



Thinking about Thoughts in Practising Psychotherapy

by Gabriel Rossouw

Abstract

By juxtaposing a phenomenological-existential mode of understanding with the mainstream therapeutic modality of cognitive behavioural therapy, this paper considers how the mode in which a therapist chooses to understand a client's thoughts may manifest in practice, and the potential implications thereof for the authenticity and effectiveness of the therapeutic process. In conclusion, the author points to the similar challenges confronting both client and therapist when thoughts are heard, despite the clamour of the collective voice, as a call from the lived to the self to explore its own possibilities.

Introduction

Psychology in practice is determined by how we choose to understand thoughts. There are implications worthy of consideration for psychological practice when we look at the thoughts of our clients as evidence of possible clinical syndromes, and when we look at their thoughts as an expression of their wellbeing.

When we consider thoughts as items of evidence, we tend to treat thoughts as if they are a utility that can anchor change in behaviour and skills for living. The substance and sustainability of change on this basis may have similar limitations as the many other utilities in our lives – they run out of gas, blow a circuit, get dropped, fall over, collapse, deflate, get lost, and so on. Sometimes we forget ever having thoughts of our own.

When we consider thoughts as an expression of wellbeing – a question of how we live and what we do – the behavioural changes and living skills that develop from this premise are perhaps not so easily dropped, lost, broken or forgotten. Changes based on this understanding of thoughts offer more substance and

sustainability, because they are founded in thinking about thoughts in a thoughtful manner.

To further the argument that thoughts are a call to the possibility of being oneself (in the sense that one can only ever be the person that one is, but that there are many possible ways of being that person), I will refer frequently to a client I counselled at the mental health service for children and adolescents of a District Health Board where I am employed as a psychologist. I will refer to this client, who unfortunately dropped out of therapy prematurely, as Alice (a pseudonym). Alice is in her late teens and presented with concerns typical of the kind frequently encountered at our health service. I practise in a milieu where cognitive behavioural therapy is the predominant approach to understanding human problems and intervening therapeutically. This was therefore the method I adopted with Alice rather than either a psychodynamically orientated or a phenomenological-existential approach, which are both available to me in theory and practice. This paper considers how a phenomenological-existential mode of understanding may have unfolded in practice and the possible implications thereof for both client and therapist.

Thoughts are Produced in the Mind

The Merriam-Webster Dictionary (2015) defines *utility* as either “fitness for some purpose or worth to some end” or “something useful or designed for use”. It defines *thinking* as “the action of using your mind to produce ideas, decisions, memories, etc. : the activity of thinking about something”. It defines *thought* as either “an idea, plan, opinion, picture, etc. that is formed in your mind : something that you think of” or “the act or process of thinking”.

One way of construing what the above infers is that thinking is an activity of the mind which produces thoughts and, like a utility, thinking and thoughts can be used by the owner towards a desired end.

In cognitive and behavioural modes of psychological practice, thinking and thoughts are seen as products of the mind that can be utilized to establish facts: that the client is anxious or depressed, for example. Psychology can change the fact of being depressed, for instance, by changing the “depressive thoughts” and consequently the concomitant feelings and behaviours which belong to it. The belief is that, when clients can change the thoughts and doing which belong to depression and start thinking thoughts which belong to different emotional states (happiness, for example), they will be happy and no longer depressed. Clients can be shown how to utilize their thinking with purpose towards a desired emotional status. At the end of therapy they will know what to do with their thinking – like when to use a mezzaluna and when a crescent wrench – and how to think to avoid being depressed. As long as they utilize their thinking as they have been shown in therapy, they should in future be able to identify thinking which belongs to depression and get themselves to think differently. They will have learnt to live more skilfully, thanks to the way they have been shown to think about their thoughts.

But does how we feel and live hinge on the aforementioned way of thinking about thoughts? This pragmatic touch-screen-friendly way of thinking fits well with the modern spirit of having various “life style options” to choose from. Psychologists are not surprised to find more and more clients asking to “learn skills and get the right tools” to deal with emotional problems. There are implications to be acknowledged for a psychology which considers thoughts in this thoughtless manner.

Clinical experience shows that advising clients to think of a joyful place to develop a happy mood is no more sustainable than the off-the-cuff advice found in an Agony Aunt magazine column.

Alice complains of chronic bouts of sadness and social

withdrawal. These bouts of low mood come upon her unexpectedly and can last for as long as a day. She is asked to record her thoughts during periods of sadness. This request is consistent with cognitive behavioural therapy for depression (Online-Therapy, 2009; Cognitive Behavioural Therapy Self-Help Resources, 2015). Alice returns with a list of words: *useless, unlovable, shy* and *confused*.

It is within reason to conclude that the words *useless, unlovable, shy* and *confused* are pointing to a state of depression. Alice continues to record her thoughts until there is sufficient corroborating behavioural evidence to confirm that she is depressed. A variety of standard therapeutic techniques and strategies can now be used to encourage a status of happiness.

Cognitive behavioural therapy for depression holds that we feel the way we do because of the way we think and do. Negative thoughts trigger feelings of depression which cause depressive behaviours, which cause negative thoughts, and so forth. This is the cycle of depression which begins with thoughts. The cycle of depression is broken by asking Alice to do things and put herself in places (behavioural) that will encourage her to feel better and think differently (cognitive). Alice is also asked to think about her depressing thoughts and to test the veracity of her thoughts with questions which challenge the logic and reasonableness of these thoughts. Thoughts that exaggerate, misunderstand, misappropriate, over- or under-emphasize – thoughts with wrong facts – are identified in this manner.

Alice’s original depressing thoughts have now served their purpose and her attention is diverted in a new direction. She can now move along to new things to do and new things to think. Alice is expected to leave her depressing thoughts behind. In this mode of psychological practice, depressing thoughts are deemed illogical and unreasonable. They have to be treated with benign neglect forthwith, because somehow Alice’s thoughts got hold of the wrong facts about what is going on for her.

A more thoughtful mode of practice, however, is one where thoughts are treated with greater care – where thoughts are not discarded once they have been utilized for a very narrow purpose – where thoughts are attended to just the way they are. When we attend to Alice’s words in a more thoughtful manner, we discover dispositions (moods): *useless* – like a sheep, no originality, not unique, no initiative, a follower; *unlovable* – because of the things I do and the way I do things; *shy* – I don’t express myself and would like to speak my mind; *confused* – decisions and choices overwhelm me, vacillating between choices, what shall I do? In a more thoughtful mode of practice, it is appreciated that it is not thinking that makes living,

but living that makes thinking.

How does the notion that thoughts are products of the mind manifest in psychological practice?

To Live in our Minds

Within theories of rationality, thinking has a purpose. The aim of thinking is to follow logical and reasonable methods towards a desired end. Thinking is an instrument of calculation and reason, thoughtless in regard to what it is calculating (Robbins, 2014). In this mode of understanding someone's thoughts, we believe we are thinking thoughtfully about the person when we are actually thinking about how his or her mind is producing thoughts. Along with representing a very narrow perspective on what thoughts are, this approach also reflects a misrepresentation and misinterpretation of what it means to be human. For we live in the world and not in our minds. Traditional thought posits a "mind" which exists without a world – I think therefore I am – a representation of a world in our minds (Waters, 2005). However, we do not live in a representational world; we do not live in our minds. We exist, live in the world, and day-to-day actively relate to that which we encounter. There is nothing representational about this human actuality. Sartre's (1943/1992) notion of the pre-reflective consciousness suggests that we are already living and existing in a meaningful way before we formally think about it. We do not live in our thinking, but in the world.

Alice is encouraged to think thoughts which belong to a happier disposition – and as such to create a happier representational world in her mind. Alice is now attending to the world represented in her mind. She may begin to think she is happy, but the question remains whether she is actually happy, because she is still not attending to the world in which she exists on a day-to-day basis and the wellspring of all possible dispositions. Using thoughts as an instrument to create a mood is an intellectual endeavour involving thought experimentation. In this mode of psychological practice, Alice is being helped to "pass over her world" (Heidegger, 1927/1962) and to create an edifice rather than an existence.

To Have Homeless Thoughts

This thoughtless way of thinking about thoughts is part of the technological worldview of our time, according to Heidegger (1954/1968). Thinking is yet another resource – made to order and standing by, waiting for further ordering. Thoughts can, in the spirit of our time, be made to order for happiness. The implication for Alice is that, if she subscribes to this way of thinking about her thoughts during the course of therapy, she will sooner or later find that, while she

can order specific formal thoughts associated with specific dispositions, the thoughts are ultimately meaningless to her, because the thoughts which have been ordered are disconnected from her existence. Alice is taught during the course of therapy to forget how her thoughts and moods are inextricably connected to who she is and what she does. She may discover that ordering happy thoughts becomes a mechanical and abstract activity, irreconcilable with her problem of not knowing how to live and what to do, and her sense of being lost in the crowd will prevail. She may one day come to rue how her thoughts were calculated by reason and logic at the outset of therapy in order to allow them to be reordered as swiftly as a text message flies through the ether. When thoughts are considered to be devices or utilities towards an end, they pass over human existence and become homeless (Robbins, 2014).

Thoughts Call to Be Oneself

Thinking is a gathering (Heidegger, 1954/1968). With this expression, thinking is conceived of as something that gathers the multiple strands of a life together into a semblance of meaning and significance for the person. If I had enquired what Alice may mean, or understand, when she thinks she is useless, shy and confused, we would have gathered the strands of the life that is hers. In this manner, Alice and the therapist would have examined the life which finds expression in her thoughts. In the thoughts-are-produced-in-the-mind way of practice, this thoughtful way is inverted by measuring the thinking in and of itself. Caputo says that it is not man or human reason which is the measure of things, but Being itself which is the measure of thought (as cited in Robbins, 2014). But what would Alice focus on during this process of gathering? Going about being one's spontaneous human self is not a rational venture. It is the experience of finding oneself unexpectedly in joy, heartache, doubt, uncertainty and beauty. These experiences are the food of thought. Couldn't we then advise Alice to frequent places of joy where there are joyful thoughts and behaviours to lift her mood? This is a logical strategy in accordance with cognitive behavioural therapy. I will attend to mood and place shortly.

Food for Thought

I ought to have encouraged Alice to follow the living experience of her irrational moods and feelings, because that is what sustains her thoughts. By following living experiences, the therapist may want to reflect on Heidegger's (1959/1993b) view that we are woven into our speaking, become present in our speech, and that what we say derives in manifold ways from the unspoken. It is appreciation of the irrationality of human life, and the attempt to help

Alice say what has been waiting to be said, which begins to speak with more understanding for the thinker. “What can you remember about being shy, useless and confused? ... What do you mean when you say you feel useless? ... Say more about the mood I hear when you talk about that situation ... Can you give an example? ... We have now seen how often this issue crops up in your telling ... What can it mean? ... Do you think it could mean this?”, and so forth. The therapist may be guided in this regard by phenomenology and its application to psychological practice. Adams (2001) and Spinelli (2007) provide an understanding of some of the elements associated with this therapeutic process. It is via a phenomenological way of enquiry that the client gathers the strands of his or her life together, with the focus of the therapeutic discussion on the client’s experience of what she or he encounters and orientated towards fostering an understanding of how she or he lives.

Heidegger (1927/1962) does not clearly separate thinking and feeling. He asserts that feeling is more intelligently perceptive than the calculative rationality of what we typically understand to be thinking. “Joyful things, too, and beautiful and mysterious and gracious things give us food for thought ... if only we do not reject the gift by regarding everything that is joyful, beautiful and gracious as the kind of thing which should be left to feeling and experience, and kept out of the winds of thought” (Heidegger, 1954/1968, p. 31). This would suggest that psychological practice should pay specific attention to the feelings and moods of thinking if it aims to get to the life that sustains the thinking through the thinking itself. Thoughts are full of feelings and moods that are “kept out of the wind of thought” if we only attend to the reason of thinking. If I had encouraged Alice to also understand how she lives and what she does, she may have understood how she closes herself to moods that are always there, but not felt.

Our Mood and Place

The protagonist in Flanagan’s (2013) *The Narrow Road to the Deep North* one day receives a letter from his lover whilst serving as a prisoner of war on the Burma-Thailand railway line. As the camp physician, he encounters tropical disease, hunger, brutality, death and loss of limb on a daily basis, but on this one day he is filled with indescribable joy despite his surroundings. After the war he returns home, where he is received as a hero, and becomes a prominent citizen and physician with a wife and children who adore him. Colleagues look to him for inspiration, and the citizens and public officials applaud his endeavours as a leading physician and his heroism during the war. But he experiences joyous situations in a melancholic mood. He had lost his soul, as one reviewer of the book observes. His moods are out of

harmony with place. This is contrary to our common understanding of the causal relationship between mood and place. If mood is caused by place, how do we understand that a person can experience joy as a prisoner of war and chronic melancholy as a prominent physician and citizen?

“All the dispositions or moods of which a person is capable are given to him innately as existential possibilities and as such are always making up his existence. ... supplementary causes have no part in producing dispositions” (Boss, 1971/1983, p. 109). Alice’s melancholic mood is her dominant disposition and all other possible dispositions are in the background of her consciousness. How did this happen? She may ask.

It is not physical space and the things in it (place), but time (temporality) – more specifically, the experience of the junction of our past, present and future – which governs the predominant mood to which we are open and receptive. According to Medard Boss (1971/1983), melancholic people can find nothing of worth in their lives because their way of relating to the world is not their own. This view resonates strongly with Alice’s thoughts, insofar as she thinks (and feels) that she is useless and confused. For the melancholic, time has stopped, bound up in the past, and nothing can happen that could fulfil their innate possibilities for relating in any other manner. In other words, other possible moods are closed off because of their past-dominated mode of relating to people, things and situations encountered each day. Their past throws a long and broad shadow into their experience of the present and the future. With a past-dominated present, Alice is struggling to project anything of significance and meaning that is her own. A distortion in the continuity of a person’s relationship to time results in a distortion of the meaning of life for the person (Ellenberger, 1958).

Alice was not in need of guidance to find a physical place to improve her mood, but in need, rather, of a thoughtful understanding of why she can find nothing of worth in her life and withdraws. The temporal dimension of Alice’s present – circumscribed by her thoughts of confusion and anonymity, as well as her melancholic mood – is the junction of her past and her possible future. To have helped Alice understand how so little holds personal meaning for her would have required an approach capable of helping her understand the times she lives in.

How We Live In Time

Alice stated that she thinks of herself as useless, shy and confused. Based on these thoughts, assertiveness training and problem-solving skills could help her. These are standard forms of intervention in cognitive

behavioural therapy and fit well into cognitive behavioural therapy for depression. Assertiveness skills are intended to foil one's shyness and give one confidence. One learns that it is reasonable to say no, to say one disagrees, to have an opinion, to change one's mind, and so on. Alice was encouraged to work through scenarios to practise these skills as part of treatment. Problem-solving skills aim to show one how to isolate the components of one's confusion – which is similar to challenging the rationale and logic of depressive thoughts. It is understood from a cognitive behavioural therapy perspective that Alice will be in a position to think herself towards clarity. With the passage of time, she may have felt that something does not ring true with this calculated scrutiny of her thoughts and actions – as if her thoughts are objects. Alice learnt how to be aware of her thoughts and how they supposedly affect her. But awareness and self-awareness are not the same thing. Her new skills allow her greater awareness, but who she is remains foreign to her. An enquiry into who the one being aware *is* – now equipped with generic assertiveness and problem-solving skills for a better lifestyle option – will most likely resurrect her depressive thoughts.

In Heidegger's (1927/1962) view, we do not start off as authentic beings. Being part of the collective "they" is where we start out in the world. We begin to exist with an understanding of who we are already determined by the social practices of a culture and a public world. This is the "common world" into which we are "thrown" from the outset and consequently are "being-with" together as a collective in a way which has already been chosen for us by our body, history, our words, our culture, our situation, and so forth. In this sense, each and every one of us is part of the collective (Inwood, 1999; Wrathall 2005). Who we are – like where we have been, and where we are going – has already been decided for us in this primary mode of existence. This mode of being is, however, the font of the possible ways of being oneself. As Heidegger (p. 161) points out, "Knowing oneself is grounded in being-with". Alice, who thinks of herself as useless and confused, resonates with this idea of the inauthentic collective – and this is the issue at the heart of her presenting concern.

For Alice to be herself, she has to put the average everydayness of the crowd, which keeps watch over everything exceptional, into its rightful perspective. In this primary and inauthentic mode of existence one is levelled down, unburdened and accommodated by the collective "they", says Heidegger (1927/1962). It is this felt sense of security and comfort, provided for by being unburdened and accommodated by "they" which "retain[s] and enhances its stubborn dominion" (p. 165). However, to be accommodated and cared for by the collective exacts its price in the form of one's

becoming anonymous. This would appear to be Alice's experience when she says she is like a sheep without originality. "Everyone is the other, and no one is himself. The 'they', which supplies the answer to the question of the 'who' of everyday Dasein, is the 'nobody' to whom every Dasein has already surrendered itself in Being-among-one-another" (p. 165). In this mode of existence, one is affirmed as to who one is by the collective. One is unburdened of the responsibility to care about one's own existence and finding the answer to who one may be. With these existential matters accommodated by the collective, they lose their sting and never rise to become an issue for one, and one is not expected to stand by oneself. This would have been the challenge for Alice – whether to remain accommodated by the collective, or not – if therapy had progressed along the lines of understanding what her thoughts convey about her life.

Anxious Times

Had we stayed with Alice's thoughts, interpreted as a call to be herself – and in accordance with the view that thoughts emerge as a comment on one's life – therapy would have encouraged Alice to venture into the anxiety-provoking unknown. Her depressive thoughts are commenting on the possible futures closed off by living anonymously. Is this what Alice would have expected of therapy – to perpetuate, or even increase, her anxiety? Does the now dominant therapeutic practice in which thoughts are seen as products of the mind anticipate and condone this trajectory of intervention? With a phenomenological-existential mode of practice, the therapist will invariably experience similar anxiety to Alice for a variety of reasons. The therapist would have had to accompany Alice into the unknown as she wrestled with the task of creating an existence of her own without ready-made psychological programmes and strategies tailored to this endeavour. However, the psychological sub-culture of our time has contrary expectations, and fostering or maintaining anxiety for therapeutic purposes is not a familiar way. The therapist and Alice are now in the same boat – tossing between whether to remain accommodated by the collective, or not. Following a fixed method of treatment is the unburdened way for the therapist to avoid this issue. Having made reference elsewhere (Rossouw, 2009) to this dilemma confronting the therapist, I will not pursue it here.

Time to go Home

Alice's low mood has interrupted her day-to-day life for months. She no longer wishes to be with her family and friends the way she used to. She prefers to stay at home by herself, even though she intellectually understands that this exacerbates how she feels about

herself. She feels shy and awkward in the company of those she used to enjoy. She suddenly started feeling out of place and not at home whilst going about her day-to-day life at the onset of her low mood.

Heidegger (1927/1962) refers to conscience as a voice or a call. It is a phenomenon which attests to the possibility of individuals finding themselves in their lostness in the “they”. Crowe (as cited in Rossouw, 2009) argues that the “voice of conscience” is Heidegger’s formal indication of the need to identify those moments where a person’s situation is revealed to him or her. It is a moment of uncanniness accompanied by a realization that one’s reality has already been chosen by history, tradition and culture. One can argue that Alice’s future is waiting on the other side of her past – for her past is not behind her, but in front of her. Her possible ways of being in future are dependent on realizing how the history, tradition and culture she belongs to influence her present understanding of herself and how she lives. It is a moment in which one faces the freedom to choose differently. It is a moment in which one suddenly feels out of place and anxious about being able to choose a different way of being, free to reach towards one’s “ownmost potential” (Heidegger, 1927/1962) for being oneself. The voice of conscience reaches one in that place where one is accommodated and cared for, where the answer to who one is has already been affirmed. The voice finds us where we fail to hear ourselves, busy listening as we are to the voice of custom and heritage and its reassurances, with choices presented to us, our fate and destiny secured. The voice reaches us in abandonment, there in the “they-self” of being in an average everyday manner or in a socially sanctioned manner of being. This is what Alice has to discover before she can go home and also feel at home. Her thoughts have nothing to do with her mind and how it thinks. Her thoughts are saying that it is time to go home where you feel you belong: which is not synonymous with feeling cared for and accommodated.

With assertiveness and problem-solving skills in response to Alice’s dilemma, cognitive behavioural therapy has it right - almost. These are helpful therapeutic interventions which unfortunately do not reach their full potential when they emerge from natural scientific paradigms of understanding human existence. Heidegger (1927/1962) asserts that the tendency of natural science to impose its understanding of things on ontology is a categorical error. Natural science is a mode of understanding which invariably misrepresents and misinterprets human phenomena, such as the meaning of Alice’s thoughts. Alice has to learn to assert herself and find ways to overcome the difficulties associated with this developmental task of life. These, I assert, are nascent human abilities which are always there and arrive

timeously when the task of being oneself is undertaken with understanding. Formal therapeutic programmes which are grounded in a natural scientific paradigm, that teach skills such as problem-solving and assertiveness, cannot be sustained over time, because they are based on decisions regarding how to think and not how to live. Living skills and lifestyle options grounded in thoughts that are disconnected from human existence are destined to fade from Alice’s life and remain the mind – of psychology.

One day Alice did not arrive for her appointment and she has not been in contact since. I set out to help Alice in a practice which thinks about thoughts as products of the mind. I still wonder if she also sensed that something essential was missing in therapy. But her feet cast her vote: consulting me was of no real use to her, and so she stayed at home. I do recall that, during the initial phase of consultation, when we dwelled on what her thoughts may mean, she became impatient and uncomfortable. Perhaps she was not yet able to hear herself through the noise of the voice that belongs to the collective.

Conclusion

How psychology chooses to understand thoughts has implications for its psychotherapeutic practice. When thoughts are interpreted as a product of the mind they are employed as a utility. As a utility, thoughts can be logically and reasonably ordered to create a desired mood and preferred way of life; but, as utilities do, they tend soon to become redundant and ready for replacement by an upgrade. I have argued that this understanding of thoughts is a misrepresentation and misinterpretation of what human thoughts are and how humans create an existence. A more thoughtful consideration shows how a human life is woven into what the person thinks.

Adopting a thought-as-product-of-the-mind approach with a depressed client, Alice, I show what is done and the implications of this mode of practice. With reason and logic as guide, I show Alice how her thoughts somehow got hold of the wrong facts about her life, I show her how she can use her mind to produce replacements for these depressive thoughts and choose ones that will make her feel happy. I argued that this practice of thought creation is an intellectual endeavour, situated in the mind of the person and not in the world in which humans dwell. Furthermore, Alice’s new thoughts are meaningless, because they are disconnected from who she is, and her new homeless thoughts will most likely fade with time, leaving her with the erroneous conclusion that she has to order a new set of thoughts.

I have discussed an alternative approach in which

thoughts are considered more thoughtfully as a call to be oneself. I show how a phenomenological mode of practice encourages a person to gather the strands of his or her existence together. In the process, a human life is examined. I indicate that it is in the thoughtful remembering – a putting together again – of living experiences, in the presence of another, that we understand who we are. There is no reason or logic to calculate or replace thoughts. Thoughts do not make a life; it is life which gives rise to thoughts. If this thoughtful approach had been adopted with Alice, she

may have been able to confront her prevailing mood. It could have showed her how being accommodated by the collective defines the significance of her existence. It may have revealed to her the possible dispositions she is passing over. I point out that this would have been an anxiety-provoking passage into the unknown for not only Alice but also the therapist, with each having to weigh the consequences of accommodation by the familiar: where there is no burden – but also no possible future to animate an existence truly one's own.

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