The Talking Cure

Wittgenstein's Therapeutic Method for Psychotherapy

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The Problem

Over a century ago Freud's and Breuer's patient, Anna O, called their practice 'the talking cure'. Various analytical practices have arisen since using 'talk' to cure. But how can talking cure people of certain conflicts? And why talking and not writing?

Psychoanalysis first developed as a practice. Free association in adults and play therapy in children were not theoretically driven but were found by Freud, Klein and Anna Freud to be effective in practice. Such activity was not rationally deduced from a theory of the mind. However, Freud and his followers believed that the scientific method was the way to increase psychological knowledge and was necessary for credibility that their practice was a rational cure; so they created theories to explain behaviour.

Freud's basic method was free-association. He encouraged the patient to say whatever came to mind without censoring anything, or keeping it back because they thought it unimportant. This came to be called the talking cure. However, he did not construe the material freely; rather he used it to confirm his theories of the aetiology of neurosis and the early experience of children. Thus, he would lead his patient's attention to *repressed sexual ideas in spite of their protestations* (Freud 1895, pp. 273–4; 1940, p. 259).

Freud framed the patient's associations as material for finding the causes of their troubles. Instead of allowing the patient's language itself to make clear how it signifies or fails to, he used his own ideas and language to say how things 'really' are. He did not distinguish the use of language, on a particular occasion, to describe how things are, from the more therapeutic use of clarifying how expressions are being used. He assumed there is a psychological interior where the causes of neurosis could be found, and elaborated theories on this basis. He treated the

patient as an evidence-exhibiting body – rather than a speaking human being. He attended more to the content of what was said, than to the nature of the saying. This was understandable because he saw himself as a natural scientist, whose job was to find the causes of phenomena.

The other important group of psychological therapies that has been developed is cognitive behavioural therapy (CBT) (Dobson 2001). This grew out of traditional behavioural therapy. Aaron Beck, the primary founder of cognitive therapy, was originally trained in psychoanalysis. He observed that cognitive factors in neurosis tended to be ignored by psychoanalysts and that patients exhibited systematic distortions in their thinking patterns. He generated a typology of cognitive distortions and ways of correcting them (Beck 1976). He assumed that cognitive agents are information processors which take input and manipulate it internally in such a manner as to produce output, that is, behaviour. The information processors are a collection of hierarchically organised systems, rather than one big information system.

As, in part, cognitive therapy is a reaction against psychoanalysis, the two share common assumptions. They both claim to be scientific and rational. They assume that while well-adjusted people like themselves have a realistic appraisal of life events a neurotic distortion of reality leads to psychological disorder. They assume that the therapist is rational and so can claim the authority to decide what is to be considered valid reality and then correct the patient by some technical means.

Both forms of psychotherapy are dualistic – there is the theory and the practice. In psychoanalysis, on the one hand, there is the practice of free association, which was not rationally deduced, and on the other explanatory theories. Freud thought the latter would be his permanent legacy (Freud 1929). Psychotherapy, he thought, would probably be replaced by chemical treatment but his theory of the mind would be of permanent importance (Freud 1940, p. 416).

It is theory, and allegedly a scientific theory, that gives authority to the practice of psychoanalysis and of CBT, hence for both authority lies outside of the practice. If we practised without theory it would seem we practised blindly, perhaps just using suggestion. However, the clinical practice of psychoanalysis is not logically deducible from its theory (Fonagy and Target 2003, pp. 283–301). Nor is theory deducible from practice, for the practice of both psychoanalysis and cognitive therapy is theory-driven. Freud and most cognitive therapists believe in the metaphysical dogma that 'reality' is scientific reality. The requirements for intelligibility are some sort of causal process, mechanisms such as objects and processes in the unconscious or complex

computational processes. For example, psychoanalysts assume that the way to understand infants is by observation; yet we ordinarily understand infants by interacting with them as human, not just by observing them. Neither Freud nor cognitive therapists raise the question as to the difference between problems that require observations and theories and those that do not. Both take up the place of the scientist, whose authority lies in his knowledge, forgetting the place from which patients speak, which is not that of a scientist seeking knowledge, but of one struggling with pain, confusion and despair which lie open to view.

Representation

Causal explanations in science depend on how we represent nature. If we look at a sunset we may describe it. We describe it directly *as being thus or so*. However, we may be interested to represent or structure the world in such a way that the causes of phenomena become important. We may then seek the cause of the sun going down. Since psychoanalysts and cognitive therapists represent the mind and behaviour in such a way that causal explanations are called for, it is important to clarify what is involved in representation.

There are many puzzles about representation although it is a basic human ability. Language, the arts, sciences and politics depend on it. As everything resembles something else in some ways, representation is by selective resemblance and selective non-resemblance. There can be no perfect representation, as any representation must trade on unlikeness and distortion. Representations are made for a purpose and are governed by the criteria of adequacy to it. There can be no general valid inference from what the representation is like to the represented.

History shows us that measurement procedures and theory evolve together.

Measuring, like theorising, involves representing, for a measurement is a representation of what is measured. The theory locates the target in the logical space in which all the measurements can be located. It tells us what is measured, the physical correlate of the measurements.

Scientific representation is by means of artefacts, whether concrete ones such as statements, models, diagrams and computer monitor displays, or abstract ones such as mathematical models. There can be no representation unless certain things are used, made or taken to represent things as thus and so. Representations have many uses: a photograph to serve as a reminder, a map to find one's way or a theory to

make predictions. Perhaps most importantly for our purposes, scientific representation involves indexicality, that is, we cannot draw on our representations until the user is located with respect to it, where the user is necessarily outside the representations (van Fraassen 2008).

A scientific representation is like a map or model. To draw on this map, to test it or to use it to explain, the scientist or scientific community must supply something extra which does not come from the map itself. A map is for use; we can use it to get around a region in which we find ourselves if and only if the map is the thing *we* use and locate ourselves in. Indexical terms such as 'I', 'we', 'here' and 'now' are not in the representation but must be used (Ibid., pp. 59–88).

The totality of scientific information could be written in a co-ordinate free and context-independent form. However, to test it, or apply it there must be an agent who does not come from within that body of science. As Fraassen puts it, '*describing the having of it* is no substitute for *the having*' (Ibid., p. 83).

A brief look at the history of geometry may help explain this point. Geometry is concerned with the description of space. Greek geometers created Euclidean space. It was believed for over 2000 years that space *is* Euclidean. It was not that this geometry described space, but that the nature of space is inseparable from Euclidean geometry. No distinction was made between Euclidean geometry and the real world described by that geometry. In the nineteenth century the creation of non-Euclidean geometry showed that there are rational alternatives to this description of space. It became possible to design geometries that were highly non-Euclidean. The question arose as to which geometry is true. It was found that Euclidean geometry was adequate for distances in our solar system but non-Euclidean geometry was necessary to represent the huge distances outside it. No longer was space identified with one particular geometry for different geometries *represent* it, and were understood to have different *uses*. Thus, if we want to find out where a rocket to the moon will land, then Euclidean geometry suffices, while the movements of galaxies require non-Euclidean geometry.

All geometry presupposes fundamental notions which are undefined and 'outside' geometry. Position is basic. Relations of position can be expressed by means of direction and distance and a geometry can be designed. But what is position? Anything that can move itself must move from a position. Human beings are the absolute source of their spontaneous movements. A baby can move its limbs or reach out for objects and lives in space but cannot represent it; it has no concept of geometry. There is then a primary lived experience of space which is

'outside' any representation of it. We can only use our representations of space if we are 'outside' them. Geometry does not describe space but represents it.

Most psychotherapists are similar to people who thought that space *is* Euclidean. They assume that the nature of the mind is inseparable from their descriptions of it. Hence their tendency to identify with a particular theory – 'I am a Freudian, Kleinian, a cognitive therapist, etc.' – instead of attending to the most fruitful way of understanding human action and its disorders. How do I describe *my* mind? With what do I describe it? Like space, our 'minds' are primarily lived. I am a living human body that has the capacity to speak and think about myself and others. This capacity is primary to any description of a mind. Psychotherapist's theories and descriptions are better understood as *representations* of the mind, useful for certain purposes, but not to be identified with.

Psychoanalysts create representations of the psyche by inference, and create models of it. These form a dynamical system, psychodynamics. The representations and their objects and processes are models of each other: they reflect each other. There is no distance between the representation of the psyche and its object: one models the other.

These representations of the psyche are abstract structures. What does it mean for them to be true to reality? Do they have causal power? A painting of an angel has representational *content*: it depicts an angel. But whether it has a *referent*, something that exists that it depicts, is another question. We can map two sets of structure if we define their domain and range, plus the relation between them. But if the target is the psyche, how can we speak of an embedding or isomorphism between the representations and their target?

Hertz, a physicist who was an important influence on Wittgenstein, pointed out that when we make scientific representations,

> We form for ourselves pictures or symbols of external objects; and we make them in such a way that the necessary consequences of the pictures in thought are always the pictures of the necessary consequences in nature of the things pictured. In order for this requirement to be satisfiable at all, there must be certain agreements between nature and our mind . . . . The pictures of which we are speaking are our conceptions of things; they agree with the things in *one* respect which consists in satisfying the above-mentioned requirement, but for their purpose it is not necessary that they are in any further agreement with the things. (Hertz 1956, p. 1)

So our representations and their objects are two systems that are models of each other. We seek to understand the world scientifically through our representations. This is well put by Heisenberg:

> The atom of modern physics can be symbolized only through a partial differential equation in an abstract space of many dimensions . . . . All its qualities are inferential; no material properties can be directly attributed to it. That is to say, any picture of the atom that our imagination is able to invent is for that reason defective. An understanding of the atomic world in that primary sensuous fashion . . . is impossible. (Quoted in van Fraassen, p. 201)

Surely the nature of psychotherapeutic understanding should be a crucial question for therapists. Do theoretical explanations lead to it, or does it involve understanding the limits and uses of theoretical explanations and pictures of the mind in therapy? A scientific theory models objects in the world, but we, the users of the theory, cannot be represented in that theory. Yet it is *we* who seek therapy. It is clear that for most therapists the theory is very important; they tend to identify with, and define themselves by, the one they hold. Theories, however, are representations, ways of ordering observations and making predictions. None of them have been shown to have better predictive or therapeutic power than ordinary human understanding. People with special experience, such as forensic psychiatrists who work with violent people, will be better than the rest of us at predicting their likely behaviour, but this is due to their special experience, not a theory.

Theories in psychotherapy are mostly used as persuasive explanations, giving reassurance and authority to their holder as well as having a placebo effect on the person he seeks to help. But there is the question of their truth, for most therapists believe their theory to be true and not a representation. Does truth matter? Is a theory which fulfils contemporary epistemic norms more curative than one which makes a good soothing story? Is an interpretation true just because it seems to have a therapeutic effect? It has a use but is it true? Can we distinguish the effect of the way it is put to the patient, from its content? Can we tell the difference between what objectively seems to be the case and what a theory says is the case? Is a theory more important than words and gestures which show attention to the patient's suffering? Are there a set of definite facts in the matter of psychotherapy that can be determined? (Jopling 2008)

The theoretician pays selective attention to the phenomena, attending to certain aspects, *representing* them in certain ways, and to an extent; their link to reality is *his* use of them and here representing is equivalent to not being present. They are not descriptions of reality but for a use. Their plausibility comes from speaking in a general way and abstracting from particular cases; but *our craving for generality* and *the contemptuous attitude with the particular case* leads us astray (Wittgenstein *BB*, p. 18).

Therapy is a craft and ought not to be understood as the mastery of a set of theories. This does not imply that therapists should have no use for theories. Rather part of the craft depends on being able to choose which theories are helpful in certain contexts, and to take account of ways in which, as representations, they are limited. It is judgement and timing, identifying the *kairos*, the moment that must be seized, the ripe time for intervention, that a good therapist exhibits. Any theory or representation must take indexical terms into account and these are outside the theory, as is the sense of *kairos*. *We* have a theory or picture of the cause, or possible cause of our troubles. As it is a view of ourselves, it is apart from our own life. We think it *must* be that way yet it is *we* that seek therapy.

One of the roots of Wittgenstein's thought is the importance of respecting the difference between factual statements, which are contingent, and expressions of necessity, of what must be so. False doctrines, theories and dogmas arise when the two are confused. We then imagine that reality must be a certain way, projecting our theory onto reality, forgetting that any empirical theory only makes sense if its user locates herself outside the theory, or representation. This is most easily forgotten when we construct theories of the mind. Since theories and representations are created to explain and perhaps control things, it makes no sense for the user of the theory to be represented in her theory. What can it mean to explain and control *myself*? Who controls me as I try to control myself? What sense is there in explaining *myself* to myself? The user, if she is to understand herself and her place in the world, must not identify with any theory, least of all one about herself if she is to avoid theoretical totalitarianism.

Psychological concepts such as thinking, feeling, desiring, and intending are practices grounded in the kinds of life we lead and inconceivable apart from our ordinary lives with other people. We need to be reminded of the various ways in which these concepts are used in everyday circumstances. Humans have the capacity to create theories and may create

theories of the mind for certain purposes. However, these theories are not expressions of necessity of what must be so.

> One predicates of the thing what lies in the mode of representation. We take the possibility of comparison, which impresses us, as the perception of a highly general state of affairs. (*PI* ¶104)

It is like an optical illusion: we seem to see within things what is drawn on our glasses. We trace the form of expression, the method of representing, and think we have drawn the thing itself. We need to remove our glasses.

I will argue that neurosis and psychosis involve a misunderstanding of the nature of oneself; the sufferer is locked dogmatically in the terms of some theory, belief or dogma, instead of being mindful that she is 'outside' any possible representation of herself. Self-understanding requires realising that it is *we* who have made such representations of ourselves. You cannot understand the meaning of many neurotic or psychotic utterances without being attentive to the way they are being used. It is not just a matter of plotting how they came about. Nor is it a matter of what the particular words might or might not be referring to, rather the aptness of this language to the person's life. Failure to understand this leads theorists of psychotherapy as well as their patients to become identified with a theory and fixed on some representation of themselves and others which confuses factual statements with necessary expressions. Thus, because someone was abused as a child (a fact), then he must act (a necessary expression) in certain ways. To the victim it may seem to be an absolute necessity.

To make the problem more apparent, consider one's own mind. There are many theories of the structure of the human mind. Since I am human, presumably one or other of these theories applies to me. But which one? Perhaps I am attracted to the theory that I have an unconscious and an ego. But what does this mean? For what purpose do I use it? And in what way? I can understand the words of the theoretician who propounds this theory, he seems to mean something definite by his words, but where do I find *my* ego and unconscious? The terms 'ego' and 'unconscious', being determined by acts of meaning, have the meaning the theorist gives them. If I understand them in the same way, then where is *my* evidence that they occur in *my* mind? Where do I find my ego? Do I look into my mind and find it there? Supposing I say I cannot find it, does that mean I have no ego? Does 'the ego' represent 'I'? 'I' is a pronoun resistant to representation and knowledge; it is a manifestation of my power of choice, of self-movement, of the possibility of bringing

something into existence, of going for a walk or constructing a theory. The ego, on the other hand, is an objective agency and we may talk of it as a thing a person may have – he has a big or small ego, etc. It is senseless to talk in this way about 'I'.

If we believe that a theory of the mind truly represents us, then it is not a truth that we can confirm or reject. We may believe it because we have been told that everyone has an ego and an unconscious; we may then make a convincing story for ourselves using these characters. If we do so, then whatever seems right is right and the distinction between truthfulness and mere agreement with the theoretician evaporates.

That this confusion is at the basis of psychoanalysis is made clear by Freud in one of his most important essays. 'Consciousness makes each of us aware only of his own states of mind; that other people, too, possess a consciousness is an inference which we draw by analogy from their observable utterances and actions, in order to make this behaviour of theirs intelligible to us' (Freud 1915a, p. 170). He goes on to say: 'all the acts and manifestations which I notice in myself and do not know how to link up with the rest of my mental life must be judged as if they belonged to someone else' (Ibid., p. 171).

Freud takes for granted the Cartesian tradition that consciousness is the mark of the mental. He argues on the basis of an analogy. He assumes that other people possess a consciousness on the analogy between himself and them. But what is the criterion of the sameness between my consciousness and other people's? I can imagine that others are conscious in the way I am but this is just to imagine myself being in the same place as them. It fails to take account of the criteria by which we can decide the sameness between my consciousness and another's. Can I objectify my consciousness and other people's and compare them? In parallel, it is assumed that some hidden contents of our own mind are hidden away in our unconscious and we cannot link them up with the rest of our mental life. We have to treat them as if they belonged to someone else and infer them.

Self-deception

Wittgenstein wrote: 'Nothing is so difficult as not deceiving your self' (*CV* p. 39). Self-deception was of central interest to him, as it has been to many people in different cultures. However, psychoanalysis and CBT are interested in curing neurosis which is a medical term that only began to be used in the nineteenth century to refer to ailments for which physicians could find no organic cause.

Psychoanalytic interpretations and CBT may be useful in particular cases in so far as they throw light on relevant confusions and relieve mental pain. Nevertheless, they are not based on a fixed truth about reality. The analyst is not in a position to observe reality and put it into words without representing it. Although he should strive to be just, he is not neutral.

To Wittgenstein the speaking of language is part of an activity or of a life-form (*PI* ¶23). Therefore, clarity about its use and concepts involves clarity about our life. We are misled by the pictures and theories we create if we dogmatically hold onto them. The question arises as to whether such pictures fit our life as it is lived, or are we self-deceived, attached to imaginary pictures and unable to realise ourselves?

'Philosophy is a struggle against the bewitchment of our understanding by the resources of our language' (*PI* ¶109). The ambiguity of the sentence is important. Language is both the source of our confusions and the means by which we seek to cure them – the talking cure.

Wittgenstein's methods are for loosening the grip of misleading pictures and analogies, which hold our thinking in a cramp and stand in the way of our recognising the extraordinariness of the ordinary. The particular pictures that we fix on are rooted in our human way of life and culture, and therefore connected to our desires, fears and aspirations. They may be the expression of a wish to control the seemingly arbitrary world, especially if our childhood experiences were chaotic and unjust. Because they are heavily influenced by the problems and beliefs of our culture, in the present day the scientific and technological picture of the world has great power.

> One must start out with error and convert it into truth
>
> That is, one must reveal the source or error, otherwise hearing the truth won't do any good. The truth cannot force its way in when something else is occupying its place.
>
> To convince someone of the truth, it is not enough to state it, but rather one must find the *path* from error to truth. (*PO* p. 119)

When we seek knowledge and explanations of mental conflict, we are caught in a confusion whose character is not transparent to us. We are driven by a wish to find an explanation for the conflict, as if that will enable us to cure it. But this search for an answer is also the driving force in the conflict; we need to be liberated from the persistent inclination to seek answers to all questions. It is the conditions in which conflicts emerge; and the confusions which arise that need attention. Instead of rooting around for psychological explanations in the contents

of an inner container, called 'the mind', we can attend to the way we are seeing things, as well as to the way language is being used.

The motto Wittgenstein chose for *Philosophical Investigations* is instructive. It is from the play *Der Schützling* (The Protégé) by the Austrian playwright Nestroy (1802–62). In translation it reads: Anyway, the thing about progress is that it looks much greater than it really is (Trans. Stern 2004, p. 58). Nestroy ranks as one of the greatest authors of supremely intelligent farce. The play was written at the beginning of the industrial revolution in Austria and was critical of the still current hysterical optimism that with the aid of technology we can make continual progress in eradicating evil from this world. Modern society was, Nestroy thought, governed by *the categorical imperative of money*.

Wittgenstein also considered our civilisation bewitched by the word 'progress'. This word contains the idea of a continuous, ongoing solution to all problems. We can measure technical progress but by what measure can we assess human well-being? The form of progress is constructive: it realises itself by making structures, such as theories, that are ever more complex. It plays into our greed for satisfaction. Psychoanalysis and cognitive therapy are examples of this tendency, as they construct complicated models of the mind, mere explanatory hypotheses, to solve the problems of neurosis and psychosis, instead of showing the need to expose human problems by unravelling the actual knots which are preventing movement.

Wittgenstein was an aeronautical engineer by training and had a deep appreciation of science and technology. But he was acutely aware of their limits and of the fact that many spheres of human flourishing are not touched by them. His disengagement from the idea of universal progress and the system of rationality driving it was due to his insight that in building structures to reach pre-determined goals there was blindness to the non-constructive foundation. It was this he sought to render evident. 'Anything that can be reached by a ladder does not interest me . . . . For the place to which I really have to go is one that I must actually be at already' (*CV* p. 10).

He avoided being a spokesman for a special school to which he was trying to convert people. 'The philosopher is not a citizen of any local community of ideas. That is what makes him into a philosopher' (*Z* ¶455). 'If one tried to advance *theses* in philosophy, it would never be possible to debate them, because everyone would agree to them' (*PI* ¶128). This applies to the talking 'cure'. Of course therapists may be stimulated by famous therapists – Freud, Jung, Lacan, Beck, etc. – but these should provoke him to thought, not to being a follower who

identifies with their theories. This would be to encourage people to iden-
tify with some idea, rather than spurring them to understand what it is
to be responsible and live a life in good spirit. 'Pretensions are a mort-
gage which burden a philosopher's capacity to think' (*OC* ¶549). The
danger of pretensions is that we remain locked in the cage of the opin-
ions of our particular school of therapy. Wherever we look we see with
our own theories and the values on which they are based; the otherness,
the strangeness of our own life and that of others, is reduced to fit what
we value.

This can be illustrated from *Middlemarch*, by Dorothea's response to
Mr Casaubon after their visit to Rome. Dorothea had never been to
Rome before. Casaubon, a learned man, showed her round, explain-
ing everything in a measured official tone and with a blank absence of
interest, or sympathy, in the glories of the ancient city, or in Dorothea's
relation to it. This had a stifling, depressive effect on Dorothea. Her artist
friend Ladislaw points out:

> Language gives a fuller image, which is all the better for being vague.
> After all, true seeing is within; and painting stares at you with an
> insistent imperfection. I feel that especially about representations of
> women. As if a woman were a mere coloured superficies! You must
> wait for movement and tone. There is a difference in their very
> breathing: they change from moment to moment. (Eliot 1965, p. 222)

Wittgenstein helps us to see that critical rigour can be part and par-
cel of practice; but it is a flexible rigour. In free association everything
is contingent and temporalised. Therapy involves apparently arbitrary
and superfluous factors that characterise the encounter: the agreed time
and place, the nature of the persons involved and what culture they
come from, the hurly-burly of life. Theory abstracts from all this and
creates 'a mind' which is ruled by necessity – psychic determinism. It
fails to take into account that it is by means of words we make ourselves.
Freud is doing this 'unconsciously' when he tells us what he thinks rules
us. When we speak, we are giving expression to a way of life; this is
as true of neurotic or psychotic speech as of psychoanalytic theorising.
The talking cure follows the movement, the becoming, of thought and
speech. Therapy begins in *medias res* and not in a technique based on a
foundational theory.

The work of Wittgenstein shows the way for this shift in focus. He
wrote: 'The philosopher treats a question; like an illness' (Trans. Mulhall
2007, p. 89; *PI* ¶255). This semicolon, as Erich Haller pointed out, is a

profound one as it makes the statement ambiguous. It can mean that the philosopher treats philosophical questions as one treats an illness. But it can also mean that what is like an illness is not the question but the way the philosopher treats it.

The first meaning implies that the philosopher is sane and rational and treats the questions he is asked as if they were put by someone confused. The second meaning implies that the philosopher is confused and afflicted by the question and this is shown by the way he seeks to answer it (*PI* 109).

Attending to people who we encourage to say what they feel they have to say can dissolve knots in their understanding when we remind them of the pictures, analogies and assumptions they are using which mislead them. The skill required is not to argue for a different point of view, or to claim to be making discoveries about the causes of the neurosis. We untie *knots in our thinking* (*Z* ¶452) and take care not to replace them by further knots from dogmas fuelled by ambition. We use appropriate questions, similes, pictures, forms of representation, reminders and humour; these may enable the person to overcome his cravings and demands, see their absurdity and so live more freely. Blindness and prejudice are healed when we freely acknowledge previously unrecognised possibilities.

Therapy is a dialogue between two particular people, one of whom is complaining of suffering from conflicts and confusions. It can only occur when he recognises his own need for it. To recognise a need is to acknowledge a lack in himself. It is this lack which provides the dynamic for therapy.

> I must be nothing more than a mirror in which my reader sees his own thinking with all its deformities and with this assistance can set it in order. (*CV* p. 25)

Wittgenstein would have been familiar with Lichtenberg's remark:

> A book is like a mirror: if an ape looks into it an apostle is hardly likely to look out. We have no words for speaking of wisdom to the stupid. He who understands the wise is wise already. (Lichtenberg 2000, p. 71)

Wittgenstein's writing is very different from most works of psychotherapy. He shows his manner of thinking, which does not proceed step by step in a linear fashion. His writing is repetitive, disjunctive and, often, recursive. There are many voices in it and it can be difficult to identify

his from those of his students, or teachers, such as Frege and Russell. One false notion is driven out and then another threatens to take its place. He is constantly changing his position showing new aspects to the problem and different ways of presenting it. As one scholar put it, he wanted to show in a book that nothing can properly be shown there. His dilemma was like the one described by Plato in the *Phaedrus*, a dialogue infused with a sense of mystery which shows his way of thinking could never reside in a book (McGuiness 2002, p. 197).

The therapist is more like a midwife, as the philosopher is in Plato's *Theaetetus*, whose presence is necessary to respond and elucidate. Clarity takes place through the dynamic of need in the patient and the use of language by both parties. The therapist is attentive to the tricks language plays upon us, the way language may not allow us to speak for ourselves. Words are spoken at particular times and places, but can we ever say all we mean? Is there a totality of meaning? The connection between using words and meaning what we say is not automatic. We easily chatter away about ourselves and others forgetting the disjunction between being silent and speaking. To express ourselves responsibly, to allow the word to regain its power, requires us to be clear about our use of language and this is difficult, especially when we are talking about ourselves. We imagine that we, or some 'expert', can stand outside of ourselves, or our context with others, look into our minds and proclaim to know the real meaning of what we or others say and do. Psychotherapists advertise their expertise and squabble as to which school is the most expert. However, we seek to understand the difference between chatter about reality and untying knots in our thinking.

Service users of psychiatry and psychotherapy repeatedly state that it is not knowledge but being treated with respect which is important to them. 'I couldn't care less really whether they knew about it (*the "illness"*) or not, what I care about is how well they can listen to me and treat what I say with respect, and acknowledge that I'm an expert in what's going on with me' (Nisha et al. 2009).

Wittgenstein wrote: 'The philosopher strives to find the liberating word, that is, the word that finally permits us to grasp what until then had constantly and intangibly weighed on our consciousness' (*BT* p. 302). This is a joint task for the therapist and the patient; it is a matter of 'seeing' and 'hearing' aright, not an intellectual one of seeking and applying knowledge. Authority lies in the actual practice of therapy rather than in the ability to construct and apply psychological theories to cure people.

2
Fearless Speech

As I have said, in the talking 'cure' we attend to the dialogue itself, to the use of language, avoiding explanations which depend upon dogmatic assumptions. I shall give a brief account of psychotherapy in the ancient world of Greece and Rome, as it is close to the talking cure and can be fruitfully contrasted with modern therapies, such as psychoanalysis and cognitive behaviour therapy, which are reductionist and modelled on natural science.

Ancient therapies in Europe were based on a 'Socratic' conception of philosophy and took Socrates as a more or less adequate model to follow. Philosophy was not something you simply learned, it was to be practised. The discipline of philosophy sought to promote a way of life that led to tranquillity and the fulfilment of human potential. A philosopher's life was the definitive expression of his philosophy.

Following this, Aristotle argued that norms, right living, are potentially present in practices rather than in theory. Practical, truthful reasoning is linked to desire and tends towards an end. Confusing practical matters with the sorts of things that can be best explained on the basis of theory is not a matter of ignorance but a sort of folly which can be destructive. Virtuous knowledge, he argued, is a *knack for* acting, in which we can distinguish between too little and too much with respect to pleasure and pain, and exert self-control. It is the ability to distinguish not simply what is right or wrong in the abstract but what is right or wrong for me in a particular situation. This is learned not through formal education but by gaining insight into the fulfilment experienced from appropriate action.

This insight is immanent to the activity itself. It cannot be systematised as it involves knowledge of my personal limits; nobody can be a decent person for me – I am responsible for that. It cannot be forced on me but is an exercise of my freedom.

The practice of free speech was an important notion in ancient Greece and was an important part of learning how to live a fulfiling life. For example, Diogenes of Sinope, a cynic influenced by Socrates, when asked what was the most beautiful thing in the world, replied '*parrhesia*', the Greek word meaning free speech. The *parrhesiastes* was someone who said everything she had in mind, who opened her heart and mind completely to other people through discourse. As emphasised by Foucault (2001), the word *parrhesia* refers to the type of relationship between the speaker and what she says. The *parrhesiastes* uses the most direct words and forms of expression she can find. She does not use rhetorical devices to help her sway people's minds, as many politicians, advertisers and 'spin' doctors do; instead she acts on people's minds by showing them where she stands. This implies that the *parrhesiastes* must have courage and be living in a social situation where it may be dangerous to expose her commitments. Thus a tyrant could not be a *parrhesiastes*, for he risks nothing by what he says. Similarly, it is unusual for today's 'expert' to be in a position of a *parrhesiastes*, provided he keeps within the bounds of his expertise, it is assumed he is unquestionable, except by another expert.

Two types of *parrhesia* were distinguished. There is the pejorative sense of the word which meant 'chattering', that is, saying everything that comes to mind without any sense of its value. And there is the positive sense in which the *parrhesiastes* expresses her personal relationship to truth which she stands behind. The proof that she is open to truth is her courage and the fact that she can say where she stands. However, this is difficult and cannot be done to order.

Galen, who lived A.D. 130–200, was a famous physician. In his essay 'The Diagnosis and Cure of the Soul's Passions' he argued that for a person to cease being a slave to his passions he needs a *parrhesiastes*. One of Galen's patients was Marcus Aurelius who, in his *Meditations*, praised 'free speech' as it was employed by Old Comedy and by the Cynics. He used it for himself to cut away illusions and hypocrisy (Marcus Aurelius 2006, Book 11, ¶6). Galen thought, as did most philosophers and physicians in antiquity, that we are our foremost and greatest flatterer and as such deluded about our own nature. There is no way that a person in love with himself can make a fair and impartial assessment of himself. 'The lover is blind in the case of the object of his love. If, therefore, each of us loves himself most of all, he must be blind in his own case' (Galen 1963). If our relationship to ourselves is one of lying, and our most common lie is that we imagine we are far more important than we actually are, then we cannot take proper care of ourselves and are not

free. The genuine *parrhesiastes* will not be a flatterer of herself, or others, and will have the courage to help us recognise our self-delusions.

The recognition of a genuine *parrhesiastes* was of great importance and was discussed by Plutarch (1992), Galen and others (Foucault 2001). There must be harmony between what she says and how she behaves and there must be steadiness of mind in that a self-deluded person tends to shift their thoughts and opinions according to what they consider would be to their advantage. Galen also thought that a potential *parrhesiastes* should be tested by carefully directed questions about herself, to see if she is severe enough for this role.

> When a man does not greet the powerful and wealthy by name, when he does not visit them, when he lives a disciplined life, expect that man to speak the truth; try, too, to come to a deeper knowledge of what kind of man he is (and this comes about through long association). If you find such a man, summon him and talk with him one day in private; ask him to reveal straightaway whatever of the above mentioned passions he may see in you. *(These were anger, wrath, fear, grief, envy, and violent lust)* Tell him you would be most grateful for this service and that you will look on him as your deliverer more than if he had saved you from an illness of the body. Have him promise to reveal it whenever he sees you affected by any of the passions I have mentioned. (Quoted in Foucault 2001, p. 140)

In spite of the fact that Galen was a physician and often cured people of disordered passion, he did not think the *parrhesiastes* need be a physician nor have any professional qualifications.

Wittgenstein too thought that vanity and pride are the greatest obstacles to truthfulness.

'The edifice of your pride has to be dismantled. And that means frightful work' (*CV* p. 30. cf. pp. 41, 53, 54, 77). His private diaries show how he struggled with his vanity. Thus:

> When I say I would like to discard vanity, it is questionable whether my wanting this isn't yet again only a sort of vanity. I *am* vain & in so far as I am vain, my wishes for improvement are vain, too. I would then like to be such & such a person who was not vain & whom I like, & in my mind I already estimate the benefit which I would have from 'discarding' vanity. As long as one is on stage, one is actor after all, regardless of what one does. (*PPO* p. 139)

Although the death knell of Galen's vision of medicine was William Harvey's anatomical demonstration of the circulation of the blood, he continued to be influential in medicine until about 1850. His demise in medicine has not been wholly beneficial. Galen was both a very able logician and interested in language realising that the way the physician speaks is important in cure. He thought, like Wittgenstein, that confusions in speech bedevil clarity as much in medicine as in philosophy (Hankinson 1994; Drury 1996; Galen 2008).

He says of the doctor: 'He must study logical method to know how many diseases there are, by species and by genus, and how, in each case, one is to find out what kind of treatment is indicated. The same method also tells us what the very nature of the body is' (quoted in Hankinson 2008, p. 69).

He thought that reasoning logically from first principles is required to merit being a doctor, properly speaking. So the attitude to logic is fundamental to the integrity of a proper doctor. This is quite unlike modern medicine which is almost purely empirical. Nowadays, studying the nature of logic or language is thought to be pointless even in psychiatry where people mostly *talk* to patients who have troubles with *reason*.

> Words are wise men's counters, they do but reckon by them; but they are the money of fools, that value them by the authority of an Aristotle, a Cicero, or a Thomas, or any other Doctor whatsoever, if but a man. (Hobbes 1996, p. 29)

The relationship with a *parrhesiastes* is not like a relationship with someone claiming to be a scientific expert. Just as it would be absurd for an ordinary person to argue with a neuro-scientist about the structure and function of the brain, it would be equally absurd to argue with a psychoanalyst about the unconscious or inner world. Part of the genius of Freud was to make the mind a special subject that only experts can understand, thus shifting responsibility for understanding ourselves over to the expert. Ordinary people may understand what is conscious but the expert understands the unconscious, which to Freud is by far the most important part of the mind. This expertise is licensed by a group who have their own interests to pursue, yet the authority conferred means patients cannot question it in any serious sense. Psychoanalysts take great pains to remain as anonymous as possible to encourage the patient to idealise them and so submit that they are resistant if they question the analyst.

Nevertheless, words, even those of an anonymous expert, can be duplicitous. As Francis Bacon put it:

> More trust be given to countenances and deeds than to words; and in words, rather to sudden passages and surprised words, than to set and purposed words. (Bacon 2002, p. 273)

Bacon was aware of the revelations of slips of the tongue.

In the talking cure it is as important for the patient to assess the therapist's truthfulness as it is for the therapist to judge the patient's. This is one of the most important features of the cure, for we can be unsure that people are making sense even when they claim to be an expert. They may be merely mouthing theories. Truthfulness has to be uncovered in a dialogue and does not belong to the 'expert'. Truthfulness, in contrast to truth, is not a matter of expert knowledge and cannot be judged by a committee. It is dependent on the context between people, on the nature of the situation, and how they react to the demands it places upon them. We can be truthful to one person yet lie to another, or lie to get out of a difficulty. Worse still, we can delude ourselves we are being truthful.

> Is there such a thing as 'expert judgement' about the genuineness of expressions of feeling? – Even here, there are those whose judgement is 'better' and those whose judgement is 'worse'.
>
> Corrector prognosis will generally issue from the judgements of those who understand people better. Can one learn this knowledge? Yes; some can. Not, however by taking a course in it, but through 'experience'. Can someone else be a man's teacher in this? Certainly. From time to time he gives him the right tip. – This is what 'learning', and 'teaching' are like here.—What one acquires here is not a technique; one learns to judge correctly. There are also rules, but they do not form a system, and only experienced people can apply them right. Unlike calculating rules. (*PI PPF* 355)

The practice of *parrhesia*, fearless speech, is clearly similar to the fundamental rule of free association, which is the basic principle of psychoanalytic treatment. But there are important differences. As psychoanalysts have noted, a patient may not speak freely, although he has been invited to do so. He may try to impress, hide certain feelings, try to get sympathy and so on. The analyst may be doing much the same. The patient is instructed to speak freely but the analyst interprets dogmatically according to a rule. He assumes that any deviation in free associations is caused by unconscious processes in the mind. He ignores the influence of external and physical factors.

In the talking cure, on the other hand, the patient is invited to say what he wants to say and the therapist makes appropriate remarks that are not dogmatically ruled by the belief that any deviation must have an internal cause. Free speech may take place although there is no forcing the matter, no instructions to follow and chance is allowed to play its part.

Freud psychologises the fundamental rule, in that he sees it as a mode of access to the unconscious – a theoretical entity which he and only people trained in his method understand. He introduces concepts such as repression, instincts and the unconscious to explain the various data concerning memory that he came across in his practice. He takes these concepts to be empirical facts. He claims we repress certain memories as if they were entities and that repression is some empirical mechanism which actually pushes these into the unconscious. This is a confusion. Concepts are not facts. People certainly can forget, wish to forget, suppress and censor memories. They may be unable to recall them except under special circumstances and may produce false memories. These are the data which are met in practice. We can enquire as to why a particular person forgets an important memory, by asking that person appropriate questions and describing their responses. We do not need to turn concepts into facts by positing some mechanism – a mental apparatus.

Freud thought that the associative chain of ideas is unconsciously determined; the fundamental rule allows the products of the unconscious to become available to the analyst, which he can then interpret to the patient. Therefore, it is not free speech as far as the analyst is concerned. In fact Freud sometimes forced or coaxed the 'right' association from the patient (*SE*, Vol. 2, pp. 279–80, Vol. 3, p. 204). An American psychiatrist who had been in analysis with Freud in the 1930s reported: 'Freud would wait until he found an association which would fit into his scheme of interpretation and pick it up like a detective at a line-up who waits until he sees his man' (Wortis 1940).

When free speech is taken to be rule governed, it invites a certain view of words and meaning. It implies that in any occurrence of speaking, the thought the words express is fixed. Real meaning is in everything that is said. Meaning and truth are collapsed into one another. Truth, however, depends on a suitable sensitivity to the surroundings in which words are spoken. Understanding what given words express requires more than knowledge of the concepts involved and acquaintance with the objects spoken of. Thus if someone says, 'Pass the mustard please' when he has run out of food while crossing a desert on a camel, we need to know his circumstances to understand him. Even if he is eating beef at a

meal he may not mean that he wants mustard, but instead he may be being sarcastic, thinking the host should have politely asked him if he wanted mustard. If everything is supposed to be channelled into words and words are understood as somehow containing the whole meaning, then we are led to the belief that only the unconscious contains real meaning and correspondingly only the analyst can know it. But meaning and truth are not psychological properties contained in the mind, or in words; rather they depend on the role words, gestures, pictures and action play in our life.

Confession

The talking cure can be compared to the rite of confession. Of course, it differs in some ways, in that the therapist has no authority to give absolution or penances and the person freely comes for help. Freud recognised this but claimed that in a confession the sinner tells what he knows, whereas the neurotic has to tell more (Freud 1926, p. 289). He was referring to his belief in the unconscious causes of neurosis. A psychoanalyst must concern himself with the structure of the mental apparatus, the conflict between the conscious and the unconscious, the inner world and the concept of repression. It is discovering the unconscious forces which drive this apparatus that will bring us to the origins of neurosis and enable us to cure it.

This belief that the cause of mental disorder lies in the unconscious is in many ways a demonology – there is a dark power in the unconscious that must be coaxed out by an expert. This is an ancient and highly suggestive picture. Freud made good use of this as in his famous motto to *The Interpretation of Dreams*: *Flectere si nequeo superos, Acheronta movebo* (If I cannot bend Heaven, then I will arouse Hell) (Virgil 1918, *Aeneid* Book 7, line 312).

Confession can involve a very different understanding if it aims at clarity. This involves careful attention to what we say and do. If we attend carefully to our practices, we may become more truthful. If a person confesses a sin, then he is 'conscious' of the sin but might merely be reporting it. As Freud rightly said, he merely tells us what he knows. That does not mean he is not self-deluded. He may be behaving correctly in confessing his sin yet have no sense of its full meaning. This would involve understanding the consequences in his and others' lives and *expressing* contrition for the sin, not just telling what he knows. The ancient and medieval confessors were well aware of the power of self-delusion and self-love to occlude truthfulness. But they had no concept

of consciousness and so of the unconscious. They were not concerned with causes, rather with truthfulness.

In ancient literature moral thinkers such as La Rochefoucauld show how self-love leads to self-delusion. Thus, to give a short quotation from Maxim 563 on self-love:

> No man can plumb the depths or pierce the darkness of its chasms in which, hidden from the sharpest eyes, it performs a thousand imperceptible twists and turns, and where it is often invisible even to itself and unknowingly conceives, nourishes, and brings up a vast brood of affections and hatreds. Some of these are such monstrosities that on giving them birth it either repudiates them outright or hesitates to own them. (La Rochefoucauld 2007)

To give another example, Diogenes Laertius tells us that Diogenes of Sinope was invited to Plato's house and trampled on his carpets saying, 'I trample on Plato's vainglory.' Plato replied, 'How much pride you expose to view, Diogenes, by seeming not to be proud' (Diogenes Laertius 1925, Vol. 2, p. 29).

Plato is showing that Diogenes does not really understand pride. Diogenes imagines it is a behavioural trait, Plato has fine carpets, and therefore he is proud. But a person who is very rich is not necessarily proud because of self-love. He would certainly be aware he is very rich but would not necessarily impute this to some superior inner property that he alone possesses.

An interesting case discussed by Foucault (2001, pp. 150–60) is from Seneca who tells us that a young man called Serenus consulted him, as he felt restless and lacked tranquillity. Tranquillity was a state in which one was disturbed neither by external events nor by agitation and conflict due to involuntary movements of mind. Serenus tells Seneca:

> When I made examination of myself, it became evident, Seneca, that some of my vices are uncovered and displayed so openly that I can put my hand on them, some are more hidden and lurk in a corner, some are not always present but recur at intervals; and I should say the last are by far the most troublesome, being like roving enemies that spring upon one when the opportunity offers, and allow one neither to be ready as in war, nor to be off guard as in peace.

> Nevertheless the state in which I find myself most of all – for why should I not admit the truth to you as to a physician? – is that I have

neither been honestly set free from the things I hated and feared, nor, on the other hand, am I in bondage to them; while the condition in which I am placed is not the worst, yet I am complaining and fretful – I am neither sick nor well. (Seneca 1932)

In short, Serenus was what we might call neurotic and this would be cured by talking to a *parrhesiastes* such as Seneca. He was clear that it is not activity that makes men restless, but false imagination renders them mad (*Non industria inquietas, sed insanes falsae rerum imagines agitant*) (Seneca 1932, Book 12, ¶5). Seneca was not looking for causes but for lack of clarity. He saw Serenus had difficulty in being truthful.

One's responsibility for the care of oneself was widespread among the Greeks and Romans (Foucault 2001). To be mindful of one's own nature and learn to take pleasure in oneself was a responsibility. This pleasure was differentiated from *voluptas*, which is a pleasure whose origin is outside us and so uncertain. '*Disce gaudere*, learn how to feel joy', wrote Seneca to Lucilius; '*verum gaudiam severa est*, real joy is a stern matter since we are too readily satisfied with ourselves substituting pleasure for real joy' (Foucault 2001, pp. 66–7). In these writers it is not observation of the inner world by an expert that is required for self-knowledge but right judgement and dialogue. They seek to muster the patient's own resources rather than give him knowledge which has been discovered by an expert.

Pyrrhonian scepticism

An important school of ancient therapy were the Pyrrhonian sceptics who influenced the thought of physicians for over a thousand years as scepticism was close to empiricism (Heaton 1993, 1999; Hankinson 1995). There were deep connections between philosophy and medicine in the ancient world. Pyrrhonian scepticism was essentially therapeutic in nature and our main source of information about it is through Sextus Empiricus who was a practising doctor (Sextus Empiricus 1994).

The aim of Pyrrhonian scepticism is the final object of desire: 'that for the sake of which everything is done or considered, while it is not itself done or considered for the sake of anything else' (Ibid., pp. 1, 12, 25). It was not knowledge or belief they sought so they refused to be seduced into any kind of theoretical stance and opposed all doctrinaire beliefs. There were no specifically Pyrrhonian doctrines and no views which they had to accept. Scepticism was not a doctrine that could either be accepted or refuted. The Pyrrhonist's intention was not to bring about

universal doubt. *Aporia is* a state of bafflement, perplexity, being at a loss, when confronted by dogmatic *beliefs* (Mates 1996, p. 30). The Pyrrhonist is aware that a criterion is lacking for deciding whether a dogma is true or not. He points out that the dogmatist's theories and definitions lack clear criteria. So he withholds assent from all categorical assertion. The sceptic relies on what seems to him to be the case, while he suspends judgement on how things are 'in reality', that is, the fantasy that we can know the essence of things beyond what can be expressed in human language.

Dogmatic craving for security leads to conflict. Attachment to dogmatic beliefs about reality creates a permanent state of inner torment, since any subject of enquiry turns out to present conflicting impressions – to adopt one position is to condemn you to being permanently troubled by it (Frede 1997). A Pyrrhonist discourse involves exposing the dogmas at the root of the conflicts in order to suspend judgement, the *epochē*, and to become untroubled and tranquil. This state cannot be forced or hunted; it does not depend on argument, although it has its place, nor on any system, or technique. *Ataraxia* (peace of mind) is not a state of mind that can be obtained. It happens by chance, as it were, when we come to see the pointlessness and torment of chasing after an imaginary good and running away from the bad. Sextus gives this analogy:

> *The painter Apelles* was painting a horse and wanted to represent in his picture the lather on the horse's mouth; but he was so unsuccessful that he gave up, took the sponge on which he had been wiping off the colours from his brush, and flung it at the picture. And when it hit the picture, it produced a representation of the horse's lather. (Sextus Empiricus 1994, pp. 10–11)

In other words, all talk about how to obtain tranquillity is *sinnloss*, senseless; like logical symbols, it presents no possible state of affairs.

The sceptics are disturbed by natural things – they may shiver when cold, be thirsty, feel pain, mourn when a loved one dies, etc. – but they claimed that most people dogmatically believe that natural responses are bad. This puts them in conflict and so they often resist pain or are afraid to mourn. By contrast, the sceptic who has freed herself from the judgement that such beliefs are true comes off more moderately.

It is judgements that can deceive, not the senses. When we see a stick, which in water appears broken, the visual impression itself does not deceive. Only in that moment, in which a conclusion is made about

the stick itself, and which involves an act of judgement, can one speak of deception. This is an example of the sign/symbol confusion that Wittgenstein claimed riddled philosophy, as it does psychotherapy (*TLP* ¶¶3.32–3.328). For what do we mean by the 'stick itself'? It is a sign which has no sense but only the appearance of one. Whoever saw a 'stick itself'? We see sticks which are not in water and they are straight. We can feel a stick in water and it looks bent but feels straight. In all these cases the stick is being perceived in a situation; it is not an isolated 'itself'.

Many scholars have pointed out the closeness of Wittgenstein to the Pyrrhonian sceptics (e.g. Fogelin 1987; Palmer 2004; Stern 2004; Nordmann 2005). As Fogelin (Ibid., p. 234) pointed out traditional sceptics, down to at least Hume, held that philosophical problems are in principle unsolvable as they involved doubts which can never be satisfied.

> Scepticism is *not* irrefutable, but obviously nonsensical, when it tries to raise doubts where no questions can be asked.
>
> For doubt can exist only where a question exists, a question only where an answer exists, and an answer only where something *can be said*. (*TLP* ¶6.51)

Wittgenstein's method has similarities to Montaigne's, although, as far as I know, he never read him. Montaigne was influenced by the Pyrrhonian sceptics. He became depressed after the death of a friend; so to shame himself he decided to write down his thoughts and emotions. He wrote mostly about himself and his essays were 'assays' of himself by himself. He understood that he lived in time so it was senseless to try to capture himself as a unity. 'I do not portray Being, I portray Becoming; not from one age to another … but from day to day, from minute to minute' (Montaigne 1991, Book 3, essay 2). His essays are very like free associations but, unlike Freud, he did not theorise over them and did not try to create a unity. He adds: 'If my soul could only find a footing I would not be assaying myself but resolving myself. But my soul is ever in its apprenticeship and being tested. I am expounding a lowly, lacklustre existence' (Ibid.).

Freud's self-analysis

There is a marked contrast between the struggles many people have over the delusions of self-love and Freud's self-analysis, which was the exceptional event that founded psychoanalysis. It mostly took place between 1895 and 1901 and involved discussions with his friend

Wilhelm Fliess, an Ear, Nose and Throat surgeon. Both men were seeking the causes of neurosis. Fleiss thought they lay in disorders of the mucous membrane of the nose, while Freud thought they were in the unconscious. They never confronted each other as to the possibility of self-deception, but only agreed or disagreed with each other. Much of the time it was a *folie de deux* (Anzieu 1986).

This 'analysis' provides the standard and defines the concepts and can measure the degree of self-knowledge achieved in psychoanalysis. Thus Jones, Freud's colleague, friend and biographer, emphasised that the task of self-knowledge had been attempted before by Solon, Augustine, Montaigne and many others; however, no one else had succeeded, as their inner resistances barred advance. He gives no evidence for this extraordinary statement. He tells us that only indomitable intellectual and moral courage along with flawless integrity had enabled Freud to enter the Promised Land – the realm of the unconscious (Jones 1953–57, Vol. 1, pp. 351–60). In analytic circles no other self-analysis is authentic if it differs in any significant way from Freud's 'discoveries'. It is therefore discouraged. Experts know best.

Jones assumed self-knowledge has the one meaning it had for Freud. That is, knowing the causes of one's actions which lay in the unconscious. He never questioned the dogma of mentalism, believing that meaningful actions are caused by inner processes and states (Bouveresse 1995; Elder 1994; Cioffi 1998). He, like most psychoanalysts, never showed any historical or anthropological awareness, like reflexive questioning over what is meant by 'self-knowledge' in various cultures for example.

Freud was interested in universal theoretical knowledge so he sought for causes in the mind. He was an ambitious and authoritarian man who had little insight into this aspect of his personality (There are many biographies of Freud which expound this; Breger 2000 is one of the most judicious.). During his self-analysis he 'discovered' the meaning of dreams, the Oedipus Complex, the primal scene and castration anxiety. In addition he acquired many other psychoanalytic notions (Anzieu 1986). It also had a therapeutic effect. He had been easily depressed, resentful, moody and hypochondriacal. After his self-analysis he was more at ease with himself and was certain psychoanalysis was on the path to truth. His phobias of taking trains, crossing the street and his fear of death had not disappeared but had waned. As Anzieu points out (p. 562), he was now aware of their mechanisms. Freud himself wrote that after his 'analysis' with Fleiss, 'a part of homosexual cathexis has been withdrawn and made use of to enlarge my own ego. I have

succeeded where the paranoic fails' (Jones 1953–57, Vol. 2, p. 92). He defined self-knowledge purely in terms of his own theory!

Freud observed himself and his patients and wrote down his observations and 'discoveries'. He produced a long string of formulae which explained what he had observed. Dreams are wish fulfilments, perversions are the negative of neuroses, superstition and religion are psychologies projected onto the external world, we identify with a lost object in order to keep it, happiness is the achievement in maturity of a childhood wish and so on.

At the same time he gave names to many 'psychical events' that he thought he observed such as repression, regression, horror of incest, family romance and sexual stages such as the oral, anal, urethral and phallic. He created a special vocabulary which enabled him to found a special science exclusive to him and those who followed his procedures. Thus anyone who did not know about his anal-sadistic stage could be claimed to be seriously lacking in self-knowledge.

Procedure in the practice of psychoanalysis involves setting up an unusual situation in which the patient faces away from the analyst while the analyst remains neutral, observing and interpreting. This creates deep anxieties in the patient as it is artificial. It is an experiment but the patient's permission is not sought nor is it explained to him what will be done as would happen in the practice of medicine. As Foucault has argued, psychoanalysis can be read as a major form of depsychiatrisation but also as the reconstitution of a truth-producing medical power so that the production of truth is exactly adapted to that power (Foucault 2006, pp. 342–4). The psychoanalyst has an external relation to her patient. She aims to extract from the individual his inner subjectivity through a particular technique and the subject is supposed to interiorise the norms imposed upon him (Ibid., p. 362). Instead of throwing light on the person's confusions, it creates theoretical chatter behind their back. It is concerned with the production of knowledge rather than truthfulness between people.

Freud invented a procedure and a system that he thought was scientific. As he idealised science so he idealised his 'discoveries' about himself, and his followers have idealised him and his 'discoveries'. His assessment of his self-analysis was entirely dependent on his theoretical assumptions. It meant enlarging his ego and increasing knowledge. He imagined he had made discoveries about the human mind. But a discovery is finding something by searching, or by chance. It assumes there are things in the world that are already there, waiting to be discovered or inferred, and so known. Freud thought that we only know of the

existence of others by inference (Freud 1915, pp. 170–1). But does the mind consist of things and processes that are present to be discovered by inference?

> Does a child believe that milk exists? Or does it know that milk exists? Does a cat know that a mouse exists? (*OC* ¶478)

Does a child infer that its mother exists?

Self-knowledge has many different meanings depending on culture and beliefs. It can mean universal theoretical knowledge of man 'in abstacto'. Its traditional meaning, *gnothi seauton*, meant to know what it is to be human in a personal sense. This usually implied certain humility because we are frail, mortal, and our understanding is limited. The oracle of Apollo said that Socrates was the wisest of men because he had found out for himself that human wisdom has little or no value. (Apology) Much of Wittgenstein's writing was concerned with studying our limits and showing the incoherence of attempts to describe anything beyond them. This was similar to Pope's understanding:

> Know then thyself, presume not God to scan:
> The proper study of mankind is Man.

The contrast between ancient ways of self-knowledge and the techniques of psychoanalysis is enormous. For them self-knowledge was best obtained in the presence of someone who was critical, not in the sense of finding fault, but someone who helped us examine our reasons in order to determine their presuppositions and limits especially when we think about ourselves. They emphasised the importance of responsibility for the proper care of oneself; it cannot be left to the techniques of an outside expert. There are many ways in which we can deceive ourselves, depending on our culture, intelligence and much else.

The technique of giving names and formulae to what has been observed, the nominalising tendency, in which nouns are derived from verbs, is an example of the ascendancy of the object and the concomitant mystification of reality. It is characteristic of the formal and impersonal prose of media news, reports and bureaucratic discourse. It is ideally suited to a discourse which places a premium on the transference of information in as economical way as possible (Orwell 2004). It elides the voice that, active or passive, participates in a particular action and leaves a reified, intransitive and obscure given in its place. My 'ego' acts; my unconscious blinds me.

The elision of agency encourages an unquestioning acceptance of a mystified authority. It provokes uncritical obedience before what is ultimately a political construct. It removes the dignity of self-understanding and covers the tracts of power. It creates a structure as a given, a self-generating and unquestionable system, for example, the psychic apparatus. It conceals human reality which involves events in time, removing the personal from itself. Instead of helping the person to understand his own problems, engaging in his thought in its own sphere and sense, Freud moves it into the universal sphere of theory.

The result is that psychoanalysis becomes an ideology. Freud presents his beliefs, theories and pictures of the mind as inherently connected with universal interests when in fact they are subservient to his desires and the particular interests of psychoanalysis. The ideological illusion is then fostered by the configurations of power set up by the psychoanalytic institutes.

Wittgenstein wrote:

> Psychological concepts are just everyday concepts. They are not concepts newly fashioned by science for its own purpose, as are the concepts of physics and chemistry. Psychological concepts are related to those of the exact sciences as the concepts of the science of medicine are to those of old women who spend their time nursing the sick. (*RPP2* ¶62)

Psychological concepts are developed in the interactions between the child and its carers. A child learning its mother tongue is not learning a psychological theory or a theory of meaning. The human capacity for language depends on the ability to recognise other persons as having intentions like her own and so having an orientation to the world. This ability emerges around 1 year of age across all cultures. Mastery of language depends on many cognitive and learning skills, some of which we share with other primates. The child observes and understands that others have an orientation to the world and can express sounds that make sense, so it wants to join in.

We teach a child 'that is your hand', not 'that is perhaps your hand'. That is how a child learns the innumerable language-games that are concerned with his hand. An investigation or question, 'whether this is really a hand' never occurs to him. Nor, on the other hand, does he learn that he *knows* that this is a hand. (*OC* ¶374)

Discourse concerning the mind is full of verbal pictures, figurative expressions that become part of the regular currency of language. We

lose our memories, contain our thoughts, explode with anger, bubble over with happiness, feel horny, have heavy scenes with people, feel there is a void in our life, have lofty thoughts and so on. These words can be expressive when aptly applied and may capture something vital about people. But they do not express a discovery of some entity or process. They are constructions of language which have emerged over time and from the experience of the individual. We use metaphors and figurative expressions about the mind precisely because it does not consist of things and processes. When we use metaphors we are contrasting literal language with what is being said; they show aspects of things but do not literally say what they are.

It is in the way we refer to ourselves in the written or spoken word that offers an insight into our nature. We reflect on what we say and do, or fail to do. It is the immediately seen, heard or felt that is important. We deny the primacy of individual initiation into language once we allow the theoretical and universal to take precedence over the particular and when we infer rather than understand. This can constitute a verbal smoke-screen, which prevents contact with what we actually do, or fail to do.

The talking 'cure'

The talking 'cure' is an exercise in truthfulness; it exposes the ways our imagination can lead to delusion when we are disorientated in our relation to the world. In ordinary experience what is true is thought to be true in so far as it is not actually falsified. Thus, as long as my beliefs about myself are not defeated in experience, I may consider them to be true. I may believe myself to be a reasonable person who is constantly treated unfairly by my employers. In the talking cure it may become evident that I am actually envious and that this accounts for my unhappiness far better than my beliefs. The talking cure undermines conventional beliefs by undoing the framework upon which they are based. It is a destabilising dialectic involving two truths: conventional beliefs, which are expressed in propositions, and the acknowledgement of who we are, which does not depend on conventions and cannot be expressed in propositions but can be revealed by reflection. It is liberating in that it promotes freedom of thought and opens the way to exploring new aspects of ourselves (Baker 2004).

Wittgenstein pointed out:

Our language can be regarded as an ancient city: a maze of little streets and squares, of old and new houses, and of houses with

extensions from various periods, and all this surrounded by a mul-
titude of new suburbs with straight and regular streets and uniform
houses. (*PI* ¶18)

What is needed is clarity in making perspicuous what is obscure because
it is too familiar. This can enable us not to confuse the straight streets
of science with the little winding streets in the city, where we can feel
at home.

Care of oneself calls for the plainest, homely language in which no
word is wasted since it is intimate and the language of the little streets
in the heart of the city. It calls for a response from the therapist using
words perspicaciously, which are simple, and are ideally spoken with-
out a touch of ill-feeling, contempt, arrogance, bias, frivolity, jargon or
word intoxication. This transformational discourse does not call for the-
ories explanations and a technical vocabulary, as it is fundamentally an
ethical struggle.

This struggle is displaced when we construct theories about the 'psy-
chical apparatus', mental processes and suchlike. Take fear. There are
important conceptual differences between reporting one is afraid, in
which we are tempted to imagine we observe a state of mind – our fear –
expressing our fear by trembling and using a shaky voice and confessing
that we are afraid or admitting we are a bit cowardly. All these differ
conceptually from when we pretend to fear, say in acting, or tell lies
about it. Such conceptual differences are important to distinguish in
psychotherapy and depend on tone of voice, gestures, the context and
our knowledge of ourselves and others. Since 'fear' has many meanings,
according to the language-games in which it occurs, reducing them to
psychical processes occurring in a mental apparatus in the inner world
is a gross simplification (*PI* pp. 160–1; Canfield 2007).

The twisty streets of the old city must not be blown up in the belief
that there should be an inner extension of the straight ordered sub-
urbs. Artificial languages and the formalised constructs of science can
help us map sub-personal structures but to understand a person living
her life we must respect the tangled and contradictory structures of the
old city.

The criteria for the truth of the *confession* that I thought such and
such are not the criteria for a true *description* of a process. And the
importance of the true confession does not reside in its being a cor-
rect and certain report of some process. It resides, rather, in the special
consequences which can be drawn from a confession whose truth is
guaranteed by the special criteria of *truthfulness*. (*PI*, PPF ¶319)

Much of Wittgenstein's writing can be read as a confession. He often uses phrases like 'I want to say …', 'I feel like saying …', 'Here the urge is strong …'. The voices of temptation and truthfulness are the antagonists in his dialogues. He confesses he is subject to inclinations and compulsions that one can recognise and question. Like most ancient philosophers and in marked contrast to psychoanalysis, he thought that pride is one of the greatest obstacles to understanding. It is not lack of intelligence but the presence of pride that gets in the way of genuine understanding in much philosophy and therapy. For pride involves lying to oneself because we may want to be something we are not, or conversely, not want to be something we are.

> One *cannot* speak the truth; if one has not yet conquered oneself. One *cannot* speak it – but not, because one is still not clever enough. (*CV* p. 41)

It is truthfulness rather than discovery that we are concerned with in the talking cure, and this requires dialogue, confession and acknowledgement. As Ben Jonson wrote, 'Language most shewes a man, speake that I may see thee' (Jonson 1947, line 2520).