

'Meaning as Use' in Psychotherapy: How to Understand 'You have my Mind in the Drawer of your Desk.'

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Most commentators on Wittgenstein agree that his first remark in his 1914-16 Notebooks: *Logic must take care of itself* set the stage for much of his later work. As he wrote a few sentences later: *This is an extremely profound and important insight*. It led him away from the common realist belief that there is a system of pre-given truths in the world for which we must select the corresponding signs. The assumption that language merely reflects certain fundamental features of the world; the temptation to think that meaning is something that is correlated with a word. Instead we should attend to the use of words within the context of our life; the meaning of a word is its use in the language game.

There is no explanation possible as to the relation between language and reality. Instead we have to clarify the workings of language from within to see how logic takes care of itself. We have to recognise how a symbol symbolizes and for this we cannot go outside language and inspect language and the world from there.

Philosophy is purely descriptive. Its problems are not the same as scientific ones. These are, of course, not empirical problems; they are solved, rather, by looking into the workings of our language, and that in such a way as to make us recognise those workings; in despite of an urge to misunderstand them. (PI. 109)

I will not argue for this, as Wittgenstein does and many commentators (eg. McGinn 2006) I will briefly show that most psychiatrists, psychoanalysts, and cognitive therapists (CBT) assume a realist position. They assume the logical structure of language is imposed from outside, by the ultimate structure of reality, and this picture influences their therapy.

Instead of understanding language as autonomous, they assume there is a direct link between bits of language (words) and bits of the world (objects). For example, that we learn the meaning of the word 'red' by applying it correctly to our visual experience of red. Thus the concept of 'red' seems to point in two directions; to something public, the colour red, and to something in my mind that I know by introspection, this experience of red that I have. This belief, that there is an outer world that is real and objective, and an inner world of my psychological experiences that must correctly fit the outer world if I am sane, has a profound influence on their picture of therapy.

To make this discussion as concrete as possible we will discuss a particular patient who insisted that her mind was in the draw of her therapist's desk. I will briefly discuss the theoretical approach of psychiatry, psychoanalysis, and CBT to this phenomenon and then discuss a purely descriptive understanding of it.

To the psychiatrist there is clearly a misfit between the patient's belief that her mind is in the drawer of a desk and the objective fact that minds cannot be in drawers. So there is obviously something wrong with the person's mind, or rather brain, because the mind is assumed to be a causal product of the brain. So the psychiatrist would not be interested in talking to the person to understand what

they mean, but would go straight to what he thought as the cause of the trouble. He would treat the cause by means of a drug, inferring that there is something wrong with the patient's brain chemistry.

To the psychoanalyst too, there is an obvious misfit between the patient's beliefs and reality. Freud thought that external reality, the external world, is correctly described by science, but the pleasure principle, which rules the unconscious and so is internal, tends to replace the reality principle. We easily become ruled by wishes and so our beliefs become wish fulfilments. To cure the patient we have to transform his pleasure ego into a reality ego. This is a difficult process and certainly involves talking to the patient, but it is directed by psychoanalytic theory. It is not descriptive, attending to the use of the words spoken by the patient in the context of his life.

CBT grew out of traditional behaviour therapy. It assumes there are internal covert processes called 'thinking' or 'cognition' that occur in the mind and these mediate behaviour change. These processes can be monitored and altered and so desirable behaviour change may be effected through cognitive change. It assumes that emotions are caused by beliefs and these are represented in the mind as words and images. Obviously, to get angry with your therapist for having your mind in her drawer is undesirable and unreasonable, so various methods to change the beliefs causing this behaviour would be designed. Once again the therapist has an external relation to what is spoken by the patient; he has a theory of the mind that he applies, assuming that their words, beliefs, and behaviour are wrongly correlated with external reality.

Meaning as use.

The notion of an internal relation is an idea that Wittgenstein employs throughout his philosophical career. He argued that language stands in an internal relation of depicting to the world. An external relation is a relation between two items that can be conceived independently of one another and it is a matter of discovery or hypothesis. Thus if someone has a sore throat caused by streptococci, then there is an external relation between the bacteria and the sore throat which has been discovered.

On the other hand, Wittgenstein held that the relation between language and the world that it depicts is not a hypothetical relation between items that can be grasped independently of one another. Language does not reflect features of the world but is in an internal relation to it. Language is a form of life. The link between a sentence and what it means is not to be discovered by means of a hypothesis but rather by seeing the rules that enable us to derive one from the other. Thus the propositional sign 'p' is distinct from the fact that 'p' but they are internally related in so far as we use the propositional sign 'p' to represent the fact that 'p' is the case. We come to see the relation between language and the world it represents more clearly, not by discovering something deep in the mind' but by clarifying the rules of grammar in virtue of which we use

propositional signs to say how things stand. To discern the details of language as use, the structure and function of a particular piece of our language, we need to look and see how the language is actually used in the person's life.

How are we to use this insight in understanding our patient who was so angry that her therapist kept her mind in the drawer of her desk? If there is an internal relation between words and what they signify then it is their use that shows their significance. For language and world are not two interdependent notions if they are internally related. As it is in language that subject and world meet, then it makes no sense to have a notion of a thinking subject that is independent of the language in which a subject represents some state of affairs. Therefore we must reject the idea of a substantial determinate conception of a subject who we can talk to and possibly correct, that is independent of how they represent states of affairs. Similarly we must reject the notion of an object that can be pointed at independently of a subject that represents it. For example, to open the drawer and demonstrate that there is no mind in it, would be dropping back into having an external relation to the subject's world. For our world is within the cognitive grasp of anyone who understands the states of affairs represented by the propositions of our language. *Since everything lies open to view there is nothing to explain.* (Pl. 126)

What we do is to encourage the person to talk freely and we respond 'internally' to them. That is, we do not apply any theory of the mind or of its disorders upon them, that would be to have an external relation to them. It would be treating them as if they were an entity apart from their use of language. But this is much more easily said than done.

Human beings are deeply imbedded in philosophical, i.e. grammatical, confusions. And freeing them from these presupposes extricating them from the immensely diverse associations they are caught up in. One must, as it were, regroup their entire language.- But of course this language developed as it did because human beings had -and have- the tendency to think in this way .Therefore extracting them only works with those who live in an instinctive state of dissatisfaction with language. Not with those who, following all their instincts, live within the very herd that has created this language as its proper expression. (BT. p.311)

In our society the expectation is that we have a theory of the mind and its disorders and that we apply this to the patient. This works fairly well in ordinary medicine. We describe what is troubling us to the doctor and he then gives us the treatment and we obey, mostly. The doctor here has an external relation with what has been said by the patient. The patient uses language to refer to something he feels is wrong, and the doctor takes what he refers to as true and uses a method, usually giving a drug, to alter it.

But supposing someone says that they are depressed, unhappy, fearful, obsessed, addicted, in despair. Does this fit the simple picture of there being some thing wrong with them and that this thing simply needs correcting? I do not have the space to go into this but note that people typically say, 'I am depressed' etc. In other words they have named themselves as being depressed, etc. Now as I have indicated above, when we have an internal relation to our world there is no self, as an entity, that is in relation with the world. *The world and life are one. I am my world.* (Tract. 5.621-5.63)

Wittgenstein goes on to say that no part of our experience is at the same time a priori. Whatever we see could be other than it is.

Whatever we can describe at all could be other than it is.

There is no a priori order of things. (Tract. 5.634)

But this, of course, is precisely what the patient does not understand. When he says 'I am depressed' etc. he has a picture of an entity 'I' which is a priori and this is in a fixed role in a particular system of language. He has created an intellectual monster that controls him. It is the task of therapy to loosen the grip of this picture by allowing him free reign to say what comes to mind and so find the emptiness of the pictures that have been constructed. Instead of passively accepting a particular interpretation of experience he comes to see differences in experience.

B. Latham.

A woman came to see me.

She said she did not exist, insisting she was not a proper person and was tired of pretending. She could not go on watching other people to see how to behave to be a person.

Occasionally she shouted at me 'Don't talk to me as if I'm a person'.

Week after week she insisted she was the wrong kind of person for therapy and that she had a bit missing, she would never manage to do what was expected of her.

The level of frustration in sessions was very high and she seemed in considerable fear in my room. She jumped at any small noise, then shook as if it was still going through her long after the noise had stopped. She spoke often of her longing for a sealed box where she could find respite.

The day I found myself trying to catch noise before it hit her, I realised how I was trying to be in her mind and out of myself, and that I had better sit in my own body rather than try to meet her disembodied demands.

When she realised I'd shifted, it unleashed her fury. She wanted to smash me and my room to bits. It had to be her mind or mine. If I wasn't trying to be in her mind it was hopeless, she insisted, and began accusing me of keeping her mind and not letting her have it.

This became the certainty that her mind was in my drawer.

We went through several difficult weeks. She was either furious or shaky. One day she said accusingly 'You have a new car'. She had seen my husband drive up as she arrived. Unknown to me she had been coming past the house daily to check the car, to reassure herself that I was looking after her mind in the drawer. The car had been gone for weeks and she had been in a bad way assuming I was never at home.

This enabled a fragile exchange between us, the tiny beginning of a meeting of minds.

I concede two things to her that she wanted, to escort her right out of the house to the street and to give up a Friday time that she knew I wanted free.

These seemed to break the impasse of power, her mind or mine. Conversation became possible.

I began to understand . Her mother, as a professional expert, wrote articles on how to bring up children. She used to prepare a timetable of activities for every half-hour for her own children, even play was strictly specified. She also wrote accounts of these activities which were far from truthful. The children lived in fear that they could not show for the mother raged at any failure to be as she required.

It began to make sense that the woman believed herself to be only a thought in her mother's mind and so not a proper person.

Literature

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