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Two Types of Philosophical Therapy: Wittgenstein's Late Discovery of Freud

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Abstract

A variety of influential readers of Wittgenstein endorse the view that Wittgenstein consistently held onto one conception of philosophical therapy (the 'singularity assumption'). This article argues against the singularity assumption according to which there are two fundamentally different types of philosophical therapy present in the early and later Wittgenstein. This change is elicited by Wittgenstein 'discovering' the idea of psychoanalysis after the *Tractatus*, this discovery's impact being more fundamental than is usually assumed. To this end, the article offers anoverview of direct and circumstantial historical evidence to pinpoint the earliest point of engagement of Wittgenstein with Freud's work. The result is that, considering the relatively late 'discovery' of Freud, the dissolution of nonsense in the *Tractatus* can be qualified as a substantially different form of therapy, presenting a serious discontinuity in Wittgenstein's metaphilosophical thought begotten by Wittgenstein's introduction to Freud's work in (most likely) 1919.

This paper examines the relation between Ludwig Wittgenstein's conception of philosophical clarification and Sigmund Freud's psychoanalytic method. I argue that the affinity between them lies not in their subject matter but in their shared therapeutic orientation. Both treat intellectual disturbance as sustained by forms of resistance that prevent the recognition of what is already, in a sense, available to the subject. The *Tractatus Logico-Philosophicus* presents philosophical clarification as a form of auto-therapy: the reader must traverse the sequence of propositions and ultimately recognize their nonsensicality, thereby dissolving the illusion of philosophical insight. Wittgenstein's later philosophy develops a different therapeutic practice. In the *Philosophical Investigations*, philosophical problems are approached piecemeal through reminders, comparisons, and examples that aim to restore perspicuity over our use of language and to release us from pictures that hold our thinking captive. While Freud's therapy addresses psychic conflict and Wittgenstein's addresses conceptual confusion, both conceive understanding as something that must be achieved through a process of working through. The comparison illuminates the transformation of Wittgenstein's philosophical method and clarifies the sense in which philosophy, for him, may be understood as a therapeutic activity.

Keywords: Wittgenstein, therapy, psychoanalysis, Freud, metaphilosophy, method

Introduction

It is contested what exactly therapy in Wittgenstein's work amounts to, and whether his views on the nature of philosophy as therapy changed over the course of his life. Since the so-called *Tractatus Wars*, i.e., the critical discourse between proponents of the *resolute reading* and the sometimes-so-called *metaphysical reading* of the *Tractatus*, some authors in the resolute camp have used the adjective "therapeutic" to characterize Wittgenstein's methodology in the *Tractatus* (cf. Crary 2000, Read & Lavery 2011). While some hold that Wittgenstein's statements in the *Tractatus* about dispelling nonsense (e.g., Read 2005, 98) already constitute a therapeutic approach to metaphilosophy, others have focused on the more direct statements in his later philosophy, such as those that view philosophical problems as an "illness" (Wittgenstein 1953, §255). Since (later) Wittgenstein remains relatively vague what treating such an illness amounts to (for example, by "assembling reminders", Wittgenstein 1953, §127), it is not clear how that approach would be continuous with the focus of exposing certain philosophical statements as nonsense, i.e., the idea championed in the *Tractatus*. It is not clear in what sense the idea of philosophy as identifying and rejecting nonsense is properly called "therapeutic". The indiscriminate usage of "therapy" with regards to different stages in the development of Wittgenstein's thought obscures his intellectual development after finishing the *Tractatus* and his further development of what it means to dissolve philosophical problems.

This article argues that there are indeed two kinds of therapy present in the early and later Wittgenstein in a way that is obscured and not sufficiently caught by simply conceiving of it in both cases as an elaboration of the philosophical method of the *Tractatus*. More specifically, this article suggests that Wittgenstein's view on the therapeutical role of philosophy drastically changed with Wittgenstein's 'discovery' of Freud's work which constitutes a major change in Wittgenstein's philosophical development that is sometimes underestimated by some commentators who assume a substantial amount of continuity between the *Tractatus*-Wittgenstein and the Post-*Tractatus*-Wittgenstein. To this end, this article offers a hitherto not existing compilation of historical evidence regarding the temporal ramifications of Wittgenstein's engagement with Freudian psychoanalysis. This article makes two distinct, but interlocking claims.

(1) Historically, it is highly likely that Wittgenstein only began seriously

engaging with Freud's work after the *Tractatus* was completed but before it was published, around 1919.

(2) Interpretively, Wittgenstein's engagement with Freud provided conceptual resources that enabled a transformation of his metaphilosophical stance: from a form of self-directed dissolution of metaphysical temptation in the *Tractatus* to a dialogical therapeutic method marked by resistance, diagnosis, and treatment in the post-*Tractatus* writings.

Crucially, the historical claim does not entail the interpretive one. My argument does not rest on the claim that reading Freud caused Wittgenstein's methodological shift. It is more likely that Freud's framework serves as a conceptual lens that helps us make sense of Wittgenstein's later therapeutic practices, which differ significantly in form, scope, and textual strategy. The historical evidence is thus contextually illuminating rather than logically determinative: even if Wittgenstein had developed the *Tractatus* in complete ignorance of Freud, nothing would prevent a retrospective recognition that aspects of his later therapy resemble psychoanalytic structures. Accordingly, my aim is not to deny all continuity in Wittgenstein's conception of philosophy but to challenge what I call the *singularity assumption* – the idea that the notion of "therapy" remains fixed across his career. Whether one aligns with resolute or metaphysical readings of the *Tractatus*, I contend that Wittgenstein's later therapeutic model represents a *reconfiguration* rather than a mere extension of the early one: its tools, procedures, and dialogical stance shift in ways best understood against the background of his engagement with Freud, even if his overarching concern with dissolving philosophical suffering remains.[1] –

Auto-therapy designates the self-directed therapeutic process exemplified in the *Tractatus*, where the reader must personally traverse the sequence of propositions and ultimately recognize them as nonsensical. The therapeutic effect lies in this first-personal realization: the reader both undergoes and performs the dissolution of philosophical illusion.[2] It is unlikely that Wittgenstein had a sophisticated idea of what psychotherapy was at the time of writing the *Tractatus* in a way that would clearly indicate

[1] There are some Wittgenstein interpreters who seem to take seriously the effect Freud had on Wittgenstein, e.g., Baker (2004), Majetschak (2008), Hayashi (2023), Lazerowitz (1977), or Hopkins (1999). But even these commentators tend to overlook the historical ramifications of Wittgenstein's 'discovery' of Freud.

[2] This understanding is partially inspired by Cavell's (1979) reading of Wittgenstein's methodology.

that the auto-therapy of the *Tractatus* is anything like the philosophical psychoanalysis he develops later. If there is substantial continuity in this regard between the early to middle and late Wittgenstein, it is continuity in his sensibility to human suffering and the longing for intellectual peace by putting an end to the problems of philosophy.

Adding some important caveats, this article does not judge whether Wittgenstein's reading of Freud is faithful, for probably in "the end, Wittgenstein's Freud is much more Wittgensteinian than Freudian" (Cameron & Forrester 2017, 342). Conversely, Freud's oeuvre and legacy are notoriously contested such that this article only focuses on the way in which Wittgenstein received Freud's thought. Additionally, regarding the "Tractatus Wars" this article shall remain neutral on whether the resolute (or therapeutic) versus the metaphysical reading of the *Tractatus* is correct, focusing mainly on the claims made by resolute readers on the nature of therapy in the *Tractatus*.[3] For the context of this paper, it might be sufficient to entertain the following conditional: if the resolute reading is true, philosophical therapy in the *Tractatus* is characterized in the manner explicated in this article. Even those opposed to the *whole* therapeutic reading of the *Tractatus* will most likely admit that there are certain elements or aspects that suggest some therapeutic impetus, even if one wishes to maintain that the *Tractatus* as a whole is not therapeutic in the sense resolute readers want it to be.[4] Finally, over the course of his middle to late period, Wittgenstein offers a variety of metaphilosophical self-descriptions of his own work other than therapy. Most notably, Wittgenstein writes about giving conspicuous representations (*übersichtliche Darstellungen*, including the idea of philosophy being piecemeal, the assertion that he simply gives us 'sketches of landscapes' and the idea that

[3] Hacker (2000) offers one of the most forceful critiques of the resolute reading to be convincing, cf. also Lippitt & Hutto (1998).

[4] One major difficulty in arguing his point consists in an almost ideological divide between more analytic readers of Wittgenstein and readers one might conceive of as "continental". Some analytic readers of Wittgenstein focus on linguistic themes of both the *Tractatus* and Wittgenstein's later period, underappreciating the effect the concepts of psychoanalysis and psychotherapy had on Wittgenstein (cf. Peterman 1992 as an exception). As Fischer (2011b, 49) notes, Wittgenstein scholarship views therapy in Wittgenstein as a "comparison or analogy which should not be carried too far". The reason why in particular the analytic wing of Wittgenstein scholarship resists the connection to Freud lies with its general hostility and dismissiveness towards psychoanalysis in general, championed early by Karl Popper (Edmonds & Eidinow 2001, 76 & 178, cf. Hopkins 2014 as an exception).

This relative disregard for psychoanalysis in Wittgenstein's thought is puzzling when considering Wittgenstein's own neuroses, his suicidal thoughts, the difficulties with his sexual identity in 20th century Europe, depression, and the suicides of his two elder brothers (Peters 2019).

philosophy is "purely descriptive" (Wittgenstein 1998, 106), eschewing forms of science-like explanation (Spiegel 2021). This article does not offer a complete account of how such seemingly disparate remarks hang together, but only asserts that there is no inherent contradiction between the idea of philosophy as psychotherapy and other metaphilosophical remarks of the later Wittgenstein.

1. The Singularity Assumption: Just one Form of Therapy?

While there is no consensus about virtually *any* aspect of Wittgenstein's metaphilosophical thought, some theses pertaining to questions regarding the notion of therapy in his work are more established than others. There are two such common, yet incompatible theses I dub the *continuity thesis* vs the *turn thesis*.

Continuity thesis:	Wittgenstein was concerned with philosophy as therapy throughout his whole career, from the *Tractatus* onwards.
Turn thesis:	Wittgenstein developed philosophy-as-therapy only sometime after the publication of the *Tractatus*.

The turn thesis and the continuity thesis are incompatible. The continuity thesis seems to be endorsed, at least implicitly, by proponents of the resolute reading of the *Tractatus* (for overviews cf. esp. Bronzo 2012, 59; Conant & Bronzo 2017), which is co-incidentally sometimes called therapeutic reading. Read and Lavery write that this "*New Wittgenstein* was concerned […] with the reading of Wittgenstein's corpus emphasizing a 'therapeutic' continuity between what are traditionally seen as his 'early' and 'late' periods" (Read & Lavery 2011, 1). Hutchinson & Read (2010) write similarly: "We might then describe Wittgenstein's entire career thus: As a sequence of (on balance) deepening experiments in how to conduct philosophy such that it is actually therapeutically effective". And White (2011, 47) writes that the point of the therapeutic reading championed by Diamond and Conant is, as it were, to "somehow establish a continuity between the *Tractatus* and Wittgenstein's later work".

On the other hand, some other readers seem to imply that Wittgenstein only later (in the 1920s or in the 1930s) developed the idea that philosophy is or ought to be therapeutical in nature. This interpretive stance is often

left implicit, but more explicitly found, for example, in Hacker (1986, 146ff.) and McDowell (1996, 2015).

Whether one endorses a variation of the turn thesis or continuity thesis marks a crucial conviction in one's view on Wittgenstein's thought. The debate between continuity and turn interpretations often proceeds as if Wittgenstein's conception of therapy were unified. This understanding of a unified conception of therapy seems to go as follows:

Singularity assumption: There is *just one type* of therapy in Wittgenstein.

In what follows, I approach the question of continuity and change through this lens, asking whether Wittgenstein's understanding of philosophical therapy itself undergoes significant development. Proponents of the continuity thesis may assume that Wittgenstein developed one notion of philosophy-as-therapy, e.g., as the dissolution of problems, in the *Tractatus* and stuck to this notion throughout the rest of his philosophical career.[5] On the other hand, proponents of the turn thesis may propound the view that Wittgenstein was not concerned at all with therapy in the *Tractatus*, but that he developed *one singular* notion of philosophy as therapy sometime later.

The singularity assumption is expressed by different authors with different degrees of clarity. Gordon Baker writes that it "is known that Wittgenstein conceived of philosophy primarily as a kind of therapy" (Baker 2004, 205), where he seems to imply that this conviction is held by early and later Wittgenstein. Read & Deans (2011, 156) ascribe to resolute readings the aim of "[a]llowing the natural continuation of the therapeutic method of the Tractatus". Likely no one puts the continuity thesis as clearly as Steven Gerrard in the (aptly titled) *One Wittgenstein?*: "[T]his is the same method in both the *Investigations* and the *Tractatus*" (Gerrard 2002, 65).

The different views on the role of therapy in Wittgenstein's thought in many cases seems to take for granted that the notion of therapy that figures in Wittgenstein's thought is unitary and stays the same. What varies, according to those differing proposals, is the point in time Wittgenstein adopted this supposedly unitary notion of therapy.

[5] The continuity thesis does not imply that Wittgenstein did not change at all throughout his career, cf. Conant's *Mild Mono-Wittgensteinianism* (2007).

2. Auto-Therapy and the Tractatus

Resolute readers of the *Tractatus*, spearheaded by Cora Diamond and James Conant (2004), Diamond (1988), Diamond (2000), Conant (2001), McGinn (1999), White (2006), hold that the correct way of reading the *Tractatus* is to take proposition 6.54 literally with all seriousness one can muster:

> My propositions serve as elucidations in the following way: anyone who understands me eventually recognizes them as nonsensical, when he has used them–as steps–to climb beyond them. (He must, so to speak, throw away the ladder after he has climbed up it.) He must transcend these propositions, and then he will see the world aright. (Wittgenstein 2001b, 6.54)

Not taking the content of 6.54 seriously is akin to "chickening out" (Diamond 1988, 7). According to the resolute reading, the *Preface* and the proposition 6.54 constitute a frame for the statements posited within this frame (Hacker 2000) such that the statements 'framed' by the Preface and 6.54 amount to nonsense, i.e., strings of words without any meaning. Accordingly, the *Tractatus* dissolves philosophical problems as nonsense, rather than provide theories to solve them, as it were. Dissolution and confusion play a crucial role in the *Tractatus* (Wittgenstein 2001b, 3.324, 4.112) and even if one is critical of the resolute reading, one may still accept that there are therapeutic *elements* in the *Tractatus* even if those elements may not fully determine the methodological direction of the book.

Some hold there is an intimate connection between the form of the text and the content of the text:

> There is a tradition of philosophical writing […] in which the form of the philosophical text is thought to be integral to its purpose. The form of the text is modeled on a process of discovery. (Conant 1993, 195)

Two prime examples are found in Descartes' *Meditationes* and Kierkegaard's *Either / Or*. In particular, the famous steps of the second meditation in the Cartesian *Meditationes* speak of Descartes themselves because the act of doubting, and the discovery of the *cogito*, is to be done first-personal (Descartes 2008, 14). In a similar fashion, Kierkegaard's *Either / Or* wants the reader to rehearse the steps that consider the aesthetic, the ethical, and the religious forms of life. One may contend here, too, that it is not accidental that Kierkegaard had chosen the particular style of presentation (fictional letters compiled by a fictional

editor) rather than an ordinary philosophical treatise on ethics. While one may find propositional arguments in *Either / Or*, the way of presenting the themes of this work seems to be part of the persuasive force that cannot simply be subtracted.[6]

One can view the therapeutic reading of the *Tractatus* along the same lines. If the therapeutic reading is correct, the form of the *Tractatus* itself, in particular the framing by the Preface and 6.54, constitutes an essential role in determining its content. Such specific deliberate literary decisions adumbrate an intellectual as well as an existential journey. It seems integral to whatever the *Tractatus* wants its reader to understand that the reader has self-enacted the path that the *Tractatus* itself laid out. In other words, skipping towards the end of the work to just look at the conclusions would be to not get the point of the work.

Going forward, I call this therapeutical approach *auto-therapy*,[7] pertaining to those works whose full grasping is at least somewhat contingent upon the recipient of the work *self-reenacting* the unfolding of the text. If this kind of self-re-enacting understanding can be christened auto-therapy, it is special insofar as the reader is both the subject and object of therapy as he or she successively comprehends its statements. The reader of the *Tractatus* is supposed to go through the movements of the thought present to him or her alone.

3. Wittgenstein 'Discovers' Freud

There is a dearth of historical evidence and secondary literature on the concrete relations between Ludwig Wittgenstein and Freud. This is noteworthy, even when taking their 33-year age difference into account, because both belonged to similar social strata of the Viennese upper class of their time. On the other hand, it is fairly well documented that Ludwig's (arguably favourite) sister Margaret kept a relatively close and cordial relationship with Freud, first meeting him in the early 1930s (Edmonds & Eidinow 2001, 76). Not only did Margaret meet Freud several times, she

[6] An anonymous referee asked why this is not also true of the form of the PI. Although Wittgenstein himself states that he chose this particular form of the PI because he cannot arrange his thoughts in single systematic order, one could also make the argument that this specific form, even if not deliberate, is reflective of the piecemeal approach, such that form and content would match yet again.

[7] Fischer (2011a, 253f.) stresses that the later Wittgenstein predominantly uses himself as a subject for therapy. However, philosophical psychoanalysis is, unlike auto-therapy, only contingently directed upon oneself.

also worked with Freud as a nurse at the same hospital in the 1930s, with her and her son also privately receiving psychoanalytical treatment by Freud on the side. She furthermore used her connections as a member of the Wittgensteins and as the wife of John Stonborough to help Freud escape Nazi persecution.

But it looks different for Ludwig himself. It is relatively safe to say that Ludwig read at least partially Breuer's and Freud's seminal *Zur Psychotherapie der Hysterie* (1895) and Freud's *Zur Psychopathologie des Alltagslebens* (1901), *Traumdeutung* (1903), *Der Witz und seine Beziehung zum Unbewussten* (1905), and *Vorlesungen zur Einführung in die Psychoanalyse* (1916).[8] But when he first came into contact with these works exactly is seemingly lost to time. Ray Monk just states that his sister Margaret introduced him to Freud's work, but does not detail when and to which works, whether Wittgenstein already reads Freud before World War I or whether his sister just tells him about Freud's thought (Monk 2017, 6). Additionally, Janik & Toulmin (1973, 172) suggest that Margaret only introduced the work of Schopenhauer, Weininger, and Kierkegaard to her younger brother Ludwig, but seemingly not Freud.

While the precise timing of Wittgenstein's first sustained engagement with Freud's work remains uncertain, the available historical evidence suggests that it most likely occurred around 1919 – after the *Tractatus* had been completed, but before its publication. The main source for this dating is John Hayes, who reports (without citing a source) that Wittgenstein first read Freud's *The Interpretation of Dreams* in 1919 and even asked his sister Margaret to consult Freud regarding the symbolism in a painting he had seen (Hayes 1976, xxi). This claim is partly corroborated by Rush Rhees's later recollection that Wittgenstein himself said he had not read Freud before the First World War but did so "some years later," which Rhees took to mean shortly after 1919. Additional circumstantial evidence supports this estimate: there are no references to Freud in Wittgenstein's pre-1919 notebooks, and the private library he gifted to Russell (containing his books from 1905–1913) includes no works by Freud, Breuer, or other psychoanalytic writers (Hide 2004). Nor is there any indication that Wittgenstein read Freud during his military service, and there is no recorded meeting between Wittgenstein and Freud at any point. While Karl Kraus's *Die Fackel* may have introduced Wittgenstein to Freudian themes indirectly (Cameron & Forrester 2017, 335), this remains

[8] Biesenbach (2011, 141-145).

speculative, and even Janik and Toulmin's detailed reconstruction of Vienna's intellectual milieu offers no evidence of a closer connection. Finally, as Ray Monk notes in his biography, Wittgenstein's later engagement with Freud has rarely been treated as central in standard accounts (Monk 1990), and even specialized studies (e.g., Heaton 2014) tend to leave the timeline indeterminate. In short, while no direct documentation fixes the date with certainty, a convergence of sources and omissions makes 1919 the most historically plausible moment of Wittgenstein's first meaningful encounter with Freud's work. This historical claim, however, is not foundational to the broader argument: it functions primarily as a contextual backdrop that helps explain why Wittgenstein's later therapeutic model begins to emerge only in his post-*Tractatus* writings.

To sum it up: there is no evidence that Wittgenstein had any real familiarity with Freud's work before or during the time the *Tractatus* was conceived and finished. And this is reflected by the lack of psychoanalytical influence on the thought in the *Tractatus*. As a member of one of the most powerful families in Europe at that time, it may be the case that Ludwig had heard of psychoanalysis and had a general understanding of its basic idea, but without first hand exposure to psychoanalytic theory through reading Freudian works, it is unlikely that this understanding was already sophisticated enough to influence his thought in a manner that only becomes apparent in his writings from the 1920s onwards. Thus, all evidence points towards 1919 as the starting point of Wittgenstein's 'discovery' of Freud – after the *Tractatus* was finished in 1918, but before it was published in 1921. This year, 1919, very likely marks Wittgenstein's beginning relationship with Freud's thought.

4. Wittgenstein's Respect for Freud

It is not that Wittgenstein always saw philosophy as therapy in a Freudian sense. It is rather that Wittgenstein has always been plagued by suffering in philosophy and a desire to ease that pain. This is certainly present in the *Tractatus* and is a constant throughout his philosophical life. But what is not present is the idea of using philosophy as psychotherapy. It is rather that this predisposition proved to be fertile ground for the ideas of Freud, once Wittgenstein came across them. The frequency of Wittgenstein's written reflections on Freud drastically increases from 1930 onwards (cf.

Majetschak 2008). Ayer and Keynes testify to the profound impact Freudian psychoanalytic literature had on Wittgenstein:

> [Wittgenstein's] effect on his more articulate disciples has been that they tend to treat philosophy as a department of psychoanalysis. (Ayer 1977, 124-128)
>
> When in early 1939 Wittgenstein applied for the Chair of Philosophy at Cambridge vacated by G.E. Moore, his old patron and friend J.M. Keynes was on the Board of Electors who asked Wittgenstein to submit a manuscript. *'Of 140 pages, 72 were devoted to the idea that philosophy is like psychoanalysis*. A month later Keynes met him and said that he was much impressed with the idea that philosophy is psychoanalysis.' (Cameron & Forrester 2017, 353; emphasis mine)

And Wittgenstein himself expressed both his veneration for and critique of Freud and psychoanalytic therapy:

> Here at last is a psychologist who has something to say. (Drury 1984, 136)
>
> Freud is a man of "colossal prejudice", a "prejudice which is very likely to mislead people." (Wittgenstein 1967, 26)
>
> Freud's fanciful pseudo-explanations (precisely because they are brilliant) perform a disservice. (Wittgenstein 1998, 62)
>
> Freud surely errs very frequently & as far as his character is concerned he is probably a swine or something similar, but in what he says there is a great deal. (Wittgenstein 2023, 21)
>
> I, too, was greatly impressed when I first read Freud. He's extraordinary. – Of course he is full of fishy thinking & his charm & the charm of the subject is so great that you may easily be fooled. (Wittgenstein 2001a, 100)

These quotes betray Wittgenstein's ambivalent, Janus-faced view of Freud.[9] In evaluating these remarks, both positive and negative, one has to keep in mind Wittgenstein's critical, brooding character and attitudes towards others. Even a modest remark that "there is a great deal" to Freud's thought should not be underestimated. Keeping in mind how harsh Wittgenstein was even towards his closest mentors, Russell and Moore, such seemingly modest praise ought to be interpreted as grandiose.

From 1929 onward, Wittgenstein increasingly positions Freud not only as an analogical figure but as a methodological resource. Accordingly, Wittgenstein aimed to model philosophy on the model of Freudian psychoanalysis:

[9] Lazerowitz (1977, 28) writes that Wittgenstein later disavows psychoanalysis. But Wittgenstein's later writings disclose that his stance on Freud remains ambivalent throughout.

> (Our method resembles psychoanalysis in a certain sense. […] And this analogy is certainly no accident.) (Wittgenstein 2015- TS302, 28)
>
> What we do is much more akin to psychoanalysis than you might be aware of. (Wittgenstein MS-158, 34)[10]

These lesser-known remarks are more explicit than his more well-known statements found in the *Philosophical Investigations* that talk about treating philosophy as an illness, for those statements leave open what kind of illness it is. But these less-famous remarks are explicit in stating that the illness Wittgenstein wants to treat in philosophy is akin to a psychological one. It is, however, still left open in what way exactly philosophy "resembles" or is "akin to" psychoanalysis. A fuller picture of Wittgenstein's therapeutic self-understanding emerges when tracing key concepts – such as illness, misunderstanding, reminder (*Erinnerung*), and resistance – across manuscripts from the 1930s (e.g., Wittgenstein 2015- MS142, TS213, TS302). These remarks suggest not just isolated analogies but a methodological reorientation. They also reveal Wittgenstein's concern with the affective dimension of philosophical confusion: the sense in which certain pictures "hold us captive" (PI §115) or are 'deeply rooted' in our thinking. Tracing these motifs enables a more grounded account of how Freud's work reorients Wittgenstein's metaphilosophical outlook (clarifying what philosophical therapy must do to be effective). Finally, this closer engagement with Wittgenstein's own remarks opens space to revisit the role of *self-enactment* in his later work. While the Tractatus famously requires a first-personal traversal of nonsense (6.54), the later work also depends on a kind of readerly transformation, albeit in a more open-ended, dialogical register. Thus, even the sharpest discontinuities between early and later therapy retain certain shared aspirations: an end to philosophical compulsion and a return to clarity by way of personal insight.

Wittgenstein does insist that psychoanalysis and his philosophical psychotherapy "are different techniques" (Malcolm 1958, 46–47), but the similarities are striking nonetheless. In order to find out what Wittgenstein means by this in particular, it seems necessary to at least briefly consider Freud's work. It is beyond the scope of this article to provide an overview of Freud's psychoanalytic system. Since the focus here is on Wittgenstein's adoption of the notion of psychoanalytic therapy, the discussion will be restricted to the way in which Freud's theory came to figure in

[10] Cf. also Wittgenstein 1998, 50.

Wittgenstein's work. Freud's and Breuer's idea in *Studies on Hysteria* (1895) was that many neuroses (e.g., paranoia, phobia, histrionic disorders) originate in a patient's past traumatic event that had subsequently been forgotten. Freud and Breuer found that gradually recalling the traumatic event in a controlled setting can over time cure the neurosis in question. Certain mental illnesses, they found, have underlying psychological rather than physiological causes. The course of psychoanalytic therapy apprehends the patient's symptoms, offers a diagnosis as rooted in the patient's own psyche, and enacts treatment by procedurally uncovering the relevant repressed memories through talking. Freud, himself being a physician, takes over the language of symptom, diagnosis, and treatment from medical science. This is indicative of Freud's self-understanding as, ultimately, a natural scientist; his doctoral dissertation concerning the nerve structures of certain species of fish (*Über das Rückenmark niederer Fische*, in 1881). Freud's theory would be developed, refined, and partially revised over the following decades after his early cooperation with Breuer, reaching a point of culmination in his tripartite distinction of the psyche into ego, id, and superego as developed in *Beyond the Pleasure Principle* (1920) and *The Ego and the Id* (1923). But the original insight – certain forms of psychological suffering as caused by repressed traumatic events – remains throughout Freud's career.

5. Philosophical Psychoanalysis

A fuller picture of Wittgenstein's shift toward a "philosophical psychoanalysis" emerges when we attend directly to his remarks from the 1930s and early 1940s. While Freud provides an important conceptual backdrop, Wittgenstein develops his method in a distinctively philosophical register, often re-appropriating psychoanalytic terminology for non-psychological ends. One of the clearest indications of this comes from *Philosophical Investigations*:

> there is not a single philosophical method, though there are indeed methods, different therapies, as it were. (Wittgenstein 1953, §133d)

This remark signals a methodological pluralism. Unlike the *Tractatus*, where therapeutic success required a single transformative recognition (the transcendence of nonsensical propositions) Wittgenstein's later work acknowledges a diversity of entanglements and, correspondingly, a diversity of therapeutic responses. Freud's influence lies less in prescribing any single method and more in making Wittgenstein attentive to the idea

that therapy must be responsive to individual "cases," whether psychological or philosophical.

In §255 Wittgenstein famously writes:

> The philosopher's treatment of a question is like the treatment of an illness. (Wittgenstein 1953, §255)

The analogy here does not imply that philosophy reduces to psychology, but rather that philosophical disturbances (confusions, compulsions, and entrapments in pictures) exhibit structural similarities to psychoanalytic "symptoms." Remarks from TS302 make this connection even more explicit:

> Our method resembles psychoanalysis in a certain sense. To use its way of putting things, we could say that a simile at work in the unconscious is made harmless by being articulated. And this comparison with psychoanalysis can be developed even further. (And this analogy is certainly no accident) (Wittgenstein 2015- TS302, 28)

This admission shows that Wittgenstein deliberately conceptualized his later method within a Freudian horizon, though without collapsing the two. Whereas Freud treats psychological trauma, Wittgenstein treats conceptual entanglement: the philosopher is not 'healed' emotionally but regains clarity over their own practices of meaning. This focus on self-reminders emerges more sharply when Wittgenstein writes:

> The work of the philosopher consists in assembling reminders for a particular purpose. (PI, §127)

These reminders are –selected to dissolve conceptual pictures that entrap us. These remarks suggest that Wittgenstein's later practice is both diagnostic and therapeutic: it aims to bring into view unnoticed features of our language that cause philosophical "illness."

Finally, lecture notes from the mid-1930s (recorded in *Lectures & Conversations*) confirm Wittgenstein's engagement with Freud. Here, Wittgenstein frames philosophical therapy as a process of exposing hidden resistances – beliefs we implicitly "know" to be problematic but cannot yet relinquish. This theme resonates with Freud's own notion of *Widerstand* but remains distinctly epistemic rather than psychological: what resists here is not the unconscious but our entrenched conceptual pictures.

In short, Wittgenstein's remarks from this period illuminate how he gradually develops a therapeutic approach that is inspired by Freud yet departs from him. The influence lies not in modelling philosophy on

psychoanalysis but in borrowing a vocabulary of therapy to reframe philosophical practice as a case-sensitive, context-sensitive activity grounded in reminders and resistance.

What Wittgenstein develops as philosophical therapy from the 1920s onwards is then considerably different from the earlier auto-therapy. I shall call this kind of therapy *philosophical psychoanalysis*. In an influential essay on Wittgenstein's therapeutic method, Baker writes that it is "debatable just what similarities he [Wittgenstein] saw and what dissimilarities" with Freud's psychoanalysis (Baker 2004, 206). The number of Wittgenstein scholars who took a keen interest in reconstructing the therapeutic method faithfully to Wittgenstein is relatively low, such as, e.g., Macarthur (2008), Fischer (2011a, 2011b, 2017) or Baker & Hacker (2005). The reconstruction here is aimed at bringing out the congruence with Freudian psychoanalysis as closely as possible and thereby is not too concerned with situating it in contrast with those alternative proposals. Wittgenstein adopts parts of Freud's therapeutic language and transposes the different analytic concepts to suit philosophical contexts, resulting in a partial re-appropriation of the ideas of symptom, diagnosis, ramifications, treatment, and therapeutic results.

In both psychoanalysis and philosophical therapy, suffering functions as a crucial symptom, but the nature and role of that suffering differ sharply. In Freud, the distress is psychological, linked to unresolved trauma and the unconscious. In Wittgenstein, the disturbance is epistemic: it arises from conceptual entanglement, from the felt impossibility of reconciling language with the world. Crucially, the goal of therapy is not simply to *remove* the discomfort but to dissolve the confusions that generate it, enabling understanding rather than providing mere emotional relief.

It is important to emphasize, however, that in Wittgenstein's later conception of therapy, the role of suffering is diagnostic rather than constitutive. Both classical psychoanalysis and Wittgenstein's philosophy seem concerned with helping the patient gain perspicuity which, in turn, may (or may not) provide psychological relief. One key goal of classical Freudian psychoanalysis seems to be to turn an unconscious suffering into a conscious one, codified in the phrase *Wo Es war, soll Ich werden*:

> [T]he symptoms vanish when their sense is known […] all we have to add is that the knowledge must rest on internal change in the patient such as can only be brought about by a piece of psychological work with a particular aim. […] If the doctor transfers his knowledge to the patient as a piece of information

> it has no result. […] The patient knows after this what he did not know before – the sense of his symptom, yet he knows it just as little as he did. (Freud 1955, 281)

In psychoanalysis just as in philosophy, the primary payoff seems to be a form of self-knowledge. Wittgenstein is not primarily concerned with emotional relief but with dissolving the confusions that generate the appearance of necessity in philosophical problems. The "torment" at stake is an epistemic disturbance – a persistent feeling that something in our conceptual grasp is awry – rather than an affective pathology. This distinction becomes particularly clear when we attend to *Philosophical Investigations* §§133 and 255. In §133 Wittgenstein describes therapy as achieving "peace in our thinking", but this "peace" is not equivalent to psychological comfort; it arises from regaining perspicuity over our own conceptual entanglements. Similarly, when he writes in §255 that "the philosopher's treatment of a question is like the treatment of an illness," he does not thereby identify philosophy with medicine or psychology but borrows the analogy to highlight a shared structure: both forms of therapy address underlying causes rather than symptomatic effects. In short, the later Wittgenstein uses therapeutic imagery to illuminate a form of conceptual work, not to psychologize philosophy. The framework of philosophical psychoanalysis appropriates Freudian language only insofar as it helps clarify what is distinctive about philosophical confusion: the "cure" is understanding, not comfort. In *diagnosing* the patient, Freudian psychoanalysis makes intensive reference to the unconscious of the patient. Freudian psychoanalysis suggests that the suffering and neuroses experienced by the patient in the here-and-now are caused by and rooted in certain traumatic childhood experiences which may have even been forgotten. Diagnosing in philosophical psychotherapy is analogous, yet different. Wittgenstein had been relatively critical of Freud's unconscious. What Wittgenstein takes to be causing intellectual suffering in philosophy is rooted in intellectual prejudice, dogmas, or 'false analogies'. What is diagnosed in philosophical psychoanalysis is the patient's holding on to certain philosophical pictures. These false philosophical pictures cause the pathology treated in philosophical psychoanalysis. Philosophical pictures, too, can fulfil emotional needs of the thinker – presenting a picture of the world that the thinker *needs* to be true – which drives the pathological clinging to that picture.[11] However, philosophical psychotherapy is like

[11] Fischer (2011a) has provided the most comprehensive account of the therapeutical role of pictures in Wittgenstein's thought.

psychoanalysis in the respect that the philosopher is usually not aware of these prejudices, dogmas or false analogies (cf. Hanfling 2004, 197). Some interpreters hold that philosophical psychoanalysis has to be strictly-person relative (e.g., Baker 2004, 213), but there is no strong evidence for this; it seems more reasonable (as Kuusela 2008, 44 writes) that it deals with "broader cultural dispositions embedded in human life".

One might object that if philosophical psychoanalysis only ever diagnoses – identifying the false picture or prejudice a philosopher clings to – then Wittgenstein's later method threatens to be purely negative: it exposes what's wrong but hands the philosopher nothing to replace it with. This would sit uneasily with the psychoanalytic framing developed above, since Freudian therapy, too, is meant to yield something positive – the patient's recovered self-knowledge – not just the removal of a symptom. Kuusela (2023) criticizes interpretations of Wittgenstein according to which dissolution is merely to show the nonsensicality or unworkability of a philosophical view. Kuusela's aim is to show that dissolution also, necessarily, involves the introduction of an alternative view. In other words, he argues that many interpretations of Wittgenstein misunderstand dissolution by portraying it as purely negative – that is, as simply showing philosophical views to be nonsensical or confused. Against this, Kuusela suggests that dissolving a philosophical problem requires introducing an alternative way of looking at things, a process he likens to the Copernican revolution reorganizing known astronomical observations within a new framework. In this sense, Wittgensteinian therapy is transformative. The idea that Wittgensteinian therapy does not only involve a diagnosis and dissolution, but an affirmative reconception of the way things are is mirrored in Macarthur (2008).[12]

Any process of therapy is influenced by individual *ramifications*. A number of issues complicate the therapeutical process in psychoanalysis. The circumstances under which psychoanalytic treatment and philosophical psychotherapy unfold share important structural similarities, although the contexts may be significantly distinct. Firstly, the co-operation of the patient is a necessary condition for the therapy to be

[12] The later Wittgenstein is sometimes charged with offering mainly diagnosis, but little reconception. Richard Rorty, by contrast, arguably proceeds in the opposite direction. He offers ambitious reconceptions of philosophical problems while providing comparatively little diagnostic work explaining why such reconceptions are needed in the first place. As a result, readers may sometimes be left uncertain about what motivates the proposed shift in perspective. A particularly clear example of this approach can be found in *Contingency, Irony, and Solidarity*, where Rorty quickly sets aside the traditional concept of truth and instead develops an alternative framework aimed at facilitating reflection on social progress (Rorty, 1989).

successful, i.e., everything has to happen of their own accord such that the patient cannot be 'bullied' into accepting certain therapeutical lessons. In the same manner, the work of the philosophical therapist can only become efficacious if the patient is receptive to it. Philosophical therapy cannot purport to *force* a philosophical opponent into submission through knock-down arguments, but is dependent on cooperation and the will to understand (cf. also Baker 2004, 213). Secondly, the unconscious aspects causing the patient suffering come with a certain kind of resistance. "Resistance" is a technical term in psychoanalysis, denoting the patient's behaviours that knowingly or unknowingly aim to obstruct the therapeutic process.[13] This aspect is aggravated in conjunction with the fact that this compulsion cannot be overcome through force. As Freud states, it can take various forms, often with the patient not cognizant of the fact that their subconsciously motivated behaviour may stand in the way of therapeutic success. One salient form is *Verdrängungswiderstand*, i.e., a patient's 'unwillingness' to remember certain painful experiences. The therapist uncovers something about the patient that the patient is not ready to remember or accept as true, yet in some sense knows to be true and knows to have obtained. The psychoanalytic process aims at confronting the patient with different aspects of reality to overcome resistance.

The *treatment* of the underlying condition in Freudian psychoanalysis is to make the patient's suffering cease by making the unconscious conscious. The point of psychoanalytic therapy is to alleviate or 'cure' a patient's psychological suffering by uncovering its hitherto subconscious causes found in their own autobiography. By uncovering the causes, as it were, the patient's psyche is partially restructured and the suffering dissolved. Recounting one of Breuer's most famous cases, Anna O. suffered from anxiety, hallucinations and a host of other neurological problems following the illness and death of her father. Frequent hallucinations, arising and subsiding speech disorders, and recurring temporal paralysis left her debilitated. Breuer's therapeutic strategy consisted in letting her simply talk about certain memories which lead to an at least temporary subsiding of her symptoms (Freud & Breuer 1991). Wittgenstein also takes on this idea, but modifies it to suit the specifics of philosophical practice. Philosophical therapy does not consist in letting the philosophical 'patient' talk, but in "assembling […] reminders"

[13] "Was immer die Fortsetzung der Arbeit stört, ist Widerstand" – whatever obstructs continuing (the therapist's) work is resistance (Freud 1982, 495).

(Wittgenstein 1953, §127) whose purpose it is to make someone remember something that they may have forgotten. These objects of remembrance are certain things that philosophers are often educated into holding, the "illnesses" that Wittgenstein wants treated (Wittgenstein 1953, §255). Both approaches also align in their attitude towards blame: in neither case is the patient (or philosopher) to blame for their ills because they had no part in acquiring the underlying patterns that cause their respective suffering.

Common to both approaches is also that nothing additional is introduced that was not previously there, i.e., "without discovering anything new" (Glock 1996, 279). This is why philosophy (and psychoanalysis) "leave everything as it is" (Wittgenstein 1953, §124). The psychoanalytic process consists in bringing something to light in the patient that is 'buried' in their psyche, not by adducing something external other than the maieutic help in making unconscious matters conscious. The perhaps most widely known example in which Wittgenstein applies the therapeutic method is his treatment of the infinite regress in the context of the rule-following problem. This rule-following problem entails an infinite regress of rules once we ask for justifications regarding the use of a certain rule. This is often exemplified using Kripke's famous arithmetic example of the rule of addition and the made-up rule of quaddition. Rather than providing a skeptical solution (as Kripke 1982 does) or any kind of positive account, Wittgenstein's strategy is to offer a therapeutic *dis*solution of the problem by casting doubt on a certain underlying theoretical commitment. This theoretical commitment is the belief that every instance of understanding a rule requires offering an interpretation of that rule (which then requires another interpretation).[14] By giving up this belief, the rule-following problem does not come up in the first place, therefore requiring no solution.

The targeted *result* of either form of therapy is the ceasing of suffering, either psychological suffering or the mental disquietude associated with grappling with philosophical problems. On the side of philosophy, this results in the ability "of stopping doing philosophy when I want to" (Wittgenstein 1953, §133), that is, the end of compulsion to further engage in certain arguments.

In short, the similarities and modifications of Freudian psychoanalysis and Wittgenstein's appropriation as philosophical psychotherapy can be surveyed in the following table:

[14] I have detailed this approach in Spiegel (2023)

	Psychoanalysis	**Philosophical Psychotherapy**
Symptom	Psychological suffering	Intellectual disquietude, torment
Diagnosis	Elements of the unconscious, (lost) memories Motive for holding onto unconscious pictures	Prejudice, dogmas, false analogies Motive for holding onto unconscious pictures
Ramifications	Freedom of will, no bullying Resistance	Freedom of will, no bullying Resistance
Treatment	Making the unconscious conscious	Making unconscious conscious (assembling reminders)
Result	Suffering ceases	Intellectual peace

In both psychoanalysis and Wittgenstein's later philosophy, the therapeutic process is motivated by a form of suffering. However, this suffering differs in character: whereas Freud focuses on repressed emotional trauma and unconscious mental structures, Wittgenstein's "patient" suffers from philosophical confusion – an anxious compulsion to theorize, to insist upon particular pictures of meaning or reality. Importantly, this disquietude is not merely affective: it reflects a felt *need to understand* that turns pathological. The parallel is not that both therapies soothe the psyche, but that both seek to dissolve *resistances to understanding*, sometimes embedded so deeply that the sufferer cannot recognize them as such.

A simple example helps illustrate how Wittgensteinian therapy proceeds. In *Philosophical Investigations*, Wittgenstein challenges the idea that words must be connected with inner mental objects in order to have meaning. Rather than refuting this assumption theoretically, he introduces simple language-games – for instance the builder's language in which words such as "block," "slab," and "pillar" function as commands (PI §2). The point of the example is not to advance a competing theory of meaning but to remind us that words can have perfectly clear roles within shared practices without referring to inner objects. Once this is brought into view, the philosophical temptation loses its grip: the features that the theory was meant to explain are already visible in ordinary linguistic practice. The reminder thus restores clarity about something we in a sense already knew but had failed to notice.

5.1 Rethinking the Analogies Between Freud and Wittgenstein

The relation between Freudian psychoanalysis and Wittgenstein's philosophical therapy cannot be captured adequately by just mapping

"symptoms", "diagnoses", and "treatments". While there are undeniable structural affinities, these resemblances become philosophically significant only when the underlying mechanisms are unpacked. Three analogies, in particular, illuminate Wittgenstein's transformation of Freud's therapeutic framework: resistance, making the unconscious conscious, and non-additivity.

(1) Resistance. For Freud, "resistance" (*Widerstand*) describes the patient's conscious or unconscious refusal to confront repressed material. In the clinical setting, resistance surfaces when the patient implicitly "knows" a truth they cannot yet accept, thereby obstructing therapeutic progress. Wittgenstein adopts this concept but transposes it into the realm of philosophical confusion. In *Philosophical Investigations* §109, he observes that philosophers are often "held captive by a picture," clinging to conceptual schemes even when they generate contradictions. Here, resistance does not concern emotional trauma but *conceptual entrenchment*. We resist giving up a mistaken picture because it organizes our sense of the world. In this sense, philosophical therapy involves confronting the images that "hold us captive" – a process strikingly analogous to Freud's method but oriented toward epistemic rather than psychological transformation.

This idea of resistance may also be recast in terms of *openness* to other people. Backström (2014) argues that many human difficulties in thinking, speaking, and understanding arise from repression. However, repression should not primarily be understood as the concealment of particular mental contents such as memories or impulses. Rather, it consists in a withdrawal from openness to others–a refusal of openness in human relationships. On this reading, both Wittgenstein and Freud recognize that human beings actively resist understanding themselves, so that the difficulty involved is not mainly intellectual but moral-existential. Although Freud is often thought to investigate hidden unconscious secrets while Wittgenstein focuses on what lies open to view, Backström suggests that this contrast is misleading. Freud's "secrets" are better understood as open secrets: they manifest themselves in behavior, speech, tone, and gesture. Repression therefore does not simply hide something but involves a refusal to acknowledge what is already visible. Psychoanalysis aims to dissolve this refusal by enabling the patient to speak openly – saying what previously felt impossible to say and addressing another person honestly. Backström argues that Wittgenstein's philosophical practice operates in a similar way. Philosophical confusion persists not primarily because of intellectual difficulty but because we resist seeing what is already before

us, clinging to pictures that structure our thinking. In this sense philosophical therapy, like psychoanalysis, seeks to dissolve forms of resistance that obstruct understanding. The deepest form of repression, Backström suggests, is therefore not the repression of particular contents but the repression of openness itself.

(2) Making the Unconscious Conscious. Freud's therapeutic aim was to uncover repressed material by making "the unconscious conscious" – not by introducing new content, but by recovering something already operative in the psyche. Wittgenstein borrows this structure but applies it to the realm of concepts rather than memories. As he writes in *PI* §127, therapy "consists in assembling reminders", where the philosopher learns to recognize the unnoticed grammatical rules already shaping their linguistic practices. The philosopher's "illness", then, is not hidden trauma but unexamined assumptions – tacit grammatical commitments that silently structure thought and generate philosophical perplexity. Therapy consists not in *adding* knowledge but in recovering clarity about what we already "know" but fail to see. This is why Wittgenstein repeatedly insists that philosophy "leaves everything as it is" (*PI* §124) and "discovers nothing new" (Glock 1996, 279).

(3) Non-Additivity and the Aim of Peace. Both Freud and Wittgenstein hold that therapeutic success consists not in acquiring new theories but in dissolving compulsions that keep us trapped. For Freud, the "talking cure" involves no imposition of doctrine; the analyst enables the patient to retrieve what they already "know" but cannot access. Wittgenstein radicalizes this principle: philosophical therapy avoids advancing theses altogether, instead aiming to free the thinker from the need for metaphysical explanation. In *PI* §133, Wittgenstein describes philosophy's end as the attainment of "peace in our thinking", not by removing questions forcibly, but by removing the *felt necessity* that makes them inescapable. Here we see a striking but limited analogy: both therapies rely on cooperation, non-coercion, and gradual illumination; but Wittgenstein's therapeutic "cure" lies in regained perspicuity rather than psychological catharsis.

In sum, the later Wittgenstein engages Freud not to model philosophy *on* psychoanalysis but to appropriate its structural insights into the nature of entrapment, resistance, and release. Where Freud seeks to heal psychological wounds, Wittgenstein seeks to clarify our entanglement in linguistic pictures. The analogy between the two is thus deep, but not literal: it concerns shared forms of transformation, not identical content.

5.2 Structural Analogies and Contextual Differences

While Wittgenstein himself explicitly notes that "our method resembles psychoanalysis in a certain sense" (Wittgenstein 2015- TS302, 28), the sense of resemblance must be carefully qualified. The parallels between Freud and Wittgenstein concern structure, not situation.

First, the relational dynamics differ substantially. In Freud's clinic, the analyst occupies a position of asymmetrical authority relative to the patient. By contrast, Wittgenstein's later therapeutic practice often unfolds through texts (*Philosophical Investigations*, the *Big Typescript*) rather than face-to-face interaction. Here, the "therapist" is not an external agent but is mediated through the written word; readers are invited to take up remarks, questions, and reminders for their own reflection. While Wittgenstein's later Cambridge lectures do show a dialogical element reminiscent of analysis, there remains a fundamental difference between addressing one's students and treating a patient under clinical care.

Second, the role of Wittgenstein himself complicates the comparison. In Freud, the patient seeks help to resolve their suffering; in Wittgenstein, the "first patient" is often Wittgenstein himself. In the *Investigations* Preface, he confesses that he wrote the book to work through his own "grave mistakes," suggesting a form of philosophical self-analysis. Unlike Freud's therapeutic setting, where the analyst diagnoses another's unconscious resistances, Wittgenstein uses the text to diagnose and dissolve his own philosophical compulsions before offering his reflections to others.

Third, the authority of discovery differs. Freud's aim is explanatory and often claims empirical generality: the analyst posits causal hypotheses about unconscious processes and verifies them through the patient's responses. Wittgenstein, by contrast, makes no such theoretical commitments. His "assembling reminders" (§127) deliberately avoids offering explanatory models, instead dissolving the appearance of necessity underlying philosophical perplexities.

These are key structural dimensions along which psychoanalysis and philosophical psychotherapy align. There are also at least three important disanalogies. First, the subject and object of the therapeutic efforts differs in both approaches. In psychoanalysis, the analyst and patient must be different people, i.e., the patient cannot simply conduct psychoanalysis on

themselves.[15] The case is less clear in philosophy. To some extent, philosophers can, by way of introspection or by reading historical sources, come across reminders that their contingent philosophical 'obsessions' are not obligatory and can be unlearned. Secondly, Freud's claim for psychoanalysis to satisfy requirements of qualifying as a (natural) science implies the idea that at least in principle general laws about the soul can be posited. As such, classical Freudian psychoanalysis would at least have to claim that there are generalizations about the therapeutic that can be learned through empirical research. However, no such claims are made by Wittgenstein who instead stresses the piecemeal, case-by-case character of philosophical therapy (cf. Conant 2011). Thirdly, Wittgenstein's notion of philosophical therapy is far more local and theoretically parsimonious than psychoanalysis. Psychoanalysis offers a substantial (if very controversial) picture of the human mind including the three-partite distinction of id, ego, and super-ego as well as positing drives, forces and a distinction between conscious and unconscious. Wittgenstein does not openly buy into this theoretical 'baggage' as the idea that uncovering pre-theoretically held beliefs that determine one's philosophical disquietude does not require it. Reasons such as these may have led Wittgenstein to further insist that philosophy is *like* or *similar* to psychoanalysis, not that they are an identical technique.

6. Two Types of Therapy: Continuity and Transformation

The previous part tried to demonstrate how close the later Wittgenstein's metaphilosophical method is modelled after classical Freudian psychoanalysis. This structure of diagnosis – treatment – healing is simply not present in the *Tractatus*, it seems to be something genuinely new introduced into Wittgenstein's thought later. We can further hone in on different ways that detail the way in which *Tractarian* auto-therapy and later philosophical psychotherapy bifurcate. They differ the most regarding *scope*, *subject and object*, and their *psychological apparatus*.

In the *Tractatus*, therapy takes the form of what may be called auto-therapy: Wittgenstein attempts to cure his own temptation toward metaphysics by writing a text that ultimately reveals its own nonsensicality (cf. section 2). Here, therapy consists in recognizing the *illusory character* of metaphysical statements, and then discarding them. The aim is a self-directed release: the philosopher frees himself by coming to see that what

[15] As an exception, Freud himself claims to have self-analyzed in his *Traumdeutung*.

he tried to say cannot, strictly speaking, be said. Auto-therapy is thus solitary, textual, and culminates in silence. It provides no positive techniques, only the injunction to abandon the compulsion to make metaphysical claims.

By contrast, in the 1930s and 1940s Wittgenstein develops what may be called philosophical psychoanalysis. Unlike the solitary gesture of the *Tractatus*, the later method is dialogical, case-sensitive, and modeled on therapy as an ongoing practice. Instead of silencing all metaphysics at once, it proceeds by addressing specific philosophical "illnesses": confusions about rules, meaning, or private language. For example, in his treatment of the rule-following problem (*PI* §§198–202), Wittgenstein does not instruct the reader to throw away the problem as nonsense. Rather, he assembles reminders that show why the temptation to demand an interpretation at every step rests on a false picture of what it means to follow a rule. One might say that: auto-therapy ends in silence, whereas philosophical psychoanalysis ends in clarity. The later therapy allows philosophy to continue, but without the compulsions that gave rise to confusion in the first place. What is dissolved is not language as such, but the grip of particular philosophical pictures.

The distinction between the Tractarian "auto-therapy" and the later "philosophical psychoanalysis" is best understood not as a sharp rupture but as an evolution in method and textual form. Both phases of Wittgenstein's thought remain committed to the dissolution of philosophical confusion rather than the construction of theories. However, they diverge on at least three structural dimensions: form, scope, and dialogical orientation.

(1) Form and Self-Enactment. In the *Tractatus*, therapy takes the form of a self-enacted ascent. Proposition 6.54 famously instructs the reader to "throw away the ladder" after using Wittgenstein's propositions to climb beyond them. The book's literary structure mirrors this requirement: it compels the reader to retrace the text's movement and arrive, first-hand, at the recognition that its propositions are nonsensical. As Cora Diamond (1988) emphasizes, this self-enactment is central to the work's transformative function: the reader becomes both subject and object of therapy. By contrast, the later Wittgenstein adopts a more dialogical mode. In *Philosophical Investigations*, the method of "assembling reminders" (§127) presupposes an interlocutor whose conceptual confusions are addressed collaboratively rather than solipsistically. While the possibility of self-

therapy remains open, the later practice favors a dialectical model in which therapist and patient can, but need not, coincide.

(2) Scope and Multiplicity. The Tractarian model, especially on the resolute reading, implies that there is one fundamental confusion, the mistaken assumption that philosophical propositions represent truths rather than dissolve into nonsense. As James Conant (2001) has argued, the therapeutic aim is singular: once this grammatical illusion is overcome, the "problems" of philosophy vanish. The later Wittgenstein, by contrast, encounters philosophical problems as multiple and heterogeneous. There is no single source of confusion but rather a diversity of conceptual entanglements embedded in our forms of life. Hence, the method of assembling reminders serves to dissolve many distinct pictures rather than to collapse one monolithic problem of nonsense.

(3) Suffering and Vocabulary. A further difference lies in Wittgenstein's later adoption of a richer psychological vocabulary. In *PI* §255 he writes: *"The philosopher's treatment of a question is like the treatment of an illness."* Here Wittgenstein reframes philosophical difficulty as a kind of recurring disturbance rather than a one-time transcendence. While the Tractatus speaks of "irritation" caused by conceptual confusion, the later work integrates a Freudian-inflected notion of suffering as symptomatic of deeper entanglement. This does not entail, however, that the later therapy becomes "psychological" in aim. As clarified above, the suffering in question is epistemic: what is healed is not the psyche but our relation to our concepts. The difference in how suffering functions is decisive. In the Tractatus, the "irritation" produced by metaphysical nonsense is a by-product of confusion, and therapy ends once nonsense is recognized. In the later philosophy, however, suffering becomes a diagnostic category: persistent disturbance signals that we are held captive by a picture. This richer vocabulary, drawn partly from Freud, reframes therapy as an ongoing process responsive to recurring torments, rather than as a singular revelation. Here, therapy is not an epiphany but a practice.

It is crucial to see that these two therapeutic models are not simply different stages of a single approach but operate on fundamentally distinct logics. The Tractatus's auto-therapy does not allow for diagnosis, resistance, or treatment in any recognizable sense; it is a one-time act of recognition culminating in silence. By contrast, the later philosophical psychoanalysis is structured precisely around those elements: identifying symptoms, confronting resistances, and working through entanglements.

To assimilate the Tractatus to this later model would be anachronistic, since the very apparatus of therapy is absent from the earlier work.

Taken together, these contrasts justify speaking of "two types" of therapy while avoiding the suggestion of radical discontinuity. The later Wittgenstein retains the Tractarian aspiration to dissolve confusion but develops a new therapeutic posture. The Freudian encounter catalyzes this methodological transformation, but it is the internal pressures of Wittgenstein's evolving practice that make the shift necessary.

Regarding *scope*, the *Tractatus*, at least on the resolute reading, seems to imply that there is just one problem in philosophy that needs dissolution, namely the linguistic issue of nonsense. Diamond distinguishes a common sense understanding of nonsense from a counterintuitive, Wittgenstein-Frege account of nonsense, i.e., an "austere" notion of nonsense (Diamond 1981). The common-sense view of nonsense may be seen as something being "obviously false" and "flying in the face of the facts," or if it is unclear "what is being spoken *of*," or sentences "containing category errors [sic]" (Diamond 1981, 5). A famous example for a category mistake statement is "Caesar is a prime number", a perhaps more contemporary example are statements to the effect that "the brain thinks that p". But by contrast, the later Wittgenstein does not countenance a monism of this form regarding nonsense. In other words, the later Wittgenstein allows that there may be an any number of philosophical confusions deserving of therapeutic treatment.

Regarding roles, the *subject* of auto-therapy in the *Tractatus* is simultaneously the *object*. At least on some readings, the specific form in which the *Tractatus* is presented, i.e., as a sort of first-personal soliloquy one has to retrace in reading it, is relevant to its correct interpretation. In that case, subject and object of the auto-therapy are the same. In philosophical psychotherapy, the subject (therapist) and object (patient) can be different or can be identical. It is in principle possible to execute a kind of self-therapy with the aim to undo one's own underlying convictions that lead one to be haunted by certain philosophical questions that then turn out to be non-compulsory. More realistically however, the fact that philosophy is a dialectical process alreadyfavours a personal split of subject and object of philosophical therapy.

Regarding the *psychological apparatus*, the later Wittgenstein allows a psychologically richer vocabulary. In particular, the later Wittgenstein introduces the notion of suffering as a symptom of an illness deserving of therapy. By contrast, in the *Tractatus*, what drives Wittgenstein toward

dissolution is simply confusion, and not, as in his later work, something like an illness.

Conclusion

Certain parts of Wittgenstein scholarship underestimate just how transformative reading Freud likely was for Wittgenstein in 1919, just having finished the *Tractatus*. This article argued that Wittgenstein's 'discovery' of Freud has more profound effects on his metaphilosophical outlook than is often assumed in interpretations of his work, especially by those thinkers who claim an overwhelming continuity between the early and late Wittgenstein. In other words, this article suggested that the singularity assumption – that there presumably is just one sense of therapy present in Wittgenstein's whole oeuvre – is incorrect. By contrast, Wittgenstein's 'discovery' of Freud changes his view of philosophical practice as therapeutic – it does not stay the same and it is not merely tweaked, but becomes a genuinely new beast. The *Tractatus* does in fact prominently feature the idea of the dissolution of nonsense as a metaphilosophical stance that can be considered akin to therapy. But this form of therapy is more akin to transformative reenactment of thought through the form of the text itself. The post-*Tractatus* Wittgenstein 'discovers' Freud's work which has an effect on his thought that is perhaps similar in intensity to how Kierkegaard, Spengler, and Frege influenced his intellectual outlook previously. It is not that the 'discovery' of psychoanalysis simply 'beefs up' the *Tractarian* metaphilosophical stance with psychoanalytic vocabulary, as some may hold. It is rather the case that the idea of psychoanalysis profoundly impacts Wittgenstein's thought in a way that motivates him to model philosophy as a practice on psychoanalytic therapy. One may still speak of continuity in the sense that both phases seek release from philosophical compulsion. But the continuities are abstract and motivational, not methodological. Methodologically, the two therapies differ in structure, tools, and outcomes. Auto-therapy aims at ending philosophy by showing its propositions to be nonsensical; philosophical psychoanalysis aims at sustaining philosophy as an activity freed from pathological pictures. What remains continuous is the aspiration to intellectual peace, not the method by which it is pursued.

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