A Rest from Reason: Wittgenstein, Drury, and the Difference Between Madness and Religion

K. L. EVANS & K. STESLOW

Abstract
Faced with troubling professional decisions in his long and successful career as a psychiatrist, M. O'C. Drury turned for direction to the philosophical work of his teacher and friend, Ludwig Wittgenstein. Of particular concern to Drury were the situations in which psychiatrists were expected to differentiate between instances of madness that were religious in form and instances of genuine religious experience that, for their oddity, landed believers in psychiatric consulting rooms. In this essay we consider the special orientation Wittgenstein's philosophy gave Drury, for example the way in which Drury came to understand how even his search for a principle of differentiation between madness and religion was misleading and contrary to his own practice—how it involved 'sitting back in a cool hour and attempting to solve this problem as a pure piece of theory. To be the detached, wise, external critic' and not see himself and his own manner of life 'as intimately involved in the settlement of this question.'

If Wittgenstein's interest in mental illness and its treatment was sincere and persistent – at several points in his life he considered taking up medical studies, with the intention to practice as a psychiatrist – it was conceivably because the treatment of madness is regularly attended by condescension and the misunderstanding that blooms, like algae in a stagnant pond, where condescension can be found, and Wittgenstein reserved a special rung of hell for people who, on the back of a *misunderstanding*, behaved toward others as though they were less intelligent than themselves. Those who minister to the mentally ill are especially inclined to feel smug, and pride themselves on their own ability to think clearly and sensibly, and forget to 'treat every patient as an individual enigma', Wittgenstein emphasized to M. O'C. Drury, the student and friend who would go on to become a psychiatrist and Senior Consultant at St. Patrick's, Dublin. 'You should never cease to be amazed at symptoms mental patients show', he advised: 'If I became mad the thing I would fear most would be your common-sense attitude. That you

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would take it all as a matter of course that I should be suffering delusions'.[1]

What is unusual about Wittgenstein's warning is that he chooses deliberately not to caution Drury about either the difficulties in identifying and treating psychosis, or the likelihood, given these difficulties, of misdiagnosis – though the malicious comments frequently made about Wittgenstein's own mental health would warrant this intervention. A telling example of such abuses can be found in a series of exchanges to the editorial section of the journal *Nature*, nicely summarized by Michael Fitzgerald, David Berman, and John Hays.[2] On 4 October, 1990, John C. Marshall, of the Neuropsychology Unit, Radcliff Infirmary, Oxford, had begun the debate by suggesting, in his review of a newly published memoir, that Wittgenstein had created at Trinity a 'superheated circus' for 'students in a strange land who would be incapable of understanding who he was and what he taught', and that 'one of the profoundest mysteries of the twentieth century' was how 'a minor Viennese aphorist' had 'come to be regarded (in some circles) as a great philosopher who had twice changed the course of the discipline.' On 7 March, 1991, (vol. 350) J. R. Smythies, from the National Hospital for Neurology and Neurosurgery, Queen Square, London, added to what had become an ongoing conversation about Wittgenstein's various neuroses by claiming that while Marshall had usefully offered an alternative view of Wittgenstein to that of 'great philosopher', namely, that he was 'just one of a long line of German-speaking philosophers (such as Hegel and Heidegger) who have dazzled some innocent English-speaking philosophers by writing material whose basic nonsense is concealed by the impenetrable thickets of the German language', he, Smythies, was now proposing a third hypothesis: specifically, that 'certain schizoid personalities', like Wittgenstein's, 'develop the ability to write in a form of speech disorder known as schizophrenese' – he gives the example of Joyce in *Finnegan's Wake* – and that 'Wittgenstein's philosophical writing exhibits the same tendency to a singular degree'. The popular press then took up the matter, and on 10 March, 1991, *The Sunday Telegraph* ran a front page story from its science correspondent headed: 'Revealed: the great philosopher was just a nutcase.' Though a defense of Wittgenstein appeared in an editorial in *The Times* 11 March, 1991 – 'it has taken a lesser modern wisdom to

[1] M. O'C. Drury, *The Danger of Words and Writings on Wittgenstein* (Bristol: Thoemmes Press, 1996).

[2] *Ibid*.

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slur with the charge of insanity the wit and wisdom of Wittgenstein' – ill-informed psychiatric diagnoses of the philosopher by those who did not know or treat him has become a popular medical pastime.

Nevertheless the grammar of Wittgenstein's warning to Drury does not encourage us to turn to him for some menacing cautionary tale or for the suggestion that when it comes to a man's mind, scientists should keep their instruments in their pockets. Like Drury, Wittgenstein welcomed new methods of physical treatment for psychological illnesses (Drury was involved in the introduction to St Patrick's of lithium as a treatment for manic depression) and the philosopher shared with Drury no illusions about the material causes of mental dissolution. We cannot in other words turn Wittgenstein into an advocate for strictly intellectual solutions to the problems psychiatric patients faced, or find him out of accord with Drury's great appreciation for the 'physical and chemical forms of treatment' that make psychiatric doctors 'able at last to do something positive and effective' for their patients.[3] As Drury wisely notes, the virtuous individuals who think either their intelligence, or their will-power, or their piety will save them from despairing melancholia or foolish mania have failed to see that it is:

> Just those qualities of personality in which we trust, which we regard as peculiarly our own for keeps, our intelligence, our will-power, our piety, these are all dependent on the proper functioning of a very complicated and delicate neuro-humoral mechanism over which we have no control. Some slight disturbance of an endocrine secretion, a hardening of some arterial wall, a failure of an enzyme to catalyze an essential chemical reaction, and all in which we have put our trust is gone. Our sanity is at the mercy of a molecule.[4]

That *there is nothing one might not lose* had been philosophy's point all along, its reason for tackling man's bloated sense of self-sufficiency. Drury could not have come from philosophy to medicine if he had not learned, in the first instance, that nothing men dreamt of doing could be secured by the exercise of the will. That a man cannot will himself to be sane suggests more about the will than about the man, or gives some clue as to why even at the end of a professional life in medicine Drury did not see his scientific education as an advance on his philosophical education, but as an expression of it.

[3] *Ibid*.
[4] *Ibid*.

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No: if we are going to understand Wittgenstein's instructions to Drury we cannot attribute to him the business of supplanting medical treatment with philosophical exercises, as if philosophers and psychiatrists offered contradictory solutions in the treatment of psychological disorder. What we know of their relation suggests rather that Wittgenstein never warned Drury off implementing his medical training but from *carrying out* his professional duties in a frame of mind governed by that training's tremendous faith in reasoning, its over-confident dependence on sound practical judgment.

'If I became mad the thing I would fear most would be your common-sense attitude', Wittgenstein tells Drury, and it is this carefully expressed concern that we want to consider, particularly since Wittgenstein's anxiety isn't over being called mad, when he isn't, but, *if* mad, being treated in a fashion consistent with routine handling of the commonsensical variety. Wittgenstein's fear of having his delusions treated 'as a matter of course', in any case, appears to be some impetus for the publication in 1973 of Drury's *The Danger of Words*, a collection of informal essays based on lectures to a medical club, and, for reasons related to both the character of what Drury calls 'these fragments … written for a special occasion with a special audience in mind'[5] and the temperament of its author, an unsettling and unclassifiable book. For example the book's identifying title refers neither to its contents nor Drury's suspicions about his medium but to his mood on the occasion of, and his dubious feelings about, his decision to publish: 'The title of this book', Drury writes in the important first line of *The Danger of Words*, 'will at least indicate the hesitation I have long felt in putting forward these fragments for publication'.[6]

Despite little explicit mention of Wittgenstein, the collection has been called by Ray Monk 'the most truly Wittgensteinian work published by any of Wittgenstein's students'.[7] Rush Rhees, one of Wittgenstein's literary executors and closest friends, felt similarly, especially about the culminating chapter, 'Madness and Religion' – and not, we must assume, because Drury was able to satisfy his central question, viz., how to distinguish between spiritual experience and mental illness that takes a religious form, but because in

[5] *Ibid*.
[6] *Ibid*.
[7] Ray Monk, *Ludwig Wittgenstein: The Duty of Genius* (New York: Free Press, 1990).

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the course of his investigation Drury came to understand the way that question was misleading and contrary to his own practice.

But let's go back, for what begs consideration, first and foremost, is in fact Drury's indecision, as someone who routinely prescribed medication and treatment for patients who presented symptoms of what were called the major psychoses – melancholia, mania, schizophrenia, and paranoia – over the matter of treating in similar fashion men and women who accounted for their symptoms in religious terms. Or as Drury elegantly writes, 'Can we differentiate between madness and religion? Can we say of one such state: "This is a mental illness and is the province of the psychiatrist?" And of another: "This is a spiritual experience sent by God for the advancement of the soul and is the province of a wise director?"'.[8]

Drury describes the cases of Miss B, a housekeeper living in the west of Ireland, and Mr. C, a policeman in Dublin. Miss B was 'admitted to hospital in a state of elation and excitement' after having had a personal revelation while visiting a holy well. She had been ordered by lights in the sky to convert all the Protestants in Ireland. Though 'she denied emphatically that her experiences were in any way due to an illness and resented being in a mental hospital', her treatment consisted in a short course of electric convulsive therapy followed by the administration of large doses of a comparatively new chemical substance that had been found to control rapidly such states of exaltation. 'In three weeks' time her behavior and conversation were completely normal. She never referred spontaneously to her experiences and only seemed embarrassed when they were mentioned'.[9]

Guard C was discovered one day during duty on his knees, 'his lips moving silently as if in prayer. Later he stated that a voice from heaven had told him that he had been chosen by God to drive the English soldiers out of the Province of Ulster. He was to be made a commissioner in the Guards and after his death he would be canonized as a saint.' Once again his treatment 'consisted of the administration of a powerful chemical substance both by mouth and by injection. Within six weeks he was able to admit that his ideas had been delusions due to illness and after a period of convalescence returned to duty.' Few people would hesitate to describe such men and women as mentally ill, but 'in 1492 when Joan of Arc came to Vancouleurs', notes Drury, 'she stated that the voices of St Michael and St Catherine had ordered her to drive the English soldiery

[8] Op. cit. note 1.
[9] *Ibid.*

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from the fair Kingdom of France. Robert de Boudricourt gave her a horse and a suit of armour.' And, Drury asks, 'Supposing Robert de Baudricourt had been able to give Joan a stiff dose of phenothiazine instead of the panoply of a knight at arms, would she have returned in peace to the sheep herding at Domremy?'[10]

Drury's larger question is this: 'When is it *right* to treat [a] man as mad and when to say let be, let his spiritual growth proceed without meddlesome interference?' 'It is precisely the limitations of these [physical methods of treatment] that I am debating…' he writes, 'When to say, "This man is mad and we must put a stop to his raving," and when to say, "Touch not mine anointed and do my prophet no harm"'.[11] The question appears to be a good one, and given the need for religious communities 'to be able to perceive the psychological professions in a salutary light', as Moshe Halevi Spero writes, 'and to be well disposed to avail itself of psychological services in a minimum of outmoded or unwarranted suspicion', it is no surprise that there now exists an abundant literature dealing with this topic, including numerous accounts which show how 'it is reasonable to conceive of specific, religiously-clothed behavior that might breach some discernable limit or gradient established by the religious belief system itself, and on these grounds be judged nonnormative or disturbed'.[12]

The significance of this literature is that it shows how, if there are ways of determining that a person is delusional, there are ways of determining that *any* person is delusional, including the deeply and faithfully religious. That is because *all* human behavior 'can be grasped fully only in terms of its unique intra- and intersubjective qualities, and in cognizance of the relational systems in which it originated and is presently being maintained'.[13] Practically speaking, the psychiatrist's professional obligation is not to prove or disprove the possibility of lights in the sky becoming a voice in one's head, but to 'ascertain whether or not the voice or voices expressed by the individual are correlative and participant with the larger community of voices within which he or she lives'.[14]

[10] *Ibid*.
[11] *Ibid*.
[12] Moshe Halevi Spero, '"A Garland for Ashes": Regarding the Diagnosis of Religious Rituality in "Diagnosis and Treatment of a Psychotic Depressive"', *Mind, Body and Judaism: The Interaction of Jewish Law with Psychology and Biology* (New York: Michael Scharf Publication Trust of Yeshiva University Press, 2004), 80–98.
[13] *Ibid*.
[14] *Ibid*.

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These findings 'dampen the view that religious behavior automatically enjoys a protected status simply by virtue of its being religious'[15], but perhaps more relevant to the matter being considered, they remind us that the experience of the man who hears a voice because he is delusional and that of the man who hears the voice of God is *not* different in kind, in the mind of his psychiatrist. Because the psychiatrist must use the same methods of investigation in order to determine treatment (diagnostically, can the patient show everyday familiarity with the use of symbol and metaphor? Is his mind moving back and forth between concrete action and imaginative or symbolic expression?) the psychiatrist's search, in every case, is for intelligibility, not verification.

In order to get clear about the difference – to understand, in other words, how the intelligibility a psychiatrist must find evidence of is not *supported* by evidence of the falsifiable variety, empirical evidence of accuracy or correctness – we can turn to an example offered by the philosopher Frank Cioffi:

> In John Ford's *My Darling Clementine* Wyatt Earp goes to his murdered brother's graveside and fills him in on sundry matters. No one infers from this that he believes himself to have mediumistic powers nor thinks of the episode as an out-of-doors séance. How much of what we do is an attempt to please our dead; and not just the 'passed over' Society for Psychical Research dead, nor the 'to be raised in the twinkling of an eye when the trumpet shall sound' dead, but the dead dead, the forever dead. Neither Wyatt Earp apostrophizing his brother through several feet of earth nor Dr Johnson standing in the rain at Uttoxeter Market on the anniversary of some unfilial act, need be assigned a theory of the after-life for their behavior to be understood.[16]

As Cioffi here illustrates, making sense of such behavior does not require a hypothesis. Providing an explanation, even a tentative explanation, for these men's actions will make them less intelligible, not more so, and that is because we don't have to believe in the efficacy of certain behaviors in order to understand them.

This difference between what men can express and what they can give an account of is something Drury believes he and his colleagues need to *remind* themselves of – and it is obviously something about

[15] *Ibid*.

[16] Frank Cioffi, *Wittgenstein on Freud and Frazer* (Cambridge: Cambridge University Press, 1998).

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which for some reason reminding themselves will prove difficult.[17] Or as Drury tells it, Wittgenstein urged him to 'turn to the study of medicine, not that I should make no use of what he had taught me, but rather that on no account should I "give up thinking"'.[18] Since Drury's sense of how much mental energy a life in medicine required was the result, as he writes, of the 'orientation that Wittgenstein gave to my outlook', a way of seeing without which his own reflections would 'appear very fragmentary'[19], we ought to keep in mind that 'thinking' for Wittgenstein generally does not mean coming up with theory after theory but remembering what is hard to remember. Thus for Drury, remembering to make a distinction – to recognize, for instance, the difference between finding something intelligible and finding an explanation for it – constitutes his Wittgensteinian inheritance. Remembering such differences is like remembering what it is like to do philosophy.

When Drury does not immediately try to explain away what his patients say, he bears in mind that something important to them was being said, even when the tendency to say it is mitigated by medicine. For when the lights in the sky have faded, and the voices ceased commanding – when Miss B returns to her housekeeping in the west of Ireland and Guard C to his patrol in Dublin – it is of no less import to the way they go on living and understanding themselves that *these* were the messages they heard, the commands they tried to follow. That Guard C's quest to drive the English soldiers out of Ulster sprang from deep political and religious feeling may have as much to do with how he comes to understand himself as the fact that he became delusional in the first place. And for Miss B, who had insisted that her experiences were not due to illness, returning to life and conversation with those closest to her will be fraught with the monumental task of understanding the place these experiences will take in her work, her worship, her life.

The psychiatrist's stance toward his patients remains, after treatment, one of involvement in a conversation, in which both speakers work to understand the phenomenal experiences taking place. That the nature of this conversation changes after the administration of medical treatment bears witness simply to the fact that the psychiatrist has done the often difficult work of anchoring his patients when their minds have reeled beyond the reach of those they know

[17] Ludwig Wittgenstein, *Philosophical Investigations* (Englewood Cliffs, NJ: Prentice Hall, 1958).
[18] Op. cit. note 1.
[19] *Ibid*.

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and love, returning them to an ability to engage in conversations with those outside the hospital who make their lives meaningful. The psychiatrist has practiced his art in such a way that acknowledges his patients and their experiences as *enigmas*, not to be explained away by the categories he has for them. He has encountered them ethically, in other words, or has not deferred speaking and listening thoughtfully to his patients until he finds them well again, but has engaged them in the very midst of overwhelming and mysterious experience, so that the groundwork for the integration of these episodes into these patients' continued work of understanding their lives has been laid, ensuring they are not left lurching after a medical encounter foreign in all its terms and approaches to their own.

Cioffi's *aide memoire* about the range of expressive possibilities available to those who do not suffer from mental illness, coupled with Drury's matching reminder regarding those who do, prompts the recollection that the questions one asks in a real psychiatric situation of the kind Drury imagines – for instance in which a doctor is charged with determining the nonnormativity of religious behaviors – are not the questions of natural science. When the psychiatrist listens to a patient in order to 'gauge the relative commensality, tension, or, when evident, gross discrepancy between an individual's private and public voices'[20], his diagnosis does not depend on whether what he hears is able to be carried out, but whether it is able to be understood. What the psychiatrist pays attention to is what we might call the capacity of the patient to enrich his 'experience of the world with symbolic integument and three dimensional metaphor'[21] – so long as this enrichment does not unfasten from objects and values their basic properties. Wyatt Earp talking to his dead brother is not factually possible, for instance, though it is intelligible; were Earp to report that his dead brother could actually participate in the conversation, however, we would know him as a man for whom something has come loose.

An example like this one illustrates the importance, among those who wish never to give up thinking, of understanding the essential difference between 'clarity as something to be desired as a goal' and 'something to serve a further elaboration'.[22] It helps to distinguish, that is to say, between *philosophical clarity* and *scientific clarity*.[23] Because the scientist's concern is with natural phenomena, his task

[20] Op. cit. note 12.
[21] *Ibid*.
[22] Op. cit. note 1.
[23] *Ibid*.

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the explanation of natural phenomena, 'getting clear about things', in the natural sciences, must mean discovering an explanation for them. (Thus scientific activity, Wittgenstein writes in his notebook in 1930, characterized by the idea of progress, 'is one of constructing more and more complex structures'.) But since *each clarification requires further elaboration*, this kind of effort goes on and on 'and we never find a real resting place',[24] as the hope of scientific clarity leads 'us on indefinitely from one inexplicable to another'.[25]

Philosophical clarity, on the other hand, 'arises when we see that behind every scientific construction there lies the inexplicable'.[26] When a psychiatrist remembers not to direct his investigation towards phenomena but 'towards the "*possibilities*" of phenomena',[27] he replaces a scientific investigation with what Wittgenstein would call a grammatical one.[28] In practice, this might look like the difference between examining a patient's suffering – in which the 'suffering' is the object of scrutiny, and rigorous attention to the mechanical process of cause and effect the means of surveillance – and examining the *kind of statements* both patients and physicians are likely to make about suffering. Such a modification does not stop the process of looking at and considering illness carefully, but it also requires dealing honestly with a person as un-totalizeable – *as* a person and not someone's image or summary of a person. According to Drury an attempt to understand as well as identify brings to a sudden end the kind of 'elaborate theorizing' on which scientific activity ultimately depends, the attempt to build explanation upon explanation that Wittgenstein and Drury after him refer to as 'idle speculation'.[29]

Perhaps now Drury's confession, near the end of the book, is less surprising: that the distinction between religion and madness he had 'spent so much time looking for was nothing but a will-o'-the wisp'.[30] If Drury thinks the hope of finding a principle of differentiation between madness and religion is like the hope of catching a fairy-fire, a spook light, in a foggy marsh, it is not because he has given up on discovering medical or moral grounds for treating those who suffer: Drury himself finds the medical treatment of patients who express their symptoms in religious terms morally

[24] *Ibid*.
[25] *Ibid*.
[26] *Ibid*.
[27] Op. cit. note 17.
[28] *Ibid*.
[29] Op. cit. note 1.
[30] *Ibid*.

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justifiable, and is quite clear about his sense of a physician's responsibilities.[31] But the fact that treatment is tremendously troubling for Drury *despite* being morally justified indicates that justification isn't what he's after. Better to say that Drury's interest are ethical, not moral – or that during the course of his investigation he has recalled that philosophical clarity 'puts a full stop' to the search for an explanation by showing how 'our quest is in one sense mistaken'.[32]

Drury has in other words remembered that his professional obligation is not to find or provide the limits of what is intelligible in whatever his patients say – or to find a way to express this limit, for instance between madness and religion – but to understand how the idea of intelligibility is grounded in the things *both he and his patients do and say*. Thus in addition to the way a grammatically or philosophically influenced investigation puts off pathologizing mental illness, it also opposes marking too strongly the division between, as Rush Rhees writes in another context, those who are 'troubled or ill and the teacher or physician who is untroubled and with a clear view; as though the teacher did not learn anything from his discussion with the one who was perplexed'.[33] It allows the doctor to see better how his 'own manner of life' is 'intimately involved' in the resolution of his most pressing concerns.[34]

For the psychiatrist, searching for a principle of differentiation between madness and religion is a 'dead end,' Drury writes, 'for it involves sitting back in a cool hour and attempting to solve this problem as a pure piece of theory. To be the detached, wise, external critic. We did not see ourselves and our own manner of life as intimately involved in the settlement of this question'.[35] The problem with theorizing, Drury suggests, has to do with the way a principle is used to explain phenomena that, as in the Wyatt Earp example, don't call for explanation or are not made more comprehensible by closer or deeper examination of primary causes. Developing a theory or hypothesis implies that there *must be an explanation* for phenomena that the theory will reveal. The theory is an attempt to get clear about phenomena by establishing their cause. But even as it used as a basis for further investigation, every theory rests on reasoning that must itself be theorized, and so on, and these

[31] *Ibid*.
[32] *Ibid*.
[33] Rush Rhees, *Wittgenstein and the Possibility of Discourse* (Oxford: Blackwell Publishing, 2006).
[34] Op. cit. note 1.
[35] *Ibid*.

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explanations go on indefinitely from one mysterious or inexplicable event to another, in a vague or imprecise way.

To resituate one's medical practice in a philosophical context, as Drury attempts, does not mean to replace careful investigation with woolly or imprecise conjecture, but to re-imagine investigation, under philosophy's aegis, as placed precisely in opposition to this kind of guess work. So long as the study of mental states and human behavior continues to operate under a scientistic paradigm, he suggests – indicated by the insistence of 'one psychologist after another' that 'psychology is still a young science', as if 'the really important work, the really significant discoveries… belong to the future'[36] – psychiatrists will gear all their efforts towards *explaining* psychoses and *becoming clearer* about the causes of mental illness. How hard, then, will psychiatrists have to work in order ignore philosophy's richest lesson – to what extent it is a mistake to think that behind every observable fact *must* lie an explanation; that this unraveling might go on and on until there is nothing left to discover, until every knot has been untangled, every mystery solved? We might go so far as to say that showing how all reason rests on speculation, or how the so-called laws of nature do not explain natural phenomena, is what *philosophy* makes clear – which is also to say that introducing skepticism about man's use of reason is what the philosopher, funnily enough, offers the scientist.

Or perhaps this is philosophy's reminder of a lesson science has already taught itself but has tended to forget. 'In teaching man', writes the great 19th century French physiologist Claude Bernard, 'experimental science results in lessening his pride more and more by proving to him every day that primary causes, like the objective reality of things, will be hidden from him forever and that he can know only relations. Here is, indeed, the one goal of all the sciences'.[37] It is easy to see why Bernard's *Introduction to the Study of Experimental Medicine* was required reading for Drury under Wittgenstein's tutelage. As Bernard's haunting comparison illustrates, not all foundations are equal: 'The body's point of support is the ground which the foot feels; the mind's point of support is the known, that is, a truth or a principle of which the mind is aware'.[38] This is a point of logic, echoed in every one of Wittgenstein's writings from the *Tractatus* to *On Certainty*. We call

[36] *Ibid*.

[37] Claude Bernard, *An Introduction to the Study of Experimental Medicine* (New York: Dover Publications, 1957).

[38] *Ibid*.

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principles or underlying truths assumptions because they cannot be brought to light without disrupting irretrievably the structures or nests of propositions they anchor; and because they make knowledge possible without offering justification for knowledge; and because there is nothing fixed about them, nothing holding them in place apart from the holding as such, from the fact that they *are* thusly held.

Bernard's caveat against 'excessive faith in reasoning' in experimental science is echoed, of course, by Wittgenstein's warning to Drury that 'if I became mad the thing I would fear most would be your common-sense attitude', which returns us again to the question of what kind of warning this is, or rather how seriously it should be taken.[39,40] To take it seriously means seeing in a new light the kind of things Wittgenstein thought he should say to Drury, the only one of his students to go on from philosophy to a profession in medicine: 'Always take a chair and sit down by the patient's bedside; don't stand at the end of the bed in a dictatorial attitude. Let your patients feel they have time to talk to you'.[41]

Do these directives merely insist on good bedside manner? If so, or if this advice seems easy to follow, then Wittgenstein's remarks might be taken to cement our picture of him as a man who sometimes did philosophy and sometimes stopped doing it; who on some occasions communicated philosophical principles and on others gave helpful hints to ex-students about how to live, some of which were less than helpful; who was at one point able to teach Drury philosophy, marked as such, and at a later point merely offer his opinion, the conclusions he'd gathered from experience.

But that Drury himself is not able to distinguish between these occasions suggests that the attempt to do so may be ill-advised – that Wittgenstein's remarks are less like recommendations for how a good psychiatrist ought to behave (gentle or not so gentle calls to conscience) than reminders of what putting philosophical pressure on life's problems, the problems facing a working psychiatrist, might actually look like. Perhaps that is why something feels wide of the mark with the description, offered by its publishers, that *The Danger of Words* is 'a collection of essays on the philosophical problems in psychology', or the comparable account from John Hayes, who introduces the volume, that here Drury 'engages the themes developed out of his favourite tractarian texts and applies them to psychiatry'.[42]

[39] *Ibid.*
[40] Op. cit. note 1.
[41] *Ibid.*
[42] *Ibid.*

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Wittgenstein's constant reminder that there are no epistemic conditions for the possibility of knowledge revolutionized, at the molecular level, Drury's daily practice as a psychiatrist. Forced by his interest in philosophical clarity to try to understand his patients as well as treat them, to position *himself* in such a way that his patients had the best chance of being understood, Drury successfully made use of what Wittgenstein had taught him: 'Always take a chair and sit down by the patient's bedside… treat every patient as an individual enigma.' Merely following this advice misses the invitation to see what is expressed by it. Sitting, when he was inclined to stand – and remembering what he stood upon – helped Drury avoid the kind of idle speculation and elaborate theorizing his profession invited. Treating every person as an individual enigma compelled him to acknowledge how easy it was in the natural sciences 'to have the results of another's labor without the pains of carrying out the investigation', and how the pain of investigation lies in discovering how much of one's own manner of life is intimately involved in every question and conclusion. His work makes clear why those who forget to wonder what is expressed by the things people say contribute to the distress mental patients feel in psychiatric wards – agonizingly unheard and so further isolated in their suffering; frustrated at the most profound level that their descriptions are treated as explanations and not, alternatively, as communications of *another sort*.

Yeshiva University, New York
kevans1@yu.edu

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