second dimension (what is not told but shown) passes unnoticed. Philosophical confusions appear when grammar rules are overlooked, despite their perspicuity; similarly, neuroses come from the blindness to unconscious desires that show on the surface of conscious words. Wittgenstein and Freud explore this puzzling paradox: the second dimension of language, like the object of Dupin's quest in E. A. Poe's *The purloined letter*, is all the more easy to miss as it is open to view. The most evident is also the most difficult to see; or, in Wittgenstein's own words: "The aspects of things that are most important for us are hidden because of their simplicity and familiarity. (One is unable to notice something - because it is always before one's eyes.)" (1953, §129)² Accordingly, as counterintuitive as it may sound, a therapy of speech must consist in *learning to see the obvious*³. It implies taking a different look at language - what Wittgenstein calls an "Übersicht" (1953 § 92, 122) - so that what was repressed may be expressed (Freud) and so that we may "pass from a piece of latent nonsense to something that is patent nonsense" (Wittgenstein, 1953, § 464). All that is required to lift neurotic symptoms or to solve a philosophical problem is to pay sincere attention to what we say, in order to see what has always been visible, yet unseen. In philosophy, for instance, as soon as the ordinary, perspicuous grammar rules whose neglect provoked conceptual muddles are laid bare, these confusions

vanish in an instant illumination that is closely akin to the dazzling feeling of evidence in the Freudian lifting of repression. Recognising the obvious is enough to "show the fly the way out of the fly-bottle" (1953, § 309). Thus, just as the task of the psychoanalyst confines itself to listening carefully, for the later Wittgenstein, philosophy should restrict itself to a close study of our "language games" and to their description. As he says, "Philosophy simply puts everything before us, and neither explains nor deduces anything. - Since everything lies open to view there is nothing to explain. For what is hidden, for example, is of no interest to us" (1953, §126).

Wittgenstein's and Freud's therapeutic methods are closely akin in that they both aim at a vision of the obvious. Hence, both authors could be described as "phenomenologists of speech": they pay an extreme attention to what we actually say, in its literalness. Their way of healing linguistic diseases involves a passive attitude of responsiveness to what already exists, rather than positive acts. This may help to understand Wittgenstein's provocative claim that philosophy "may in no way interfere with the actual use of language" and "leaves everything as it is" (1953, § 124). In order to cure speech illnesses, there seems to be nothing to *do*, but only things to *see*.

2. Is therapeutic speech a performative use of language?

This first approach to Wittgenstein's and Freud's therapeutic methods raises more problems than it solves. Indeed, it conflicts radically with another conceivable point of view, according to which their therapeutic use of language is a *performance*.

The speech of the therapist, philosopher or psychoanalyst, cannot be described only in terms of passivity and receptivity. It must also be regarded as a genuine *action*, for it is a particularly relevant example of J. L. Austin's *performative utterance* (1962). Wittgenstein and Freud "do things with words": their speech does not, or not only, elaborate a *theory* of therapeutic devices, but constitutes the therapeutic intervention itself. For Wittgenstein, the main task of the philosopher is to give explicit verbal expression to conceptual muddles; similarly, the purpose of the psychoanalyst is to obtain from the patient a complete account of his symptoms. But putting the diseases into words is in neither case a *preliminary* to healing them; it is in itself the method of healing. Whereas in medical science, accurate description of the manifestations of illnesses is needed *before* any therapeutic act is attempted, as a neutral, purely constative precondition for action, for Wittgenstein and for Freud, description is action. Thus, to adapt Austin's words, "The uttering of the [account of the disease] is, or *is* part of, the doing of an action, which (...) would not *normally* be described as, or as 'just', saying something" (1962, p. 5); namely, the action of alleviating the disease in question.

Freud was conscious as early as in the *Studies on Hysteria* that his method rested on the performative power of language. He reports that he "found (...) *that each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked, and when the patient had described that event in the greatest possible detail and had put the affect into words.*" (p. 6) The proceeding was christened "talking cure" by one of Freud and Breuer's first patients, Anna O.: she meant by this name that wording the symptom and its genesis was removing it, so that the cure resided *in* the talking; talking was acting.

In the Wittgensteinian analysis of conceptual disorders, the performative dimension of language is no less obvious. Philosophical problems are solved simply by "looking into the workings of our language" (1953, § 109): it is by describing carefully our entanglements in our own grammar rules, and by subsequently remembering these rules, that we disentangle ourselves. Thus Wittgenstein, like Austin, undermines "an age-old assumption in philosophy - the assumption that to say something (...) is always and simply to *state* something." (Austin, 1962, p. 12) In (or by) saying what he says, the philosopher-therapist *does* something: his conceptual investigations suffice to produce a sudden liberating effect, such that "the philosophical problems should *completely* disappear" (1953, § 133). The efficiency of mere words in the treatment of philosophical illnesses confirms Wittgenstein's insistent claim that "Philosophy is not a body of doctrine but an activity" (1922, 4.112). As he says: "What I want to teach you isn't opinions but a method. (...) I don't try to make you *believe* something you *don't* believe, but to make you *do* something you won't do" (quoted by R. Rhees). The speech of the philosopher, if a genuinely therapeutic one, is always a performance. This feature seems to conflict with the neutrality and passivity implied in Wittgenstein's description of philosophy as "leaving everything as it is". Does his method of healing consist in *seeing* something, or in *doing* something? In Wittgenstein's case, this ambivalence is only an apparent one, for doing something does not involve introducing anything new within language, but only achieving a conversion of the look we take at it. Hence, it is not incompatible with the idea that healing language illnesses comes down to seeing the obvious.

In Freud's case however, the tension between action and the mere vision of what is already there is a really problematic one: psychoanalytic speech is performative in a more radical sense than in Wittgenstein's philosophy. In his late publications (e.g. 1937), Freud expresses the idea that the search for the patient's repressed thoughts and memories does not so much consist in recollecting as in *reconstructing* them. Rather than a description of what already exists, i.e. an *avowal*, the expression of the

unconscious is a *creative act*. Hence, there is a real ambiguity in Freud's thought as to whether therapy consists in uncovering a meaning that has always been open to view, or in building a radically new one. This is where Wittgenstein and Freud diverge, since the performative efficacy of the former's remarks is in no way that of a *construction*. On the contrary, Wittgenstein's therapeutic method rather consists in the *destruction* of our linguistic "houses of cards" (1953, § 118). Accordingly, his look at Freud's method of healing by means of constructions, rather than strict descriptions, is a highly critical one, to the point that he includes psychoanalysis's ingenious elaborations within the range of language diseases as *mythologies*. Freud's and Wittgenstein's performative uses of language prove to be of two very different kinds: the former speaks to *do* something, the latter to *undo* something. Does that mean that Wittgenstein is one step ahead Freud in what makes their modernity and their usefulness for all future philosophy, i.e. their common struggle against fantasy and illusion?

References

- Austin, J.L. (1962), *How To Do Things With Words*, Oxford, Oxford University Press.
- Cavell, S. (1989), *This New Yet Unapproachable America*, Albuquerque, New Mexico.
- Freud, S. and Breuer, J. (1893-1895), *Studies on Hysteria*, London, Hogarth Press Standard Edition v. 2.
- Freud, S. (1937), *Constructions in Analysis*, London, Hogarth Press Standard Edition v. 23
- Wittgenstein, L. (1922), *Tractatus Logico-Philosophicus*, London, Routledge and Kegan Paul.
- Wittgenstein, L. (1953), *Philosophical Investigations*, Oxford, Blackwell.
- Wittgenstein, L. (1956), *Remarks on the Foundations of Mathematics*, Oxford, Blackwell.
- Wittgenstein, L. (1958), *The Blue and Brown Books*, Oxford, Blackwell.
- Wittgenstein, L. (1974), *Philosophical Grammar*, Oxford, Blackwell.

Endnotes

- 1 Repressed thoughts are explicitly ascribed a role in the aetiology of conceptual difficulties in a passage of *Philosophical Grammar* where Wittgenstein openly speaks as a "disciple of Freud": "A mathematician is bound to be horrified by my mathematical comments, since he has always been trained to avoid indulging in thoughts and doubts of the kind I develop. He has learned to regard them as something contemptible and, *to use an analogy from psychoanalysis (this paragraph is reminiscent of Freud)*, he has acquired a revulsion from them as infantile. That is to say, I trot out all the problems that a child learning arithmetic, etc., finds difficult, the problems that education represses without solving. I say to those *repressed doubts*: you are quite correct, go on asking, demand clarification!" (P. 381-382; my emphasis.)
- 2 Our ambiguous attitude towards such a simple thing as the functioning of a sentence is an illustration of Wittgenstein's paradoxical claim that the most familiar is the most difficult to see. One is tempted to think that "A proposition is a queer thing!" (1953, § 94), whilst knowing that "nothing out of the ordinary is involved" (id.). This ambivalent impression could be fruitfully analysed in the light of the Freudian concept of *the uncanny*: the "*Heimat*" becomes "*unheimlich*" because it meets with resistances. (Cf. S. Cavell, 1989, p. 47.)
- 3 For both Wittgenstein and Freud, the recognition of the obvious coincides with a *return to the origin*. Psychoanalysis is a kind of archaeological research in the depths of the patient's history, where unconscious desires took their source. And Wittgenstein's grammatical analysis consists in bringing each word back in its native context, "in the language-game which is its original home (*Heimat*)" (1953, § 116). (Cf. Cavell 1989, pp. 32-40.)