

**THE INTER-EXPERIENTIAL FIELD: PERCEPTION AND METAPERCEPTION IN  
PERSON-CENTERED AND EXPERIENTIAL PSYCHOTHERAPY AND  
COUNSELLING**

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**Abstract.** How can we understand the complex nexus of interpersonal relationships from a phenomenological, experiential standpoint? Drawing on theory and research from R. D. Laing's interpersonal phenomenology, social psychology, and Interpersonal Psychotherapy, this paper examines the disjunctions that may arise in people's perceptions of each other, and the highly destructive consequences that such disjunctions can have. It explores the questions of how people perceive, and misperceive, other people's experiences; how people perceive, and misperceive, others' perceptions of their experiences ('metaperceptions'); and the implications that such an analysis has for the practice of person-centered and experiential psychotherapy and counseling.

**Keywords:** interpersonal perception, metaperception, person-centered therapy, process-experiential therapy, interpersonal phenomenology

## **The Inter-Experiential Field: Perceptions and Metaperceptions in Person-Centered and Experiential Psychotherapy**

In recent years, several theorists and practitioners within the person-centered and experiential field have worked on developing our understanding of interpersonal processes and how an individual's psychological difficulties may be related to problematic modes of inter-relating. Foremost amongst these is Germain Lietaer (e.g., Lietaer, 2001; van Kessel and Lietaer, 1998), whose model of psychological distress is based on the premise that 'there is a mutual link between a person's psychological problems and complaints...and his/her specific approach to others around him/her' (van Kessel and Lietaer, 1998, p.159). Like many theorists in the field of interpersonal psychotherapy (e.g. Safran and Muran, 2000; Stolorow, Brandchaft and Atwood, 1987), Lietaer argues that individuals with psychological difficulties often have rigid and inflexible ways of relating to others; and that therapists, by refusing to get hooked in to these patterns of relating in the therapeutic context, can help clients develop more flexible and functional modes of interacting. Within the person-centered and experiential field, there have also been recent attempts to develop ways of working with couples and families (Gaylin, 2001; Johnson, 1996; O'Leary, 1999). Johnson's 'Emotionally Focused Therapy' for couples, which again starts from the assumption that psychological difficulties are related to highly rigid interaction patterns, has proven to be particularly popular, with demonstrably positive treatment outcomes. More recently, there have also been moves within the person-centered field to re-orientate the approach around a more intersubjective, dialogical understanding of human being (Mearns and Cooper, in press; Schmid, 2002), in which the establishment of a therapist-client encounter at a level of 'relational depth' (Mearns, 1997, 2003) serves as the lynchpin of the therapeutic work.

Such developments are an important means of bringing person-centered and experiential therapies into line with current advances in the philosophical and psychotherapeutic fields, where one-person, individualistic psychologies are increasingly being replaced by two-person, intersubjective understandings (see Crossley, 1996). As with other two-person approaches, however, there is a danger that, in moving away from a one-person psychology, the person-centered and experiential field will also move away from an understanding of human being at the level of phenomenological lived-experiences. An important contemporary challenge for the person-centered and experiential field, then, is to find a way of understanding human inter-relating in all its complexity and irreducibility, without losing sight of the actual lived-experiences that have always been at the heart of a person-centered and experiential analysis.

The current paper, then, is an attempt to develop such an understanding and its implications for the practice of person-centered and experiential therapy. Much of its inspiration comes from the work of the radical Scottish psychiatrist, R. D. Laing (see Cooper, 2003). Following in the footsteps of such existential and phenomenological psychiatrists as Jaspers (1963) and Binswanger (1963), Laing (1965) attempted to develop a phenomenological account of schizophrenia, and in doing so he focused on the kinds of misunderstandings, double-binds and deceptions that may arise in schizoid-predisposed interpersonal encounters. In some of his later writings (e.g., Laing, 1970; Laing, Phillipson and Lee, 1966), Laing extended this analysis beyond the schizophrenic experience, and the notion of 'metaperceptions' that he developed with Phillipson and Lee will serve as a key conceptual tool in the present analysis.

### **INTERPERSONAL PERCEPTION**

How does one person perceive another person's experiences and to what extent are those perceptions likely to be accurate? As both Rogers (1951) and Laing (1969) have

argued, such perceptions are likely only ever to be partial and incomplete, and a number of reasons for this can be cited. Most basically, as Laing argues, one person cannot have direct awareness of another person's experiences of their world: 'He cannot see through the other's eyes and cannot hear through the other's ears' (1969, p.28). Closely related to this is the fact that each human being will experience numerous phenomena – such as thoughts, feelings, needs and intentions – that are forever retained at the private level. Hence, in attempting to understand how another person experiences their world, an observer is limited to making inferences from the few experiences that are publicly expressed, such as behaviors, expressed emotions, or verbal and nonverbal communications. What makes such inferences even more unreliable is the fact that an observer will only ever experience another person in a limited range of situations. Added to all this is the fact that a person's public acts are likely to be heavily mediated by self-presentation concerns and strategies (Goffman, 1971). In summary, then, we can say that people's perception of others' experiences are always likely to be inaccurate to some degree, and that that inaccuracy is generally going to be in the direction of others' self-presentation.

Such a hypothesis is strongly supported by findings in the social psychological field. Research into the 'perceptual salience' phenomenon, for instance, demonstrates that observers' attributions for why others behave in the ways that they do are heavily dependent on the information that is most focal to the observers' attention at that particular point in time (e.g., Storms, 1973). Thus, for instance, if we see someone behaving socially at a party, the fact that they may have told us that they experience major anxieties in such settings may not be sufficient to off-set our perception of them as confident and extroverted. Developing this hypothesis further, Aronson (1999) suggests that the perceptual salience phenomena is part of a larger anchoring and adjustment 'heuristic' (a mental shortcut), whereby we take things at face value, and only subsequently adjust our assessment away from this anchor. And because we may be reluctant to revise our assessments too radically, our initial impression of something can be overly-determinant in how we subsequently perceive it (an obvious example of this being stereotyping). In interpersonal terms, then, this means that the first impression we have of another person – which is likely to be heavily influenced by self-presentation concerns – will tend to serve as an anchor, around which we may subsequently modify our perceptions, but from which we may not be willing to stray too far.

This is not to suggest that a deep, empathic understanding of others is not possible, or to deny human beings' ability to intuitively sense how another feels behind their public façade. Indeed, from research in the developmental psychology field (e.g., Beebe, Sorter, Rustin and Knoblauch, 2003; Cooper, 2001), it seems evident that human beings have an instinctual ability to empathize, and engage with, others. Yet if this were the whole story, it would become impossible to understand how such violent failures of empathy and understanding may come about between two persons. Hence, whilst we can say that human beings do have a capacity to deeply empathize with others, this is clearly not the most common state of affairs; and the more people attempt to take mental shortcuts in understanding others, the more they are likely to misperceive how another is experiencing.

It seems likely, then, that disparities will frequently arise between the way in which an individual experiences their world, and the way in which observers perceive them as experiencing it; and, along the lines of Interpersonal Psychotherapy (Stuart and Robertson, 2003; Sullivan, 1953; Weissman, Markowitz and Klerman, 2000) and Laingian (1969) theorizing, it can be hypothesized that such 'disjunctions' may be the source of many psychological difficulties. Let us take the example, for instance, of an unemployed woman in her twenties, Jackie, who is on the verge of a relationship with an older businesswoman, Jill. Jackie feels intimidated by Jill's status and achievements, and does not believe that Jill could really want to go out with a 'non-achiever' like her. Afraid that Jill will reject her if she asks

her out for another date, Jackie consistently vacillates about telephoning her. Jill, meanwhile, has no awareness of Jackie's insecurities. What she experiences is the fact that Jackie has yet to ring her up, and also the youthful confidence and charm that Jackie seems to exude in social settings. Jill has some inkling that, perhaps, there is more to Jackie than Jackie lets on but, with little real evidence to back this up, Jill's primary source for understanding Jackie is the way Jackie acts. And what she sees here is a confident, laid back, attractive woman who does not seem interested in making contact with her (perhaps it is because she is 'over the hill'). So when Jackie does finally summon the courage to send Jill a text message saying 'Hi', Jill reads this as an expression of sympathy rather than as a genuine desire to make contact and, angered, ignores it. This, then, confirms Jackie's fear that she will be rejected by Jill, and both women withdraw from what could have been a potentially rewarding romance.

This example illustrates a further point about the relationships between two people's experiential fields – one also emphasized by Johnson (1996). When we start to enter the inter-experiential nexus, we find dynamics that are not of a unidirectional, linear nature; but of a bidirectional, interdependent and reciprocal kind. That is, it is not simply the case that Jackie's perceptions of Jill's experiential field affects Jackie's experiential field. Rather, Jackie's perceptions of Jill's experiential field affects Jackie's experiential field, and then, through Jackie's behavior, affect Jill's experiential field, which, in turn, through Jill's behavior, then affects Jackie's experiential field, et cetera. In other words, processes within the inter-experiential nexus are much closer to the kinds of feedback loops that contemporary chaos and complexity theorists have outlined (e.g., Chamberlain and Bütz, 1998) – with all their unpredictability, responsiveness to minor changes, and oscillation around equilibria – than the atomistic, cause-and-effect relationships of a Newtonian universe. In clinical terms, then, the issue is less about the specific effect that one particular interpersonal perception may have, and more about the kinds of vicious circles and spirals that two or more people may descend in to.

So how might therapy help people to untangle – and, ideally, avoid – such interpersonal entanglements? Perhaps the most obvious answer to this question is that if people can be helped to be more transparent, direct and assertive in their communications with others, then the possibility of interpersonal entanglements should be attenuated (see also van Kessel and Lietaer, 1998, who argue that psychological difficulties are related to an incongruent style of communicating). In this respect, it could be argued that person-centered and experiential therapies are uniquely placed to help clients overcome such difficulties. Through creating a relationship in which clients can talk about any aspect of their experiential field without being criticized or judged, and through modeling congruent and transparent ways of being, person-centered and experiential therapists may maximize the extent to which clients can develop their capacity to communicate congruently. Indeed, whilst the benefits of the person-centered and experiential therapies are often articulated in intrapersonal terms – for instance, increasing trust in one's organism (Rogers, 1961) or a reduction in maladaptive emotional schemes (Greenberg, Korman and Paivio, 2002) – their real value may lie as much on the interpersonal plane. Such an argument is supported by a recent finding that the primary area of differential effectiveness between process-experiential therapy and cognitive-behavioral therapy was in the interpersonal domain, with clients who had undertaken process-experiential therapy 'significantly less domineering and controlling, overly accommodating, self-sacrificing, and intrusive and needy and...more self-assertive than CBT clients' (Watson, Gordon, Stermac, Kalogerakos and Steckley, 2003, p.779).

From the analysis and evidence presented here, it could also be argued that, in certain instances, specifically encouraging clients to reflect on their levels of transparency and assertiveness may be of particular therapeutic benefit. In my own work, for instance, a major turning point was reached with a client when I asked him whether he had actually told his

wife about the high levels of stress he was experiencing at work, and which he believed were behind his outbursts of anger towards her. He said he hadn't, decided that he would try it, and, once he did, found that this simple act brought about a major transformation in the quality of their relationship.

Based on the earlier analysis, however, it should be noted that developing one's ability to be more honest with others is only one means of interrupting, or avoiding, these vicious interpersonal spirals. Certainly, if Jackie had been more honest with Jill about feeling intimidated by her, Jill might have understood Jackie's lack of contact in a more sympathetic light; but if Jill had been directly able to perceive Jackie's experiential world in a more accurate manner, then a similar result might have come about. This suggests, then, that it might also be particularly helpful for person-centered and experiential therapists to invite their clients to reflect on the ways in which they perceive others' experiential fields. At the more non-directive end of the spectrum, this might simply involve reflecting back to clients how they seem to perceive others' experiences. At the more process-guiding end, however, it might also involve such strategies as directly inviting clients to reflect on how they imagine others to experience their world, inviting clients to role play others, encouraging clients to actively check out their interpersonal perceptions with the people involved, or even exploring with clients some of the socio-cognitive biases that may emerge in interpersonal perception.

From a person-centered and experiential perspective, helping clients to reflect on, and revise, their perceptions of others' experiential worlds may be particularly important given that, as social psychologists have demonstrated (Festinger, 1954), individuals' conceptions of themselves tends to be highly relative to their perceptions of others. In a classic social psychological study, for instance, participants who filled in a job application form next to a pristine 'Mr. Clean' experienced reductions in feelings of self-esteem, whilst those who completed the application form next to a disheveled 'Mr. Dirty' experienced increases in their sense of self-worth (Morse and Gergen, 1970). The more, then, that an individual perceives others in terms of how they present themselves – a presentation which is likely to mask socially undesirable feelings of vulnerability, insecurity and incompetency – the more that they may be likely to perceive themselves as relatively vulnerable, insecure and incompetent. Indeed, one might go so far as to suggest that there are two basic routes to developing a positive sense of self-worth: one is to realize one's own strengths and capacities, and the other is to realize how vulnerable and incompetent so many other people feel inside!

In terms of therapeutic practice, this means that it also may be particularly helpful for therapists to help clients explore possible fantasies and assumptions about how other people experience their world: for instance, that everyone else is happy, fulfilled, and feeling good. Indeed, along the lines of Farber (2000) and Spinelli (2001), it may be of particular value for therapists 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 sometimes gets depressed, or feels worthless, or experiences panic attacks, may substantially attenuates the secondary feelings of shame or inferiority that may have constellated around these primary emotions.

## **METAPERCEPTIONS**

If Jackie was more able to communicate her feelings of being intimidated to Jill, or if Jill was more able to perceive these feelings, then the interpersonal difficulties outlined above might have been avoided. Based on this analysis, however, there is a further way in which such an interpersonal tangle may have been overcome: *if Jackie had been more aware of how Jill perceived her*. In other words, if Jackie knew that Jill perceived her as laid back and sociable, then this might have helped Jackie respond more constructively to the situation: for instance, by making an extra effort to tell Jill about her anxieties, or by being aware that Jill's

non-responsiveness to her text message was an expression of anger and not of disinterest. In other words, failing to accurately perceive how others perceive us – what Laing (1966) referred to as ‘metaperceptions’ – may be as problematic as failing to express to others what we are actually experiencing, or inaccurately perceiving the experiences of others.

In attempting to explain why Jackie fails to accurately perceive how Jill perceives her, a number of earlier points can be re-stated. First, Jackie cannot directly experience Jill’s experiences (even if they are of her); second, many of Jill’s experiences of Jackie will remain at a private level; third, Jill’s public actions are likely to be heavily mediated by self-presentation concerns (in particular, she may be keen to mask those feelings of vulnerability or rejection that she has in response to Jackie’s perceived arrogance). Given such factors, then, it should come as no surprise that people’s perceptions of how others perceive them tend to be very weakly correlated with those others’ actual perceptions (see reviews of the empirical evidence by Kenny and Depaulo, 1993; Shrauger and Schoeneman, 1979), and this is particularly the case for people who have low self-esteem (Langer and Wurf, 1999) or high social anxiety (Depaulo, Hoover, Webb, Kenny and Oliver, 1987; Pozo, Carver, Wellens and 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 and Depaulo, 1993; Malloy and Janowski, 1992; Shrauger and Schoeneman, 1979). More specifically, what the research has demonstrated is that, whilst 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 and Depaulo, 1993, pp.151, italics added). Put slightly differently, people tend to vastly overestimate the homogeneity in how they are seen by others: assuming that most people see them in relatively similar ways when, in fact, others’ perceptions of them often vary greatly (Kenny and Depaulo, 1993).

From the social psychological research, one key reason why this would seem to be the case is that ‘people’s beliefs about how others view them are based primarily on their perceptions of themselves’ (Kenny and Depaulo, 1993, p.154). In other words, people tend to assume that others see them as they see themselves, rather than moving beyond their own self-perception to consider alternative perspectives. 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. Such is the tendency for metaperceptions to correlate with self-perceptions, as opposed to others’ actual perceptions, that this pattern has even been found in cultures where communication is considered to be relatively direct (Shechtman and Kenny, 1994), and under conditions in which feedback from others is entirely unambiguous (Langer and Wurf, 1999).

A number of explanations can be put forward in attempting to account for this phenomenon. Perhaps the most straightforward, returning to the impact of perceptual salience, is that human beings are so aware of their own subjective experiences that they tend to assume that others must be aware of these experiences too. Here, then, is an assumption that the self is transparent (Depaulo et al., 1987): that others are able to read their minds. Such an explanation is similar to the well-documented ‘false consensus bias’ (Ross, Greene and House, 1977), whereby people have a ‘tendency to perceive one’s own values or opinions as more common and more widespread than they really are’ (Tuohy and Wrennall, 1995, p.323). It may also be that people simply underestimate how influenced others are by their self-presentations again, perhaps, because their public selves are so peripheral to their actual, lived-awareness. From a person-centered perspective, however, an alternative argument might be that people have a strong desire to maintain a consistent self-concept (Lecky, 1945;

Rogers, 1959), such that, to acknowledge the diverse ways in which they are experienced by other people could be quite unsettling – even fragmenting – to their own sense of self.

As the example of Jackie and Jill suggests, the assumption that others see us as we see ourselves can be a significant source of psychological problems. Indeed, cognitive psychotherapists see the assumption of self-transparency as a key cognitive distortion associated with avoidant and paranoid personality types (Reinecke and Freeman, 2003, p.233); and Interpersonal Psychotherapists consider it a common factor in marital disputes (Stuart and Robertson, 2003).

To a great extent, the reason that this assumption of self-transparency is so associated with psychological difficulties is because of the interpersonal misunderstandings and miscommunications and entanglements it evokes. A man, for instance, feels deeply ashamed about being infertile, and simply can not understand why his partner ‘insists’ on trying to talk about adoption: ‘Why is she constantly trying to rub it in!’ In this instance, one person assumes that the other person knows what they are experiencing, such that behaviors which may be simply uninformed or neglectful are experienced as deliberately insensitive, disrespectful or malicious. And, of course, because the person they are interacting with may also be making the same errors and inferences, the possibility of interpersonal entanglements and knots becomes immense. Moreover, the kind of inter-experiential process outlined here can lead to the reinforcement of problematic ways of seeing the self. An individual, for instance, believes that he is worthless, assumes that others see him in this way, and subsequently comes to believe this about himself to an even greater degree.

Of all the metaperceptual inaccuracies that exist, perhaps the most prevalent – and most damaging – is the belief that others can see our vulnerabilities, weaknesses and insecurities more than they actually do. As the evidence demonstrates, this is clearly the case for people with low self-esteem, and even people with high self-esteem tend to underestimate the competency that they are afforded by others (Campbell and Fehr, 1990). In my clinical experience, I have also come across this metaperceptual misperception numerous times – possibly with every client I have worked with – and, combined with the assumption that others are more confident and capable than they actually are, may be a major source of psychological distress: if not *the* major source. In other words, clients often have a vivid, powerful awareness of their own insecurities; and because they can not see these in others, feel relatively weak and inadequate, as well as isolated and ashamed. Furthermore, because they assume that these others can see in to their own insecurities, they then have fears of being rejected, excluded, persecuted or ridiculed by others. Of course, as discussed earlier, these others may also be experiencing exactly the same things, and what makes this cycle particularly vicious and pervasive is the fact that so many people compensate for these feelings of vulnerability by putting on a more invulnerable social persona, which then heightens the others’ feelings of relative inadequacy, ad nauseum. In this respect, interpersonal relationships can be likened to an escalating series of bluff and counter-bluff in a poker game, in which each player senses a worthlessness in their own hand, fears others can see it too, and consequently raises the stakes higher and higher in an attempt to convince others – and themselves – of their worth.

What, then, are the implications of this metaperceptual analysis for the practice of person-centered and experiential therapy? At the most basic level, it invites therapists to be mindful of the kinds of metaperceptions that clients may hold towards others in their world, and the possibility of inviting clients to explore these assumptions, much as they might invite clients to explore other aspects of their experiential field. Of particular therapeutic value, however, may be an invitation to clients to explore their metaperceptions towards the therapist. This can be a key point of therapeutic leverage – particularly where the client’s metaperception is completely at odds with the therapist’s actual perception – because the



therapist is able to directly inform the client as to how he or she sees him or her, providing the client with invaluable feedback as to how they are experienced by another, and the accuracy of their metaperceptions. In particular, if, as argued above, people tend to underestimate the worth they are afforded by others, and if the therapist holds an attitude of acceptance and affirmation towards the client, then clients may come to see that they are actually valued by others much more than they expect. Consequently, they may come to relate to others in a more trusting, and less defensive way, and thereby start to disentangle some of the vicious interpersonal spirals that may be wreaking their lives. The analysis presented here also suggests that there may be a great value for clients to working in groups, where they can learn about the ways in which they are perceived by others, and the accuracy of their metaperceptual expectations.

This analysis also has important implications for the practice, training and supervision of therapists. Therapists, like other human beings, are likely to make numerous misjudgments about how other people perceive them, and significant disjunctions between a therapist's metaperceptions and the actual perceptions of a client might seriously undermine the quality of a therapeutic relationship. As an example, some years ago, not long after I had qualified as a practitioner, a female clinical psychologist was referred to me for counseling. I was somewhat daunted by the prospect, feeling relatively inexperienced, but, by the end of the first session, felt that I had begun to experience some feelings of warmth and empathy towards her, and simply assumed that she had, in some way, perceived these core conditions in me. At the beginning of the second session, then, I was shocked when she presented me with a picture she had drawn of me earlier in the week, in which I was depicted as a cold, aloof and unwelcoming figure, dressed entirely in black. Seeing this picture offered me an opportunity to share with the client how I actually experienced her, gave us an opportunity to explore the client's *expectations* of how I might be (she had experienced a relatively indifferent reaction from other professionals), and also prompted me to express my feelings more explicitly towards this, and other, clients. Had I not been offered an opportunity to revise my metaperception, and consequently my behavior, towards this client, however, I imagine that the outcome of the therapeutic work could have been very different.

In terms of therapeutic practice, then, it would seem essential that both trainees and qualified therapists develop an awareness of how they are perceived by others: whether through direct interpersonal feedback in dyads, small groups, large groups, supervision and therapy; or through such techniques as Laing's (1966) Interpersonal Perception Method, in which two people rate their agreement or disagreement towards 60 statements about self, other, and how other perceives self, such that levels of correspondence between one person's metaperceptions and another person's perceptions can be calculated. To the extent, however, that such methods lead trainees or practitioners to assume that they are viewed by others in a particular way, these approaches may actually be counter-productive. Instead, perhaps the most important thing for trainees and practitioners to acquire is an openness to the vast diversity of ways in which they may be seen by others. Here, perhaps, psychodynamic trainees and practitioners have a head-start, for an emphasis on transference processes leads them to expect to be viewed by clients in a heterogeneity of ways. The challenge for person-centered and experiential trainees and therapists, then, is to find a way of being open to being perceived by clients in a plurality of ways, whilst at the same time not entirely extracting themselves from the interpersonal relationship. For trainees and practitioners, it may also be very important to remember that their experiential field is often much less transparent to clients than they assume, and that if there is some aspect of their experiential field that they want clients to know about, this often needs to be communicated explicitly.

The analysis presented in this paper, however, also suggests that the disentanglement of inter-experiential knots may require change at a level beyond the dyadic. If a primary

source of feelings of inadequacy, anxiety and isolation is the tendency for human beings to mask their weaknesses to each other, then the creation of a culture in which it is more acceptable to be vulnerable may be the most important step towards a more psychologically healthy world. How therapists and others might achieve this is beyond the scope of this paper, though recent developments in the field of emotional literacy (e.g. Weare, 2004) suggest some notable possibilities.

## DISCUSSION

In terms of therapeutic practice, it seems likely that many of the strategies outlined here are already integral to the practice of numerous person-centered and experiential therapists. What this paper has attempted to do, however, is to formulate these practices more explicitly, and to ground them in a well-established body of psychological research and theory. To some extent, however, the present analysis also suggests something of a move away from a more 'classical,' nondirective approach to client-centered therapy (e.g. Merry, 2004), in that it proposes that there may be a *particular* value in the therapist helping his or her client to focus on his or her interpersonal perceptions and metaperceptions. Theoretically, too, the analysis presented in this paper is something of a move away from a classical client-centered model of human being, for it suggests that human beings, albeit actualizing, are not exempt from making certain errors in their socio-cognitive perceptions; and that these internal factors, as well as environmental factors, can be the source of much psychological distress.

In terms of practice, then, what is being proposed here is something that comes closer, at times, to a more process-guiding way of working. Yet there are also differences between the approach outlined here and the more intrapersonally-oriented process-experiential approach of Greenberg, Elliott and others (e.g. Greenberg, Rice and Elliott, 1993; Elliott, Watson, Goldman & Greenberg, 2004), with its emphasis on helping clients explore and reconstruct maladaptive emotional schemes. Therapeutically, then, the strategies outlined in this paper might be thought of as an attempt to develop interpersonal process guiding elements within person-centered and experiential practice. Indeed, in process-experiential terms, one might think of some of the inter-perceptual problems outlined in this paper as 'interpersonal process markers' (for instance, a tendency to assume that others know what one is thinking); in response to which it is being suggested that therapists might propose some 'interpersonal process tasks' (for instance, exploring the client's metaperception of the therapist and the therapist's actual perceptions of the client). Given the weight of evidence in support of an interpersonal way of working (e.g. Elkin, et al., 1989; Markowitz, 1999), as well as in support of such interpersonal practices as offering feedback to clients (Claiborn, Goodyear and Horner, 2002), this would seem an important and timely development in this field.

The practices outlined here are also consonant with a more dialogical, intersubjective approach to person-centered therapy (Mearns and Cooper, in press; Schmid, 2002), in which clients' difficulties are understood primarily in relational terms, and where helping clients develop the capacity to relate to others in a dialogic, open and genuine manner is seen as a key element of the therapeutic work.

The approach outlined in this paper also develops some important bridges between person-centered and experiential therapies and a range of other therapeutic practices, many of which, at their core, share the same humanistic and relational values as the person-centered and experiential approaches. Most obviously, as discussed earlier, is the link with the Interpersonal Psychotherapeutic tradition (Stuart and Robertson, 2003; Sullivan, 1953; Weissman et al., 2000), which holds that 'a large part of mental disorder results from and is perpetuated by inadequate communication' (Cohen, 1953, p.xii). Potential links are also strengthened with the worlds of systemic and family therapy which also focus on nonlinear,

interlocking feedback mechanisms between persons (e.g. Kaslow, Dausch and Celano, 2003). An inter-experiential focus within the person-centered and experiential therapies also creates some important bridges with a range of newly emerging 'relational' (DeYoung, 2003; Hargaden and Sills, 2002; Magnavita, 2000), 'dialogical' (Friedman, 1985) and feminist therapies (e.g. Jordan, 1991, 2000), as well as with the relational variants of a number of more established therapeutic modalities, such as psychoanalytic psychotherapy (Curtis and Hirsch, 2003; Safran and Muran, 2000; Stolorow et al., 1987), gestalt therapy (Hycner and Jacobs, 1995), existential therapy (Laing et al., 1966; Spinelli, 1994), cognitive therapy (Safran and Segal, 1996), and transactional analysis (Hargaden and Sills, 2002).

In terms of theory, however, the inter-experiential analysis presented in this paper also makes a unique contribution to these fields. For what many of the systemic or psychodynamic approaches lack is an in-depth understanding of how one person's concrete experiences and perceptions can lead to the kinds of interpersonal entanglements and difficulties that these approaches posit. Rather, as proponents of such approaches themselves note (Safran and Muran, 2000), there is a tendency to talk in more vague and abstract – even mystical – terms, such as 'cybernetics' (Kaslow et al., 2003), 'transference' and 'projective identification' (Curtis and Hirsch, 2003). From its phenomenological, experiential background, then, the Laingian-based analysis presented here can help other relationally-orientated practitioners link the emergence of interpersonal knots to the concrete, expressed lived-experiences of their clients – facilitating these therapists' abilities to help their clients find ways of undoing the interpersonal ties that bind them.

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