

We cannot imagine without the other: Contact and difference in psychotherapeutic relating

Keith Tudor

Abstract

Human beings are interdependent: we can only say 'I am' because 'we are'. We are therefore intersubjective, and cannot imagine without the other. Thus, in any helping or therapeutic relationship, it is crucial to reflect on, process, understand and evaluate how we relate, one with another and with others. This is especially and particularly important when we are relating across differences. This paper, which is an edited version of one given at the NZAP Conference held in Waitangi in April 2008, draws on the tradition of organismic psychology. The view that the human being is an organism connects the individual to his or her environment and to the significance of others, without which the individual cannot be understood. More recent research in neuroscience has confirmed that this psychological and, ultimately, political perspective has neurobiological foundations. On this basis, the contact between client and therapist is crucial: from the initial contact before meeting, to the first face-to-face meeting, and throughout the therapeutic encounter. Drawing on the work of both Rogers and Stern, the paper critiques the concept of 'the therapeutic relationship' as a fixed construct, and offers some ideas about the importance of contactful 'ways-of-being' in therapeutic relating.

Interdependence, intersubjectivity, and imagining

Human beings are interdependent. The human infant is one of the most dependent born mammals and, of all mammals, has the longest period of dependency; hence the importance both of attachment and of social and psychological support for the mother or primary carer. However, when we look at this more closely, and particularly with the benefit of insights gained from recent research in the fields of developmental psychology and neuroscience, we see that the relationship between baby and mother is in fact one of mutual synchrony. Winnicott encapsulated this when he said that: 'There's no such thing as a baby, only a mothering pair.' Most obviously, the baby is dependent on the mother. However, the mother is also 'dependent' on her baby, for instance, to stimulate oxytocin, one of the hormones, which are produced when mother and baby are interacting in a mutually pleasurable way. Winnicott refers to the gleam in the new mother's eye, a perception that is supported by research that demonstrates the increase in the percentage of light in the mother's eye when she looks or gazes at her baby (see Schore,

1994). Also, if we consider the importance of regulation, we can think about ways in which the baby/infant/child both regulates – and dysregulates – the parents or carers, which is why it is so important that parents have space and support to reflect on what gets evoked by their children and by their own parenting.

There are wider, social understandings of interdependence. Marx and Engels use the term in the Manifesto of the Communist Party (1848/1971) when they describe the universal interdependence of nations, in comparison to the old systems based on local and national seclusion, isolationism and self-sufficiency. Gandhi (1929) echoes this comparison:

Interdependence is and ought to be as much the ideal of man as self-sufficiency. Man is a social being. Without interrelation with society he cannot realize his oneness with the universe or suppress his egotism. His social interdependence enables him to test his faith and to prove himself on the touchstone of reality.

In 1945 the American philosopher, Will Durant, drafted a Declaration of Interdependence, which aimed to promote human tolerance and fellowship through mutual consideration and respect (see Weyler, undated). Since then a number of other such declarations have been drafted, most emphasising an ecological perspective (see the David Suzuki Foundation, 1992), one of which formed the basis and inspiration for a Symphony (no. 6 Interdependence) by the Finnish composer Pehr Henrik Nordgren (2001).

Interdependence is a biological, neurological, developmental, relational, social, political and environmental fact of life. It encapsulates a dynamic of being mutually responsible to and sharing a common set of principles with others. Some people, cultures, and societies advocate independence and freedom as an ultimate and abstract good; others advocate kinship, attachment and loyalty to one's family, group, tribe, community, society, land and earth. Interdependence recognises the reality of each trend. This is encapsulated in the Nguni word Ubuntu which carries the sense that 'I am because we are'. In a similar vein, Lévinas argues that the self cannot exist, cannot have a concept of itself as self, without the other (Kearney, 1984): "I am defined as a subjectivity, as a singular person, as an 'I' precisely because I am exposed to the other. It is my inescapable and incontrovertible answerability to the other that makes me an individual 'I'" (p. 62). I think this is interesting in three respects.

The first is linguistic. We often think of 'I' as the starting point of the individual and of identity. In fact, as infants, we say 'me' before 'I'. This

personal pronoun represents the social self, that is, a self defined by others, and which we internalise in some way (“me want”, “me do”, etc.). In terms of human development and the development of language, ‘I’ comes later, and represents a personal self. Language, of course, comes relatively late in an infant’s development and, developmentally, before ‘me’ is, at least conceptually, ‘us’, a pronoun which represents the co-regulating ‘mothering pair’. I suggest that ‘us’ is the fundamental life position on and from which we develop, through attachment and separation to individuation – but an individuation based in relationship and in connectedness.

The second point of interest is Lévinas’s use of the word ‘exposed’: we expose ourselves to the other, we put ourselves out, we lay ourselves open, we make ourselves vulnerable and known. Put in these terms, being ourselves may sound risky. On the other hand, to live is to risk. As Ward (undated) puts it in his poem (entitled ‘To risk’):

But risks must be taken because the greatest hazard in life is to risk nothing.
The person who risks nothing, does nothing, has nothing, is nothing.
He may avoid suffering and sorrow,
But he cannot learn, feel, change, grow or live
....
Only a person who risks is free.

The third important point Lévinas makes is that we are individuals only because of the other or others, to whom we are answerable. That is to say, we have to answer to others in order to be ourselves. This makes sense to me. For example, at an interpersonal, social level, there is a sense that as an author I am answerable to the reader for this article. Moreover, at an existential level, we need an answer from another. The lack of an answer is the tragedy of Echo who, according to Greek mythology, could only repeat what the other said, and of Narcissus who was punished for not accepting Echo’s love by being condemned to fall in love with himself. Here there was – and is – no interdependence, no answerability, and no intersubjectivity. I refer to Narcissus as I think that one of the major psychological problems in Western society and, in some aspects, of the profession of psychotherapy is, as the American social commentator Christopher Lasch (1979) puts it, *The Culture of Narcissism*.

If we are interdependent and we define ourselves as ‘a subjectivity’, then it makes sense to think in terms of intersubjectivity. Atwood and Stolorow (1996) describe as this as ‘reciprocal mutual influence’. They go on to describe the implications of such reciprocity:

from this perspective, the observer and his or her language are grasped as intrinsic to the observed, and the impact of the analyst and his or her organising activity on the unfolding of the therapeutic relationship itself becomes the focus of ... investigation and reflection (p. 181).

Rather than asking ‘What’s happening to you?’ or ‘What’s happening to me?’ we will, if we focus on the intersubjective world and the domain of intersubjective relatedness, tend to ask ‘what is happening here between us?’. Parlett (1991) suggests that: “when two people converse or engage with one another in some way, something comes into existence which is a product of neither of them exclusively ... there is a shared field, a common communicative home, which is mutually constructed” (p.75). Thus, intersubjectivity supports what Stark (2000) refers to as a ‘two person’ mode of therapeutic action. This perspective has its roots in psychoanalysis and its developments, such as Sullivan’s (1953/1997) interpersonal theory of psychiatry and therapy. Whilst these origins of intersubjective and interpersonal, relational perspectives may be familiar to readers of the Forum, what may be less familiar is that these perspectives also have their roots in humanistic psychotherapy, notably in Rogers’ (1942) ‘relationship therapy’ and, more generally, in organismic psychology (see section below).

From a developmental perspective Stern (1985, 2000) writes about the interpersonal world of the infant, and suggests that, from nine months, along with other senses of self (emergent and core), the infant develops the sense of an intersubjective self. As he puts it:

[This] quantum leap in the sense of self occurs when the infant discovers that he or she has a mind and that other people have minds as well. Between the seventh and ninth month of life, infants gradually come upon the momentous realization that inner subjective experiences, the ‘subject matter’ of the mind, are potentially shareable with someone else ... This discovery amounts to the acquisition of a ‘theory’ of separate minds (p.124).

Fonagy and his colleagues (2002) refer to this as mentalisation, a preconscious or ego function that transforms basic somatic sensations and motor patterns through a linking activity. Assuming that others have minds enables us to work together. This is important both developmentally and in the present moment. It is also important for us as social/political beings; elsewhere I and a colleague have described the development of an active and engaged citizenship as involving the necessary movement from being ‘a subject’ to being an ‘intersubject’ by means of intersubjectivity (see Tudor & Hargaden, 2002).

So, how do we get to sharing? I think we do this through imagining and empathising. Developmentally, the mutual synchrony and co-regulation of the mothering or caring pair is the basis for imagination and imagining: we cannot imagine – that is, to form and symbolise an image – without another, as we need another to reflect back our reflections, to regulate us, and to help us make meaning of our world. The development of imagination is, thus, also a co-creative process. To live, love and work is to risk contact and, thereby, both attachment and loss. To risk contact is to risk exposing one's own subjectivity and to risk exposure to another's. To risk such intersubjectivity is to risk both imagining what it is to be that other, and to risk relating to the other. Before discussing these aspects of life and of psychotherapeutic practice, I turn to organismic psychology, the theory which, for me, supports this view of interdependence and intersubjectivity.

Organismic psychology

The view that the human being is an organism connects the individual to his or her environment and to the significance of others, without which the individual cannot be understood. The biological entity that is the human organism, and its qualities, offer us a theoretical base for the interdependent life. It is central to organismic, gestalt, and person-centred psychology. Rogers was one of a number of psychologists who have expounded organismic theory. Others include Kantor (1924a, 1924b), Brunswik (Tolman & Brunswik, 1935), Wheeler (1940), Murphy (1947), Werner (1948) and, more recently, Brown (1990). Rogers himself acknowledges his debt to Goldstein's (1934/1995) work on *The Organism* and to Angyal's (1941) *Foundations for a Science of Personality*. Thirty years ago, Hall and Lindzey (1978) recognised that Rogers adopted an organismic orientation in his theory and practice, a view also explored by Fernald (2000) who claims Rogers as a body-oriented counsellor. Organismic psychology is, in my view, the lost tradition of the 20th century. In his excellent book on the conceptual domains of psychoanalysis Pine (1990) discusses the domains of drive, ego, object and self, a taxonomy which, I think, represents the development of psychotherapy in general. Pine, however, omits the domain of the organism. Drawing on this lost tradition, Tudor and Worrall (2006) elaborate the centrality of the organism specifically to person-centred approaches to therapy.

According to Angyal (1941) the organism (from 'organ' meaning tool) refers to "a system in which the parts are the instruments, the tools, of the whole" (p. 99). Feldenkrais (1981), the founder of a form and method of bodywork, defines 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” (pp. 21-2). In his forward to the re-publication of Goldstein’s work in 1995, Sacks traces a brief history of neurology, seeing Goldstein and others, including gestalt psychologists, as important in rebutting more modular and atomistic views of neural organisation and the human organism. Damasio (1994/1996) defines living organisms as “changing continuously, assuming a succession of ‘states,’ each defined by varied patterns of ongoing activity in all its components” (p.87). This understanding, as well as other more recent developments in neuroscience, supports the premise that the experiencing human organism tends to actualise, maintain, enhance, and reproduce itself. Tudor and Worrall (2006) elaborate this perspective: that, as human beings, we are holistic, experiential, interdependent organisms; that we are always in motion; that we construe reality according to our perception of it; that we differentiate, regulate, and behave according to need; and that we have an internal, organismic valuing process.

There are a number of implications of this organismic perspective which are relevant to our present interest:

Firstly, Rogers’ use of the term organism represents an holistic and experiential view of human beings. As our mind, body and spirit are inseparable, anything and everything we do is connected. As Tom Waits puts it: “The way you do anything is the way you do everything” (reported by Kot, 1999). This was elaborated in the 1930s by Goldstein (1934/1995) and is confirmed by more recent developments in neuroscience. One of the implications of this is that we cannot separate our behaviour from who we are. Behaviour is, as Rogers (1951) puts it: “basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field, as perceived” (p. 491). Thus, we are our behaviour. This is challenging to theory and practice (predominantly cognitive and behavioural therapies) which seek to separate and compartmentalise behaviour from the person.

Secondly, as formulated in his theory of personality and behaviour, Rogers (1951) asserts that the human species, as with other species, has one basic tendency and striving: “to actualize, maintain, and enhance the experiencing organism” (p. 487). Angyal (1941), however, sees the organism as having two related tendencies or trends: one towards increased autonomy and another towards increased homonomy. He defines the organism as autonomous in the sense that it is “to a large extent, a self-governing entity” (p. 23), and homonomous 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” (p.172). As Panksepp

(1998) puts it: “Homologies at the neural level give us solid assurance of common evolutionary origins and designs” (p.14). Human beings live autonomously and homonomously in a world that is heteronomous or other. Most practitioners trained in psychotherapeutic theories and methods which draw on Western psychology will be familiar with the concept of autonomy, for instance, as an ethical principle or a political demand. We may be less familiar with the concept of homonomy, although when the NZAP (2006) talks in terms of “the spirit of partnership” (p.13) and of psychotherapists’ responsibilities to the community it is expressing a trend to homonomy.

Thirdly, as organisms, human beings are interdependent with our environment, and cannot be understood outside of that environmental context. As Perls (1947/1969) puts it: “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” (p.38). Recent research on brain development also emphasises the importance of the environment and the dynamic relationship between the environment and the mental phenomena of the organism. Damasio (1994/96) for example, suggests 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 (p. xix).

Again Angyal (1941) provides us with a useful term, the ‘biosphere’, by which he means the realm or sphere of life, and by which he conveys the concept of an holistic entity which includes both individual and environment “as aspects of a single reality which can be separated only by abstraction” (p. 100). Thus, he concludes: “The subject-matter of our considerations are [sic] not organic processes and environmental influences, but biospheric occurrences in their integral reality” (ibid). This is a remarkable statement and one which supports a genuinely integral individual/environmental approach to psychotherapy (as distinct from ‘integrative psychotherapy’). In this sense, it may be more accurate to talk about a people-centred, or life-oriented approach to therapy – and to life. To extend Stark’s (2000) taxonomy, this makes the person-centred approach – or, in the context of Aotearoa New Zealand and Te Tiriti o Waitangi/Treaty of Waitangi, a ‘partnership-centred approach’ to psychotherapy – a ‘two and a half person’ psychology (see Tudor & Worrall, 2006).

Fourthly, as we grow and develop through differentiation, we are inherently diverse. Rogers (1959) states that “a portion of the individual’s experience

becomes differentiated and symbolized in an awareness of being, awareness of functioning” (p. 223). “Such awareness”, he says, “may be described as self-experience” (ibid). 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. Angyal’s (1941) reference to heteronomy is useful here: “The organism lives in a world in which things happen according to laws which are heteronomous from the point of view of the organism” (p.33). In this sense, anyone else or other is different, and thus, as human organisms, we know what it is to be different and, thereby, to relate to difference. I would argue that this is a more human and relational basis for working and struggling with difference than that which, at least in the UK, is often imposed by an ‘equal opportunities’ agenda.

Finally, human beings develop an organismic valuing process, which Rogers (1959) defines as: “an ongoing process in which values are never fixed or rigid, but experiences are being accurately symbolized and continually and freshly valued” (p. 210). This speaks of an open, reflective, and fluid process of being, and of a being in process with its environment. Stinckens, Lietaer and Leijssen (2002) develop this, arguing 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” (p. 48). In other words a person’s internal, organismic valuing process does not lead to rank individuality or individualism; rather it takes into account others, especially those in partnership, and the environment in trust. In this sense a hurt to one is a hurt to all and, perhaps more importantly, a hurt to all, especially when ‘other’ is a hurt to one.

It is my contention, then, that an organismic perspective transforms our view of life and of psychotherapy from an individualistic, reactionary paradigm to one which is social if not radical, and relational if not collective.

Contact/encounter, relating, and imagining

In the last part of this paper I turn to the implications of these perspectives for clinical practice and, specifically, when, as psychotherapists, we are working and struggling with difference. I discuss this with regard to contact and encounter, relating, and imagining.

Contact in encounter

For Rogers (1957, 1959), contact or psychological contact is the first condition – or pre-condition – of therapy. Others since have developed this concept and an approach to ‘pre-therapy’ with clients who have some impairment in their ability to make and maintain contact, for example, people with learning impairments, with people with diagnoses of schizophrenia, autism, and dementia, (see Prouty, 1976, 1994; Morton, 1999; Prouty, Van Werde & Pörtner, 2002). Contact through greeting, seating and meeting is the beginning of genuine encounter. Rogers (1962) himself describes therapy as “relationship encounter” (p.185). The English word ‘encounter’ comes from the Latin *contra* which means ‘against’, and so ‘encounter’ carries both a sense of ‘face to face’ meeting and of difference. In his book “I and Thou” Buber (1923/1937) describes ‘being counter’ as the foundation for meeting: to be opposite to the other offers the possibility to face and to acknowledge him, her or them. As he puts it “All real life is encounter” (p.18), and encounter is where dialogue takes place. Guardini (1955) suggests that encounter means that we are touched by the essence of the opposite. Tillich (1956) goes further and argues that the person only emerges through resistance: “it is through the resistance of the other that the person is born” (p.208). This is important not only on an interpersonal level but also on a social and cultural level. On this basis, contact, certainly on the part of the therapist, becomes a much more engaged and engaging concept and activity. I think of this view and experience of contact and encounter as embodying my commonality, connectedness, and sense of community (the trend to homonymy) and, at the same time, my difference, resistance and sense of my differentiated self (the trend to autonomy).

This perspective gives us, I think, a basis for a positive approach to struggle. To contend resolutely, to resist, to make efforts to escape from constraint, to strive, to make progress with difficulty, in other words, to struggle, is not a problem; it is a developmental, relational and social necessity. Struggle is not a problem; it is the problem that we make of struggle that is the problem – and, unfortunately, the history of psychotherapy includes theories and practice which pathologise struggle, resistance, being critical and, for that matter, being radical (see, for instance, Schwartz, 1999 for several instances). I think it is important to reclaim the importance of struggle in contact/encounter and in dialogue; the importance of difference; and the importance of not knowing. As Lévinas (1983) puts it: “Encountering a human being means being kept awake by an enigma” (p. 120).

Relating

It is widely accepted in the field that the therapeutic relationship is a key factor in the outcome of therapy. The therapeutic relationship has thus become the subject of considerable study within and beyond different theoretical orientations. However, this relationship is not fixed and, in my view, is better described in the language of both Rogers (1958/1967, 1980), and, more recently, Stern (2000), as “ways of being with” or ways of relating. This verbal form – ‘therapeutic relating’ – emphasises therapy as an activity between two (or more), interactive and intersubjective human beings. Furthermore, if we take an intersubjective approach, we must also view these ways of relating as co-created. Thus, I think it more useful, for example, to describe transference and counter-transference (nouns) as ‘co-transference’, as Sapriel (1998) does or, better, as ‘co-transferential relating’ (Summers & Tudor, 2000). This acknowledges that the therapist is also involved, and enters into and/or maintains a present-centred or past-centred, transferential way of relating, rather than attributing her or his feelings solely to the client. I would argue that, if we have a view of people as beings in process and of psychotherapy as being itself a process, then it is more congruent to use process language to describe both the person and activity of therapy (see Tudor, 2008a, 2008b).

I say ‘present-centred’ as I am interested in working with the present moment (see Stern, 2004). The fact that, according to Stern (1985, 2000), our senses of self develop in parallel throughout adult life supports working therapeutically in and with the present, and supports present-centred development, with the Adult ego state or neopsyche which represents an elaborative system connected to the mental-emotional analysis of the here-and-now (see Berne, 1961/1975; Tudor, 2003). In other words, I am interested in what is happening now, between us: between therapist and client, supervisor and therapist, trainer and student, speaker or author and audience, māori and pākehā (with regard to which I use lowercase as I agree with Campbell’s [2008] point that this emphasises them as words and terms in process.) If these are viewed as complementary concepts, then the relationships they describe are complementary. My focus on the present is not to say that how we relate in the present is not influenced by the past. As Ritchie (2008) puts it: “Everything that is bicultural is available to you in the present moment ... all you have to do is to be open to this experience.” It is to say that history and story are available to us in the present, and that we can change our history, herstory or narrative about the past. It is too late to have a happy childhood; it is not too late to acknowledge how unhappy that childhood was, and to have a different experience/perception of the present – and of the past. One

of the epigrams in King's (2003) *History of New Zealand* is from the French historian Ernest Renan who says that: "A nation is bound together not by the past, but by the stories of the past that we tell one another in the present."

In terms of the theme of struggle, I am interested, as I relate to another, in what, if any, struggle there is between us and how that reflects the story of the past for him or her, for me and, over time, for us: that is, the co-created and co-creative relating that is therapy. Moreover, given what I have said about contact and encounter, I am also – and perhaps particularly – interested if there is not a struggle!

Imagining

When I first saw the literature for the 2008 Conference, I was particularly struck by the elaboration of the theme on the NZAP website: "Psychotherapy aims at the development of an imaginative partnership that can acknowledge difference and replace ignorance and intolerance with recognition, reciprocity, and respect" (NZAP, 2008).

In this paper I propose ways in which that imaginative partnership is created, co-created and developed through recognising that we are interdependent and intersubjective. The expansion in the nature of his or her sensed self, and his or her capacity for relatedness, catapults the infant into the domain of intersubjective relatedness – which is the basis for and the beginning of recognition, reciprocity, and respect. This is not an easy process either for the infant and his or her parent/s, or for two adults communicating, for example, across cultures. There may be little shared framework of meaning; gestures, postures and facial expressions may be misunderstood and misinterpreted across differences of race, culture, gender, sexuality, or class. Nevertheless, Stern's theory of selves and their respective domains of relatedness does offer a framework for communication as it explains the development of empathy. It is precisely as we develop a sense of intersubjectivity that we experience the process of empathy.

Rogers (1959) says that empathic understanding means: "to perceive the internal frame of reference of another with accuracy, and with the emotional components and meanings which pertain thereto, as if one were the other person, but without ever losing the 'as if' condition" (p. 210). In this sense, empathic understanding stands in a tradition of psychology that seeks to understand rather than to explain, a distinction which underpins the concept of empathic understanding in person-centred therapy, and distinguishes this therapy from therapies which seek to analyse, interpret or explain. Extending our understanding of empathy, I would argue that the 'as if' attitude supports

I-Thou relating and can distance the relationship from the relational, which I think is better described as a 'Thou-I' encounter. Furthermore, empathy requires imagination and identification.

In terms of personality I think of imagination and imaging being a quality of the neopsyche (Tudor, 2003):

Free from the contaminations of archaic fixated and introjected material, the mature organism/person is curious, open to contact and relationship - not only with people but also with things, through ideas, aesthetics and the arts. It/he/she is playful and sensual. Just as this is the ego state of pure Reason, it is also the location of sheer intuition ... Alongside its reflective and critical consciousness lies the state of unconsciousness, re-membered through dreams and the imagination (p. 219).

So, as psychotherapists, we need to imagine: to imagine what it is to be 'as if' another; to imagine what it is to be different from ourselves in terms of ability, education, opportunity, and privilege; to imagine what it is to struggle; to imagine what it is to be repressed and oppressed; to imagine what it is to have land, language and identity taken away – and I write as someone who comes from a country which has a history of conquest, domination, and of dispossessing the other – and to imagine what it is like for the other if we are part of or associated with that past history. I think that as psychotherapists – and as citizens – we are engaged with others in continuous and necessary struggle. It is how we approach that struggle, how we listen and learn, and how we repair the inevitable ruptures which occur when relating with others that marks us as effective psychotherapists and citizens.

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