INTERPERSONAL PERCEPTIONS AND METAPERCEPTIONS: PSYCHOTHERAPEUTIC PRACTICE IN THE INTER-EXPERIENTIAL REALM

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Abstract. *This paper aims to systematize and develop humanistic practice by considering the implications of adopting an experiential stance to working within the "inter-experiential" realm: the interface between one person's experiences and those of another. Psychological theory and research are used to develop an understanding of how people perceive, and misperceive, others' experiences, and implications for practice are discussed: in particular, the need to encourage clients to test out their assumptions about others' experiences and to communicate more transparently their own. The paper then focuses on the issue of "metaperceptions" – how one person perceives another person as perceiving* them *and their experiences – and, again, argues that people often make significant errors in their judgments. Implications for practice are discussed, with a particular emphasis on using appropriate self-disclosure to deliberately challenge clients' metaperceptual errors. In the conclusion to this paper, the proposed inter-experiential practices are presented as specific process-experiential tasks.*

Keywords: experiential psychotherapy, phenomenological psychology, interpersonal perception, metaperception, interpersonal phenomenology

INTERPERSONAL PERCEPTIONS AND METAPERCEPTIONS: HUMANISTIC PSYCHOTHERAPY IN THE INTER-EXPERIENTIAL REALM

As a family of psychotherapeutic practices rooted in a commitment to deeply valuing and trusting others (Cooper, 2007a), the humanistic psychotherapies tend to give epistemological and clinical priority to the phenomenological, experienced aspects of human beings' lives. Here, in contrast to positivistic, idealistic or psychoanalytic worldviews, human experiences are not seen as epiphenomena but as the very grounds of being (e.g. Gendlin, 1970): human beings *are* their experiences. Hence, to deeply understand their clients, humanistic-experiential psychotherapists are encouraged to avoid interpreting, analyzing or "looking behind" their clients' experiences, but to help them explore the very actuality of their lived-being (e.g. Mahrer, 1996; Rogers, 1959).

A critical question raised by such a psychotherapeutic approach, however, is that of the nature of human experiencing. What does it mean to experience something and what is that experiencing like? Phenomenological and humanistic theorists have attempted to answer this question in a number of different ways (e.g. Merleau-Ponty, 1962; Sartre, 1958; Spinelli, 2001) and, within the field of humanistic psychotherapeutic practice, have tended to put particular emphasis on the individual, internal, subjective nature of this experiencing (e.g. Bugental, 1981; Rogers, 1959; see Cooper, 2007b). However, for a number of existential philosophers and psychotherapists, it is erroneous to assume that experiencing resides "within" us. Rather, theorists such as Heidegger (1962) and Merleau-Ponty (1962) have argued

that experiencing is fundamentally out-in-the-world-between-us: an "intersubjective" phenomenon (see Crossley, 1996).

In phenomenological terms (Spinelli, 2005), such an intersubjectivity can be hypothesized to exist at both the "noetic" end of the experiencing pole (i.e., the *manner* or *act* of experiencing) and also the "noematic" end (i.e., the *content* of experiences). With respect to the former, for instance, the fact that human beings think through the socially-constructed medium of language means that their everyday experiencing is inseparable from the thoughts, feelings, histories and experiences of others (cf. Vygotsky, 1962). Similarly, at the other end of the experiencing pole, it is clear – not the least to psychotherapists – that human beings spend an inordinate amount of their lives dwelling on the behaviors, thoughts and feelings of others. More than that, though, the fact that we experience others who experience us experiencing them, *ad infinitum*, means that our experiences are fundamentally embedded within a complex, multi-directional "inter-experiential" web (Cooper, 2005), in which our "own" experiences can never be entirely disentangled from the experiences of others.

Drawing on the work of R. D. Laing (in particular, 1969; 1966) as well as contemporary social psychological research, the aim of this paper is to develop an understanding of this inter-experiential field: how one person's experiences relate to those of another. Analyses of intersubjective, relational and systemic processes are by no means new in psychology and psychotherapy (e.g., Johnson, 1996; Mitchell, 2000; Portnoy, 2008; Sullivan, 1953; Yalom, 2001), but the contribution of this present analysis is to try and understand such dynamics in wholly phenomenological terms: i.e., in terms of experiencing, intentional beings, without recourse to such non-phenomenological concepts as "unconscious" or "systemic" processes. Such an

approach makes this analysis particularly relevant to a humanistic-experiential standpoint. In contrast to more psychodynamic perspectives, the paper also attempts to understand human inter-relating – and particularly problematic relating – in terms of "here-and-now" biases and misperceptions, as opposed to more historically- or pathologically-derived phenomena, such as transference.

In addition, the paper looks at the implications of this analysis for the practice of experiential-humanistic psychotherapy, identifying a set of inter-experiential "task markers," and proposing a set of potentially helpful responses (cf. Process-experiential/Emotion-focused Therapy, Greenberg, Rice, & Elliott, 1993). Here, as with many other process-experiential tasks, the actual interventions being outlined are not entirely new, but this is a first attempt to systematize such forms of practice and to ground them in a specific body of psychological knowledge. As with all other process-experiential tasks, it should also be emphasized that there is no suggestion here that these inter-experiential interventions will be appropriate or helpful for *all* clients. Rather, by its very nature, the aim of such an analysis is to try and specify the particular instances or difficulties for which these inter-experiential practices may be of value.

INTERPERSONAL PERCEPTIONS

How does one person perceive another person's experiences, and are those perceptions likely to be accurate? Laing's (1969) starting point is that one person can never have a direct awareness of another person's experiences of his or her world: "He cannot see through the other's eyes and cannot hear through the other's ears"

(p.28). This means that, however intuitive, empathic or psychologically-minded an individual may be, his or her perception of another person's experience will always be dependent, at least to some extent, on that other's public actions and characteristics, and these are likely to represent only a segment of how that other actually experiences his or her world. This is for a number of reasons: first, most human beings make deliberate – as well as non-conscious – efforts to manage those aspects of their experiencing that are seen by others (Goffman, 1971), with some experiences forever retained at a private level. Second, an observer only ever sees a target individual in a limited range of circumstances, for instance, at work and at conferences, but not at home or with friends. Hence, while an observer may be able to make an informed guess as to what another human being is experienced, this will always be based on incomplete data, such that the possibility of having an entirely accurate understanding of another's experiences is likely to be small.

Moreover, the fact that our perceptions of others are reliant on those others' public characteristics means that the way we perceive them is likely to be biased in the direction of their self-presentations, and this is what psychological research indicates (for instance, Storms, 1973). A classic illustration of this is the way that quiz masters tend to be perceived as more knowledgeable than their contestants, even though an observer, logically, would know that they have been fed the questions and answers as part of their role. In other words, although, intuitively, we may have a sense that someone has many more sides to them than what can be seen at a public level, there is a marked tendency to experience others in the direction of their self-presentation, and this seems to be because that presentation is of greater perceptual salience than any inferred characteristics (Aronson, Wilson, & Akert, 1999).

Such an analysis does not deny the possibility that human beings have the capacity to deeply and intuitively understand the experiences of others; indeed, there is evidence to suggest that the capacity to empathize and to understand other minds is an innate human characteristic (see, Cooper, 2001). Yet it is clear from the research evidence, and the world around us, that a deep empathic understanding of others is not the usual state of human affairs: that human beings do, sometimes violently, misperceive others' experiences. From a humanistic standpoint, we might want to argue that this is primarily a failure of actualization rather than an innate human characteristic; but the cognitive social psychology evidence cited above, as well as research into "theory of mind" and "mentalization" processes (e.g., Baron-Cohen, 2000), suggest that the ability to conceptualize others' experiences is not wholly in-built. Rather, to be fully actualized, it seems to require particular kinds of cognitive, interpersonal and social development, as well as conscious effort and will.

Research from these fields also suggests that the ability to accurately conceptualize others' experiences is likely to vary significantly across individuals (Wellman & Lagattuta, 2000); and, as with Laing (1969), Cooper (2005) and Interpersonal Psychotherapists (e.g. Stuart & Robertson, 2003; Sullivan, 1953; Weissman, Markowitz, & Klerman, 2000), difficulties in conceptualizing others' experiences have been associated with various forms of psychological distress. One reason for this may be that an inability to understand how others' experience their world can lead to difficulties in interpersonal relationships, and this has been shown to be a key predisposing factor for many different psychological difficulties (e.g., Brown & Harris, 1978; Segrin, 2001). Take the following example: Ismail, a 40 year old man, comes to therapy saying that he finds it difficult to relate to woman, and is

having particular problems with his current partner, Maureen[1]. He reports that Maureen constantly criticizes him for being insensitive and uncaring, and he cannot understand what she is saying, because he feels that he is really trying to be thoughtful and does not know what else to do. As the situation is explored, what emerges is that Ismail spends a lot of time away at work, and when he does come home, he tends to keep out of Maureen's way because he experiences her as hostile and critical. In fact, when they argue, Ismail reports that Maureen talks about feeling useless and unwanted as a consequence of Ismail's behavior; but from Ismail's narrative it is clear that he experiences her as a powerful, overwhelming, judgmental figure, who is consistently focused on putting him down. Here, what is evident is that Ismail finds it difficult to really perceive Maureen's vulnerabilities and insecurities, even though she sometimes directly discloses them to him. This, then, leads to a destructive interpersonal cycle: Ismail feels criticized, he withdraws, Maureen feels hurt, she expresses anger and Ismail withdraws further.

From a psychodynamic perspective, it might be hypothesized that Ismail's tendency to perceive Maureen as strong and powerful – despite her expressed vulnerabilities – is because he projects on to her qualities from an earlier domineering figure in his life, such as his mother. Alternatively, it might be argued that Ismail experiences Maureen in this way because of his own feelings of low self-esteem. Both of these explanations may have some validity. What is also evident in the work, however, is that Ismail finds it difficult to believe that Maureen is hurt and vulnerable because she just *seems* so angry so much of the time, and the more Ismail explores

[1] As with all case examples in this paper, details of individuals have been changed to protect anonymity.

this possibility – recognizing that underneath the anger she may actually experience a great deal of vulnerability – the more the vicious cycle starts to unwind.

EXPLORING INTERPERSONAL PERCEPTIONS IN PRACTICE

What are the implications of this analysis for the practice of humanistic-experiential psychotherapy and psychotherapy in general? First, if clients' misperceptions of others' experiences are a potent source of psychological distress, it would seem important for psychotherapists to have strategies to help clients reflect on and, if necessary, correct, their perceptions of others' experiences. At its most basic, this might simply involve a psychotherapist asking their clients to articulate what they imagine others to be experiencing. For instance, a psychotherapist working with Ismail might ask: "What do you think Maureen experiences when you are away from home?" The point here would not be for Ismail to come up with the "right" answer or to take him away from his own experiencing, but to encourage him to reflect on his perception of Maureen's experience, and perhaps to then go on and test his perception out by asking Maureen what she is actually feeling and thinking. In a sense, the aim here is to help clients get to a place where they can *empathize* more fully with others: where they have a more accurate understanding of how others experience their world, and hence are less likely to fall into misunderstandings and interpersonal conflicts. In other words, from an intersubjective standpoint, psychological wellbeing is not only associated with the experience of being empathized with (cf. Rogers, 1957, 1959) but also of being able to extend that empathy to others (cf. Yalom, 2001): what we might

call the development of "other-awareness," a corollary to the more familiar process of evolving "self-awareness."

Helping clients to develop other-awareness may also be an important element in helping them achieve a more positive sense of self-worth. As argued above, observers tend to perceive others in terms of their self-presentations, and because those self-presentations will tend to mask feelings of vulnerability, uncertainty and inadequacy, observers will tend towards perceiving others as more confident, capable and self-assured than they actually are. This, then, can have a negative impact on the observer's sense of self-worth, on the grounds that, as social psychologists have demonstrated (e.g. Festinger, 1954), how people feel about themselves is relative to how they perceive others. In other words, the more that individuals perceive others as confident and capable, the more likely they are to see themselves as relatively inadequate and weak. In this respect, one might go so far as suggesting that there are two basic routes to a positive sense of self-worth: one is to realize one's own strengths and capacities, and the other is to realize how inadequate others often feel inside (Cooper, 2005)!

In terms of therapeutic practice, this means that it also may be particularly helpful for psychotherapists to help clients explore possible fantasies and assumptions about how other people experience their world: for instance, that everyone else is confident, fulfilled, and feeling happy. Therapist self-disclosure can play a valuable role here and, as Farber (2000) and Spinelli (2001) suggest, in certain instances, it may be particularly valuable for psychotherapists to disclose to clients *their own* vulnerabilities and difficulties, such that clients' assessments of their own relative worth may be substantially enhanced. For a client to discover, for instance, that their

therapist also gets depressed or feels worthless may substantially attenuate the secondary feelings of shame or inferiority that may have constellated around these primary emotions (Cooper, 2005). As with all self-disclosures (Hill & Knox, 2002), however, it is important to emphasize that such disclosures should only be used sparingly; and should not remove the focus from the client, interfere with the flow of the session, burden or confuse the client, be intrusive, or blur the client-therapist boundaries (see, Cooper, 2008).

If, however, interpersonal misperceptions are pathogenic because they have a negative impact on clients' interpersonal (as well as intrapersonal) relationships, then it is not only corrections to the clients' interpersonal perceptions that could facilitate the clients' wellbeing. Equally, if those in relationship with the clients, such as Maureen, could be helped to perceive the clients' experiences more accurately, then this could also have a positive relational, and thereby psychological, impact. Of course, psychotherapists working on a one-to-one basis are not able to have a direct impact on significant others in a client's life, but they can help clients to express their experiences and wants more directly to those others, such that those others may then be more fully aware of what the client is experiencing and wanting. To a large extent, all forms of psychotherapy facilitate this process: helping clients to develop the self-awareness and confidence to assertively express their feelings and thoughts to others; and, indeed, by modeling a congruent way of being (Rogers, 1957), humanistic-experiential psychotherapists may also help clients to develop more transparent modes of relating. In some instances, however, it may also be helpful for psychotherapists simply to encourage or challenge clients to be honest with others about what they are feeling or thinking (a strategy sometimes advocated in Interpersonal Psychotherapy,

Stuart & Robertson, 2003). For example: a client complains that her husband has no idea how stressful it is for her to look after the children. He goes to work, comes home, puts his feet up, she says, and expects her to clean up for him and make his food when she feels she has been working just as hard all day. She is asked how she feels about this: "Disrespected, resentful, angry." She is helped to explore these feelings, but at some point, she is also asked whether she has ever actually told her husband how she feels. She says that she probably has done, "Just not directly, but he must know what's going." This is explored further, and it emerges that the client has never really told her husband about how hard she feels she works and how hurt she feels about his behavior: she just feels he should know this. In response to this, the psychotherapist suggest that, perhaps, sometimes people are not as aware of our experiences as we would like them to be, and he asks her if she thinks it would be helpful to communicate directly to her husband about her resentment and hurt. "I suppose I could give it a go," she says, "What have I got to lose?" The remainder of the session is spent considering how she might go about doing this.

METAPERCEPTIONS

This analysis of human beings' perceptions of others' experiences leads on to an exploration of one very specific realm of inter-experiencing: how one person perceives another person's perceptions of him or her. Laing et al (1969) referred to such perceptions as "metaperceptions" and argued that mismatches between metaperceptions and others' actual perceptions plays a substantial role in the

generation of psychological distress, through the kinds of interpersonal misunderstandings and conflicts identified above.

Research in the social psychological field suggests that such mismatches are commonplace. Numerous studies, for instance, have found that individuals' metaperceptions correlate very poorly with the others' actual perceptions of them (see reviews of the empirical evidence by Kenny & Depaulo, 1993; Shrauger & Schoeneman, 1979), and this is particularly the case for people who have low self-esteem (Langer & Wurf, 1999) or high social anxiety (Depaulo, Hoover, Webb, Kenny, & Oliver, 1987; Pozo, Carver, Wellens, & Scheier, 1991). Indeed, correlations between metaperceptions and others' actual perceptions are frequently of a non-significant nature, and nearly always less than .20 (Depaulo et al., 1987; Kenny & Depaulo, 1993; Malloy & Janowski, 1992; Shrauger & Schoeneman, 1979). More specifically, what the research has demonstrated is that while people do seem to have some insight into how others, *in general*, tend to perceive them (e.g., "Most people see me as fairly intelligent"), they have "just a tiny glimmer of insight into how they are *uniquely* viewed by *particular* other people" (Kenny & Depaulo, 1993, pp.151, italics added). In other words, people tend to assume a greater homogeneity in how they are seen by others than there actually is (Cooper, 2005; Kenny & Depaulo, 1993).

In terms of why people tend to be such poor judges of others' perceptions of them, social psychological research has come up with one very plausible explanation: "people's beliefs about how others view them are based primarily on their perceptions of themselves" (Kenny & Depaulo, 1993, p.154). In other words, people tend to assume that others see them as they see themselves, and struggle to put to one side

their own self-perception to see themselves "from the outside". In a summary of the research evidence, for instance, Kenny and DePaulo (1993) found correlations of between .47 and .70 between self-perceptions and metaperceptions at the individual level; and, at the generalized level, between .51 and 1.00.

Clinically, this belief that others see us as we see ourselves – the "myth of self-transparency" (Depaulo et al., 1987) – has been associated with a range of psychological problems. Cognitive psychotherapists, for instance, have suggested that it is a key distortion associated with avoidant and paranoid personality types (Reinecke & Freeman, 2003) and Interpersonal Psychotherapists have identified it as a common factor in marital disputes (Stuart & Robertson, 2003). Indeed, to some extent, it could be argued that this metaperceptual error is a key factor in any interpersonal conflicts. In the example of Ismail, for instance, the problem is not just that he feels criticized; the problem is that he feels criticized and berated, *and, at some level, assumes that Maureen knows how awful he feels*. "Why does she go on criticizing me all the time?" he complains. In fact, though, what seems to be the case is that Maureen perceives Ismail as self-contained, confident and oblivious to her criticisms; and, had Ismail been aware of this metaperception, his response to her might have been much more conciliatory in the first place.

In the example of Maureen and Ismail, both parties assume that the other sees them as more inadequate than they actually do and, in my clinical and personal experience, this is nearly always the direction that metaperceptual errors take. Perhaps the reason for this is that, at a phenomenological level, human beings are so aware of their own doubts, uncertainties and vulnerabilities that it is very difficult to believe

that others can not see them too (again, the perceptual salience bias); yet, as argued above, observers are often much more influenced by an individual's public self.

This assumption, that other people can see our flaws, can then do much to further reinforce a person's feelings of low self-esteem. Not only do they see themselves as inadequate, but they believe others see them as inadequate, and this further compounds their sense of not being good enough. As Symbolic Interaction Theory suggests (Mead, 1934), how people see themselves is highly dependent on how they imagine others see them; but if how they imagine others see them is dependent on how they see themselves, it can become almost impossible to break out of a negative self-image.

EXPLORING METAPERCEPTIONS IN PRACTICE

If metaperceptual errors, like errors in interpersonal perceptions, are a potent source of psychological distress, then helping clients to reflect on, and challenge, their metaperceptions may be a useful therapeutic task. Here, one of the great advantages of the psychotherapeutic context – and, in particular, group psychotherapy – is that clients have an opportunity to share their metaperceptions with one or more others, and to find out how they are actually experienced. As a brief example: towards the end of a session of psychotherapy recently, a client said to me, "Well, I guess that's it, me talking rubbish again, you must get so bored listening to me." Here, my initial response was to ask him to expand more on what he imagined I was experiencing towards him, but I also very explicitly and carefully told him what my actual experiences were and highlighted the metaperceptual discrepancy: "You know, for the

last 45 minutes I've felt really engaged with you, and I'm really struck by how different this is to what you imagine I was feeling."

Here, in contrast to classic transferential work, the aim was not solely to heighten the clients' awareness of how he or she perceives others; nor was it simply to provide the client with unconditional positive regard (Rogers, 1957). Rather, it was to help the client really see the discrepancy between his assumption about how he was being experienced and how another person actually experienced him. Clinically, the hope is that the client may then generalize this learning out, and question his or her metaperceptual assumptions in other interpersonal relationships: if I, as a therapist, feel engaged when he assumes I am feeling bored, perhaps the same is true for other people: that he, for instance, is putting considerable energy into keeping other people entertained when, in fact, they already enjoy being with him. Such responses – particularly when challenging clients' negative metaperceptual assumptions – are very consistent with the contemporary empirical evidence on self-disclosures (Hill & Knox, 2002) and feedback (Claiborn, Goodyear, & Horner, 2002), which indicate that positive "self-involving" statements (i.e., expressions of the therapist's positive personal response to the client in the here-and-now) are particularly closely correlated with good outcomes (see, Cooper, 2008).

Of course, within the psychotherapeutic dyad, it is not just clients who may make metaperceptual errors. Indeed, research suggests that psychotherapists are even less accurate than clients at judging how they are seen by others (Michels, 2000). Furthermore, as with the majority of human beings, the evidence suggests that psychotherapists also tend to underestimate the esteem with which others hold them

in: assuming, for instance, that clients see them as more neurotic, and as less conscientious, agreeable and supportive, than they actually do (Michels, 2000).

Hence, as with "neurotic" countertransference (Gelso & Hayes, 2002), it would seem important that psychotherapists develop an awareness of any potential discrepancies between how they assume others perceive them and how those others actually do, such that these misperceptions do not cause miscommunications and ruptures in the therapeutic relationship. A psychotherapist, for instance, who assumes that others see her as weak and vulnerable, but comes across as confident and self-assured, may be more likely to respond defensively to a client who is trying to "meet" her confidence than a psychotherapist who knows that others see her as powerful – even if she does not feel that way, herself. On training programs, one structured means of facilitating this self-awareness is through interpersonal perceptual exercises. A simple and effective version of this is to ask students to form groups of four, and then to spend ten to fifteen minutes completing a two by three grid, in which they are asked to write down how they experience each of the three other people in their group, and how they imagine each of those three other people experience them. Here, as elsewhere in this exercise, students are specifically encouraged to remain phenomenological in their descriptions (e.g., "I feel excited when I'm with you," rather than "You are an exciting person"), to avoid making judgments, to be honest (within appropriate limits), and to give specific feedback rather than making bland generalizations. Students are then invited to spend twenty minutes with each member of their small group, sharing in the dyad how they imagine that that person experiences them and receiving feedback from that other on what that person's actual experiencing of them is like. At the end of the exercise, students have an opportunity

to discuss this experience in their groups of four, and then in the large group, with a particular focus on the accuracy of their metaperceptions and any systematic biases that may have taken place.

CONCLUSION

Clearly, there are parallels in this inter-experiential work with working with transferential and countertransferential issues, but there are also some significant differences. First, consistent with a more humanistic-existential perspective (e.g., Yalom, 2001) as well as the empirical research (Hill & Knox, 2002), a rationale is presented for therapists going beyond, where appropriate, a "neutral stance" and sharing with their clients how they are actually experiencing them. Not only is this, as argued in this paper, an opportunity for clients to examine the accuracy of their perceptions and metaperceptions but if, as suggested above, people tend to underestimate the esteem they are afforded by others, then it can be a powerful opportunity for the client to receive positive, and often quite surprising, feedback. Second, in contrast to transferential and countertransferential work, the assumption in this practice is that misjudgments in the inter-experiential realm are not always due to unresolved issues in early childhood. Certainly, from an experiential standpoint, it is acknowledged that they might be; but misjudgments are also seen as emerging from the very nature of the here-and-now inter-experiential encounter, such that this may also be an appropriate area of therapeutic exploration.

From its non-directive beginnings (Rogers, 1942), experiential-humanistic psychotherapists have increasingly developed strategies and practices that can help

clients deepen their awareness of their experiencing (e.g. Gendlin, 1996; Greenberg et al., 1993; Mahrer, 1996). In process-experiential terms (Elliott, Watson, Goldman, & Greenberg, 2004; Greenberg et al., 1993), these strategies can be described as "tasks", consisting of a task marker ("a behavioral expression of a particular experienced difficulty" (Elliott et al., 2004)), an intervention, and a desired end state. The inter-experiential work being outlined here, then, can be thought of as another set of process-experiential tasks, which psychotherapists may introduce, spontaneously or deliberately, into the therapeutic exploration. From the analysis presented in this paper, three inter-experiential tasks, in particular, can be identified (see Table 1): inviting clients to explore, and test out, their assumptions about what others are experiencing; inviting clients to explore the possibility of communicating their wants to those who might be able to meet them; and challenging clients' metaperceptual errors in the psychotherapeutic relationship through appropriate self-disclosure.

[Insert Table 1 about here]

As with other process-experiential tasks, such strategies may also be helpful for psychotherapists of other orientations. Obviously, they will not be appropriate for all clients, and in some cases could detract from a much-needed intrapersonal focus, but for clients with long-standing or acute difficulties in the interpersonal field, an exploration of the inter-experiential realm may be a valuable element of the psychotherapeutic work.

REFERENCES

Aronson, E., Wilson, T. D., & Akert, R. M. (1999). *Social Psychology*. New York: Longman.

Baron-Cohen, S. (2000). Theory of mind and autism: A fifteen year review. In S. Baron-Cohen, H. Tager-Flusberg & D. J. Cohen (Eds.), *Understanding Other Minds: Perspectives from Developmental Cognitive Neuroscience*. Oxford: Oxford University Press.

Brown, G. W., & Harris, T. O. (1978). *Social Origins of Depression: A Study of Psychiatric Disorders in Women*. London: Tavistock.

Bugental, J. F. T. (1981). *The Search for Authenticity: An Existential-Analytic Approach to Psychotherapy* (Exp. ed.). New York: Irvington.

Claiborn, C. D., Goodyear, R. K., & Horner, P. A. (2002). Feedback. In J. C. Norcross (Ed.), *Psychotherapy Relationships that Work: Therapist Contributions and Responsiveness to Patients* (pp. 217-233). Oxford: Oxford University Press.

Cooper, M. (2001). Embodied empathy. In S. Haugh & T. Merry (Eds.), *Empathy* (pp. 218-229). Ross-on-Wye: PCCS Books.

Cooper, M. (2005). The inter-experiential field: Perceptions and metaperceptions in person-centered and experiential psychotherapy and counseling. *Person-Centered and Experiential Psychotherapies, 4*(1), 54-68.

Cooper, M. (2007a). Humanizing psychotherapy. *Journal of Contemporary Psychotherapy, 37*(1), 11-16.

Cooper, M. (2007b). Phenomenological and experiential perspectives. In M. Cooper, P. Schmid, M. O'Hara & G. Wyatt (Eds.), *The Handbook of Person-Centred Psychotherapy and Counselling*. Basingstoke: Palgrave.

Cooper, M. (2008). *Essential Research Findings in Counselling and Psychotherapy: The Facts are Friendly*. London: Sage.

Crossley, N. (1996). *Intersubjectivity: The Fabric of Social Becoming*. London: Sage.

Depaulo, B. M., Hoover, C. W., Webb, W., Kenny, D. A., & Oliver, P. V. (1987). Accuracy of Person Perception - Do People Know What Kinds of Impressions They Convey. *Journal of Personality and Social Psychology, 52*(2), 303-315.

Elliott, R., Watson, J. C., Goldman, R., & Greenberg, L. S. (2004). *Learning Emotion-Focused Therapy: The Process-Experiential Approach to Change*. Washington DC: American Psychological Association.

Farber, L. H. (2000). *The Ways of the Will* (exp. ed.). New York: Basic Books.

Festinger, L. (1954). A theory of social comparison processes. *Human Relations, 7*, 117-140.

Gelso, C. J., & Hayes, J. A. (2002). The management of countertransference. In J. C. Norcross (Ed.), *Psychotherapy Relationships that Work: Therapist Contributions and Responsiveness to Patients* (pp. 267-283). Oxford: Oxford University Press.

Gendlin, E. T. (1970). Existentialism and experiential psychotherapy. In J. T. Hart & T. M. Tomlinson (Eds.), *New Directions in Client-Centred Therapy* (pp. 70-93). Boston: Houghton Mifflin.

Gendlin, E. T. (1996). *Focusing-Oriented Psychotherapy: A Manual of the Experiential Method*. New York: The Guilford Press.

Goffman, E. (1971). *The Presentation of Self in Everyday Life*. Harmondsworth, Middlesex: Penguin.

Greenberg, L. S., Rice, L. N., & Elliott, R. (1993). *Facilitating Emotional Change: The Moment-by-Moment Process*. New York: Guilford Press.

Heidegger, M. (1962). *Being and Time* (J. Macquarrie & E. Robinson, Trans.). Oxford: Blackwell.

Hill, C. E., & Knox, S. (2002). Self-disclosure. In J. C. Norcross (Ed.), *Psychotherapy Relationships that Work: Therapist Contributions and Responsiveness to Patients* (pp. 255-265). Oxford: Oxford University Press.

Johnson, S. M. (1996). *The Practice of Emotionally-Focused Marital Therapy: Creating Connection*. New York: Brunner/Mazel.

Kenny, D. A., & Depaulo, B. M. (1993). Do People Know-How Others View Them - an Empirical and Theoretical Account. *Psychological Bulletin, 114*(1), 145-161.

Laing, R. D. (1969). *Self and Others* (2nd ed.). London: Penguin Books.

Laing, R. D., Phillipson, H., & Lee, A. R. (1966). *Interpersonal Perception: A Theory and a Method of Research*. London: Tavistock.

Langer, S. L., & Wurf, E. (1999). The effects of channel-consistent and channel-inconsistent interpersonal feedback on the formation of metaperceptions. *Journal of Nonverbal Behavior, 23*(1), 43-65.

Mahrer, A. R. (1996). *The Complete Guide to Experiential Psychotherapy*. New York: Wiley.

Malloy, T. E., & Janowski, C. L. (1992). Perceptions and Metaperceptions of Leadership - Components, Accuracy, and Dispositional Correlates. *Personality and Social Psychology Bulletin, 18*(6), 700-708.

Mead, G. H. (1934). *Mind, Self and Society*. Chicago: University of Chicago Press.

Merleau-Ponty, M. (1962). *The Phenomenology of Perception* (C. Smith, Trans.). London: Routledge.

Michels, J. L. (2000). *Perceptions and metaperceptions among clinicians and clients in first therapy sessions.* Southern Illinois University, Carbondale, IL.

Mitchell, S. A. (2000). *Relationality: From Attachment to Intersubjectivity*. Hillsdale, NJ: The Analytic Press.

Portnoy, D. (2008). Relatedness: Where existential and psychoanalytic approaches converge. In K. J. Schneider (Ed.), *Existential-Integrative Psychotherapy: Guideposts to the Core of Practice* (pp. 268-281). New York: Routledge.

Pozo, C., Carver, C. S., Wellens, A. R., & Scheier, M. F. (1991). Social Anxiety and Social-Perception - Construing Others Reactions to the Self. *Personality and Social Psychology Bulletin, 17*(4), 355-362.

Reinecke, M. A., & Freeman, A. (2003). Cognitive therapy. In A. S. Gurman & S. B. Messer (Eds.), *Essential psychotherapies* (pp. 224-271). New York: Guilford Press.

Rogers, C. R. (1942). *Counselling and Psychotherapy: Newer Concepts in Practice*. Boston: Houghton Mifflin.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95-103.

Rogers, C. R. (1959). A theory of therapy, personality and interpersonal relationships as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A Study of Science* (Vol. 3, pp. 184-256). New York: McGraw-Hill.

Sartre, J.-P. (1958). *Being and Nothingness: An Essay on Phenomenological Ontology* (H. Barnes, Trans.). London: Routledge.

Segrin, C. (2001). *Interpersonal Processes in Psychological Problems*. New York: Guilford.

Shrauger, J. S., & Schoeneman, T. J. (1979). Symbolic interactionist view of self-concept: Through the looking glass darkly. *Psychological Bulletin, 86*(3), 549-573.

Spinelli, E. (2001). *The Mirror and the Hammer: Challenges to Therapeutic Orthodoxy*. London: Continuum.

Spinelli, E. (2005). *The Interpreted World: An Introduction to Phenomenological Psychology* (2nd ed.). London: Sage.

Storms, M. (1973). Videotape and the attribution process: Reversing actors' and observers' points of view. *Journal of Personality and Social Psychology, 27*, 165-175.

Stuart, S., & Robertson, M. (2003). *Interpersonal Psychotherapy: A Clinician's Guide*. London: Arnold.

Sullivan, H. S. (1953). *The Interpersonal Theory of Psychiatry*. New York: Norton.

Vygotsky, L. S. (1962). *Thought and Language*. Cambridge, MA: MIT Press.

Weissman, M. M., Markowitz, J. C., & Klerman, G. L. (2000). *Comprehensive Guide to Interpersonal Therapy*. New York: Basic Books.

Wellman, H. M., & Lagattuta, K. H. (2000). Developing understanding of mind. In S. Baron-Cohen, H. Tager-Flusberg & D. J. Cohen (Eds.), *Understanding Other Minds: Perspectives from Developmental Cognitive Neuroscience* (pp. 21-49). Oxford: Oxford University Press.

Yalom, I. (2001). *The Gift of Therapy: Reflections on Being a Therapist*. London: Piatkus.

Table 1. Inter-experiential Tasks

Task marker	Intervention	End state
Implicit or explicit assumptions about others' experiences	Exploration of assumptions about others' experiences and invitation to test out	Greater understanding of others' actual experiences
Disclosure of significant experiences and wants that have not been communicate to those who might be able to meet them	Exploration of whether it may be appropriate to communicate wants, and how that might be done	Clients' wants more fully met
Disjunction between client's metaperception of psychotherapist's experiences and therapist's actual experiences	Clarification of metaperception and disclosure by therapist of actual experiences	Greater awareness of metaperceptual errors