Building the notion symptom: connections between pragmatics and psychoanalysis

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Abstract: This study aims to identify confluences between psychoanalysis and studies on language presented in Austrian philosopher Ludwig Wittgenstein's work. In order to do so, one starts from the construction of the notion of symptom, its definition in the medical and psychiatric fields, to its demarcation in the psychoanalytical field, where the symptom is only defined by its relationship with the discursive practices of the subject. When introducing the concept of language-game, Wittgenstein emphasizes the pragmatic aspect of language: the rules of use established in a particular context give meaning to a linguistic expression. If, for psychoanalysis, the symptom implies a symbolic articulation, it is in the relationship between signifiers, proper to the language game, that the possibilities of signification of the subject himself are established.

Keywords: language, psychoanalysis, pragmatics, symptom.

Taking any concept into consideration implies locating it in a theory or in an effective context that gives it particular significance, which establishes its use, even if it may be universalized later. Although it might seem obvious, this more contextualized view of language and its close relationship with the forms of knowledge and their production seems only to be actually problematized in philosophical discussion, with it being based on the ideas of Austrian philosopher Ludwig Wittgenstein, who, when replacing the essentialist notion that there is always something in reality that finds correspondence in language – a highlight of his *Tractatus Logico-Philosophicus* (1921/2001) – with the constructivist conception of reality based on the linguistic field developed in the work *Philosophical Investigations* (1953/1991), ends up promoting a big reversal in the ideas that prevailed until then.

The view that language 'constitutes' reality is in the opposite direction of the view postulated by Western philosophical tradition, which conceives words as language representatives of a reality, even if it refers to a mental image. "The limits of my language mean the limits of my world" (T.L.P 5.6)[1]. Such an assertion, representative of the ideas of the so-called "first Wittgenstein," establishes a sort of parallelism between the world of facts and the very structure of language, that is, the combination of the names in the sentence figure the totality of reality.

However, it is with the second Wittgenstein that there is a break with the traditional way of conceiving language, a moment in which the metaphysical, essentialist attitude, is replaced by the practical attitude. According to the pragmatic perspective presented in the *Philosophical investigations*, everything that we think

of as reality is actually an arrangement of names and characteristics, that is, reality is, itself, a construction called language, that works in its multiple and varied uses, which are what the author called true "forms of life." By introducing the notion of language-games[2], the second Wittgenstein displaces the value of the propositional form in the production of meaning. In this work, the Austrian philosopher begins to analyze the various existing relationships in the use of spoken language, in order to highlight the production of meaning as being dependent on a combination of certain rules, gestures, like in a language-game. Marcondes (2010), commenting on this second perspective of Wittgenstein, says:

> If we adopt the notion of language-games, the meaning is no longer determined by the form of the proposition, nor by the meaning of its components, nor by their relationship to the facts, but rather by the use we make of the linguistic expressions in the different contexts or situations in which we employ them. (p. 275).

In this way, there would be no single function or common form of language, but certain similarities between segments that, in a certain combination, would produce arrangements – language-games. At this point, similarities with Saussure's structuralism become noticeable, when the author argues that concepts are dependent on the relationships of difference between words, or, to put it another way, a concept can only exist based on a symbolic

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1   When referring to the work *Tractatus logico-philosophicus*, we use the acronym T.L.F. (Wittgenstein, 1921).

2   In paragraph 7 of the *Philosophical Investigations*, the author presents a few examples of what he would call language-games: "We can also think of the whole process of using words in (2) as one of those games by means of which children learn their mother tongue. . . . Think of the many uses of words in games like ring-a-ring-a-roses. I shall also call the whole, consisting of language and the activity into which it is woven, the "language-game." (1991, p. 12).

system which sustains its relationships of difference. Thus, we would not be even able to recognize a chair as "a chair," and not as a "table," without at the same time recognizing that a chair is not all the rest, that is, the concept is defined by a set of characteristics that differentiate themselves in the relationship of otherness.

In fact, what is outside language is by definition unknowable, it has no name, no meaning and therefore cannot enter human reality without being immediately articulated by language. But what Wittgenstein highlights in *Investigations* concerns the pragmatic character that language has: it encompasses the rules of use established in a specific context which give meaning to a linguistic expression, that is, beyond propositional semantics there is a usage context that admits a series of discursive effects.

Based on this logic, perhaps we can consider the various fields of knowledge and their theories as language-games, that is, discursive practices that will be endowed with meaning according to the context. However, what we see is that some scientific discourses seem oblivious, or simply give little importance to the role of language in its pragmatic character, when what is at stake is precisely its practical value, its role in human social practices.

In this sense, we plan to delineate a few differences between how medicine sees the concept of symptom, as opposed to the psychoanalytic analysis of the concept in question, in an attempt to demonstrate how the medical field associates itself with an Objectivist view of language, what somehow reflects on its praxis, and, on the other hand, to problematize to what extent we can relate psychoanalysis to the pragmatic dimension developed by Wittgenstein.

We will use the concept of symptom in the medical field as a starting point, highlighting some difficulties of Psychiatry in relation to this limit, before getting to the psychoanalytic analysis of the concept, in what we call here a pragmatic effort.

Establishing the concept of symptom

The etymology of the word symptom comes from the Greek σύμπτωμα and symptom means the incidence of things together, literally coincidence[3], hence the use made by medicine when, in the presence of a symptom, it establishes a cause/effect relationship between a sign and a pathogenic agent in order to define the diagnosis, treatment, prognosis, etc. In general, the symptom is considered a synonym of evidence, a sign of the existence of something. However, in medicine there seems to be a distinction between sign and symptom. The first corresponds to a given verifiable objective, like red dots all over the body which may, for example, indicate measles, while the symptom is regarded as subjectivized information because it depends on the verbalization of the patient such as, for example, reports of pain, tachycardia, nausea etc.

Here there seems to be the first problem: it is clear that the symptom, while a subjective expression, can, and perhaps should, be understood from a constructivist perspective[4], as a result of the practices of language which have been socially established, since we learn through language to recognize and express pain, sadness, etc. However, as for the observable sign, can we not say that it is also a socio-linguistic construction? To some extent, yes, although we recognize that there are differences in the way they appear.

Freud may have made some major contributions to this matter, because by associating the physical signs and symptoms which are so common in conversion hysteria to something related to the unconscious, he did not fail to consider them as constructions of the subject, language arrangements that could become relevant during the analytical process, and thus would abandon their expression while specific symptoms and inhibitions. Later on we shall talk about the psychoanalytic analysis of the symptom. The important thing at this moment is to delineate how Medicine appropriates this concept based on an Objectivist tradition, in addition to presenting the somewhat paradoxical way with which psychiatry is included in this scenario, so we can then associate the psychoanalytic analysis of the symptom with a pragmatic conception.

The history of Medicine itself gives us a notion of how the historical-cultural context is crucial and, at the same time, allows the transformation of concepts, or better yet, of the uses and meanings that we socially agree upon. The problem occurs when the concept, in its eagerness to become scientific, transforms a process into a thing, a first entity that has a reality in itself. This is what seems to happen to the concept of symptom with the advent of scientific Medicine. According to Pimenta and Ferreira (2003),

> In the Medicine that preceded the anatomicoclinical model and that can be called pre-scientific, the symptom was the very expression of the disease, it was the way the disease presented itself; it defined the essence of the disease. . . . With the anatomicoclinical paradigm the symptom becomes, therefore, a sign of the disease which acquires meaning for the doctor. The symptom refers to a reality, it emerges as an expression of this reality, and can anticipate the signs detected directly by the doctor. (p. 224).

This Objectivist view of the concept considers the symptom as an expression of a reality to be investigated: the disease as such. In this sense, both the symptoms and the illness are understood as processes disassociated from the uniqueness of the subject. We can say that this paradigm

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4   Here we understand constructivist perspective as the idea that the human subject constructs reality, and themselves, through the language relationships established with other beings and the environment in which they live. From the learning theories (Piaget and Vygotsky) to Bordieu's social theory, some conceptions of constructivism may be seen.

shift, and later, the advances in Biology, Physiology and Chemistry, enabled the intermediate mechanisms of the disease, its evolution, the underlying biochemical phenomena to be monitored, as well as the construction of therapeutic measures which enabled a great interpretative progress of the clinic itself that have an impact on diagnosis and treatment. However, we ask ourselves to what extent this stance leads us to lose the dimension of the subject in a clinical setting that is defined by the logic of calculability, by the presence or absence of signs to be examined, be it in imminently investigative interviews or through technical exams and instruments. The morbid entity, the disease, the symptoms that define it are superimposed onto the subject himself, to the narrative that is possible for his suffering, and even to the linguistic and cultural interpretation that the subject has of what is happening to him.

This form of understanding, as we have seen, seems to corroborate with the first of Wittgenstein's ideas when, according to Condé (1998), the philosopher considers the theory of figuration[5], and the descriptive aspect of a logical proposition as corresponding to the "state of affairs" described by it. Thus, the attempt to determine the limits of what can be said through language is ultimately revealed to be an attempt to define the essence of the proposition. For medicine, the symptom, though understood as a subjectivized expression, corresponds to the state of affairs that defines the disease, which is identified as an entity that affects the subject independently of him, with there being no association between them.

In this sense, "an objectivist conception of scientific language is basically associated with the notion of truth in terms of a correspondence with reality" (Coutinho, 1996, p. 25). This has determinant consequences, when we think, for example, about the real effect that the medical diagnosis has on the subject, which is defined based on the reality represented by the disease. Such a position, if we can force an analogy here, seems similar to the one advocated by Wittgenstein in the *Tractatus*. According to Condé (1998), for the Austrian philosopher, "assessing the conditions for the truth of a proposition means knowing what the case is (*Was der fall ist*), that is, knowing what effectively occurs in reality" (p. 73).

As for Psychiatry, can we say that it is configured differently, away from the Objectivism of Medicine? Would that not be the scenario we have today, when we look at the advances in neuroscience and researches that do not cease to locate, describe the biochemical functioning of the brain, and exclusively elect organic (material) causes to psychic disorders and disturbances? What interests would such an approach be serving?

It is clear that these issues are not easily resolved, but the fact that we highlight, for example, the relationship between the growth of the pharmaceutical industry and the interests and demands of the capitalist way of production to which we are subjected – it is necessary to eliminate pain and conflict in order to produce more and better – means that it has its importance in the discussion that we propose on the concept of symptom. We can say that Psychiatry was born with the difficulty of limiting its object to a system, an organ, as did medical science when fragmenting itself into specialties. According to Pimenta and Ferreira (2003),

> Not being able to make use of the histopathological correlation, much less be assisted by additional tests and apparatus, psychiatrists perceive themselves as practitioners of pre-scientific medicine. Classical Psychiatry thoroughly describes the sorted and systemized clinical conditions that constitute their psychopathology. In this position, just to name a few, are: Kretschmer, Kraepelin and Bleuler from the German school; Morel and Clérambault, from the French school (p. 225).

However, maybe this "limitation" is what allows Psychiatry to not reduce its activity to the pure technical-scientific exercise, admitting, in this way, a space for the language subjects – in the doctor-patient relationship that is so often highlighted by Psychoanalysis – to appear and be considered in this practice which is, above all, social. On the other hand, it seems that Psychiatry could not resist the era of technological medicine, and eventually brought psychological symptoms to the same level as a common medical symptom, which, following this logic, makes it aspire to their elimination through the administration of psychiatric drugs, thus associating psychic healing to the absence of symptoms. In the words of Pimenta and Ferreira (2003), "the scientistic proposal, once again, puts a straitjacket on the diseases of the soul, this time in a technological and sophisticated manner" (p. 227).

To what extent can psychoanalysis contribute so that another analysis of the symptom can be made? Heir to modern psychiatric thought, psychoanalysis, while a form of knowledge built from a practice that seeks to focus on the language subject through his speech, gestures and also through his silence, promotes a series of changes in the field of the understanding of the human psyche. What comes into play, after its emerging, is the new perspective on the meaning of the psychopathological symptom. According to Figueiredo (2004),

> Freud, when walking towards the unconscious, throws psychoanalysis under a new light that gives new dimensions to the scope of the diagnosis, moving from description to dynamics; from phenomenon to the structure (Figueiredo & Machado, 2000). A new field is delineated here in opposition to the phenomenon-descriptive field of Psychiatry and general psychopathology, namely:

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5 "According to the *Tractatus*, 'a proposition is a picture of reality. A proposition is a model of reality as we imagine it (prop. 4.01)'. According to this conception, a proposition plays the role of providing a model or a picture of reality ". (Marques, 2005).

the field of the unconscious and its formations (Freud) or the field of the Other (Lacan). (p. 76).

With Freud, the symptom acquires a new meaning, a meaning that, by defining itself as unconscious, is still a linguistic articulation of the subject. Due to the psychological conflict in which every subject is constituted, symptomatic training is no longer represented by the logic of absence (health) – presence (disease) of symptoms, now defining the emergence of the subject himself: there is no subject outside a symptomatic arrangement, because the symptom is built on the relationship of signification, while the subject is constituted in language, in the field of the Other.

> Here, the first difference emerges: the symptom does not go without the subject, nor may the subject be thought of without his symptom. One constitutes the other, or better yet, one is constituted on the other, the subject through the symptom and vice versa. This close relationship between subject and his symptom – be it the neurotic symptom or psychotic productions – by itself represents a radical difference from the functionalist-organicist conception of a certain psychiatry and its psychopathology, which aims precisely to separate the two terms, not to establish any connection between them and therefore to distinguish diagnosis from treatment, both in method and dynamics. (Figueiredo, 2004, p.76).

The subject is expressed through his symptom. Based on this perspective, the whole objective description of psychiatric science fades into the background, opening space so that the listening of this subject who, when speaking, signifies their suffering, is privileged. Freud discovers that the subject's speech is traversed by a knowledge which he himself is unaware of and that, surprised by his own words, cannot help feeling that they are somewhat strange. Based on the idea that the subject is not defined solely by rationality, but rather is constantly invaded, divided by the unconscious dimension, Freud presents the symptom as an assuming of a commitment, that is, an agreement between drives aimed at satisfaction (unconscious desires) and the censorship that ensues as a result of restrictions imposed on the subject due to his relationship with the world, with others, a censorship that seeks to defend the self-preservation of the subject himself, establishing certain limits to the direct and immediate satisfaction of drives.

In this sense, even though the symptom produces suffering for the subject who complains about it, and so often insists on perceiving himself as the victim of his own symptomatic arrangement, to a certain extent it means a solution, a precarious one, but still a solution, which attempts to ensure a certain organization for the subject. According to Freud (1926/1996), in *Inhibitions, symptoms and anxiety*, "Symptoms are created so as to avoid a dangerous situation that is felt by the ego. If symptoms are prevented from being

formed, the danger does in fact materialize" (p. 142), that is, the subject finds himself in a situation of total helplessness. In this position, the symptom loses its symbolic structure, its power of signification, and gives space for misery to appear denouncing this symbolic lack, since anxiety is that which cannot be symbolized. Therefore, we can say that the symptom has the function of preventing the danger of anxiety.

If the symptom assumes a symbolic articulation, if it is the expression of a truth of the subject, it is as a signifier puzzle that incites the subject to decipher it, to build a signification which arises from the relationship of a signifier with another signifier. This is the theoretical construction introduced by Lacan. As he emphasizes the role of language in the analytic discourse, Lacan acknowledges that signification can only happen in the relationship between signifiers and, therefore, it depends on a contextualized speech to define it, a certain language-game that assigns a meaning to it. In this sense, we can say that the psychoanalytic analysis may be associated with a pragmatic perspective. However, while highlighting the autonomy of the signifier to the detriment of meaning, Lacan shows that it has a function that is unknown by linguists, which is not communicating nor informing, but rather indicating the subject's position in relation to the truth of what he desires, that is, it is in the misconception of language, where the rules of the game suffer changes, substitutions, and unusual combinations, that the subject may produce a signification of his unconscious desire.

Perhaps here there is the first difference between the perspective of psychoanalysis and Wittgensteinian pragmatism, although, let us not forget, we are trying to associate them. For Wittgenstein's pragmatism it is, in the speaker, the use of various language-games, vocalizations, gestures and expressions that, depending on the context, will produce meanings that avoid misconception, i.e., communicative praxis implies the understanding of language-games beyond the designation of objects. On the other hand, psychoanalysis,

> . . . is about making misconception productive. Analytical work consists of putting an end to the manner of signification operating in that context, opening up new possibilities of meaning. . . . This game is not about finding an association between meanings for both speakers, but rather a disparity of positions. There is no equivalence between partners, one speaks and another listens beyond contextual meaning, that is the way of life of psychoanalysis: the establishment of a language-game that becomes valid in that context. The clinic can then be considered a specificity of a way of life. (D'agord, Binkowski, & Chittoni, 2008, p. 51).

Thus, we can risk saying that the symptom is a construction and that its meaning depends on the context: a hallucinatory phenomenon,

for example, has different meanings for an indigenous community, *candomblé* practioners, or professionals from the field of Medicine. However, what psychoanalysis adds to this perspective is something particular to the subject's relationship with language, to the signifiers that define it, to whether it articulates his symptom as a metaphor (Lacan, 1957-58/1999), that is, a new significance is produced that includes an unrecognizable desire of the subject himself, albeit articulated as a paradoxical satisfaction. (Lacan, 1998).

At this point, Lacanian psychoanalysis seems to exceed Wittgenstein's pragmatic conception of language. The relationship of the subject with language would imply a function other than the act of communicating or expressing something. It is, essentially – and considering the symptom from a psychoanalytic perspective, this becomes more evident – a way for the subject to articulate both a relentless desire and a sort of remnant of enjoyment, which is unapproachable by language. However, this step towards a clinic of that which is real, of that which resists signification, refers to a second stage of Lacan's theory that we do not intend to discuss at this time.

Conclusion

Based on the contributions from the philosophy of language, especially from Wittgenstein's perspective, we saw the importance of considering language, theories and scientific practices as social constructions, as forms of knowledge that constitute different language-games. With the purpose of analyzing, from different perspectives, the concept of symptom, we observed: on the one hand, the way medicine understands the symptom as an extralinguistic entity, with no articulation to the subject, regarding the context in which he is inserted, associating it to an understating of language that believes it to be a representation of a pre-existing reality; differently, psychoanalysis finds the possibility of a displacement of signification in the speech of the subject, which maintains symptomatic formation, in the sense that it can change and cause less suffering to the subject.

Although medicine and psychoanalysis have completely different points of view, we must not forget that these practices reveal the attempt to give something meaning, a disease, affection or a feeling that in spite of being a particular expression of the subject's mode of operation, is not disjointed from the context, from the linguistic meanings that anticipate and build the reality of the disease, of the affection, of the feeling.

Thus, according to Wittgenstein's perspective on the symptom, perhaps we should ask ourselves how it works, how the subject uses it, in what sense it reveals a desire of the subject, for if we are dealing with the human dimension, the language-games are there to tell us that the possibilities of signification are always varied.

Construindo a noção de sintoma: articulações entre psicanálise e pragmática

Resumo: Este trabalho pretende identificar pontos de aproximação entre a psicanálise e os estudos sobre a linguagem presentes na obra do filósofo austríaco Ludwig Wittgenstein. Para tal, parte-se da construção da noção de sintoma, sua definição no campo médico e psiquiátrico até sua demarcação no campo psicanalítico, elemento que só se define por sua relação com as práticas discursivas do sujeito. Ao introduzir a noção de jogos de linguagem, Wittgenstein destaca o caráter pragmático da linguagem: as regras de uso estabelecidas em determinado contexto conferem o significado a uma expressão linguística. Se para a psicanálise o sintoma implica uma articulação simbólica, é na relação entre significantes, própria do jogo linguístico, que se estabelecem as possibilidades de significação do próprio sujeito.

Palavras-chave: linguagem, psicanálise, pragmática, sintoma.

Construire la notion de symptôme : les articulations entre la psychanalyse et la pragmatique

Résumé: Cette étude vise à identifier les points de rapprochement entre la psychanalyse et les études sur la langue présentes chez le philosophe autrichien Ludwig Wittgenstein. Pour cela, on part de la construction de la notion de symptôme, sa définition dans le domaine médical et psychiatrique, jusqu'à sa délimitation dans le domaine psychanalytique, un élément qui est seulement défini par sa relation avec les pratiques discursives du sujet. En introduisant le concept des jeux de langage, Wittgenstein souligne le caractère pragmatique de la langue : les règles d'utilisation établies dans un contexte particulier confèrent un sens à une expression linguistique. Si pour la psychanalyse le symptôme implique une articulation symbolique, c'est dans la relation entre signifiants, caractéristique du jeu linguistique, où s'établissent les possibilités de signification du sujet lui-même.

Mots-clés: langue, psychanalyse, pragmatique, symptôme.

La construcción de la noción de Síntoma: articulaciones entre el psicoanálisis y la pragmática

Resumen: Este estudio tiene como objetivo identificar los puntos de aproximación entre el psicoanálisis y los estudios sobre el lenguaje presente en la obra del filósofo austríaco Ludwig Wittgenstein. Para eso, parte desde la construcción de la noción de los síntomas, su definición en el campo médico y psiquiátrico hasta su demarcación en el campo psicoanalítico, elemento que sólo se define por su relación con las prácticas discursivas de la materia. Al introducir el concepto de juegos de lenguaje, Wittgenstein hace hincapié en el carácter pragmático del lenguaje: las normas de uso establecidas en un contexto particular confieren sentido a una expresión lingüística. Si para el psicoanálisis el síntoma implica una articulación simbólica, es la relación entre significantes, del propio juego de lenguaje, en la que se establecen las posibilidades de significado del sujeto.

Palabras clave: lengua, psicoanálisis, pragmática, síntoma.

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