

THINKING, PHILOSOPHY AND PSYCHOTHERAPY

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Photo: Giam Marco

The practice of philosophy and various branches of what may be termed psychological practice have long existed in a strange and abiding tension. Philosophy as a practice was originally concerned with how to live a good life and respond to the complexities of human living. These concerns have in many ways left professional philosophy and have found themselves in the domain of psychological practice. This paper explores the ways in which philosophy and various modes of psychological practice exist in a mutually informative register.

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Introduction

The most thought-provoking thing in our thought-provoking time is that we are still not thinking.

-Heidegger

When attending to complex thinking tasks such as those that are employed in various modes of psychological practice, it is a simple yet pivotal insight that errors in foundational thinking always eventually become manifest at a clinical level. This is because conceptual and philosophical problems are always already present in the clinical arena. Consequently, philosophical thinking forms the substratum of clinical practice, and is therefore the fundamental organising dimension of clinical work. This is why psychotherapy as a discipline, and psychotherapists as individuals, shun such thinking at great peril.

Philosophical modes of thinking are already present in a myriad of ways in every clinical presentation. The most obvious question every clinician must begin with is 'Why is this client attending this clinic to see me?'

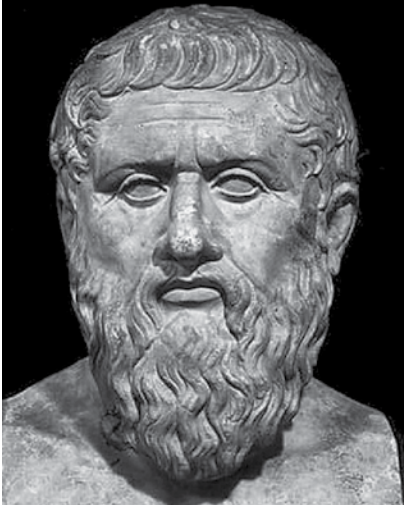
Therapists are always already making explicit, but more likely, implicit knowledge claims. These knowledge claims include having the knowledge and ability to facilitate a process called psychotherapy (whatever that may mean). This process called psychotherapy is purported to assist persons suffering (whatever that may be). Another way of rendering this is to see that in this situation one is making knowledge claims about human suffering, human change, and the technical skills required to administer one's particular mode of practice to achieve the goals of a particular mode of therapy. These goals one is trained in. These approaches to psychotherapy all come with latent assumptions about persons, minds, change and healing. The assumptions of this pre-reflective state often operate perfectly as long as the process of therapy continues in the prescribed and predictable contours of a specific model, but these concepts become much more problematic and important when a patient is not responding to treatment in an

expected or predictable manner (as often occurs). In this situation where the 'expected' collapses, the therapist finds themselves off the map, where the 'natural attitude' established by a model of practice collapses, and in so doing the therapist and patient find themselves without a clear means to move forward. This state of deracination renders the territory of the mind and the 'other' mysterious as understanding always occurs within a certain epistemological register. It is at this juncture that a clear understanding of the what, why and how of the clinical endeavour is required. Without the meta-perspective afforded by philosophical thinking, the result can be a state of clinical lostness.

It important to realise that psychotherapy does not represent categories of 'natural kinds' rather all models of psychotherapy, are simply attempts to make sense of human suffering and healing in the life of the mind, through the production of metaphors. Some models, like some therapists however are more philosophically sound than others in terms of the coherence of the worldviews they generate and imply for practice. The task of philosophy in psychotherapy is myriad. It seeks to help the clinician establish a sound and coherent world-view for practice, yet it also seeks to help the clinician understand what and how they practice as well as develop the critical meta-cognitive abilities required for clear and detailed thinking.

The practice of philosophy and various branches of what may be termed 'psychological practice' have long existed in a strange and abiding tension. Philosophy as a practice within the Western tradition was originally concerned with how to live the good life and thereby respond to the complexities of human living and suffering. These concerns have in many ways left professional philosophy and have found themselves in the domain of psychological practice. Yet there is all too often a sense that philosophy has nothing to say to psychological practice and vice versa². I think this is fundamentally wrong. It is my contention that these respective traditions have much to contribute to each other. This paper sets out to explore the contributions which philosophy and philosophical thinking have to offer psychological practices through an examination of philosophy and psychotherapy undertaken in the spirit of philosophical enquiry.

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1. By 'psychological-practice' I am referring to the distinct, yet connected, domains of clinically orientated practice that focus on the workings of what is referred to as the mind, the mental, psyche or the psychological. This includes practices such as clinical psychology, psychotherapy, psychiatry, psychoanalysis, social work, counselling and mental health.
 2. This is an anomaly as the history of psychotherapy has long connections to philosophy. Many of the early progenitors of psychotherapy (including Freud) were deeply educated in classical and European philosophy. Nietzsche, for example, is well documented as a source of inspiration and influence on early psychoanalysis. A number of branches of CBT owe more than a passing debt to stoic philosophy, and existential psychotherapy is in many ways the relational enactment of existential philosophy.



“The unexamined life
is not worth living”

- Plato

What is philosophy?

*Wonder is the only beginning
of philosophy.*

-Socrates

The word ‘philosophy’ means ‘lover of wisdom’ when translated from the original ancient Greek, **φιλοσοφία**. To trace an etymology is not to offer a definition, however. Philosophy, then, may be understood as an attempt to examine and understand life and reality, primarily but not exclusively by using reason, evidence and argument. Philosophy involves two basic activities: the search for wisdom and critique.³ In this sense philosophy is focused on a relatively small set of questions with many answers. In simple terms, philosophical training is a declaration of war against stupidity. This is the first marker and intersection between psychological practice and philosophy, namely that the practice of philosophy supports the general themes of meta-cognitive and reflective functioning which have been established as central to the practice of psychotherapy.

To adopt a philosophical stance is to practice paying attention to assumptions, which constitute, what in phenomenology might be termed, our ‘natural attitude’. This includes natural attitudes that develop within philosophy, about philosophy. It is this pressing concern with natural attitudes that makes the practice of philosophy curiously self-referential: philosophy is unique as a discipline

for its own definition is a concern of its own practice. There are no mathematical proofs of the nature of mathematics. The question of the nature of mathematics is a question that lies beyond the practice of mathematics itself (in the realm of philosophical enquiry) (Badiou, 2010). As with mathematics, so with physics: physicists do not interrogate the discipline of physics through the use of physics itself. When a physicist asks these types of questions about physics, they are very often engaging in philosophical enquiry.

As can be seen from the previous examples, when one comes to enquire into the nature of an intellectual discipline or domain of enquiry, this enquiry is often unavoidably undertaken in an philosophical manner. Despite this, philosophical practice has a varied history in psychological practice, particularly psychotherapy and counselling. In recent years the intersection between philosophy and psychiatry has experienced resurgence, led mainly by Oxford University Press’ International Perspectives in Philosophy and Psychiatry series. Yet psychotherapy seems to still wrestle with understanding the role of philosophy in helping it define itself and support clinical practice by sound thinking.

Philosophy is the discipline, *par excellence*, of thinking about thinking. It is the practice, to paraphrase Plato, of examining one’s life in order to make it worth living. Philosophy is in all its branches, a systematic process of contemplation that recognises that the act of contemplation is of value in and of itself, independent of the solutions that may be the result of such contemplation.

3. The notion of critique dates back to the foundations of philosophy. Socrates was in fact put to death for critiquing those in power within Athenian society. Socrates charge was that he was guilty of corrupting the youth and worshipping false gods. The notion of the critique follows on as a constant theme in philosophy. Kant’s critiques are a foundation of most philosophical training. The notion of critique is exemplified in various schools of philosophy, but perhaps most notably in the development of critical theory. According to one of the founders of critical theory in the Frankfurt school tradition, Max Horkhemier. Critique should explain 1) what is wrong with current social reality, 2) identify the actors to change it, 3) provide both clear norms for criticism and practical goals for social transformation.

Branches of philosophy

Whereof one cannot speak, thereof one must be silent.

-Wittgenstein

There are numerous branches or specialisations within the discipline of philosophy that are concerned with particular questions. These questions offer an excellent orientation to what philosophy is concerned with, but they also offer a structure for an inquiry into the possible intersection between philosophy and psychological practice. The discipline of philosophy may be schematised as in Figure 1.

These specialist questions of philosophy can be tailored to address certain first principles of psychotherapeutic thinking and practice and arriving at questions of ethics, politics and pragmatics.

1. What is?
2. What is the nature of mind?
3. What is the nature of self?
4. What is psychotherapy?
5. What is healing?
6. How might these questions affect psychotherapy?
7. What and how can we know?

8. How do questions concerning how and what we can know affect psychotherapy?
9. What are legitimate ways of knowing in psychotherapy?
10. What is the nature of time?
11. What is the nature of inter-subjective experience?
12. How ought we to practice psychotherapy?
13. What is right in psychotherapy?
14. What are our obligations in psychotherapy?
15. How might we respond to suffering?
16. What is the nature of power in psychotherapy?
17. Who is psychotherapy in service of?

As a general rule we might say that questions 12–16 are competently addressed by psychotherapy, while most therapy practice and training is very limited in how the other twelve questions are integrated into both clinical practice and the psychotherapeutic training environment. In the spirit of these questions which psychotherapy has tended to overlook, I propose to demonstrate how philosophy can shape various axioms within psychotherapy, and to pursue the implications of this within the domain of psychotherapy. I begin by presenting a brief and non-exhaustive problematisation of first principles in psychotherapy, namely ‘What is?’ (ontology) and ‘What and how can things be known in psychotherapy?’ (epistemology)⁴.

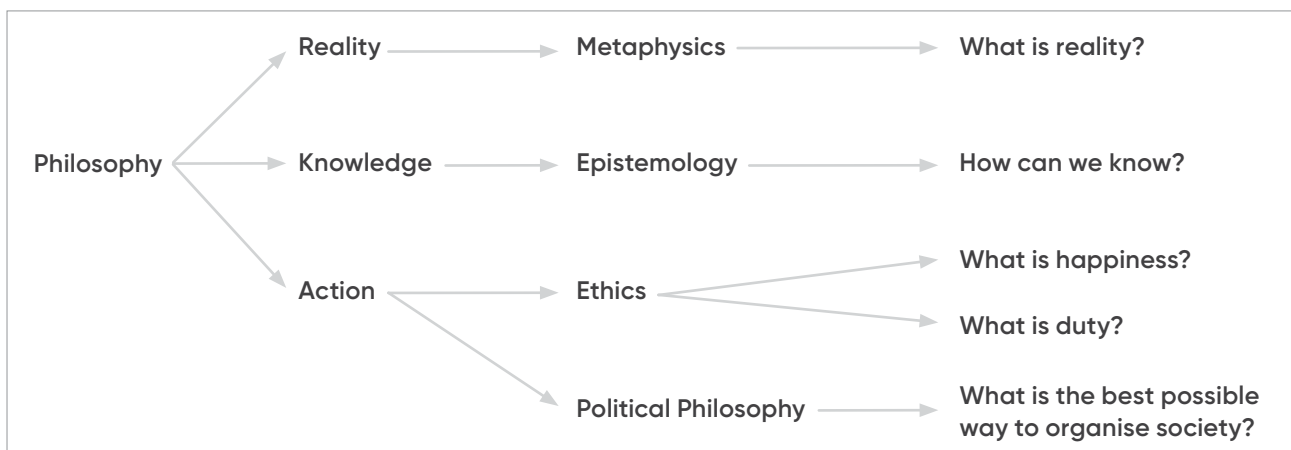
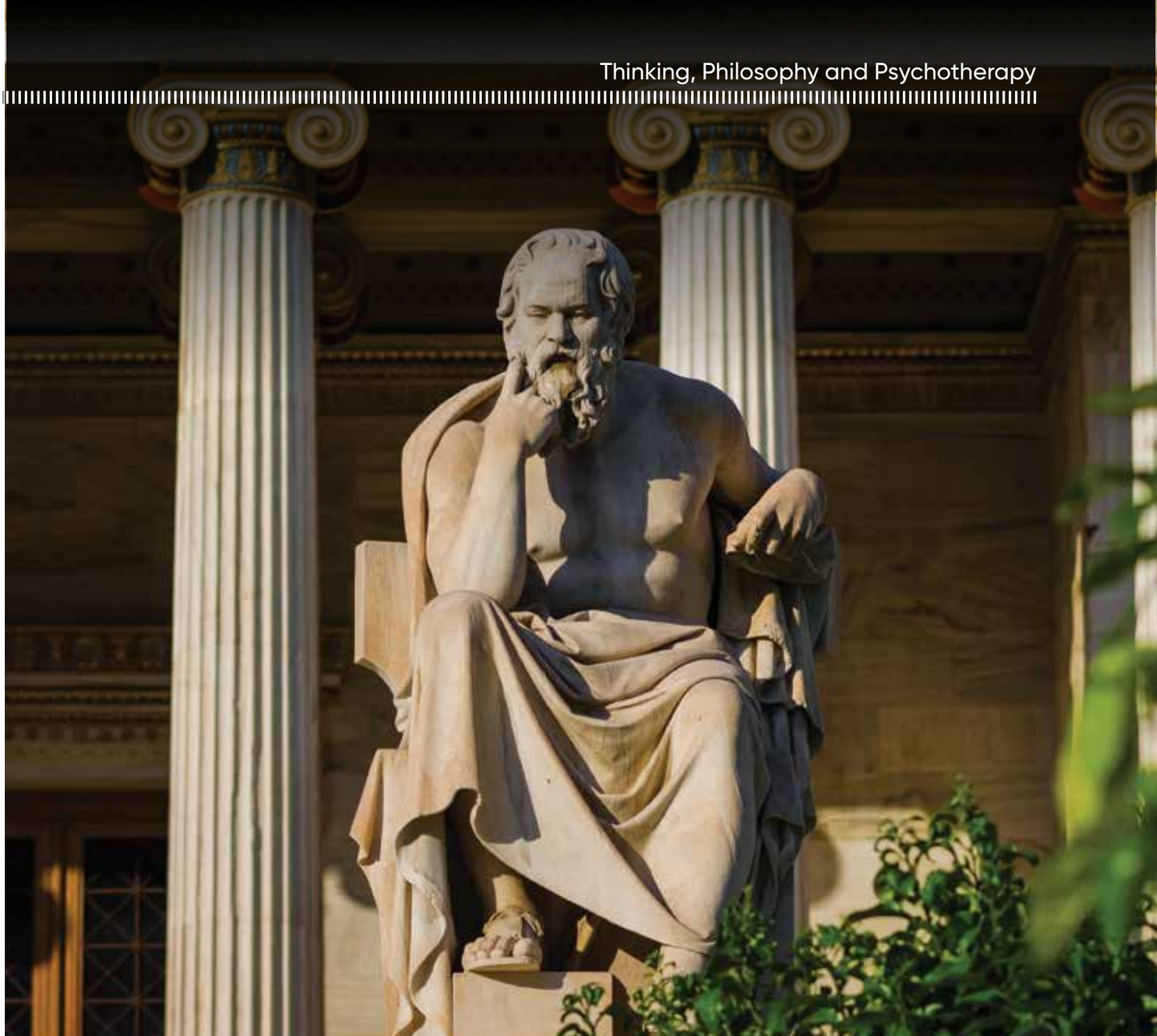


Figure 1: Branches and Questions of Philosophy

4. Ontology is a philosophical term which is derived from the Greek word for being, it is a branch metaphysics that concerns itself with questions of ‘what exists’. Epistemology is a term derived from Greek. It is the branch of philosophy that addresses theory of knowledge. “Its central questions include the origin of knowledge; the place of experience in generating knowledge, and the place of reason in doing so; the relationship between knowledge and certainty... the changing forms of knowledge that arise from new conceptualizations of the world. All of these issues link with other central concerns of philosophy, such as the nature of truth and the nature of experience and meaning”. (Blackburn, 1996 p.123)



First principles, assumptions and problems of practice

All resistance is a rupture with what is. And every rupture begins, for those engaged in it, through a rupture with oneself.

– Alain Badiou

Every psychotherapy implies certain assumptions of about what is and what and how things can be known. In this sense psychotherapy is always involved with a series of metaphysical assumptions that are seldom acknowledged or addressed. In short, every theory attempts to give an account of what the philosopher Wilfred Sellars (1962) saw as the aim of philosophy: “to understand how things in the broadest possible sense of the term hang together in the broadest possible sense of

the term” (p. 35). Psychological practices also need to offer such an account in order to develop a coherent theory of practice. In other words, psychotherapy must examine the taken-for-granted, axiomatic views about how things have hung together if this discipline is to fulfil its essential purpose: to give an accurate account of human mental life for the purpose of offering some type of utility to human living.

These axioms, whether made explicit or carried along implicitly in the practice of psychotherapy, are crucial, for they dictate what and how research is practised, what and how theories are generated and, by extension, what constitutes practice. One example of an axiom of contemporary psychotherapy is the subscription to different kinds of substance ontology that are governed by scientism, reductionism and the philosophical monism known as reductive materialism⁵.

5. These all are epistemologically problematic as they display excessive belief in the power of scientific knowledge and techniques.

The reductive materialist view is that matter is the fundamental substance in nature, and accounts for the universe in its entirety—including human consciousness and experience. These modes of thinking are, I believe, largely inadequate in the ontologies, and thus too, in the epistemologies they propose.

The notion of a reductive materialism, and the reductionist linear logic values that underpin it, can most acutely be observed in psychological practice through the solution that is normally offered for the mind-body problem—that the mind is brain, and that the self is merely matter. In such a view, any sense of transcendence is abolished and replaced by a reductive materialism that offers an utterly deficient account of what it means to be human. Such a view sees matter as merely matter: hollow, empty and mechanical. As Charles Hampden-Turner (1970) states, “what ... science has done is banish human purpose from its universe of discourse.” (p. 12).

This view has developed as the dominant discourse of psychological practice out of the continuation of nineteenth-century physical sciences and has for a number of complex reasons become an almost unquestionable bastion of contemporary intellectual life. (One need only think of Freud’s early ‘Project for a Scientific Psychology’ to see how clearly this has cut to the centre of psychotherapy.) Buoyed by technological advancement, these views have infused themselves not just within psychological practice, but also within modern society, and now are offered as an almost incontestable discourse for explaining human life and the world we live in. I believe this is both erroneous and foolhardy. What is problematic about this dominant discourse of scientific reductive materialism is that as a metaphysical position it carries with it an ontology and an epistemology that are wholly unsatisfying when seeking to define and describe the world, or more accurately human beings’ immediate access to the world. Merleau-Ponty (2004) reminds us that:

The question is whether science does, or even could, present us with a picture of the world which is complete, self-sufficient and somehow closed in upon itself, such that there could no longer be any meaningful questions outside this picture. It is not a matter of denying or limiting the extent of scientific knowledge, but rather of establishing whether it is entitled to deny or rule out as illusory all forms of inquiry that do not start from measurements and comparisons and, by connecting particular causes with particular consequences that end up laws such as those of classical physics (pp. 42–43).

This is a point further supported by Gregory Bateson (1979) when he states: ‘every schoolboy [sic] ought to know that logic is precisely unable to deal with recursive circuits without generating paradox and that quantities are precisely not the stuff of complex communicating systems’ (p. 30). What is missing in such reductive materialism is a more integrated and nuanced account of the nature and structure of the world—an ontology that radically rethinks the issues of materialism and, therefore, the notions of immanence and transcendence. Such a radical rethinking must strive to integrate multiple ways of knowing, cutting a line between scientism and obscurantism, to fashion an ontological stance that can revitalise materiality, a materiality that possesses immanent capacities for transcendence.

This small problematisation highlights my simple assertion that all practice is built on assumptions about what is, and that we must explore and understand these assumptions about how the world hangs together if we wish to develop a coherent view of the self, the other and the world. This is perhaps best highlighted in psychotherapy by the assumptions psychotherapists harbour towards the concept of the mind.

What is the mind?

The energy of the mind is the essence of life

- Aristotle

One of the most profound and obvious questions that we need to investigate in psychotherapy is the question of minds. Many people may think that psychotherapy tells us a lot about what a mind is and what a mind does, yet, while psychotherapy works with and upon the mind, psychotherapy training rarely exposes students to an enquiry concerning the nature of the mind. What then is a mind?

The concept of mind within psychological practice lacks a universally agreed definition. It appears that psychological practices have yet to seriously integrate interdisciplinary research from areas such as philosophy of mind, cognitive science, neuroscience and eastern spiritual practices to develop a coherent view of mind, but instead rely upon unexamined reductive materialist accounts of mind or poorly conceived metaphors and folk psychologies. The notion of mind implied in any clinical model already delimits the scope of what and how practice occurs. Below is my working definition of mind; while this may seem overly

detailed at first glance to some readers, it is important to note that the human mind is the most complex informal system that we know of. Thus while simple accounts are popular, they by definition are always going to be incomplete or even completely wrong when addressing complexity. The small definition below that I offer is an attempt to develop a cohesive understanding of the interface between the theory and clinical practice, yet in this context I am offering it as a provocation to therapists to think about their assumptions about minds and how those assumptions are implicated in practice:

Mind is an embodied relational negentropic process, which is energetic and informatic in nature. Mind is preserved against entropy by its organisational characteristics, thus the mind is temporal in the sense that the informatic qualities of mind are propagated forward in time. Mind is ecological in its features in the sense that it is characterized by feedback loops and interconnected non-linear processes and patterns of hetarchies and hierarchies. A mind also possesses expressive, regulatory and generative features. In this sense the mind demonstrates autopoietic qualities and is enactive. In this sense, life and mind become processes where the characteristics of life may be defined simplistically as the self-organisation of energy, and mind may be then framed as the self-organisation of information. This organisational process in humans has features which are stable in organisation which are termed stages and non-stable processes which are termed states. Both states and stages exhibit unique energetic and informatics qualities. With complexity of energetic-informatic organisation and significant coherence, mind develops as well as emerges from structures of biology in an embodied context and situatedness. Mind thus has properties which can act in both a top-down and bottom-up manner, as well as inside to outside, and outside to inside manner. The mind is not epiphenomenal, rather the mind is central to many living beings and there are many kinds of minds with varying complexities, sufficiently complex and cohered minds form a process pattern or coherence termed a self which produces subjective phenomenal experience" (Dowie, 2018).

One important implication in addressing the theme of the mind, that term used to designate the usual and particular focus of the practice of psychotherapy, is that we run head long into the age old question of quantity and quality, which, in psychological practice, often takes the form of minds versus brains. Sometimes the term 'mind' is

used as a synonym for 'brain'. Yet philosophically, often this terminological slippage is a means for smuggling in a series of philosophical assumptions and using these assumptions as evidence for argumentation. In philosophical parlance, this is called 'begging the question'.⁶ To address this head-on: quantities are by definition measurable, and therefore, calculable. Yet it does not follow from either logical necessity or common-sense that all things in the universe are quantities. Rather there are features of the world that are best understood as qualities. And in psychotherapy, things such as the therapeutic relationship should be understood as matters concerning quality not of quantity. In this sense, psychotherapy is a pragmatic manifestation of what in philosophy of mind is referred to as 'the easy problem' and 'the hard problem' of consciousness.⁷

Clinical thinking

Diagnosis is not the end, but the beginning of practice

- Martin H. Fischer

Another key and obvious area to explore in psychotherapy, given our statements about how the world hangs together, is: how do we think clinically in a consistent and accurate manner? We need to remember that, as Bateson (1979) reminds us, we can only get away with faulty epistemologies for a while—or as the philosopher Cornel West often quips, the chickens come home to roost. That is: faulty thinking is never escaped, rather the consequences of faulty thinking are merely delayed. Thus concern with thinking elaborated in this essay touches upon extremely practical domains of psychotherapy, those of relational exchange and clinical thinking (otherwise known as 'case conceptualisation' or 'formulation').

The issue of case conceptualisation or formulation is a critical matter in psychological practice. The ability to conceptualise refers merely to the psychological practitioner's ability to think about the particular problem presented to them by the person who has sought their help and expertise, and to connect this problem to the broader disciplinary knowledge in the form of theory, research, evidence and clinical experience. One must conceptualise otherwise one cannot treat effectively. Thus, a case formulation is a

6. The notion of begging the question is an informal fallacy. First proposed by Aristotle in 'De Sophisticis Elenchis'. Begging the question is one of the original thirteen fallacies outlined in philosophy.

7. See: Chalmers, D. (2007). *The hard problem of consciousness*. The Blackwell Companion to Consciousness, 225–235.

conceptual scheme that seeks to make clinical sense of the information gathered regarding a case, and is the key to formulating a treatment plan through the development of a clear conceptual rationale. The formulation/conceptualisation contains three essential elements: information, explanation, and the development of a treatment that follows from the explanation in a casually linked manner. A clearly articulated case formulation permits communication with one's clients, supervisors, team members and case managers concerning the client's presenting problems. Conceptualisation is a key to competency in the area of psychological practice.

Case formulation or conceptualisation is, therefore, the extended thinking process that categorical diagnosis all too often fails to achieve. Formulation/conceptualisation is essentially the thinking about, and sense-making practice of, clinical data. It seeks to address many basic functions. These normally include:

1. describing 'the person'
2. specifying 'the presenting issues'
3. forming a hypothesis or hypotheses
4. prioritising a hypothesis
5. integrating multiple hypotheses
6. inferring treatment (synthesis and integration of theories to match data)
7. treatment methodology (logic of treatment)
8. revising the integrated hypothesis and, therefore, the treatment, for utility and accuracy.

Stated differently, the overall purpose of formulation then is to increase insight into the subjectivity of the client, since the value of objective data pales in value when compared to first person subjective understanding. Thus, formulation is an attempt to explain and understand persons. This may be summarised by the clinical question 'Why is this person presenting at this time in this way?'

In describing case formulation as a mode of thinking, the critical concept is the term 'thinking' itself. Thus, in revising the ontological foundations of psychological practice, it becomes evident that clinical thought is the first arena that must undergo radical revision. Most contemporary clinical thinking is in practice referred to as 'clinical reasoning'. The notion of 'reason' is, in turn, directly connected to formal practices of logic. Such reasoning is dominated by modes of abductive and inductive

reasoning, or what may be called calculative thinking. Such thinking has unquestionable utility in practice, but it is just as surely incomplete. I contend that such reasoning must give way to a broader, more totalising mode of thinking when seeking to develop a psychological practice emerging from a redefined ontology. This notion of a redefined clinical reasoning begins with the question, paraphrasing Heidegger, 'What is called clinical thinking?'

When asking the question 'What is called clinical thinking?' it is useful to pick up on a Heideggerian wordplay whereby 'What is called thinking?'⁸ can also be read as 'What calls for thinking?' In this sense the question we might ask is, 'What calls for clinical thinking?' In asking such a question it becomes clear that the categorisation of a patient in relation to a diagnostic framework does not call for thinking, but rather amounts to a failure to think at all: a pathetic calculative checklist of behaviours that attempts to categorise human experience. Such 'thinking' is thoughtless in its complete misapprehension of the lived experience of a person who may be the recipient of such a diagnosis.

Should these common practices in the organisation of clinical data continue to displace a deeper contemplative mode of thinking, or might there be a dual mode of thinking required for clinical practice? This begins to uncover the true concern with what is normally called clinical reasoning. In the very deepest sense, such reasoning is a calculative rationality that asks questions and, *ipso facto*, is always directed at answers and, therefore, ends. But such thinking remains thoughtless with reference to the nature of what is being calculated. To calculate human subjective life is to calculate the incalculable, as the mind is not something that can be weighed upon a scale. Thus, by definition, such calculations distort that which it sought to calculate in the first place. In this sense, the so-called thinking process of clinical reasoning is merely cognitive and linear, and as such, inadequate as a mode of thinking derived from a living, chiasmatic, ontology that connects the upper cortical processes of cognitive thinking to affective, sensate and environmental levels of human experience. To generate such a connected, hermeneutic mode of thinking—one that is a gathering together of the thinker and about the 'object' of the thinker's thought—requires what Heidegger would have referred to as meditative or contemplative thinking, designated by a gathering

8. The focus here is not merely to define, but to show the way to, such thinking. In German the phrase 'Was denken?' can be read in a variety of ways; the notion can refer to 'being called' or 'named' but can also mean 'to call for', and then there are terms like 'aufrufen', which refers to 'being called upon' or 'summoned'.

and dwelling upon without end. Heidegger's term for this is *gelassenheit*⁹: an orientation in thinking of letting be. In this sense, calculative thinking for Heidegger pertains to *feldweg*, a 'path to a field' – a kind of end-focused thinking. This contrasts with contemplative thinking, or *holzweg*, which is a 'path that leads nowhere'.

Thus, true thinking, deep thinking, is a task that is characterised by a series of unending hermeneutic loops. According to Heidegger (1971), 'ways of thinking hold within them that mysterious quality that we can walk them forward and backward and that indeed only the way back will lead forward' (p. 12).

Thus I contend that the simplest answer to the question, 'What is clinical thinking?', is that it is a totalised gathering of thinking in all its forms, which include the thinking modes of the scientist, the scholar, and critically, the thinker and therapist.

Our concern is that psychological-practices have begun to exclusively constellate around scientific thinking, with platitudes like 'scientist-practitioner' and 'evidence-based' becoming catch cries for validity. A scientific mode of thinking is needed in a clinical setting. The basic scientific notion of information as the reduction of uncertainty is pragmatically helpful in practice, but the mode of scientific thinking often being utilised in this context is only a science of the simple or perhaps the complicated. I contend that a mode of psychological practice that attends to the space between the simple and the random is needed – a psychological practice that attends to the complex. Thus, thinking about a mess as complex as human lived experience requires not just scientific reasoning, but also a contemplative mode of thinking for adequate understanding.

Such contemplation is a practice of thinking not as means towards certain ends but as process. This answer also stands for 'What calls for clinical thinking?' in the sense that it is the totality of the inter-subjective life-world that requires more thought, and in being more thoughtful it calls forth this kind of thinking. For what is imperative in thinking in this manner is the switch from mere calculation to a dwelling upon. Thus the question, 'Why is this person presenting at this time in this way?' is treated not as a question requiring answers and calculation alone, but more like a *koan* to be

dwelled upon, knowing full well it is never answerable in a complete sense. 'Why is this person presenting at this time in this way?' is thus, in a very real sense, a question of cosmic proportions. A formulation that emerges from a redefined ontology requires a redefinition of how the act of clinical thinking itself is conducted. This reorientation of formulation is the death knell for all forms of merely calculative practice exemplified by manualised treatment processes.

Conclusion

In line 38a of Plato's *Apology*, Socrates famously states that "the unexamined life is not worth living" (Plato, 1997). This line simultaneously sums up the practice of both psychotherapy and philosophy. Both practices are built upon self-reflection and self-knowledge. Philosophy has a much to teach psychotherapy about what constitutes clear thinking about itself as a discipline, as well as offering wisdom on the age old problems of living. However, psychotherapy, in its turn, has much to teach philosophy about the affective life of *anthropos* and the nature and role of relationship.

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9. The term 'gelassenheit' originates in the mysticism of Meister Eckhart. See Heidegger's 'Conversation on a Country Path' in his *Discourse on Thinking* published in English first in 1966. In this text, Heidegger explores the notion of a 'will-less thinking' in the form of a dialogue between a scientist, a scholar and a teacher. During the dialogue, the scientist represents thinking in a calculative and deductive manner, much like many psychological practitioners today. The scholar represents an academic history of metaphysics and knowledge and the teacher represents the Heideggerian idea of the 'thinker', as opposed to the philosopher or scientist, who contemplates.