Abstract. Person-centered therapy is the original relationship therapy. In the context of the increasing interest in the "relational turn" in therapy, this paper reconsiders the therapeutic relationship and the relational in person-centered theory and practice. The paper distinguishes and develops an organismic relational perspective, as distinct from a self-relational perspective, and thus extends Rogers’ use of the term “organismic” to include the client–therapist relationship as well as the integral relationship people have with their environment. In this and another paper (Tudor, 2010a), the author argues that an organismic perspective also emphasizes homonomy, or a trend to belonging, alongside autonomy, and thus offers a counterpoint to the emphasis on individuation and individualism prevalent in Western culture and psychology.

Keywords: relationship therapy, organismic psychology, relational

Personzentrierte relationale Therapie: eine organismische Perspektive

Terapia relacional centrada en la persona: Una perspectiva organísmica
La terapia centrada en persona es la terapia de relación original. En el contexto del creciente interés en el “giro relational” en terapia, este escrito reconsidera la relación terapéutica y la teoría y la relación en
la teoría y la práctica centradas en la persona. Este escrito distingue y desarrolla una perspectiva relacional 
organísmica, como distinta de una perspectiva relacional con el self, y así amplía el uso del término 
“organísmico” de Rogers para incluir la relación cliente-terapeuta así como también la relación integral 
que las personas tienen con su entorno. En este y otro escrito (Tudor, 2010a), el autor sostiene que una 
perspectiva orgánica también hace hincapié en homonimia, o una tendencia a la pertenencia, a la 
vez que a la autonomía, y por lo tanto ofrece un contrapunto al énfasis en la individuación y el 
individualismo que predominan en la cultura y la psicología occidentales.

La thérapie relationnelle centrée-sur-la-personne : Une perspective organismoque 
La thérapie centrée sur la personne est la thérapie originelle de la relation. Dans le contexte actuelle de 
l’intérêt de plus en plus marqué pour la thérapie relationnelle, cet article re-examine la relation 
thérapeutique et le relationnel dans la théorie et la pratique centrée sur la personne. L’article développe 
une perspective organique relationnelle distincte d’une perspective relationnelle par rapport au 
self, et élargit ainsi l’utilisation du terme “organique” pour inclure la relation client/thérapeute 
ainsi que la relation globale que les personnes ont avec leur environnement. Dans cet article et un 
an autre article (Tudor, 2010a), l’auteur développe l’idée qu’une perspective organismeque met aussi 
l’accent sur l’homonomie, ou une tendance à appartenance, qui existe à côté de celle de l’autonomie, 
et offre ainsi un contrepoids à l’importance de l’individuation et de l’individualisme qui abondent 
dans la culture et la psychologie occidentales.

Terapia relacional centrada na pessoa: Uma perspective organísmica 
A terapia centrada na pessoa é a terapia relacional original. No contexto do interesse crescente na 
“viragem relacional” em terapia, este artigo coloca em perspectiva a relação terapêutica e a componente 
relacional na teoria e na prática centradas na pessoa. O artigo distingue e desenvolve uma perspectiva 
organísmica e relacional, de uma outra em relação com o self e, como tal, expande a utilização do 
conceito “organísmico,” de forma a incluir quer a relação terapeuta-cliente, quer a relação integral que 
as pessoas têm com o meio envolvente. Neste e num outro artigo (Tudosr, 2010a), o autor discute que 
uma perspectiva organísmica enfatiza igualmente a homonímia, ou seja, a tendência para a pertença, 
em paralelo com a autonomia, oferecendo assim um contraponto com o ênfase na individuação e no 
individualismo, prevalecentes nas culturas occidentais e na psicologia.

バーソンセンタード関係療法：有機体的な視点から 
バーソンセンタードセラピーはそもそも関係性療法である。セラピーにおけるクライアントとセラピスト 
の「関係性」への注目が高まっている現在の状況をふまえ、本論文ではバーソンセンタードアプローチの 
理論と実践における関係性について再考を試みる。本論文においては、自己関係的な視点とは区別して、 
有機体的関係の視点を提示し、論を展開する。つまり、ロジャーズが使用した「有機体的な」という言葉 
を、クライアントとセラピストの関係や、人が周りの環境と結んでいる統合的関係へと適用して論を進め 
る。本論文および他の論文 (Tudor, 2009a) において、著者は有機体的な視点では、自律と共に相異、つま 
り人間の何かに属そうとする傾向を重要視するとした。これは、西洋文化や西洋の心理学で広く行き渡っ 
ている個性化や個人主義の強調とは対比的な視点を提供するものである。

INTRODUCTION

Therapy has always involved relationship. Different approaches to therapy, however, place 
more or less emphasis on this relationship, and on the therapist’s – and the client’s – 
understanding and use of “the therapeutic relationship.” There is, across and beyond theoretical 
orientations, wide acceptance in the field that the therapeutic relationship is an important
influence in therapeutic outcome, e.g., Horvath and Symonds, 1991; Orlinski, Grave, and Parks, 1994; and Lambert and Barley, 2001. However, there is now an increasing body of research which attributes the most important influence in therapeutic outcome to client factors – see Miller, Hubbard, and Duncan, 1995; Bozarth, 1998; Bohart and Tallman, 1999; and Duncan, Miller, and Sparks, 2004 – findings which are of particular interest and give support to client- and person-centered practice. There is also, again across theoretical orientations, an increasing interest in the relational or what Mitchell (2000, p. xiii) has referred to as a “relational turn” in psychotherapy – see, for instance, Friedman, 1985; Stolorow, Brandchaft, and Atwood, 1987; Hycner, 1991; Ehrenberg, 1992; Hycner and Jacobs, 1995; Mitchell and Aron, 1999; Hargaden and Sills, 2002; Stuart and Robertson, 2003; and Stern, 2004).

Rogers was influenced by Rank, and the “Philadelphia school” of social work, and he (Rogers, 1942, p. 28) cited Taft’s term “relationship therapy” as one of the roots of his (then) “newer psychotherapy.” From his subsequent research and evolving thought, he went on to formulate a number of conditions which, he hypothesized, were both necessary and sufficient to effect therapeutic change (Rogers, 1957, 1959). Many therapists have taken these as describing necessary (if not sufficient) qualities of the therapeutic relationship. Since then a number of person-centered practitioners and theorists have researched and discussed the nature, qualities and aspects of the therapeutic relationship, notably Barrett-Lennard (1962, 1963, 1978, 1986, 2005), and Bozarth (1993). More recently, Mearns and Cooper have developed the concept of “working at relational depth” (Mearns, 1996; Mearns & Cooper, 2005) and, by contrast, Tudor and Worrall (2006) offer an organismic perspective on person-centered therapy and therapeutic relating.1

THE THERAPEUTIC RELATIONSHIP IN PERSON-CENTERED THERAPY

In this part of the paper I briefly review the concept of relationship therapy and Rogers’ therapeutic conditions.

Relationship therapy

In Counseling and Psychotherapy, Rogers (1942) acknowledged the thinking of Otto Rank, Jessie Taft, Frederick Allen and Virginia Robinson in influencing the “newer approach” which he describes. Taft (1933) referred to her work as “relationship therapy,” defining it (p. 17) “as a process in which the individual finally learns to utilize the allotted hour from beginning to end without undue fear, resistance, resentment or greediness.” She went on to say (ibid.) that, when the client

can take [this process] and also leave it without denying its value, without trying to escape it completely or keep it forever because of this very value, in so far he has

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1. My thanks to Mike Worrall for his contribution to my thinking over nearly 15 years; and my acknowledgment that, in many ways, this paper is the result of our intellectual collaboration during this time. I am particularly grateful to him for his reading of Angyal.
learned to live, to accept this fragment of time in and for itself, and strange as it may seem, if he can live this hour he has in his grasp the secret of all hours, [then] he has conquered life and time for the moment and in principle.

Drawing on relationship therapy, in his book Rogers (1942) identified four characteristics of his newer approach, which distinguished it from older or previous approaches which involved exhortation, suggestion, catharsis, advice, and intellectual interpretation. This newer psychotherapy:

1. “[A]ims directly toward the greater independence and integration of the individual rather than … solving the problem” (p. 28);
2. Places greater emphasis on the emotional elements rather than the intellectual aspects of a situation;
3. “[P]laces greater stress upon the immediate situation than upon the individual’s past” (p. 29), which, in my view, makes this a present-centered therapy; and,
4. Rogers claimed (p. 30), “For the first time this approach lays stress upon the therapeutic relationship itself as a growth experience.”

Rogers went on to describe some “basic aspects” of a therapeutic relationship, which he identified as warmth and responsiveness; permissiveness with regard to expression of feelings; certain limits to action such as time limits and limits as to destructive activities; and freedom from pressure or coercion (ibid., p. 89): “The skilful counselor refrains from intruding his own wishes, his own reactions or biases, into the therapeutic situations. The hour is the client’s hour, not the counselor’s.” In these aspects, we can see the beginnings of what Rogers was later to hypothesize as the qualities of the therapist or the therapist’s conditions.

The therapeutic conditions
Rogers’ therapeutic conditions should hardly need reviewing in this context and yet, even within the approach and person-centered and experiential therapies, they are often misrepresented and poorly understood. They are (Rogers, 1957, p. 96) that:

1. Two persons are in psychological contact.
2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.
3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client’s internal frame of reference and endeavors to communicate this experience to the client.
6. The communication to the client of the therapist’s empathic understanding and unconditional positive regard is to a minimal degree achieved.
Here I make a few points about these conditions in the context of our current concern about the relational field:

1. These conditions were first published in 1957 in an article about those factors or conditions necessary and sufficient to effect personality change in all forms of therapy, a point which led Stubbs and Bozarth (1996) to refer to this as Rogers’ “integrative” statement. Since 1957 the conditions have been extensively researched, for a summary of which, see Bozarth (1993) and Barrett-Lennard (1998), and developed within the approach, as in Barrett-Lennard’s (1962, 1963, 1978, 1986) work on the Relationship Inventory, and in the Wisconsin project (Rogers, Gendlin, Kiesler, & Truax, 1967). Whilst these conditions, especially the therapist’s conditions, have had a huge influence in the generic field of psychotherapy and counseling, it is significant that three of them (1, 2, and 6) specifically involve the client and require the client’s active engagement in therapy.

2. They appear as a hypothesis and should not be taken as fixed or as dogma. As Rogers (1959, p. 244) stated:

the theory of client-centered therapy has been seen from the first not as dogma or as truth but as a statement of hypotheses, as a tool for advancing our knowledge. It has been felt that a theory, or any segment of a theory, is useful only if it can be put to test. There has been a sense of commitment to the objective testing of each significant aspect of our hypotheses, believing that the only way in which knowledge can be separated from individual prejudice and wishful thinking is through objective investigation.

Thus there is a sense in which the conditions, and the theory of conditions, need to be tested in every therapeutic encounter.

3. Rogers never referred to the “core conditions,” a term which appears to have been coined by Carkhuff (1969a, 1969b) who used it in the context of identifying from divergent orientations to therapy “core, facilitative and action-oriented conditions” by which the helper facilitates change in the client (or “helpee”). In addition to empathic understanding, respect and genuineness, in Carkhuff’s portrayal these included: specificity in emphasizing emotional experiencing, concreteness in problem-solving, the ability to confront and the ability to interpret the helping relationship. The ubiquitous references to the so-called core conditions have led to an over-emphasis on the therapist’s part in the therapeutic relationship, whereby, for example, practitioners talk about “providing” or “offering” these conditions to the client. This, in turn, contributes to more individualistic than relational and intersubjective understandings of contact, incongruence, authenticity, acceptance, empathy, and being received. Van Balen (1990) has made a similar point when he
discussed Rogers’ development towards a more dialogical understanding of the conditions and of the therapeutic relationship (see also Tudor, 2010b).

4. If there is a central, relational condition it is, arguably, the sixth condition, which refers to the client experiencing the therapist’s unconditional positive regard and empathic understanding, and which Rogers (1953/1967, p. 130) regarded as the “assumed condition.” Given the centrality of the client in person-centered theory and practice, it is ironic that, with some exceptions, i.e., Barrett-Lennard’s cited work, Watson, 1984, and Duncan and Moynihan, 1994, this has received the least attention of all the therapeutic conditions.

The theory of the therapeutic conditions does not exist in isolation. In his 1959 paper, Rogers placed them at the center of his client-centered framework, in the context of a theory of therapy based on the nature of the human organism.

ORGANISMIC PSYCHOLOGY AND THERAPEUTIC RELATING

Rogers (1951, p. 497) suggested that: “A portion of the total perceptual field gradually becomes differentiated as the self.” When I first read that, some years ago, I became curious as to what Rogers meant by the “total perceptual field” that is not the self? Later, Rogers (1959b, p. 223) stated that “a portion of the individual’s experience becomes differentiated and symbolized in an awareness of being, awareness of functioning.” “Such awareness,” he said, “may be described as self-experience.” So self is self-awareness or self-consciousness, and this is only a portion of the total or whole that is “me” or, in other words, this particular human organism. We are, of course, in general, more used to talking about self and even “the self” than the organism. As soon as I make a statement about myself, I have differentiated something about “me” (the social self) or “I” (the personal self) (see Zimring, 1988). However, there is a total or underlying “whole” out there which Rogers and others have referred to as the organism, and which is beyond – and, developmentally, prior to – the emerging or emergent self.

So, what is the organism? An early definition of the term comes from Angyal (1941, p. 99), a Hungarian psychologist on whose work Rogers drew. Angyal defined the term itself, “organism” (from organ = tool), as meaning “a system in which the parts are the instruments, the tools, of the whole.” Feldenkreis (1981, pp. 21–22), the founder of a form and method of bodywork, defined it as consisting of “the skeleton, the muscles, the nervous system, and all that goes to nourish, warm, activate, and rest the whole of it.” In his forward to the republication of Goldstein’s work on The Organism, Sacks (1995) traced a brief history of neurology, viewing Goldstein and others, including gestalt psychologists, as important in rebutting more modular views of neural organization and the human organism. Essentially, Rogers (1953/1967, pp. 104–105) viewed the organism as the total or whole, experiencing human being:
The person comes to be what he is, as clients so frequently say in therapy. What this seems to mean is that the individual comes to be – in awareness – what he is – in experience. He is, in other words, a complete and fully functioning human organism.

Given how much Rogers referred to the experiencing organism and related concepts – its tendency to actualize, organismic experiencing, the organismic valuing process, and the wisdom of the organism – and to organismic theorists, especially Goldstein (1934/1995) and Angyal (1941), I am surprised how little attention the organism attracts in person-centered and experiential literature, especially when we contrast this with its coverage of the concept of self, and especially, as Rogers (1953/1967, p. 80) clearly put it, that:

one of the fundamental directions taken by the process of therapy is the free experiencing of the actual sensory and visceral reactions of the organism without too much of an attempt to relate these experiences to the self [italics added]. This is usually accompanied by the conviction that this material does not belong to, and cannot be organized into, the self. The end point of this process is that the client discovers that he can be his experience, with all of its variety and surface contradiction; that he can formulate himself out of his experience, instead of trying to impose a formulation of self upon his experiences, denying to awareness those elements which do not fit.

Interestingly, in the first edition of their major work on *Theories of Personality*, published in 1970, Hall and Lindzey acknowledged Rogers as adopting an “organismic orientation” to his “self theory,” but they did not categorize him as an organismic theorist as such. However, in the third edition of their work published some eight years later (Hall & Lindzey, 1978) they revised this significantly, concluding (p. 279) that: “It is clear from his recent writings that the emphasis should fall on the organism, not the self.” These “recent writings” encompassed *Encounter Groups* (Rogers, 1970/1973), *Becoming Partners* (Rogers, 1973), *Carl Rogers: The Man and his Ideas* (Evans, 1975/1981), and *Carl Rogers on Personal Power* (Rogers, 1978), as well as one retrospective paper (Rogers, 1974). Organismic psychology, which is in my view the lost tradition of 20th century psychology, represents the attempt to put the mind and body back together and to treat the human organism as a unified, organized whole. It has its roots in the ideas of Aristotle, Goethe, Spinoza, James, Dewey, and Whitehead, and is represented in the work of Kantor (1924a, 1924b, 1933, 1947), Smuts (1926/1987), Coghill (1929), Jackson (1931), Wheeler (1940), Murphy (1947), Meyer (1948), Werner (1948), Dunbar (1954), and, of course, Rogers. Within person-centered and experiential psychotherapies, this viewpoint is reflected in the work and writing of Spielhofer (2003), Neville (2007), Wolter-Gustafson (2008a, 2008b), and Zucconi (2008).

In our work Worrall and I also represent this tradition. One of things we do in our book *Person-Centred Therapy: A Clinical Philosophy* (Tudor & Worrall, 2006) is to reclaim the centrality of the organism in person-centered therapy. The organism is a biological and social reality; it is the root metaphor of person-centered psychology, and is the basis on which...
person-centered psychology is a self psychology. Here I draw out the main implications of an organismic perspective for our present interest in the relational.

1. Rogers’ use of the term “organism” represents a holistic and experiential view of human beings

As our mind, body and spirit are inseparable, anything and everything we do is connected. As Waits put it: “The way you do anything is the way you do everything” (Kot, 1999). This was elaborated in the 1930s by Goldstein (1934/1995) in his work on *The Organism* and is confirmed by more recent developments in neuroscience. The neuropsychologist Schore is reported to have said that you can’t put a scalpel between the brain and the heart. One of the implications of this is that we cannot separate our behavior from who we are. Rogers (1951, p. 491) defined behavior as “basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field, as perceived.” Thus, from an organismic perspective, our behavior is intrinsic to who we are; in other words: we are our behavior. This is challenging to theory and practice which seek to separate and compartmentalize behavior from the person and, for that matter, the person from her or his context and environment, as do many forms of cognitive and rational emotive behavioral therapy. As person-centered and experiential therapists we relate to a whole, holistic person as much as we relate to a person who may conceptualize her- or himself as comprising “parts.” As Sanders (2008) put it: “any theory or treatment paradigm which is partial in its regard to the person would be problematic for person-centered therapy.” Whilst most person-centered and experiential practitioners acknowledge the importance of a holistic perspective, few practice holism, for example, in terms of reflecting and developing a language of wholes rather than parts. One notable exception to this is Fernald (2000) who, on the basis of his analysis of some of Rogers’ transcripts, claims Rogers as a body-centered counselor precisely because of the centrality he (Rogers) gave to organismic experience in his practice.

2. The organism is the basis for the view that human beings tend to actualize

As formulated in his theory of personality and behavior, Rogers (1951, p. 487) asserted that the human species, as with other species, has one basic tendency and striving: “to actualize, maintain, and enhance the experiencing organism.” Angyal (1941), however, saw the organism as having two related tendencies or trends: one towards increased autonomy, and one towards homonomy or a sense of belonging, a trend which he views as an integral, if overlooked, aspect of human existence and of the fully functioning, authentic human being. Angyal defined the organism (p. 23) as autonomous in the sense that it is “to a large extent, a self-governing entity,” and homonomous (p. 172) in the sense that it longs “to be in harmony with superindividual units, the social group, nature, God, ethical world order, or whatever the person’s formulation of it may be.” Angyal also acknowledged (p. 33) the notion of heteronomy: “The organism lives in a world in which things happen according to laws which are heteronomous from the point of view of the organism.” In other words, human beings live autonomously and homonomously in a world that is heteronomous or other (see Tudor, 2008a; Tudor & Worrall, 2006). Many will be familiar with autonomy, for instance, as an
ethical principle or a political demand. However, most people, and especially those in Western
societies, will be less familiar with the concept of homonomy in the fields of psychotherapy,
ethics, politics, and culture. I have yet to come across a code or framework of ethics which
uses the word homonomy or which draws on the concept. However, when a code talks in
terms of “the spirit of partnership” and “psychotherapists’ responsibilities to the community,”
as does the code of ethics of the New Zealand Association of Psychotherapists (2006, p. 13),
I think that it is, in effect, expressing the trend to and principle of homonomy (see also
neural level give us solid assurance of common evolutionary origins and designs.” As therapists
I think we are used to supporting client autonomy, but less familiar with supporting the
client’s trend to homonomy. Indeed, I would argue that expressions of such a trend are often
pathologized. Furthermore, Western psychology and psychotherapy, along with much of
Western society, stands accused — rightly in my view — of being overly concerned with the
individual and her or his self-actualization and self-development, at the expense of having a
broader view of the individual-in-context, relationship/s, family, and community, a view
which is represented in the person-centered literature, notably by Barrett-Lennard (2002,
2003, 2005).

Whilst Rogers advocated “relationship therapy” and relationships, he did not always pursue
the logic of his relational approach. Angyal saw that the organismic trends towards autonomy
and homonomy play out in a world that is heteronomous, or other: the law is other; you (the
reader) and I (the author) are “other” to each other. However, Rogers did not really acknowledge
the significance of this. He concentrated rather on the positives of organismic growth and
individual autonomy. Where Rogers did mention heteronomy (1951, p. 488), he referred to
and misrepresented Angyal. Rogers said that Angyal described the movement of the organism
as “in the direction of an increasing self-government, self-regulation, and autonomy, and away
from heteronymous [sic] control, or control by external forces.” The misunderstanding is in the
words “away from.” Angyal (1941, pp. 37–38) put it this way:

The organism lives in a world in which processes go on independently of it. The
organism asserts itself against the heteronomous surroundings. As has been pointed
out, life by implication is not an intra-organismic process, but a process which takes
place between the organism and its environment. Thus every single organismic part
process, and also the life process as a whole, is always a resultant of two components,
autonomy and heteronomy.

In saying that an autonomous organism moves “away from heteronomous control,” Rogers’
language was one of distance and separation. Angyal, by contrast, did not separate the organism
from environment. He saw the organism asserting itself “against [italics added] the
heteronomous surroundings.” His language was more that of relational and contactful
engagement with the heteronomous environment and, as such, gives us a language for
intersubjective dialogue, encounter, and relating, based on the organism, as distinct from
and prior to the self.
3. As organisms, human beings have an interdependent relationship with our environment, and cannot be understood outside of that environmental context

Perls (1947/1969, p. 38) expressed this principle thus: “No organism is self-sufficient. It requires the world for the gratification of its needs … there is always an inter-dependency of the organism and its environment.” Similarly, Vithoulkas, (1986), an eminent homoeopath, wrote that:

We must recognize that the human organism is not an isolated entity, sufficient unto itself. Every individual is born, lives, and dies inseparably from the larger contexts of physical, social, political, and spiritual influences. The laws governing the physical universe are not separate from those governing the functions of living organisms … we must begin by comprehending clearly the setting in which the human being is found, how it influences him, and in turn how he affects it.

Recent research on brain development also emphasizes the importance of the environment and the dynamic relationship between the environment and the mental phenomena of the organism. Damasio (1994/1996, p. xix), for instance, has suggested that:

mental phenomena can be fully understood only in the context of an organism's interacting in an environment. That the environment is, in part, a product of the organism's activity itself, merely underscores the complexity of interactions we must take into account.

Angyal (1941) used the term biosphere, meaning the realm or sphere of life, to convey the concept of a holistic entity which includes both individual and environment (p. 100): “not as interacting parts, not as constituents which have independent existence, but as aspects of a single reality which can be separated only by abstraction.” Thus, as he put it (p. 101): “The subject-matter of our considerations are [sic] not organic processes and environmental influences, but biospheric occurrences in their integral reality.” I think this is a remarkable statement with a significant implication for us, as therapists, that we need to be (more) aware, acceptant and understanding of the wider sphere as described by our clients, whether individuals, couples or groups. This perspective reflects a sociocentric psychology (see O’Hara, 1997), and emphasizes a sociocentric-organic view of the human organism and, indeed, of the self (see Holdstock, 1993) and, in this sense, it may be more accurate to talk about a people-centered, context-dependent, or life-oriented approach to therapy – and, indeed, to life. This makes the person-centered approach, as a relational approach, to extend Stark’s (2000) taxonomy, a “two-and-a-half-person psychology” or a “two-person-plus psychology,” an extension beyond the two persons of the client and the therapist, which acknowledges the impact of the environment/biosphere on the individual person/organism; of the person on her or his environment; of the individual/environmental biospheric occurrence itself; and of the therapist’s response to this integral reality.
4. As human beings grow and develop through differentiation, we are inherently diverse
Following his statement that an individual’s experience becomes differentiated and symbolized, Rogers (1959, p. 223) stated that: “Such awareness may be described as self-experience.”
Recent research in the fields of neuroscience, infant development and human communication points to the fact that infants are capable of differentiating themselves, their bodies, faces and hands from those of their mothers and, therefore, in some sense, knowing themselves. This offers us an experiential basis for understanding and appreciating personal difference and diversity and, ultimately, social and cultural diversity. I would argue that such a basis is a more human and relational one for working and struggling with difference than that which is often imposed by an “equal opportunities” agenda which all too often promotes a “tick-list” approach to difference and diversity. In terms of our work as therapists, an organismic-relational perspective provides us with as much theoretical support for being different and other as does a self-relational perspective. After all, for clients, we as therapists are the heteronomous other. This perspective also supports the view of encounter as meaning both “face to face” and “counter to” or “against” (see Schmid, 1998). Elsewhere, Schmid (2006) has reminded us of the proverb: “What we have in common is that we are all different from each other,” observing (p. 245) that this “correctly expresses [the] dialectic of essential togetherness and essential separateness, commonality and diversity.”

5. The organismic approach to therapy emphasizes the integration of the person and personality, as much as it allows for our disintegration
Whitehead (1929/1978, p. 108) put it thus:

All the life in the body is the life of the individual cells. There are thus millions upon millions of centers of life in each animal body. So what needs to be explained is not dissociation of personality but unifying control, by reason of which we not only have unified behavior, which can be observed by others, but also consciousness of a unified experience.

So we need to reclaim the language of health or authenticity, unification and wholes – and to frame illness and psychopathology in terms of alienation, inauthenticity, incongruence, and disintegration (see Tudor & Worrall, 2006). The fact that we have to emphasize holism and wholes may appear a little strange. Bannister and Fransella (1980, p. 9) put it well:

Currently many psychologists feel that psychology should concern itself more with “whole” people. It should centre more on “real human experience.” This is comical in one sense – it is as if sailors suddenly decided they ought to take an interest in ships – but necessary in another. A variety of vanities have caused psychologists to turn their backs on the complete and purposeful person.
I appreciate that some people find theories of parts helpful, such as the concept of ego states (Berne, 1961/1975), and subpersonalities (Rowan, 1990) and, within the person-centered approach, “inner persons” (Keil, 1996), “configurations of self” (Mearns, 1999; Zimring, 1988) and “multiple contextual selves” (Hayashi & Kara, 2002). I myself find this language useful specifically when working with people who dissociate and who themselves identify different states, selves, parts or identities (see Warner, 1998), although even in these situations, I still tend to use the term “aspects” and hold them as aspects of a whole organism in tension. Beyond this, from a person-centered perspective which is organismic and holistic, it is problematic if a theory of parts is presented as a whole theory – and one which is, however subtly, in effect imposed on the client by reflecting parts: “So, there’s a part of you which …, and another part of you which …,” or by giving parts names which don’t derive from the client her- or himself. As Cooper (2003, p. 70) has put it: “Each part of the universe is in dynamic relationship with every other part … We normally experience relationships in terms of their component parts; we are mistaken, however, when we assume the parts are separate.” The present challenge for us as person-centered and experiential practitioners and theorists is to embody a holistic attitude and to develop a language or “languaging” of wholes.

6. Human beings develop an organismic valuing process

Rogers (1959, p. 210) defined such valuing as “an ongoing process in which values are never fixed or rigid, but experiences are being accurately symbolized and continually and freshly valued.” Stinckens, Lietaer and Leijssen (2002) developed this, arguing (p. 48) that “Inborn, intuitive experiencing should enter into a continuous dialectical relationship with the laws of social reality for the valuing process to correspond with the social embeddedness of the individual.” In other words a person’s internal, organismic valuing process does not lead to rank individuality or individualism; rather it takes others and her or his environment into account. As Schmid (2006, p. 251) put it:

Dialogue is an irreversible principle and condition of being human. Humans do not only substantially rely on dialogue, they are dialogue. [Moreover] dialogue is the authentic realization and acknowledgment of the underlying We … The restoration of the underlying We is the therapy in psychotherapy.

Thus, as therapists, we are not only inevitably relational and inevitably dialogic, we are the dialogue (see also Tudor, 2008b). Early in their book Working at Relational Depth Mearns and Cooper (2005, p. xi) asked the rhetorical question: “How does one describe, for instance, those moments of connection and intimacy with a client when each person’s words seem to flow from the other’s and all self-consciousness is lost?” It is rhetorical in that they posed the question to give the answer: “relational depth.” In fact their description is one which describes organismic relating (see Tudor, 2010a).
SUMMARY

In this article I have laid out and reclaimed the ground of person-centered psychology as an organismic psychology, and have discussed the implications of this for a therapeutic relating which is sociocentric rather than egocentric or “self”-centered. Therapy which accepts and understands the person-in-context, and which views the context as an inextricable aspect of therapy, is a therapy which counters the reification and hegemony of the individual in Western psychology.

REFERENCES


Person-Centered Relational Therapy
