

Chapter 1

Philosophy as Therapy

Introduction

Today the phrase ‘philosophical therapy’ suggests that philosophical thinking itself is an illness that needs to be cured by close inspection of the details of ordinary language. This association is as natural, given the recent history of philosophy, as it is unfortunate. The fortunes of philosophical therapy, for the most part, have followed the fortunes of certain versions of ordinary language philosophy and their heirs.¹ But the wider questions of the array of possible philosophical therapies and how they are to be evaluated are not addressed.² I wish to raise these questions to investigate the therapeutic validity of Wittgenstein’s later philosophy. In this chapter I characterize what any therapy must be and what would make such a therapy philosophical. I will then use the model³ of philosophy as therapy constructed to show what basic issues are involved in the justification of any philosophical therapy.

In giving an account and justification of Wittgenstein’s project, I am in danger of violating its very spirit and limits. But there are important conceptual issues in thinking of philosophy as a form of therapy. For example, how do we make sense of the claim that philosophy should help to bring about health? What sort of health is at issue? What are the distinctively philosophical means by which health can be brought about? What sorts of illnesses are at issue? Left unanswered these questions can produce puzzlement, dissatisfaction, and even destructive and unnecessary resistance to the claim that philosophy should be therapy and to the specific therapeutic claims and moves the philosophical therapist makes. Moreover, in the face of alternative versions of philosophical therapy, one needs some way to sort out their competing views of health. It is simply not enough to ask such a questioner to take the cure because the truth will be revealed as he or she gets healthier. For these reasons I think it important to raise these questions.

One might wonder whether it is necessary to raise these general questions about philosophical therapy to evaluate Wittgenstein's later philosophical project since it can and has been evaluated well without such a framework. I argue in Chapter 2 that the therapeutic aspects of Wittgenstein's later writings have not been adequately understood, nor have they been successfully evaluated as a distinctively therapeutic enterprise. Both of these aspects of my project require that we step back from Wittgenstein's texts and get a clear, prior grasp of the nature of philosophical therapy. In doing this we can determine aspects of Wittgenstein's thought that reveal the nature of his distinctive form of therapy and the issues raised by it.

Philosophical Therapy

Any therapy operates from a notion of health, a related notion of illness, and presents some means for getting a person from the second to the first. The notions of health and illness will be related, but accounts will differ depending on whether health or illness is treated as definitionally basic, the other term being defined in terms of the basic term. Health might be defined as the absence of illness, but equally illness can be defined as absence or failure of health. The difference between these approaches is usually thought of as a difference between negative (absence of illness) and positive conceptions of health.⁴

This difference will play an important role in my examination of the notion of health contained in Wittgenstein's later work. His therapy appears to be based on a negative notion of health as the absence of certain types of linguistic confusion, but I will argue that there is a positive notion of health to which he is committed.

The phrase 'philosophy as therapy' suggests different claims about the relation between philosophy and therapy. Some may argue that philosophy is nothing but therapy of some sort. Others may claim that philosophy, of whatever sort, may have some therapeutic consequence. But I wish to defend neither of these claims. I do believe, however, that it is possible for some philosophical work to be therapeutic, to be committed to realizing some therapeutic goal as central to its project as a form of philosophy. Moreover, I think that such a project could be a good thing for some philosophers to do but not necessarily good for all philosophers. So 'philosophy as therapy' signifies a kind of philosophy to be distinguished from other sorts, such as philosophy as formal semantics or philosophy as examination of human existence, and so forth.

How then can philosophy be therapeutic, and in what way does philosophical therapy differ from other sorts of therapy? There are different types of therapy. For example, one might distinguish among reli-

gious therapy, psychological therapy, ethical therapy, cultural therapy, and philosophical therapy. What makes all of them forms of therapy is that they are practices designed to realize some ideal of health in some situation or situations in which that ideal is not realized; that is, in the face of some illness. Here 'illness' indicates an impairment of the person's ability to do certain things a healthy person ought to be able to do or an impairment of a person's ability to be a certain way a healthy person ought to be able to be. What makes these therapies different in kind rests either in the content of the therapeutic ideal they attempt to realize or in the means by which the ideal is realized. We can mean by 'drug therapy' either therapy meant to cure someone of an addiction to a drug or the pharmaceutical means by which someone is cured of some illness, for example, manic depression. So when we speak of philosophical therapy, we may be referring to the *goals* of the therapy or to the *means* by which some therapeutic goal is realized. Both of these aspects of philosophical therapy must be clarified.

A therapy that is theistic in goal aims at removing impairments of a person's capacity to have some particular form of relationship or relationships to God. Different relationships might be counted as healthy from a theistic vantage point; for example, one could think that a healthy relationship to God requires reverence, willingness to do God's bidding, or a sense of humility. Any theistic therapy will need to make a case for its candidate for the proper relationship, and a valid theistic therapy must aim at removing impairments to the proper relationship to God, if there is only one, or to a proper relationship to God if there are many possible proper relationships.

A therapy that is cultural in goal has as its aim the removal of impairments to a culture's capacity to achieve its proper aim or aims. Once again, if this cultural therapy is to be valid, it must advocate the proper conception of cultural health if there is only one or a proper conception if there are many. For example, one might maintain that cultural health requires that the culture be able to achieve a critical distance toward its dominant practices so that deficiencies in them can be revealed and changed. A therapy is psychological if it aims at removing impairments to a person's capacity to function well psychologically. One might maintain that psychological health requires that a person be able to sustain relatively rewarding interpersonal relationships over the course of one's life. The validity of a therapy pursuing this goal will depend in part on the validity of this claim about psychological health.

A therapy that is ethical in the sense in which I will use the word throughout this text can be distinguished from a therapy that is theistic in the sense I just indicated.⁵ An ethical therapy aims to remove impairments to realizing a certain attitude to the world. One who coun-

sels resignation to the world or to the events of the world is in my sense recommending an ethical goal. Or one who counsels appreciation of all things is recommending an ethical goal. I distinguish ethical goals from theistic goals due to the lack of a reference to God in the former and the reference to God in the latter, even though in other respects a theistic therapy and an ethical therapy may be quite similar. As is true of the other sorts of therapy, a valid ethical therapy must promote the proper ethical goal if there is one or a proper goal if there are many.

One might mention other sorts of therapeutic goals. The only constraint on the number of possible ones is the ability to show how the specific goal can be thought of as a kind of health. In what way will the goals of a philosophical therapy differ from the ones I already have mentioned? The first thing to notice is that there does not seem to be anything such as philosophical health, or at least we do not often speak that way. The reason for this is that philosophical therapy itself is not committed to any particular goal by virtue of which it is philosophical. Instead, 'philosophical' signifies in part that the therapeutic goals are characterized and defended on philosophical grounds. By 'philosophical grounds' I mean grounds arrived at in a philosophical account and justification of the ideal of health in question. To indicate that a therapy is philosophical does not tell us what sort of goal that therapy has. It merely indicates that the therapeutic goals are presented as ones that are philosophically defensible. So a philosophical therapeutic goal could be the cultural goal of developing modes of healthy cultural criticism, but it would be philosophical only if it were given philosophical articulation and defense. This does not exhaust the sense in which a therapy may be philosophical, however.

In referring to a therapy as theistic, cultural, psychological, or ethical, one also can refer to the means by which the therapeutic aims are realized. In this sense, religious therapy would be therapy practiced by theistic means, for example, by prayer to God. Cultural therapy in this sense would be therapy pursued by cultural means, for example, through literature. Psychological therapy would be therapy carried on through some psychological means, such as dream interpretation or, if one is a behaviorist, through behavior modification.⁶

What makes a therapeutic practice philosophical? Here we should expect some difference from the analysis of the relation of philosophical therapeutic goals to others. No amount of philosophical defense of prayer will make prayer a philosophical therapeutic method. It remains religious in character even if it is philosophically justified. We should expect some distinctively philosophical activity in a therapeutic practice if it is to be philosophical. The one I suggest is some form of dialectical exchange.

Not all forms of dialectical exchange will work in a therapeutic context, so it is necessary to indicate features essential to therapeutic discussion. The interlocutors must acknowledge what they actually believe and not just enter in the conversation in a merely academic way. I will call this the requirement of confession to emphasize that such acknowledgments made in a therapeutic context often will require recognition that the acknowledged beliefs are mistaken and must be overcome. It is necessary to add this feature to ensure that the interlocutor's real beliefs and intuitions are expressed as a preliminary step to their being therapeutically transformed; otherwise, the conversation will tend to be "theoretical." The second requirement is that the acknowledged belief be challenged and refuted if mistaken. The third is that the interlocutor be led to a new way of looking at things that is better than the old way; that is, which is at least a move toward the realization of the therapeutic ideal that governs the practice. Finally there must be some agreement on the goals of the therapy if the conversation is to be more than minimally successful. This agreement might exist prior to the therapeutic discussion or may emerge in the course of it.

I have distinguished between philosophically defended therapeutic goals and philosophical therapeutic practice. Both of these features are necessary for any paradigmatic philosophical therapy. Therapies that have one or the other but not both still can be classed as philosophical therapies, but in the case where nonphilosophical means are used, it would be better to speak of a philosophically justified therapy carried out by other means. In the case of a therapy that has no account and justification other than the defenses of it that emerge in the philosophical conversation, we can distinguish two cases. Where it is the intention of the therapist that some genuine justifications emerge in the course of the therapy, it develops philosophical support for its goals along the way. So it is philosophical in both senses. Where the philosophical conversation reduces to a rhetoric in support of the therapeutic goals and so where no effort is made to discover whether those goals are proper goals, it would be best to think of the therapeutic practice as rhetorical rather than philosophical.

To make these distinctions more concrete, consider the following cases. Imagine someone who thinks that the culture is ill and needs to be made healthy. She views the culture as sexist and is willing and able to present a clear, well-justified account of the problem. She thinks there is no obvious way to cure the culture wholesale, so she opts for a therapeutic practice of consciousness-raising in small groups. The practice of the groups is to clarify what the participants believe and subject those beliefs to critical scrutiny. When successful, the therapeutic prac-

tice results in changes of belief and, over the course of time, changes in the behavior of the participants. Such a therapy is philosophical in both senses. Now imagine a slightly different case in which the person has not constructed a philosophical account and justification of her views. If the practice of the group is designed to intimidate and coerce changes of view, it would be reasonable to refer to the therapeutic practice as rhetorical. If the conversation were genuinely designed to raise and address serious issues, it would be reasonable to mark this difference by referring to the practice as philosophical.

Therapeutic practices of the sort I discuss here are primarily therapies aimed at curing the individual. Even though someone might want to develop a cultural, philosophical therapy, it is extremely hard to see how his therapy could be anything other than a therapy of individuals. Even if such a philosopher wishes to alter Western culture, his method is to persuade individuals to reject the dominant values of their culture and to replace those values by others. If a therapy is distinctively philosophical, even if it attempts to treat a culture, the patient of the therapy will always be an individual. Any attempt to change a culture without such a therapy will be nonphilosophical in character. If a philosophical genius somehow acquires coercive power to force, without persuasion, the leaders of a culture's institutions to change those institutions, that therapeutic practice will not be philosophical, even if it results in a cure.

It is reasonable, nonetheless, to admit that individuals are the bearers of their cultures. Many of our beliefs and attitudes result from having grown up and become responsible, normal members of our culture. Furthermore, by having become normal members of our culture, we have taken on the tensions and strains in the beliefs of our culture. Our moral and religious beliefs may not be consistent with our everyday practices. Our scientific theories may not be easily reconciled with our view of the world from an ethical vantage point. These strains and tensions are the strains and tensions in the beliefs and attitudes of the members of society insofar as they adopt the dominant beliefs of their culture.

When one engages in philosophical therapy, one engages in conversation with another person. The recommended treatments will arise from whatever form of illness is present in the person. Because the treatments are clarifications of key ideas and claims, one person's clarifications will not automatically be successful treatments for another person, though they certainly could be. In the same way that the doctor's prescriptions have generality to them, so do the philosopher's prescriptions; namely, another person in the exact same state of confusion will require the same treatment. However, one does not know the state of another person in advance of having a detailed conversation with that person. Two people can appear to have the same confusions without

those confusions being the same, for the source of the mistaken ideas can be completely different. For example, I may believe in the existence of a transcendental ego, because I was taught Kant by an ardent Kantian who was not sufficiently critical about Kant's views. Another person may believe in a transcendental ego from having read the writings of Maharishi Mahesh Yogi. The confusions here are the same only superficially. So one cannot conclude that the philosophical therapy for one person will be the same for others. It might be the same for others, but to know that requires extensive interrogation. Moreover, because a therapeutic philosophy must transform the beliefs and attitudes of the patient, the conversation must remove the confusions specific to the patient through arguments the patient will find persuasive.

Therapeutic arguments begin with the interlocutor and, because they are therapeutic, are *ad hominem*. To be sure, common confusions may be supported by the culture in which the therapy is practiced. It may even be possible to write helpful therapeutic texts, which go some way toward removing the philosophical beliefs that impair people. Such texts cannot remove the need for individual conversation.

In summary, any therapeutic philosophy will contain the following elements. There will be a specified condition of health, the lack of which is a condition of illness. Second, there will be a philosophical cure for those who are ill. The cure involves conversation, which requires what I have called a confessional acknowledgement of the interlocutors real beliefs, correction if the belief or reasoning about it is mistaken, and persuasion to a new point of view or new reasoning for the retained point of view.

Therapeutic Issues

If philosophical therapy has the form I have attributed to it, then certain fundamental issues must be faced by any such therapy. A philosophical therapy must be able to present a valid defense of its therapeutic ideal. Whichever conception of health it proposes, it must be able to show that this conception is supported by an account of human well-being. To be healthy is either to be capable of doing the things a human being ought to be able to do or to be the sort of human being one ought to be able to be. What we ought to be able to do and how we ought to be able to be is dependent on what it is for a human being to flourish or be well off. Because we confront a multitude of possible ideals of health, failure to present an account of human well-being that supports the ideal of health being pursued is a decisive failure.

A second requirement of a philosophical therapy is that it show that the restoration of the aspect of well-being which it proposes as its

therapeutic goal means a restoration of health. It must be shown that the absence of some specific aspect of well-being the therapy seeks to restore causes an impairment of some centrally important human capacity.

A third requirement is that a case be made for claiming that the proposed therapeutic practice indeed can bring about the desired therapeutic result.

These three important issues are issues internal to the enterprise of philosophical therapy, but there is a more fundamental issue of whether philosophy should be therapeutic at all. Quine takes a characteristic stand on this issue in *Theories and Things*:

Inspirational and edifying writing is admirable, but the place for it is in the novel, poem, the sermon, or the literary essay. Philosophers in the professional sense have no peculiar fitness for helping to get society on an even keel, though we should all do what we can. What just might fill these perpetually crying needs is wisdom: *sophia* yes, *philosophia* not necessarily. (p. 193)

But it is unclear why professional philosophy should give up the quest for wisdom through philosophy.

In his influential book *Word and Object*, Quine lays out a conception of the philosophical enterprise that treats philosophy as continuous with natural science. This is not to say that the philosophers and the natural scientists are engaged in the same task, but rather to indicate that the philosopher is involved in the task of constructing theories, using the same intellectual tools as the natural scientist and pursuing the same sort of intellectual goals.⁷

In his description of the character of perceptual evidence, Quine claims that considerations of simplicity play a role in even the most casual acts of observation (p. 19). This requirement on theory plays a second role to observation when the two conflict, but often observation is not possible and so simplicity is the "final arbiter" (p. 20).

The importance of simplicity is explained as follows (p. 20). There is survival value to simpler theories. Simpler theories can be extrapolated from a smaller set of observable consequences of the theory. Moreover, a simpler theory provides for greater ease in creative imagination. Familiarity also is a desirable feature of theories insofar as it also aids creative imagination by giving us familiar principles and mechanisms to use in explaining new phenomena. However, when familiarity and simplicity conflict, simplicity wins out.

Even with this set of theoretical requirements, Quine thinks that there is no such thing as "the ideal theory." Rather it is likely that no

single theory will satisfy them (p. 23). Nonetheless we continue to take seriously our own theories until by scientific method, we find some reason to reject this or that claim in them. "Within our own total evolving doctrine, we can judge truth as earnestly and absolutely as can be; subject to correction, but that goes without saying" (p. 25).

But why should these theoretical requirements and goals of natural science be the requirements and goals of philosophical theory? The only convincing answer possible is that by realizing these goals, we contribute to human well-being;⁸ we are better off having professional philosophers clarify the theoretical goals of science and contribute to science in whatever way they can. But it is by no means obvious that this is so. Therapeutic philosophy is committed to a project of actualizing important therapeutic ideals. Quine's project is committed just as much to realizing important human values, though in his case the values are the values pursued by science. But why should we limit ourselves to the values that underlie scientific theory? If, in its philosophizing, Quinean philosophy clarifies and realizes values, why not clarify and pursue other sorts of value? I do not think that Quine can provide a good answer to this question. But the burden will be on me to show why philosophy or some philosophy should take a therapeutic turn.

The Interpretive Project

I have spelled out in the abstract the nature of philosophical therapy and the issues involved in justifying such therapies because it is necessary to approach Wittgenstein's therapeutic project with a clear conceptual map. The need for such clarity is exacerbated in the case of Wittgenstein's later texts by the fact that his statements about his therapeutic project do not amount in any way to a systematic account of his project. By having some notion, however abstract, of the structure of any philosophical therapy, we can know more clearly in advance what we need to look for in articulating what his therapeutic project is.

Were the lack of systematic account the only problem, the project of clarifying Wittgenstein's project would be great enough. It is compounded, moreover, by his principled desire to pass over such subjects in silence. At the end of the *Tractatus Logico-Philosophicus*, Wittgenstein outlined the strict method of philosophy—one that proceeds in silence about ethical and metaphysical issues about which one cannot say anything—as the method of describing the facts and pointing out the nonsense that emerges when one attempts to say something more. The ethical solution to the problem of life is to realize that where no question can be asked, none can be answered. The *Tractatus* violates this strict method throughout, but the *Philosophical Investigations*

operates under this ideal by giving careful descriptions of linguistic facts. Wittgenstein did not adhere to the ideal strictly in the later work. His comments about the nature of his enterprise are not in any way descriptions of linguistic facts. But he did not make the strong and clear assertions about the nature of ethics in the *Philosophical Investigations* as he did in the *Tractatus*. Why not?

One line of argument would be that he gave up all of the ethical views of the *Tractatus* as he revised his views in the middle 1930s. However, there is absolutely no evidence for this view. One does not find him giving up any of these views, whereas one does see him engage in a sustained critique of his early view of language. Furthermore, it is hard to believe that he would give up these views—views he held to encompass the central importance of his book, which he described as having an ethical point—without having presented a sustained critique of his early views.

I conclude that it is reasonable to think that he retained these ethical views, felt no need to critique them because he found them not wanting, and largely passes them in silence because these views require silence. The problem with this line of argument is that it is impossible to give direct and absolutely convincing textual evidence from the later works to substantiate it. I do not think, however, that one must give up the hope of clarifying the way in which Wittgenstein's ethics give form to his later therapeutic practice.

If one assumes, as I will, that the later work has an ethical importance that stems from the early ethical views, and if one assumes that this ethical view gives form to the later therapeutic project, then one can examine the later writings for evidence of the early ethical project showing up in comments and practices of the later view. This evidence, for the reasons I have just given, will not be absolutely convincing by itself. But it will show where the early and later projects coincide or are similar. It will be possible to lay out the general outlines of the later ethical project, in its new therapeutic form, in just this way.

One may counter that these are strong assumptions to make. But they are assumptions that can find justification in the arguments I have just given. The later writings show no evidence of revising the ethical views of the earlier project nor of rejecting the early claims of their central importance to the philosophical enterprise. Thus we can assume, with good reason, that the ethical project was continued in the later writings. At that point, the important interpretive project is to see how it shows up.

I have in mind here an analogy with paleontology. One knows that one is confronting in fossil form an animal with some structure, but the whole of the structure is not present in the fossil. One has fragments of

one sort or another. So one must construct a plausible reconstruction of the fragments. The plausibility of the proposed description of the structure rests on finding reasonable spots in the structure for all of the fragments. The justification is never cast in terms of comparing the reconstruction to the original, since no original is available. Similarly I will attempt to make sense of some passages in Wittgenstein's later writings by showing how they continue the early ethical project in the form of a therapeutic project.

There are different sorts of evidence I will present from the later period of Wittgenstein's thinking. I will rely on the *Philosophical Investigations* in addition to a variety of materials beyond that text. Much of the evidence is from his unpublished manuscripts, many of the passages having been published in *Culture and Value*. I will rely as well on representations of his views in the early 1930s presented by G. E. Moore. This evidence is indirect, but given Moore's tendency to proceed with such care in his writing and thinking, I assume his accounts are reliable. Furthermore, they give evidence about Wittgenstein's thinking that I have not found elsewhere.

My final apology for this approach comes in the form of an indication of what we lose if we do not proceed in some such way. If we ask for interpretive certainty in these matters, it will not be possible to assert much about the later ethical project. But I doubt that interpretive certainty is the proper ideal in matters of this sort. Because there is some reason to think that the ethical project is still intact in the later writings, the interpretive project is to try to outline what it is. Because it takes a therapeutic form, we have some additional information about what to look for. It will be necessary to find evidence where we have it, and our results will not provide unambiguous proof that an ethical project underlies the later project. These results should help us figure out what it is, given that there is one. But as I already argued, there is good reason to think that the ethical project is in place.

How could these interpretive claims be criticized? One does not want to propose a method by which no claims can be falsified. Misreadings still are possible, and it should be possible also to show that the interpretations conflict with what Wittgenstein says elsewhere or with his actual practice. So even if we must reconcile ourselves to the limited character of the evidence available for this investigation, there is some evidence and a coherent method for putting it to good use.

In Chapters 2–4, I present an interpretation of Wittgenstein's later philosophical therapy designed to clarify his therapeutic goals and practice to determine how well his therapeutic project satisfies the requirements I placed on philosophical therapy. I will argue (1) that Wittgenstein is engaged in an ethical therapy designed to bring one

into agreement with the world; (2) that the basic character of his therapeutic practice is revealed in the confessional–dialectical structure of the *Philosophical Investigations*; and (3) that this philosophical therapy is carried out both by the critique of crucial similes, misunderstanding of which causes philosophical illness, and by the introduction of new, healthier similes and metaphors designed to persuade us of a new point of view consistent with Wittgenstein's ethical, therapeutic goal. In Chapter 5, I take up the issue of the difference between therapeutic and scientific thinking, which plays such an important role in Wittgenstein's view of therapy. Although I argue that Wittgenstein was mistaken in his claim that they are mutually exclusive, I nonetheless claim that failure to pay attention to this distinction can cause one both to criticize and defend Wittgenstein in mistaken ways. I take up the therapeutic issues in Wittgenstein's philosophy in Chapters 6 and 7 to show how his project can be defended. I conclude Chapter 7 with a discussion of who are Wittgenstein's philosophical ancestors, given that his philosophical project is therapeutic.