**On Wittgenstein’s Comparison of Philosophical Methods to Therapies**

**Abstract**

Wittgenstein’s comparison of philosophical methods to therapies has been interpreted in highly different ways. I identify the illness, the patient, the therapist and the ideal of health in Wittgenstein’s philosophical methods and answer four closely related questions concerning them that have often been wrongly answered by commentators. The results of this paper are, first, some answers to crucial questions: philosophers are not literally ill, patients of philosophical therapies are not always philosophers, not all philosophers qualify as therapists, the therapies are not necessarily to be thought of as psychological therapies and the ideal of health does not consist in the end of philosophy. Second, the paper shows that the comparison has had a misleading effect, because properties of therapies have been illegitimately projected onto the philosophical methods advanced by Wittgenstein.

**Keywords**

Wittgenstein; *Philosophical Investigations*; metaphilosophy; philosophical methods; therapy; metaphor

**1. Introduction: Four Questions on a Comparison**

In his *Philosophical Investigations*, Wittgenstein compares philosophical methods to therapies: ‘There is not a *single* philosophical method, though there are indeed methods, different therapies, as it were’ (PI 133).[[1]](#endnote-1) Many have seen Wittgenstein’s comparison between philosophical methods and therapies as the key to a new approach to philosophical problems. Nowadays, Wittgenstein’s later philosophy is often characterized as ‘therapeutic’, and the idea of ‘Wittgensteinian therapeutic philosophy’ has been developed in a number of different ways. I will try to show that, although many of these ways are surely worth exploring, some of them are based on a misunderstanding or an over-interpretation of Wittgenstein’s comparison in PI.

 Although the explicit comparison of philosophical methods to therapies in PI 133 is not the only reason why Wittgenstein’s late philosophy has come to be regarded as therapeutic, it is important to note that this passage contains the only explicit reference to therapy in Wittgenstein’s entire *Nachlass*. Therefore, I take it that everycharacterization of Wittgenstein’s later philosophy which invokes the notion of therapy (if it is not limited to a specific period in the development of Wittgenstein’s philosophy prior to or after his work on PI) has to be compatible with what is said in PI. While I do not want to suggest that other works by Wittgenstein (and letters, testimonies, etc.) are not valuable source material, it seems clear to me that, in interpreting PI 133, greater weight should be afforded to the remarks in PI, the most authoritative text for the later Wittgenstein’s philosophical views.[[2]](#endnote-2) Thus, while I will take quotations from PI as evidence for my reading, references to other works are only adduced insofar as I take them to be compatible with Wittgenstein’s position in PI and are meant to illustrate or clarify that position.

 The aim of this article is primarily exegetical: I want to point out some traps in interpretingthe comparison between philosophical methods and therapies in PI and explain why commentators may be (and have been) prone to fall into them.Before starting the discussion, I would like to emphasize two things. First, the authors I discuss often hold similarviews, but these views are not exactlythe same. In what follows, I will focus on similarities rather than differences, and I may not be able to do full justice to the specific contexts in which each author has developed the views under scrutiny. The authors will be treated as exemplifying certain directions of thought, and I will criticize these directions rather than individual authors. It is notmy intention to provide an exhaustive overview of existing interpretations of Wittgenstein’s comparison and to evaluate them.

 Second, I will not present a full reading of PI 133 or provide thesingle right or complete answer to the question of what Wittgensteinian therapeutic philosophy is. Rather, I will focus on what philosophical therapy in PI is certainly *not,* thus leaving open the possibility of reading the comparison (or at least several aspects of it) in different ways. In order to structure and limit the discussion, I will show how answers to four particular questions given by commentators tend to diverge from Wittgenstein’s own answers to these questions*.*

The concept of ‘therapy’ is intimately related to those of a patient, an illness or a disorder, a therapist and an ideal of health. Therefore, we can gain insight into the comparison between therapies and philosophical methods by asking: if philosophical methods correspond to therapies, what corresponds to the illness or disorder, the patient, the therapist and the ideal of health in philosophy? I will focus on four questions. Regarding the illness, the question will be whether philosophical questions are illnesses (section two). Regarding the patients and therapists, I will investigate whether they are philosophers (section three). Regarding the therapies themselves, I will tackle the question of whether they are psychological (section four). And finally, regarding the ideal of health, I will evaluate the claim that it consists in the end of philosophy (section five). There is no logical necessity behind asking these questions in particular, but the choice is far from arbitrary. I have selected these questions because I believe, first, that trying to answer them will shed light on Wittgenstein’s comparison and help to focus discussion about it. Second, they have turned out to be particularly tricky questions to which commentators have given answers that differ considerably from Wittgenstein’s. The questions may seem insufficiently refined for now, but I will treat them in more detail in the corresponding sections.

**2. The Illness: Are Philosophical Questions Illnesses?**

Wittgenstein writes: ‘The philosopher treats a question; like an illness’ (PI 255). In the comparison of philosophical methods to therapies, philosophical questions or problems stand to philosophical methods as illnesses or disorders stand to therapies. According to Wittgenstein, what is distinctive about philosophical questions or problems is that they arise ‘through a misinterpretation of our forms of language’ (PI 111). Words in philosophical questions are typically used out of the (linguistic and non-linguistic) contexts in which they are ‘at home’ (PI 116).

 An example of a philosophical question in the Wittgensteinian sense is ‘Is this object composite?’ (PI 47), when the question is asked without any further explanation. For Wittgenstein, the correct answer is: it depends on what you understand by ‘composite’, ‘and that is not an answer to, but a rejection of, the question’. The question cannot be meaningfully answered when it is asked ‘absolutely’, without any specification, because a word like ‘composite’ only makes sense in a language-game in which the difference between simple and composite things is clear. The only way to deal with philosophical questions is to show that they make no sense by bringing words ‘back from their metaphysical to their everyday use’ (PI 116). This is the aim of philosophical therapies. By, for example, giving us an overview of the use of our words (PI 122), of how words can and cannot be meaningfully used, the philosophical therapist shows the meaninglessness of philosophical questions. In that way, he ultimately makes these questions disappear. They are not solved by giving answers, but ‘dissolved like a lump of sugar in water’ (BT 310).[[3]](#endnote-3)

 Although I have given nothing more than a rough outline, based on uninterpreted quotations, of what Wittgenstein takes philosophical questions to be, I hope that some similarities between illnesses and philosophical questions have become clear. A philosophical question and an illness both have to be treated in such a way as to make them disappear.[[4]](#endnote-4) But these similarities obviously do not justify the claim that, according to Wittgenstein, philosophical questions *are,* literally, illnesses. First, Wittgenstein, who is known to have been painstakingly precise about the use of words, would probably not have written that ‘The philosopher treats a philosophical question, *like* an illness’ if he had thought that a philosophical question *is* an illness. Second, an illness is often assumed to be a condition or a state or one’s personal experience of that condition or state (see, for example, *Webster’s*). It is not clear to me how a question could be a condition or a state or an experience. One could say that an illness or a disease is a disorder (see, for example, the *Oxford English Dictionary*), but how can a question be a disorder?[[5]](#endnote-5)

Conant writes that, like any analogy, Wittgenstein’s comparison ‘will be misunderstood if one construes it as involving an identification of the items on the left and right hand side of the analogy (philosophy and illness are the same thing) or a subsumption of the concept of the one item wholly under the concept of the other (philosophy is an illness)’ (2011, 639). Yet the subsumptive interpretation that he describes is exactly the one offered by some commentators. **For example, Read and Hutchinson write that Wittgenstein sees philosophical problems ‘*as* mental disturbances – we feel them deeply’ (2010, 153). They suggest that ‘sees them as’ is equivalent here to ‘takes them to be’ (2010, 153), and other passages in the text also support a literal reading.[[6]](#endnote-6) How did they come to think that Wittgenstein takes philosophical problems to be mental disturbances?**

There seems to be some textual evidence in PI for the claim that philosophical questions are illnesses, of which I will give two examples. First, the idea that philosophical questions are illnesses often goes hand in hand with the idea, based on what Wittgenstein writes in PI 133, that philosophical methods are therapies. If philosophical methods are therapies, one easily comes to see the illnesses that they treat as illnesses or disorders typically treated by certain kinds of therapy, for example as mental disturbances. I do, however, not see any reason for claiming that Wittgenstein’s philosophical methods are therapies. Wittgenstein writes that philosophical methods are ‘as it were’ therapies. He compares philosophical methods to therapies, he does not say that philosophical methods *are* literally some kind of therapy.

 Second, Wittgenstein writes that philosophical problems are deep disquietudes (PI 111). There is no ‘like’ or ‘as it were’ here. Therefore, one could argue that philosophical problems are some kind of deep disquietude. To support this claim, one could mirror an argument that I provided earlier: ‘Wittgenstein, who is known to have been painstakingly precise about the use of words, would probably not have written that ‘Philosophical problems aredeep disquietudes’ if he had thought that philosophical problems are *like* deep disquietudes.’ This argument, however, fails. While the use of ‘like’ or ‘as it were’ excludes a literal, subsumptive interpretation, not using ‘like’ or ‘as it were’ leaves room for both a subsumptive as well as a metaphorical interpretation. In order to defend a subsumptive interpretation, one would have to explain how philosophical problems could actually be disquietudes, while disquietudes are commonly understood as feelings. What seems to have prompted Wittgenstein to write that philosophical problems are disquietudes is, roughly, that both keep haunting us, and that we should try to get rid ofthem. I will not elaborate upon this interpretation because my argument does not hinge upon it. Even if one did defend the subsumptive interpretation that philosophical problems are deep disquietudes, it is not clear why these disquietudes would amount to illnesses. It is perfectly possible to have deep disquietudes and yet not be ill or suffer from mental disturbances or disorders.

None of the examples above justifies the claim that philosophical questions are illnesses, and I know of no examples in PI that would do so.[[7]](#endnote-7) I conclude that, according to Wittgenstein, philosophical questions are not (at least not literally)illnesses.

**3. The Patient and the Therapist: Are They Philosophers?**

Philosophical therapies are methods for treating philosophical questions arising through our misunderstanding of the workings of our language. We might think that we misunderstand language because there is something wrong with language, and that, therefore, language is the patient to be treated.[[8]](#endnote-8) Wittgenstein is radically opposed to this plan (PI 132). There is nothing wrong with language, it ‘is in order as it is’ (PI 98). The problem is that we tend to misuse and misunderstand it, particularly when we are dealing with philosophical questions. Reforming our language will not help, because it could never prevent us from misusing language.

 What stands to philosophical methods as patients stand to therapies? The patient is the person having the illness or disorder. As we have seen, the ‘illnesses’ are philosophical questions. In our comparison, the ‘patient’ is the person who has philosophical questions. A philosopher is a person whose work is to deal with philosophical questions, and, consequently, a person who often has the (as we have seen: metaphorical) illnesses. Therefore, philosophers definitely qualify as patients. It would be a mistake, however, to think that only professional philosophers deal with philosophical questions. Philosophical questions arise through a misunderstanding of the workings of our language, and may emerge in, for example, psychology and mathematics, as well as in philosophy. Wittgenstein’s point is that philosophy is not a science about a particular subject-matter, but that it is an infinite set of methods, ways of dealing with a particular kind of question, namely those based on conceptual confusions. These questions are not the privilege of professional philosophers, because language ‘has the same traps ready for everyone’ (BT 312). The assumptions about private experience that Wittgenstein attacks in PI are made ‘by professional philosophers and ordinary people alike’ (Monk 2005, 91)*.* The fact that the later Wittgenstein considered philosophers as well as non-philosophers to be in the grip of conceptual confusions and, hence, to be in need of philosophical therapies, is interestingly illustrated by his work during the Second World War. In helping doctors to clarify their ideas about ‘shock’, Wittgenstein helped them to (dis)solve philosophical questions that they were confronted with (Monk 1991, 451). Philosophers are not the only ones who have to deal with conceptual confusions. What distinguishes philosophers is that it is their work to do so and that they are far more often dealing with conceptual confusions than other persons. The difference between philosophers and other people, in this respect, is at most a quantitative difference, and not a qualitative difference between ‘the essentially ill philosopher’ and ‘the essentially healthy ordinary man’. In other words, it is not a difference between the ill (those having the illness) and the healthy (those who do not have it). Wittgenstein’s philosophical methods are designed to deal with philosophical questions, and these questions are the inevitable consequences of what Plant has called ‘the conceptual vulnerabilities of human beings’ (2004, 235). These vulnerabilities are what Wittgenstein points at when he mentions our ‘urge to misunderstand’ (PI 109).

 Some commentators understand not the philosophical questions themselves, but the urge to misunderstand the workings of our language as the illness to be cured by philosophical therapies (see Peterman 1992, 43). To counter this claim, I propose to compare it with PI 254: ‘So, for example, what a mathematician is inclined to say about the objectivity and reality of mathematical facts is not a philosophy of mathematics, but something for philosophical *treatment*.’ What has to be treated is *what* the mathematician is inclined to say, not his *inclination* to misunderstand.[[9]](#endnote-9) Philosophical questions are dissolved ‘through an insight into the workings of our language […] *despite* an urge to misunderstand them’ (PI 109). Philosophical therapies make philosophical questions disappear, *not* the urge or the temptation to have them. These conceptual vulnerabilities are somehow inextricably linked to our being language-users, and there is no way to treat them by philosophical therapies: ‘Human beings are deeply imbedded in philosophical, i.e. grammatical confusions’ (BT 311). We are instinctively disposed to misunderstand language (Z 391). Language ‘keeps seducing us’ and ‘humans will continue to bump up against the same mysterious difficulties’ (BT 312). The urge to misunderstand the workings of our language is not an illness, just like our inclination to misjudge distances in the dark or our vulnerability to getting a cold are not illnesses. We have them, and we have to deal with them. *Despite* our having them, philosophical questions can be dissolved.

 All philosophers are patients from time to time, but not all patients are philosophers. Most commentators, however, focus (consciously or contingently) exclusively on philosophers. This is dangerous, because the idea that only philosophers have philosophical questions, combined with the idea that philosophical questions are illnesses, may lead one to think that philosophers are ill while others are healthy. But, Wittgenstein writes, ‘a philosopher is not a man out of his senses, a man who doesn’t see what everybody sees’ (BB 59). We, language-users, are all susceptible to conceptual confusions, vulnerable to the consequences of misunderstanding certain aspects of our language. The distinction to be made here is not the distinction between philosophers and non-philosophers, but the distinction between philosophical questions and other kinds of questions and how these questions have to be approached.

 We often do not distinguish between ‘treating an illness’ and ‘treating a person (having the illness)’. When I have cancer, for example, I can equally well say that ‘the cancer is being treated’ as that ‘I am being treated’. That I am being treated does not imply that the aim of the treatment is to change my personality or that, after a successful treatment, my personality will have changed. Things seem to be different for mental illnesses or disorders. Here, treating the illness or disorder may often be interpreted as treating somebody’s personality; the person *as a person* is being treated. If philosophical questions are seen as mental illnesses or disorders (see section two), their treatment could easily be understood as the treatment of somebody’s personality. In that sense, philosophical therapies would be aimed at, for example, changing a person’s character; indeed, some commentators have interpreted them as such (see, for example, Brand 2000). I have tried to show that philosophical questions, as Wittgenstein understands them, are certainly not mental disorders. Hence, there is no need to understand their treatment as the treatment of somebody’s personality or character. (If, as a consequence of philosophical therapies, the patient’s personality changes, it will be in very particular respects: her way of seeing, her attitude towards a particular philosophical question or a set of philosophical questions will have changed.) As long as there is no such implication, it makes as much sense to say that philosophical treatment is for people as it makes sense to say that it is for philosophical questions.

 Philosophers and ordinary people are only patients *in so far as* and *when* they are having philosophical questions, and having these questions is perfectly normal for any human being. Therefore, comparing a philosopher to a patient suffering from an ‘intellectual altitude sickness’, as Fischer does (2011a, 49), may be misleading, because an illness or sickness tends to prevent us from leading normal, everyday lives.[[10]](#endnote-10) If one leaves this nuance out, one will easily see a qualitative difference where there is only a quantitative one, which may lead one to think that non-philosophers need no cure. Consequently, the illnesses or disorders to be cured by philosophical therapies will not be thought of as ‘connected with […] the oldest pictures *that are engraved into our language itself*’ (BT 311), as Wittgenstein thinks, but as necessarily tied to (a) particular (kind of) language-users. They may then seem to be personal rather than conceptual. This does not mean that it is mistaken to focus on philosophers. After all, Wittgenstein himself did so. Philosophers may well be more responsible for conceptual confusions than non-philosophers, and one does not *have to* mention that non-philosophers are also vulnerable to philosophical problems. But it *is* a problem if one suggests that philosophers are ill while others are not, as Fischer tends to do.

The fact that we are all patients raises the question of who can help us: who is the therapist? Here, Wittgenstein is clear: it is the *philosopher* who treats a question like an illness (PI 255). It is not because they often have the illness themselves that philosophers are unqualified to treat it. As long as the illness is not a mental disturbance or an illness in the literal sense of the word, philosophers are capable of treating misunderstandings of the workings of our language, including their own. That does not mean that philosophers are *nothing but* therapists. Even when one interprets ‘therapist’ in a literal way, there is no reason to think that being a therapist excludes,for example, being a thinker. This is what Brand suggests when he claims that ‘Wittgenstein, like Socrates, regarded himself as a healer and not as a thinker’ (2000, 1).

Do all philosophers qualify as therapists? It should be noted that Wittgenstein uses the word ‘philosopher’ in at least two different ways. In PI 116, he writes:

When philosophers use a word – ‘knowledge,’ ‘being,’ ‘object,’ ‘I,’ ‘proposition/sentence,’ ‘name’ – and try to grasp the *essence* of the thing, one must always ask oneself: is the word ever actually used in this way in the language in which it is at home? –

What *we* do is to bring words back from their metaphysical to their everyday use.

Here, Wittgenstein contrasts what philosophers do with what ‘we’ do. There are two categories of philosophers. All philosophers deal with conceptual confusions, but Wittgensteinian philosophers (‘we’) understand that philosophical questions are based on conceptual confusions. Because they understand the specificity of philosophical questions, Wittgensteinian philosophers see the need for Wittgensteinian methods. They have ‘a talent for philosophy’, which ‘consists in a receptiveness: in the ability to receive a strong and lasting impression from a grammatical fact’ (BT 311). These philosophers qualify as therapists.

**4. The Therapies: Are They Psychological?**

Wittgenstein’s comparison of philosophical methods to therapies has often been understood as a comparison of philosophical methods to psychotherapies. Examples can be found in Glock (1996, 297), Fogelin (1996, 35) and Read and Hutchinson (2010, 149). Peterman states that ‘the concluding claim of paragraph 133 indicates the analogy to psychoanalysis’ (1992, 19).

The identification of therapies with psychoanalytic or psychological therapies is probably prompted by Wittgenstein’s well-known sympathy for certain aspects of Freud’s psychoanalytic method. Wittgenstein once described himself as a ‘disciple of Freud’ (LC 41) and admired Freud’s ‘excellent similes’ (PO 107). It is conspicuous, however, that explicit references to Freud, psychoanalysis and psychotherapy are completely absent in PI. Majetschak remarks that ‘explicit references to analogies between psychoanalysis and Wittgenstein’s concept of philosophical therapy are only to be found in writings that date from 1930 to 1938’ (2010, 162). **Those who think it obvious that, in PI 133, Wittgenstein had psychoanalysis or psychotherapies in mind, leave unexplained why he is not or (in the case of psychoanalysis) no longer explicit about that.** According to Hacker, Wittgenstein ‘had apparently come to think that the analogy is more harmful than useful, and therefore suppressed it in his writings and teachings’ (2013, 98-99).[[11]](#endnote-11) Whether that was indeed the case can be left as an open question here, but it seems clear that PI does not offer any reasons for the *necessity* of seeing Wittgenstein’s therapies as psychotherapies (Majetschak 2010, 168). **We should at least allow for the possibility that Wittgenstein deliberately uses ‘therapies’ instead of ‘psychotherapies’ in PI, and that he had good reasons (see the three examples below) for doing so.**

Apart from being unnecessary, understanding Wittgenstein as making a *comparison* between his methods and psychotherapy or psychoanalysis is not problematic as such. After all, Wittgenstein’s methods *do* have important things in common with psychotherapy and psychoanalysis (see Majetschak 2010, 159-169 and Hacker 2013, 96-99 for detailed discussion). What is problematic is that, although Wittgenstein’s comparison is nothing more (and nothing less) than a comparison, it has been interpreted as if his philosophical methods were literally kinds of psychotherapy. As a result, ideas connected with psychoanalysis and psychotherapy which are absent in and incompatible with PI may infect interpretations of Wittgenstein’s methods. I will give three examples.

(1) Thinking that Wittgenstein’s philosophical therapies are a kind of psychotherapy reinforces the idea that the illnesses or disorders to be treated by them are illnesses or disorders typically treated by psychotherapy, such as mental disturbances. According to Baker, ‘a philosophical problem *is* an individual’s internal conflict’ and philosophical problems are ‘individuals’ *troubled states of mind*’ (2004, 212).[[12]](#endnote-12) As we have seen in section two, they are not.

(2) One could argue that the philosophical questions to be treated by Wittgenstein’s methods may not be psychological problems, but that the ways to treat them, the methods themselves, are psychological therapies, because they are aimed at taking away psychological causesof these illnesses. In that sense, the therapist would make our urge to misunderstand the workings of our language (PI 109) disappear. As we have indicated, though, this urge cannot be cured. It is simply there, and it will always be there, because we are language-users. Wittgenstein explicitly recognizes that, *despite* the urge to misunderstand, philosophical questions, particular misunderstandings, can be treated (PI 109). This is why work in philosophy ‘doesn’t have an end’ (BT 316): although particular misunderstandings can be treated, new misunderstandings will emerge as long as we are language-users.

 (3) One of the dangers of seeing Wittgenstein’s therapies as psychotherapeutic methods is that this may lead one to obscure the huge differences that Wittgenstein saw between his methods and methods based on scientific discoveries. Not only did Wittgenstein keep on insisting, throughout his career, that philosophical methods are not scientific and that philosophy is not a science, he also, and more importantly for our purposes here, emphasized that philosophical methods are not *based on science*.Philosophical problems are notdissolved ‘by coming up with new discoveries’ (PI 109). Instead, ‘the work of the philosopher consists in marshaling recollections for a particular purpose’ (PI 127). Philosophers try to provide ‘surveyable representations’ (PI 122) of what we already know.That is why Wittgenstein repeatedly remarks that his investigations are notpsychological (PPF 372). In contrast to Wittgenstein’s philosophical methods, psychotherapy and psychoanalysis are often taken to be based on science. Freud himself thought that he had established a new scienceof psychology and regarded psychoanalysis as a scientifically informed practice. To unnecessarily interpret Wittgenstein’s therapies as a kind of psychotherapy or psychoanalysis may thus lead one to understand Wittgenstein’s methods as in need of a scientific basis.[[13]](#endnote-13)

 The mistake mentioned above is most clearly committed by Fischer, insofar as his project can be read as an interpretation or elaboration of Wittgenstein’s.[[14]](#endnote-14) Fischer studies therapies for conditions involving delusions and uses insights from cognitive linguistics, cognitive and clinical psychology to shed light on how Wittgensteinian therapeutic philosophy can be practiced (2011b, passim). These insights are empirical in nature, but, as we have seen, philosophical questions are typically notdissolved by coming up with new discoveries. Fischer wants to provide therapeutic philosophy with a scientific basis, but as Bouveresse rightly notes, ‘The therapy of philosophical maladies must […] renounce […] the consolation of leaning on any scientific foundation’ (1995, 19). New discoveries will generate new confusions, but they will not help to dissolve these confusions or to construct methods for doing so. Philosophical methods are not constructed. Fischer is like Freud, the scientist who is ‘building a house’:

In science you can compare what you are doing with, say, building a house. You must first lay a firm foundation; once it has been laid it must not again be touched or moved. In philosophy we are not laying foundations but tidying up a room, in the process of which we have to touch everything a dozen times. (Lee 1980, 24)

The scientific underpinnings of Fischer’s project are thus deeply problematic from a Wittgensteinian perspective on philosophy.

 Did Wittgenstein, then, want to ‘keep philosophy pure’, as Rorty has argued in ‘Keeping Philosophy Pure’? In a sense, he certainly did. Philosophical questions cannot be dissolved by applying scientific or science-based methods and *vice versa*. That is not to say that, in Wittgenstein’s view, science and philosophy cannot influence each other. First, although philosophy is not based on science, science influences philosophy: ‘Is scientific progress useful to philosophy? Certainly. The realities that are discovered lighten the philosopher’s task, imagining possibilities’ (LWI 807). Second, philosophy influences science. Philosophy deals with conceptual confusions. Whenever it succeeds in providing an overview of the use of our words, it helps us to understand which utterances and questions are meaningful. It articulates ‘conceptions and ways of looking at things that scientists may adopt and employ in their work’ (Kuusela 2008, 340). Wittgenstein has convincingly shown that the mind, for example, need not be thought of as a thing, a box in which thoughts or pains are located and can be perceived by looking into it (PI 293). It is evident that such an insight can help scientists. Wittgenstein’s philosophical investigations into the foundations of mathematics and the philosophy of psychology are not isolated from mathematics and psychology respectively. On the contrary, they are designed to show precisely how conceptual presuppositions have decisively influenced their development. In that sense, philosophy indeed comes ‘*before* all new discoveries and inventions’ (PI 126).

The therapies to which Wittgenstein compares his philosophical methods are not necessarily to be thought of as psychological or psychoanalytic therapies. If what his methods have in common with therapies is that they are used to treat problems in order to make them disappear, there is no need to think of psychological therapies alone. Physiological therapies, for example, will do just as well. The same holds if what his methods have in common with therapies is that there are many of them, that there is nothing common to all their instances, but that there is some sort of family-resemblance connection between them (PI 67). In that sense, the comparison with therapies brings out the later Wittgenstein’s methodological pluralism.[[15]](#endnote-15) Yet it is quite natural to think of Wittgenstein’s methods as psychological therapies if one assumes that philosophical methods are literally therapies and that philosophical questions are literally illnesses. They do not seem to be candidates for physical illnesses, and so they are taken to be mental ones. Consequently, the therapies employed to treat them are those kinds of therapy used to treat mental illnesses or disorders, among which psychological and psychoanalytic therapies are prominent.

**5. The Ideal of Health: The End of Philosophy?**

Wittgenstein compares philosophical methods to therapies. Although most commentators consistently use the singular ‘therapy’ (Harré 2009 is a notable exception), the plural is of crucial importance. There is not one way to approach philosophical questions, but there is a bewildering variety of ways to do so, ‘a series that can be continued in both unforeseen and unforeseeable ways’ (Conant 2011, 632). Consequently, the therapies cannot be adequately characterized by describing what they intrinsically consist of or how they all proceed. There will never be a checklist for philosophers, a practical handbook with a list of steps on how to construct philosophical therapies. To try to concretize Wittgenstein’s therapies in this way would be to succumb to a ‘craving for generality’ (BB 17), to ‘nourish one’s thinking with only one kind of example’ (PI 593).[[16]](#endnote-16)

 So how can we clarify what philosophical therapies are? First, by giving examples. In fact, this is precisely what Wittgenstein does in PI (see the ‘mind as a box’ example)*.* Second, by making clear what these therapies are not or not necessarily. They are, for example, not scientific or based on science, and they are not necessarily to be thought of as psychological therapies. Third, they may not be united by a common intrinsic essence, but they are united by the kind of questions that they treat (see section two) and the kind of health that they aim to bring about.

 What do we want to achieve when we treat philosophical questions? What stands to Wittgenstein’s philosophical methods as an ideal of health stands to therapies? Philosophical therapies are aimed at ‘the discovery of some piece of plain nonsense’ (PI 119), at making us understand that the philosophical question we have been trying to ask and answer is based on a misunderstanding. When Wittgenstein says that ‘philosophical problems should *completely* disappear’ (PI 133), he means that particular philosophical problems can and should be completely dissolved. However, this does not imply that *all* philosophical problems can or will be completely dissolved. When a question or problem has been completely dissolved, there is ‘complete clarity’ *on that issue*. When a particular question turns out to be *some piece* of plain nonsense, we will no longer ask it or try to answer it. The question no longer haunts us, and at this point, we can go on and tackle the next question or break off philosophizing if we want to (PI 133). Health consists in the question being dissolved, and not in ‘an ethical and existential change’, as Brand thinks (2000, 7), although the latter might be the result of the former.

 Philosophical questions can be dissolved by applying therapies. Wittgenstein does not suggest, though, that we will ever get to the end of our work, because our urge to misunderstand will make new questions appear and old ones can reappear in different guises. New flies will fly into the fly-bottle (PI 309). We are tidying up a room (see section four), but the room of philosophy is a huge one, and sometimes we think that we are ready, but the room is never tidied up forever, because new things are being brought into it and old dust is constantly falling from the ceiling. We cannot do everything at once, we cannot but proceed on a case-by-case basis, and the fact that the room of philosophy never gets tidied up definitively will often frustrate us. Nevertheless, our work is important: imagine what it would look like if nobody ever tidied up the room!

 Questions can be dissolved in philosophy, but the end of philosophy is not within reach. Similarly, we can tidy up parts of a room and it may become unnecessary for some specific individuals to tidy up some specific parts for some time. But that does not mean that specific parts will ever be tidied up definitively or that tidying up the room will become unnecessary. Conant writes that, according to Wittgenstein, ‘the work of philosophical elucidation – the true office of philosophy – must remain a forever piecemeal and unfinished task (one which, with respect to its application in detail, must go on indefinitely without ever reaching a final resting place)’ (2011, 639). Our conceptual vulnerabilities, due to our being humans and language-users, make the idea that philosophy could ever come to an end simply inconceivable. Wittgenstein wanted philosophical questions to disappear, but he never declared that he considered the disappearance of *all* philosophical questions to be a genuine possibility. What ‘gives philosophy peace’ (PI 133) is not the end of it, but the complete dissolution of particular questions, which results in our (at least temporarily) no longer being troubled by them.

 Why, then, has Wittgenstein’s ideal of health been associated with the end of philosophy by a number of commentators? Churchill sees in the later Wittgenstein’s conception of philosophy a romantic side, involving the idea that ‘philosophy should come to an end with the confusions of its practitioners’, and a prosaic side, involving the idea that ‘philosophy will not come to an end, for its puzzles have no end’ (1989, 110). He does not decide between the two options. Rorty attributes to Wittgenstein the idea that philosophy should come to an end and then argues against it: ‘Philosophy resembles space and time: it is hard to imagine what an ‘end’ to any of the three would look like’ (1982, 29). Jacquette claims that Wittgenstein ‘wants philosophical questioning […] to disappear altogether’, that he proposes a ‘way of eliminating philosophy’ and ‘expects to do away with philosophy’ (2014, 258).

 What may have prompted these interpretations of the later Wittgenstein is, unsurprisingly, the comparison of philosophical methods to therapies. Although certain therapies (both psychological and physiological) sometimes just aim at making illnesses or disorders more bearable, it seems clear that the concepts of ‘therapy’ and ‘illness’ are intimately related to the concept of ‘health’. It is common to interpret ‘being healthy’ as ‘no longer being ill, no longer having any illnesses’. Thus, the mistaken idea that philosophical methods are therapies suggests (although it does not imply) the possibility of a state in which we no longer have any ‘illnesses’, that is, philosophical questions. As we have seen, Wittgenstein does not consider this to be a genuine possibility at all.

**6. Conclusion: The Misleading Effect of an Analogy**

It is true that Wittgenstein’s remarks on philosophical methods sometimes amount to what Monk has called ‘oracular pronouncements’ (2005, 35). Wittgenstein often offers comparisons without explaining them. This makes them difficult to understand. The most important point of this article is that, in order to understand them, the comparisons have to be taken *as comparisons*: they point at certain features that philosophical methods and what they are compared to have in common. The comparison between philosophical methods and therapies is certainly fruitful, but it can be misleading if we forget that Wittgenstein presents ‘the model [therapies] as what it is, as an object of comparison – as a sort of yardstick; not as a preconception to which reality *must* correspond’ (PI 131). *That* is, as I hope to have shown, a point that has all too often been overlooked.

 The results of this article are, at least, some answers to crucial questions. Wittgenstein does not think that philosophers are ill, that philosophical questions are illnesses, that only philosophers are patients of philosophical therapies. Not all philosophers qualify as therapists, Wittgenstein’s therapies are not necessarily to be thought of as psychological therapies and their ideal of health does not consist in the end of philosophy. The answers tell us in the first place what philosophical therapies are not*.* They serve as a warning not to extend the comparison beyond its own limits, not to let everything we associate with ‘therapies’ or ‘illness’ influence our interpretation of Wittgenstein without there being evidence in his work for our claims; in short, not ‘to make the analogy hold throughout’ (BB 7). Analogies can easily mislead us and, to quote Wittgenstein, ‘by our method we try to counteract the misleading effect of certain analogies’ (BB 28), and ‘it is the apparent analogy, and again the lack of analogy, between these cases which causes our trouble’ (BB 49). A convincing interpretation of Wittgenstein’s comparison of philosophical methods to therapies in PI has to build on an overall understanding of his methods in PI and draws its evidence primarily from PI itself. The comparison should not be interpreted by using the word ‘therapies’ as a starting point from which properties are being projected onto the philosophical methods advanced by Wittgenstein.

 Wittgenstein writes: ‘The use of expressions constructed on analogical patterns stresses analogies between cases often far apart. And by doing this these expressions may be extremely useful’ (BB 28). The comparison of philosophical methods to therapies is surely useful and important, but it is one comparison among others. It makes sense to talk about Wittgenstein’s therapeutic methods, but, at the same time, there are aspects of his methods that are not adequately captured by the therapeutic simile. The comparison does not provide a stable basis on which an understanding of the later Wittgenstein’s conception of philosophy can be built. To get a clearer view of the later Wittgenstein’s methods, a promising way might be to analyze other comparisons on philosophical methods (e.g. showing a fly the way out of the fly-bottle, arranging books of a library (BB 44), etc.), starting from a small number of interrelated questions.[[17]](#endnote-17) Although a systematic account may never emerge, an overview of Wittgenstein’s comparisons and what they do and do not tell us about his methods may prevent us from seeing his conception of philosophy through the glasses of only a single comparison; from, in Wittgenstein’s words, being held captive by a picture (PI 115).

**Notes**

1. The titles of Wittgenstein’s works will be abbreviated in the text as indicated in the references. Numerals refer to section numbers in Z, LWI, PI and PPF, and to page numbers in the other texts. ‘PPF’ stands for ‘Philosophy of Psychology – A Fragment’, which has become, after the publication of the revised, fourth edition of PI(2009), the new title of what was previously known as part two of PI*.* [↑](#endnote-ref-1)
2. As a reviewer has remarked, Wittgenstein expressed serious doubts about his work in the Preface of PI. Why then should we take PI as authoritative? The best reason for regarding PI as authoritative is the very first sentence of the Preface: ‘The thoughts that I publish in what follows are the precipitate of philosophical investigations which have occupied me for the last sixteen years’. This makes it quite clear that Wittgenstein saw PI, for all its defects, as the most authoritative text for his later views. What also makes PI authoritative is that Wittgenstein decided to have it published, something he did not decide to do with any other later works. [↑](#endnote-ref-2)
3. There is some discussion about whether there are significant differences between Wittgenstein’s conception of philosophy in BT and BB on the one hand and PI on the other. Conant, for example, argues for there being such significant differences (2011), while Hacker defends the opposite view (2012). I will not take sides in the debate here, but I want to emphasize that, when I quote BT or BB,I take these quotes to be illustrative of (and therefore obviously compatible with) Wittgenstein’s position in PI*.* The fact that some quotes from BT and BB can be used to illustrate Wittgenstein’s conception of philosophy in PI is compatible with both Conant’s and Hacker’s position. [↑](#endnote-ref-3)
4. ‘Make them disappear’ can mean ‘make them stop to exist’, but it can also mean ‘reveal them to have never been in existence’. Wittgenstein wanted to do the latter with philosophical problems, but philosophical problems are dissimilar to illnesses in this respect, as these are mostly not dealt with by showing that they have never existed. So, although there are certainly some similarities between philosophical methods and therapies, much care is needed in spelling them out. This supports my conclusion that there are many aspects of Wittgenstein’s methods that are not adequately captured by the therapeutic simile. [↑](#endnote-ref-4)
5. Scholars have very different opinions about appropriate definitions of ‘illness’, ‘disease’ and ‘disorder’. I have decided to stick to the definitions given in dictionaries. These definitions capture what we commonly mean by the terms mentioned, and it would be strange if contemporary discussions about the definition of these terms were needed to understand what Wittgenstein meant by them. [↑](#endnote-ref-5)
6. **Take, for example, ‘Wittgensteinian philosophy is a quest to find a genuinely effective way of undoing the suffering of minds in torment’ (2010, 150). If a metaphorical reading of Read and Hutchinson’s claims is possible at all, I do not see why one would favour a metaphorical rather than a literal reading.** At least, the literal reading seems to be the most straightforward one, and if ‘mental disturbances’ is meant metaphorically, Read and Hutchinson should have done more to make that clear so as to prevent the sentence from being misleading. [↑](#endnote-ref-6)
7. Readers have suggested that I should think about several passages in other sources where the ‘illnesses’ to be cured by philosophical therapies seem to be conditions or states rather than questions or problems. These passages are (1) CV 50 (‘The philosopher is someone […]’), (2) Anscombe 1981, viii-ix, (3) Baker 2013, 69-70, (4) McGuinness 2012, 367 (‘We are all *sick* people.’) and (5) BT 300 (‘What has to be overcome […]’). For reasons of space, I cannot discuss these contexts here, but I would like to note, first, that these passages do not occur in PI. That does not mean, of course, that they do not throw light on the later Wittgenstein’s understanding of philosophy. To focus on PI alone does not immunize oneself against what Wittgenstein says in other sources. It means only that, even if the contexts would turn out to be incompatible with the reading I put forward, they would not therefore show that reading to be wrong or just one reading among many equals. Such a major challenge to the reading I present could only be based on quotes from PI. (Conversely, I do not claim that the reading I present incorporates everything Wittgenstein ever wrote or said in other works. But I do claim that PI is the most authoritative source when it comes to Wittgenstein’s later philosophy.) Second, the suggested passages (apart from BT 300) do not uncontroversially belong with Wittgenstein’s *philosophical* works. Again, I want to stress that this does not mean that these passages cannot make an important contribution to our understanding of Wittgenstein’s later philosophy, but only that, in trying to understand the later Wittgenstein’s philosophical methods, priority should be given to PI in the first place and to Wittgenstein’s other later philosophical works in the second, as I have done in the article. Third, although these passages may *seem* to challenge the reading I put forward, I do not think that they are incompatible with my proposed reading. Support for this claim cannot be offered here, but I hope to deal with the issue elsewhere. [↑](#endnote-ref-7)
8. This is Jacquette’s view (2014, 266). He truly claims that philosophical problems *exist in* language, but that does not imply (as he seems to think) that the problem *is* language. Moreover, Jacquette’s view seems clearly to contradict PI 98. [↑](#endnote-ref-8)
9. It seems confused, in this respect, to claim that ‘to state that what we are tempted to say is ‘something for philosophical treatment’ is to identify such temptations as the objects of clarification’ (Kuusela 2008, 44). [↑](#endnote-ref-9)
10. To be sure, Fischer does not deny that philosophers can have a perfectly normal life outside of philosophy. The only thing I want to say here is that the term ‘sickness’ may lead one to suppose that philosophers do *not* have such a normal life. [↑](#endnote-ref-10)
11. On Wittgenstein’s ambivalent relationship to Freud’s work and psychoanalysis, see Majetschak 2010 and Bouveresse 1995. For reports about Wittgenstein’s anger when it was suggested that his philosophical practice was a kind of psychoanalysis, see Bouwsma 1986, 36; Malcolm 2009, 39, 48, 101; McGuinness 2012, 390. [↑](#endnote-ref-11)
12. Baker discusses his claims in the particular context of Wittgenstein’s ‘Dictation for Schlick’, but adds that ‘arguably this particular conception of therapy […] runs through and unifies all of his [Wittgenstein’s] later philosophy’ (2004, 219). [↑](#endnote-ref-12)
13. This is not to say that seeing Wittgenstein’s therapies as a kind of psychotherapy or psychoanalysis *implies* seeing Wittgenstein’s methods as science-based. Psychotherapy or Freudian psychoanalysis do not *have to* be seen as science-based. Many commentators have been able to avoid the danger mentioned here. Yet it remains clear that Fischer has notbeen able to do so. [↑](#endnote-ref-13)
14. Fischer writes that he does not want to engage in any Wittgenstein exegesis, but that he proceeds from a Wittgensteinian inspiration (2011a, 23). Even if we assume that Fischer’s project is not to be read as an elaboration of Wittgenstein’s, it still serves as an example of how Wittgenstein’s cannot be elaborated. [↑](#endnote-ref-14)
15. Conant thinks, as he pointed out at the 36th International Wittgenstein Symposium in Kirchberg, Austria (2013), that what is most important about Wittgenstein’s comparison of philosophical methods to therapies is exactly this idea of methodological pluralism. See also Jacquette 2014, 252. **If the comparison to therapies is meant to bring out the later Wittgenstein’s methodological pluralism, it becomes misleading to ask what the alternative to psychotherapies is supposed to be. We do not have to *specify* ‘therapies’ in any particular way in order to see what Wittgenstein was driving at when he made the comparison, and doing so may prevent us from seeing Wittgenstein’s point because it reduces the plurality in ‘therapies’.** **Wittgenstein may have wanted to emphasize that there are many different philosophical methods, just as there are different kinds of therapies. If we reduce (or think we need to reduce) ‘therapies’ to a specific kind of therapy, this aspect of the comparison disappears.** [↑](#endnote-ref-15)
16. Horwich, for example, tends to succumb to this craving for generality. He lists, under the telling heading ‘The General Form of a Philosophical Issue’, eight elements or stages which he takes to represent the structure of Wittgensteinian philosophical problems (2012, 50). [↑](#endnote-ref-16)
17. That does not mean that Wittgenstein’s characterizations of philosophy by means of comparisons should be privileged over characterizations in which no comparisons are used. What I offer here is a suggestion for dealing with Wittgenstein’s comparisons. I do not want to downplay the importance of Wittgenstein’s remarks on philosophy wherein he does not use any comparisons.

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