

**Task  
Force  
Report**

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**ENCOUNTER GROUPS  
AND PSYCHIATRY**

Report of the American Psychiatric Association Task Force on Recent Developments in the Use of Small Groups

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This is the first report in a new monograph series authorized by the Board of Trustees of the American Psychiatric Association to give wider dissemination to the findings of the Association's many commissions, committees, and task forces that are called upon from time to time to evaluate the state of the art in a problem area of current concern to the profession, to related disciplines, and often to the public.

Manifestly, the findings, opinions, and conclusions of Task Force Reports do not necessarily represent the views of the officer, trustees, or all members of the Association. Each report, however, does represent the thoughtful judgment and consensus of the task force of experts who formulated it and it is considered by the Trustees a useful and substantive contribution to the ongoing analysis and evaluation of problems, programs, issues, and practices in a given area of concern.

Raymond W. Waggoner, M.D.  
President, APA, 1969-1970

April, 1970

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**ENCOUNTER GROUPS  
AND  
PSYCHIATRY**

*Report of the American Psychiatric Association Task Force on Recent Developments in the Use of Small Groups.\**

The American Psychiatric Association task force on Recent Developments in Small Groups was established to study the encounter group: its recent and rapid growth, its relevance to the field of psychiatry, its dangers, and its promise. This report selectively examines the encounter group field and discusses those aspects which are of direct relevance to the clinical concerns of the psychiatrist. No attempt was made, for example, to consider the important relationship of the encounter group to industry or to organized religion. Because the encounter group has diffuse sources and far ranging implications, the Chairman decided to include a broader professional representation than usually is found on American Psychiatric Association Task Forces. We begin and end this report with a reminder of its imperfection. Research in all aspects of small groups is sorely needed and until such research is performed, task force reports such as ours must remain tentative even though they are based on the best current available knowledge.

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## Encounter Groups: Description and Epidemiology

Over the last few years there has been a radical change and rapid growth of the small group field. This change has been so great that it is difficult to define the boundaries of the field and the related problematic issues. In the report we shall, for stylistic convenience, refer to all the new groups as encounter groups. No doubt we court semantic confusion by attempting to cluster a wide array of group approaches under a single rubric, for there has been such a spate of new techniques that no one term can characterize the field. Some examples of these approaches are: T-groups, sensory awareness groups, marathon groups, truth labs, psychological Karate groups, human relations groups, personal growth groups, psychodrama groups, human potential groups, etc. Too much flux in the field is present, however, and too little systematic information is available to determine whether each of these types represents a discrete technology. Therefore the collective term encounter group is used; however, when some comments seem clearly applicable to some approaches and not to others, we shall attempt to so indicate.

Despite widely varying formats, most of the groups share some common features: they attempt to provide an intensive group experience; they are generally small enough (six to twenty members) to permit considerable face-to-face interaction; they focus on the here-and-now (the behavior of the members as it unfolds in the group); they encourage openness, honesty, inter-personal confrontation, and total self-disclosure; they encourage strong emotional expression; the participants are not labeled patients; the experience is not labeled "therapy," but nonetheless the groups strive to increase inner awareness and to change behavior. The goals of the groups vary: occasionally they are explicitly entertainment — to "turn on," to experience joy, etc. — but generally the goals involve some type of change — a change of behavior, a change of values, a change of being in the world.

The number of encounter groups has proliferated to such a degree that Carl Rogers did not overstate the matter when in 1968 he called the intensive group experience movement "one of the most rapidly growing social phenomena in the United States."<sup>(14)</sup> In areas of the Western United States the small group movement, if it may be called that, seems to have reached near epidemic proportions. A recent informal and incomplete survey indicated that there are at least two hundred encounter groups in the immediate vicinity of Palo Alto, California. Many University of California campuses have a variety of encounter groups which are advertised on bulletin boards, in campus or underground newspapers. Some examples of recent advertisements (taken from a copy of an underground news paper):

- Sensitivity training: A series of social sensitivity training sessions conducted by a qualified practitioner in the field of mental health beginning on... Separate 12-hour marathons will also be continued and the next will be on... For reservations call...
- Social sensitivity games: Evening group encounters for self understanding, increased social awareness and the personal search for authenticity. Weekly 2-1/2 hour sessions conducted by qualified specialists in... Membership \$25 per month after first complimentary session. Telephone ... and ask for "Games."
- Group therapy for couples — married or not. Ambivalent about remaining together? Improve communication and enhance enjoyment through this daring, swinging, approach. Sat. Eves. from 9. For information call..., therapist.
- Marathon encounter: For deeper Sensitivity and Self understanding. \$20 per 24-hour session. Special student fee...
- Marathons: A Series of social sensitivity marathons conducted by qualified specialists in the field of mental health. An opportunity to increase self awareness and see yourself as others see you. \$25 per 12-hour session.
- Free self awareness group. Self run. Mostly current and former college students... Sat. eves.

- Yachting-Marathon Party: Weekend marathon. Cost \$200, includes charter of yacht, meals etc.; exploration into self and nature. For details call...
- Weekend Marathon for couples. The experience leads to new aspects of partnership and offers the possibility of a more meaningful communication on a psychic basis. Cost \$160 per couple. Call...

Many of the encounter groups have no institutional backing and recruit participants by word of mouth or written advertisement. Some teachers lead encounter groups in the classroom, housewives lead groups at their homes for their friends or the friends of their adolescent offspring. Some have loose institutional affiliations; for example, one small free university offers approximately fifty encounter groups of various assortments every quarter; one highly structured institution, Synanon, offers an astonishing number of groups for non-addicts (square games): the Oakland, California branch alone has 1500 individuals participating weekly in groups and another 1000 on a waiting list.

A very visible index of the encounter group movement is the rapid proliferation of "growth centers." Esalen, the prototype of these centers, has grown in a few years from a small organization offering occasional weekend groups to a year-round operation which publishes a massive catalogue of diverse group experiences at the parent organization in Big Sur, California, or at one of the several Esalen branches. It has been estimated that 50,000 individuals have participated in at least one of the programs, and Esalen maintains a current mailing list of 21,000.<sup>(18)</sup> Some seventy-five other "growth centers" (e.g. Aureon, Oasis, Kairos, Orizon, Topanga, etc.), many of them spinoffs modeled on the Esalen design, have arisen around the country. There is no firm confederation between these centers, but some loose organizational ties exist; in 1969 a meeting of the heads of the "growth centers" was held to discuss common problems, standardization of fees, fund raising, a shared pool of leaders, etc.

Much more is written about encounter groups than is known about them; little systematic information is available about the leaders, the participants, the procedural norms, and the outcomes of encounter groups. The group leaders are extremely heterogeneous in their levels of competence, their training, their professional discipline, their goals and motivations. They include highly experienced, competent mental health professionals and social scientists, clinicians lacking requisite skills in group methods, self-styled gurus, laymen who have taken a training course at a growth center and laymen with no training who have merely participated in one or several groups. The motivation of the leaders varies widely: some experienced clinicians consider encounter methods to be valuable innovative techniques for accelerating the psychotherapeutic process; other leaders may have undergone a mystical conversion experience in a group and are earnestly attempting to help others "turn on" and achieve a similar state; others undoubtedly lead groups to satisfy personal needs for power, influence, sex, money or self-aggrandizement.

Who are the group participants and why do they come? In the absence of systematic data we must rely on anecdotal reports and informal interviews with leaders. The university campus and free university groups obviously attract the adolescents and young adults; but by no means is this characteristic of the field at large — young and middle-aged adults account for the bulk of the participants of most growth center groups. The lower socio-economic class is under-represented, members stem from the middle and upper classes — for one thing the group fees are often not cheap. They come from many professions: the mental health fields are highly represented and clinicians come both to achieve greater personal growth and to learn techniques useful in their profession; engineers come in great profusion — the intimacy of the small group stands out in great contrast to the interpersonal sterility often present in their professional and personal lives; bored housewives, successful but driven executives, the lonely, the shy, the stimulation seekers — all are seen in the encounter group.

The motivation of the participants varies widely. Some come in a search for intimacy, others for novelty, or for social or sexual contacts. There is no doubt, however, that a large number of participants attend for reasons which would have in the past prompted them to seek consultation with a mental health professional: A recent study<sup>(10)</sup> supports this conclusion: the students who signed up for encounter groups which were offered for college credit in a private California university had a significantly lower level of self esteem (measured by the Rosenberg Self-Esteem Scale<sup>(16)</sup>) than matched control students. In fact, it might not be overstating the point to estimate that in California more troubled individuals seek help from these new groups than from traditional sources of psychotherapy! We hasten to note that the encounter group phenomenon is not limited to California; like many California-based social phenomena there is a rapid eastward spread. Growth centers have been established in several of the eastern states, the *New York Times* has reported on New Jersey nude marathon groups, and small groups are becoming increasingly common on eastern campuses. The term "encounter group", originally suggested by Carl Rogers, is far more prevalent in the west; in the east, "sensitivity" group or "T-group" is more often used.

A longitudinal view of the small group movement adds perspective to a cross-sectional study. The first formally recorded encounter group occurred in 1946 during a short summer workshop in which community leaders were being trained to increase their effectiveness in implementing the Connecticut Fair Employment Practices Act. Through an act of serendipity, the group discovered that the immediate inspection and analysis of the members' in-group behavior was a powerful and effective technique of education. Interpersonal feedback about one's here-and-now behavior galvanized the members' interest and offered more opportunities to change attitudes and behavior than previous techniques of analysis of "back-home" work situations. The staff, including such prominent social psychologists as Kurt Lewin, Leland Bradford, Kenneth Benne and Ronald Lippit, fully understood the enormous potential of their discovery; subsequently, heavily researched laboratories were conducted at Bethel, Maine, under the auspices of the newly formed National Training Laboratories (NTL). In the past twenty years the NTL has grown from the fledgling part-time institute which sponsored the 1947 laboratory for sixty-seven participants to the present mammoth organization which, in 1967, held laboratories for over 2500 participants. The NTL currently employs over sixty-five full time professional and administrative staff and has a network of six hundred NTL trained group leaders. The laboratory participants come from many fields, but primarily from business, organized religion and mental health disciplines.

An NTL human relations laboratory consists of several exercises including theory sessions, small group, large group, and inter-group exercises. The small group (human relations training group or sensitivity training group or T-group) which has always been the core of the laboratory is the prototype of almost all the various new groups flourishing today. It was not by design, however, that the NTL spawned the encounter group. The T-group has always been considered by the NTL as a technique of education, not a technique of therapy; the executive head of NTL has, on many occasions, made his position clear on this issue.<sup>(2)</sup> Many T-group leaders, however, especially a California contingent, gradually altered their definition of education. Human relations education became not only the acquisition of interpersonal skills but the total enhancement of the individual. The shift in emphasis is most clearly signalled by an influential article<sup>(21)</sup> written in 1962, which introduced the paradigm of the T-group as "group therapy for normals." Juxtapose the concept of "group therapy for normals" with the blurred, often arbitrary definitions of normality and the subsequent course of events becomes evident. Some additional social factors which contribute to the present form and structure of encounter groups are the revolt against the establishment, the decrying of the need for training, the focus on the "now", the "doing of your own thing", and the emphasis on authenticity, meditation and total transparency. (A detailed description of the

development of the new groups and their relationship to therapy groups is presented in a recent text.<sup>(22)</sup>)

A clear distinction must be made between responsibly led NTL sensitivity groups and many of the newer, "wild" groups proliferating today. Although both offer an intensive group experience, the "wild" groups make no distinction between education and therapy, and are often led by untrained or irresponsible leaders who are not subject to scrutiny by any professional body.

### ***Relevance of the Encounter Group Movement for Psychiatry***

We urge psychiatrists and other mental health professionals to obtain as much information as possible about encounter groups. Among the many clear implications for the mental health field are the following:

1. Many types of encounter groups have goals of behavior change and personal growth and employ techniques which overlap heavily with those of traditional psychotherapy.

2. Some practicing psychiatrists are heavily involved with encounter groups: they lead them, they participate in them as members, and they refer their patients to encounter groups as a technique to accelerate therapy. (Some psychiatrists, in fact, accompany their patients and participate as a member in the same encounter group.)

3. It is increasingly common for psychiatric patients to have some encounter group experience: they may, for example, with or without the recommendation of their therapist, during the course of therapy attend a weekend encounter lab; or they may have decided to enter therapy as a result of some unsettling experience in an encounter group. The latter point, the psychiatric hazards of the encounter groups, will be discussed in detail shortly.

4. The public, considering psychiatrists as experts in mental health questions, has turned to them for information and recommendations about the advisability or inadvisability of the encounter group experience. To cite one example, some California school districts have been heavily embroiled in the controversial issue of the use of sensitivity training in the school classroom; frequently the school board, the opposing factions as well as the local newspapers, have sought and quoted the opinions of psychiatrists.

5. A number of the technical innovations employed by various encounter group leaders may have applicability in traditional therapy groups. Group psychotherapy has, in fact, already profited considerably from innovations arising from sensitivity training groups in the human relations field.

In summary, it seems apparent that the small group field is a rapidly expanding one, that it has a broad interface with the mental health field, and that, though the bizarre aspects may fade, the encounter group is based on a solid foundation and appears destined to survive for some time to come.

### ***The Meanings Behind the Surge of Popularity of Encounter Groups***

The evidence suggests that there has been a recent sharp increase in the number of small groups which, in a variety of ways, encourage expression of strong affect, intimacy and, often, an examination of intra- and inter-personal behavior. What are the sociological and psychological forces responsible for this phenomenon? We suspect that the groups have arisen in response to a pressing need in our culture. The California milieu which has been the most potent incubator of the new groups has certain clear characteristics. Because of the enormous migration to California in recent years, many Californians have no roots, no sense of permanence, no wellsprings of intimacy. Geographic and social mobility are the rule rather than the exception. The extended family is rarely available; the stable primary family uncommon (one of two California marriages ends in divorce); the neighborhood or work group has diminished in importance as the average Californian changes homes (and often jobs) with bewildering frequency; the neighborhood merchant, the family doctor are rapidly

disappearing and organized religion has become irrelevant to many young people. In short, the cultural institutions which provide for stability and intimacy have atrophied without, of course, a concomitant decrease in the strength of human needs. Americans continue to require attachment and sustenance but must often disguise or submerge these longings in the service of adaptability to a swift-moving, ever changing competitive culture.

The encounter group may be viewed as a social oasis in which societal norms are explicitly shed. No longer must facades of adequacy, competence, self-sufficiency be borne. In fact, the group norms encourage the opposite behavior; members are rewarded by expressing self-doubts and unfulfilled longings for intimacy and nurturance. The group offers intimacy, albeit some times a pseudo-intimacy — an instant and unreal form of closeness. Because of the inexorable automation accompanying technological advance and be cause of the environmental pressures fragmenting nuclear families, modern man not only seeks intimacy but also wishes to avoid separation and/or loss for which he is particularly ill-prepared. The encounter group offers a unique form of intimacy — one which has no commitment to permanence. In this one may draw a comparison with vacation or convention behavior which is often characterized by a degree of disinhibition permitting us to form intimate relations far more quickly than in our back-home culture. One can commit himself to others more rapidly and fully if there is an understanding, even an unconscious one, that the relationship is time-limited; for one thing there is less need to deal with separation and loss since impermanence had been decreed in advance. From this point of view, then, the encounter group offers immediate gratifications without the responsibility inherent in the long term relationship and without the pain of separation.

Members attend encounter groups not only for affective supplies but for "self-validation"; we are intrigued by and drawn towards an opportunity which permits us, as adults, to expose ourselves, to be examined and to be approved. A great majority of individuals, though they be functioning competently, nevertheless have some deep concerns about their adequacy; few other institutions offer us an occasion for what appears to be a comprehensive final examination of our status as human beings and many individuals attend encounter groups with the hidden agenda of finding out: Am I acceptable? Am I lovable? Do I match up to others?

Young adults, scions of the television set, may be particularly starved for such interaction and feedback. It is well known that the present younger generation has spent as much time before the television set as in the classroom; viewing is a passive and isolating experience which may result in a communication deficiency met, in part, by the basic encounter group. In the past century, the onset of biological puberty has gradually moved to earlier years, whereas the duration of technical education has gradually lengthened. Consequently the proportion of students in an "in-between" stage has increased: they are biologically mature but socially and professionally unprepared. Without indications of their personal worth, without clearly defined roles, or future roles which will be their basis for self esteem, students are restless and searching. The encounter group offers an opportunity to explore with others their role confusion and their uncertainty about personal worth.

Throughout history small groups have flourished in times of rapid social change when old values and behavior patterns were no longer working and individuals were forced to reexamine and redefine their value systems. Many enlightened individuals, abetted by increased literacy, education, and leisure time, are aware in themselves and others of a discrepancy between values and behavior; they espouse humanistic, esthetic, intellectual and egalitarian values and yet under self-scrutiny find that they and their entire culture often neglect these and instead base their behavior on the values of aggrandizement, viz, material wealth, prestige and power. Small groups appear to many young people to offer a new, more consistent microculture; the groups serve as a refuge from the larger society and as a basis from which to gain new perspectives on it.

Small groups have always served as an important healing agent; from the beginnings of recorded history, group forces have been used to inspire

hope, increase morale, offer strong emotional support, induce a sense of serenity and confidence in the benevolence of the universe, all of which serve to counteract psychic and many bodily ills. Religious healers have always relied heavily on group forces, but when healing passed from the priestly to the medical profession, the conscious use of group forces fell into a decline concomitant with the rise of the sanctity of the doctor-patient relationship. Despite the official acceptance of group therapy as an effective therapeutic procedure, the number of psychiatrists using group therapy in their treatment of outpatients is very small indeed. Perhaps the recrudescence of group approaches outside the medical profession is in part a reflection of the failure of physicians to make adequate use of them.

### ***Dangers of Encounter Groups***

Is the encounter group experience psychologically dangerous for participants? Surely this is one aspect of the field that psychiatry is compelled to examine. Although the evidence is distressingly limited, there is no dearth of emotional reaction to the issue. On the one hand, there is a tendency to exaggerate the hazards, and to overstress the dangers of the encounter group techniques. Some psychiatrists who have seen psychiatric casualties from encounter groups have responded by labeling the entire human relations field as dangerous and irresponsible. Right-wing attacks have labeled sensitivity training as a Communist technique to undermine national loyalty and to encourage sexual promiscuity. School supervisors in California have campaigned on the platform of eliminating the "three s's" (sin, sex and sensitivity) from school systems. A recent 30,000 word entry in the United States Congressional Record<sup>(18)</sup> unleashes a blistering irrational attack on all forms of human relations training likening it to Bolshevik brainwashing practices. (The attack, incidentally, is indiscriminate and includes such traditional psychotherapeutic practices as psychodrama and group therapy.)

At the other extreme there is a tendency to ignore or to disregard rather compelling evidence of adverse consequences of the encounter group experience. Many group leaders and growth centers are never aware of their casualties. Their contact with their clients is intense but brief; generally the format of the group does not include follow-up and knowledge of untoward responses to the group is therefore unavailable to them. Furthermore, many non-clinically trained leaders reject the medical or psychiatric definition of adverse effect; they may assert that the stressing of members to the point of experiencing such extreme discomfort that they require professional help is not a danger but an accomplishment of the encounter group and that these individuals, although they may temporarily appear worse, have in fact undergone a growth experience and will, in the long run, be more fully integrated individuals. The most extreme view holds, with Laing<sup>(9)</sup> that even a psychotic episode may be a growth experience which permits the individual to liberate himself and to realize his potential more fully. In some quarters, this comes close to the advocacy of psychotic experience as a desideratum of personal growth.

The evidence supporting either of these positions is meager indeed. The data relating to encounter group casualties is in a chaotic state and extraordinarily difficult to evaluate. Systematic follow-up studies are scarce. Much of the material is anecdotal and the large number of participants in a group or a laboratory increases the likelihood of multiple reporting: if fifty laboratory participants report on the same negative event, it soon takes on massive proportions. We must keep in mind, therefore, the difficulty of assessing non-systematic studies conducted on groups of different or unknown leadership and composition, using improvised techniques, which meet for highly varying periods of time. One systematic study of the psychiatric casualties at a residential two-week National Training Laboratory at Bethel, Maine, revealed that the psychiatric casualty rate as measured by hospitalization, overt psychosis or a need for psychiatric attention was in fact very slight, (approximately 0.5% of the participants).<sup>(17)</sup> The NTL Institute records<sup>(12)</sup> indicate that of 14,200 participants in summer laboratories and industrial programs, only 33 (0.2%) found the lab so stressful that they had to leave the program prior

to completion. At another NTL lab, however, one of the authors (I.Y.) noted that approximately 10% to 15% of all the participants consulted the lab counselor, a psychiatrist, for such complaints as anxiety, depression, agitation and insomnia. Three observers report on four two-week laboratories: of 400 participants, six individuals developed acute psychotic reactions. In each group the credentials and clinical training of the group leader were impeccable. Rogers<sup>(15)</sup> reports that of 600 individuals seen in 40 groups only two (0.3%) developed psychoses.

In a report published in the *American Journal of Psychiatry*<sup>(5)</sup> the authors reported that in three T-groups (a total of 32 participants), there was one frankly psychotic reaction, one borderline acute psychotic withdrawal reaction, four marked withdrawal reactions with lack of participation in the group, two severe depressive reactions with withdrawal, two severe emotional breakdowns with acute anxiety, crying and temporary departure from the group, one sadistic and exhibitionistic behavior pattern and four mild anxiety or depressive reactions. (The authors do not, however, describe the nature of the universe from which these three groups are selected. Future studies would be of greater value if they reported the incidence of high casualty groups relative to the entire population of groups.) Another article in the same journal<sup>(3)</sup> describes a project in which 73 freshman medical students were seen in sensitivity training groups. The authors stated that there was no emotional illness precipitated by the groups and, "in fact, psychiatric consultations are one-half those of last year and one-third those of each of the previous two years."

A recent letter by two Fellows at the Menninger School of Psychiatry,<sup>(11)</sup> which was distributed to several heads of psychiatric training programs, describes a T-group for psychiatric residents in which three (of eleven) members suffered psychotic breakdowns, two during the course of the meetings and one seven months after the meetings terminated. Jaffe and Scherl<sup>(6)</sup> report on two individuals who experienced psychotic decompensations following an intensive T-group experience. The Committee on Mental Health of the Michigan State Medical Society recently conducted a study on sensitivity training laboratories in Michigan because of reports of psychotic breakdowns, exacerbation of preexisting marital difficulties and an increase in life tensions. The committee concluded that the hazards were so considerable that all group leaders should be professional experts trained in the fields of mental illness and mental health.<sup>(7)</sup>

In a research project on a university campus<sup>(10)</sup> 209 students participated in 19 encounter groups; 40 students dropped out of the groups (despite the fact that three college credits were offered). The six-month followup of these students is not yet complete, but there were three clearly discernible casualties: one student committed suicide and two students arrived at the emergency room — one in a manic state and the other severely anxiously depressed. At least eight other students decided, after the onset of the group, to begin psychotherapy. The case history of the student who committed suicide reflects the general difficulties in assessing the dangerousness of the encounter group. Since the student killed himself four days after the second meeting of the encounter group, hasty and faulty reasoning would have impugned the encounter group as the responsible agent. However, the psychological post-mortem revealed that the student had been severely disturbed for many months, had reached out for help from a number of sources, had been in individual psychotherapy and in group therapy with trained clinicians and had, in fact, attended a group therapy session a few days prior to his suicide. Furthermore, a review of the tapes of the encounter group meetings revealed that the group had had two relatively dull, low affect, plodding sessions.

As we have emphasized, the field defies attempts at generalization. Most systematic studies have been conducted on National Training Laboratory groups; these groups are usually led by well trained leaders who, if not clinically trained themselves, have easy access to a clinician. (Recently the summer NTL labs have adopted the practice of including a resident psychiatrist on their staff.) Furthermore, the NTL executives and

most trainers make a distinction between the T-group and therapy group; the task of the T-group is intended to be education — education about group dynamics as well as one's interpersonal behavior. However, many trainers and many of the new encounter group leaders make no distinction between encounter groups and psychotherapy; for them, encounter groups are therapy groups for normal individuals. However, screening or careful selection of well-adjusted participants is rarely attempted and probably unfeasible; therefore it is common for deeply troubled individuals to seek help from encounter groups. Advertisements in free university and growth center catalogues are phrased in such a way as to attract both well integrated individuals seeking personal growth and individuals with major psychological difficulties. Encounter group leaders with no clinical training, with no ability to appreciate the seriousness of certain signs and symptoms and with no ongoing sense of responsibility to the participants have precipitated severe neurotic and psychotic reactions. The assumption that a psychotic experience is growth inducing is not a new one in the field of psychiatry, but it is an assumption lacking supporting evidence. It is challenged by the great majority of clinicians whose experience has shown them that the most common effect of a disorganizing psychotic episode on an individual is to leave him with his self confidence and sense of mastery badly shaken. A psychotic experience is a manifestation of illness, not a way toward health and maturity. Mental hospitals "are filled with patients who even after many years have failed to attain maximum benefit from their psychoses!"<sup>(13)</sup>

In addition to actual psychological decompensations, what other dangers are inherent in the encounter group approach? There have been many instances of participants suffering physical injury; some encounter groups focus on the mobilization and expression of rage, and physical fights between participants who have long suppressed rage are encouraged. Severe bruising and broken limbs have been reported by physicians.

Another aspect which has relevance for psychiatry is the overly simplistic approach to behavior change espoused by many encounter group leaders; in the public eye these practices are equated with psychotherapy (for example, as we mentioned previously, the attack on sensitivity training in the Congressional Record clustered group therapy together with encounter group approaches). Many encounter group leaders have adopted a crash program approach, successful in industry, advertising, and some scientific ventures but resulting in a *reductio ad absurdum* in their attempts to change behavior. The part has been equated with the whole; the naive assumption has been made that if something is good, more is better. If involvement is good, then prolonged continuous marathon involvement is better. If expression of feelings is good (and it plays a role in all successful psychotherapy), then total expression — hitting, touching, feeling, kissing and fornication — must be better. If self-disclosure is good, then immediate, prolonged exposure in the nude (culminating in the members of the group intensively "eyeballing" each others' crotch area<sup>(18)</sup>) must be better.

Untrained encounter leaders have little concept of specificity of psychological needs. Generally they appear to assume that every one needs the same type of learning experience — to express greater affect, display more spontaneity, chuck inhibitions, etc. Little consideration is given to the fact that some impulse-ridden individuals need the opposite: to learn to delay and to control affect expression. The practice of psychiatry, despite the differences of opinion within the field, is based on a body of knowledge, and psychiatrists have a responsibility to combat the myth which is abetted by wild encounter techniques that psychotherapy consists of doing a bit of everything; we must maintain our usefulness to the public by maintaining our own stability and by directing continuing efforts to research the efficacy of our therapeutic methods. Clearly it is inadvisable for psychiatrists to be swept along by current fashion and to adopt practices which are obviously offensive to the public taste; the burden of proof for the efficacy of such procedures lies with the designers of the innovative techniques.

Some individuals experience difficulty not during the encounter group but after its termination when they reenter their familiar social and professional environment. Many encounter groups make the error of offering an absolute and infallible standard of behavior (unflinchingly honest, spontaneous, and direct) without regard for the time, place or object. Members find the immediate intimacy and the open communication of the encounter group culture so exhilarating that they then attempt, often with disastrous results, to behave in the same fashion in their social and professional lives, only later, or never, to realize the inappropriateness of their expectations. They may jeopardize their relationships to others and experience dysphoria and dissatisfaction with their lives. Some have responded to this by using the group not as an agent to aid them in their lives but as a substitute for life. The encounter group culture thus becomes the "real" world and a new clinical entity, labeled by Carl Rogers as the "group addict," is created: these individuals spend an inordinate amount of time in groups and roam up and down the West Coast to spend every weekend in a group. Experienced group dynamicists are well aware of the re-entry problem and NTL labs, for example, devote time in the group to working on the application of learning to the back-home situation. "Bridge-burning" is another closely related unfortunate consequence. Some individuals, following a high impact group experience, experience an intense dissatisfaction with their hierarchy of values and their life style. To attain the degree of authenticity they seek, many make abrupt and irreversible decisions, forsaking major life commitments by leaving their wives, families and jobs.

In summary, although there are apparent dangers in the encounter group experience, no generalization may be made save that, in the hands of some leaders, the group experience can be dangerous for some participants. The more powerful the emotions evoked, the less clinically perspicacious and responsible the leader, the more psychologically troubled the group member, then the greater the risk of adverse outcome. We must especially exercise caution in our evaluation of the overall encounter group field. It is, after all, a very diversified one; there are perhaps as many differences amongst various types of encounter groups as there are between the encounter group and the therapy group. Some groups may be led by competent, responsible leaders who provide a constructive learning experience for the participants; others may be led by wild, untrained leaders who may produce untoward emotional reactions in the participants. Above all we must note that there is distressingly little data; the casualties come to our attention, but the size of the universe from which they arise is unknown: the group participants who have an important, constructive experience are rarely seen by psychiatrists. It is important that psychiatrists study the available evidence, generate new data through research inquiry, and not take the position of responding with a primitive territoriality reflex to the movement as an unmitigated danger which must be curbed or condemned. We must not fail to note that the encounter group field has been a highly innovative one, that it has created techniques for harnessing powerful group forces in the service of education and behavioral change. In a number of ways psychiatry has been enriched by insights and techniques stemming from some parts of the encounter group field; we must not describe the dangers without also noting the promise of the new group approaches.

### ***The Promise of Encounter Groups: Applicability to Clinical Practice***

Many have considered the fact that if the intensive group experience is so powerful and has so much potential for harm, then it is likely it must also have a great inherent potential for constructive change. As Carl Rogers has pointed out, whatever else one may say for face to-face encounter groups, one must recognize their potency; individuals are intrigued by them and strongly drawn to the groups. Disregarding for a moment the question of enduring change, we must recognize that with great regularity participants describe the experience as a powerful and moving one.

The National Training Laboratories has, for two decades, had the problem of designing a well balanced laboratory which included a T-group and various other exercises designed to teach theory, to integrate the T-group experience into the total laboratory exercise, to focus the participants' attention on the application of his learning to back-home problems, etc. Almost invariably, however, the T-group has tended to eat up the entire laboratory; its attraction is so great that, unless strong precautions are taken, every other exercise is turned into another type of T-group. The American Group Psychotherapy Association, a large organization composed primarily of psychiatrists, clinical psychologists and psychiatric social workers, has had a similar experience. For many years the AGPA has sponsored a two-day institute immediately preceding its annual convention which was originally designed to consist of small group seminars with the mandate of exploring in depth some designated topic. These small groups have with such regularity evolved into encounter groups (despite the best efforts of the institute directors) that the sponsoring organization has made concessions in the format of the institute which allow their development in the experiential direction.

The source of the potency and attraction of the group is problematic: perhaps the groups offer a unique socially sanctioned opportunity for regressive behavior and impulsive expression; perhaps, too, participants are intrigued by the opportunity to explore themselves and to risk new and different behaviors.

Until recently the group therapy and encounter group fields represented two separate parallel streams of knowledge and practice. There has been of late, however, an increasing amount of cross fertilization. A few psychiatrists have been heavily involved in the National Training Laboratories and have led T-groups in NTL laboratories and a large number have been participants in T-groups. Furthermore, some psychiatrists have been leaders or participants in some of the newer forms of encounter groups; a few (the actual number is unknown) have been active in the organization and operation of growth centers. Many of these psychiatrists have introduced techniques they have learned in encounter groups into their psychotherapeutic work. In addition, many group therapy patients have had some encounter group experience and have attempted to introduce different approaches and techniques in their therapy groups. Consider the example of the "here-and-now". Long a well established technique in both individual and group psychotherapy and dating back to such theoreticians as Reich, Ferenczi, Strachey, Ezriel, Klein and Horney<sup>(22)</sup> the "here-and-now" has been vigorously implemented in the T-group. T-group trainers have been remarkably inventive in developing techniques which both plunge the group into the here-and-now as well as elucidate the here-and-now interpersonal and group processes; many group therapists have effectively applied these techniques to the therapeutic group process. Several accounts of encounter techniques applied to group therapy are described in a recent text.<sup>(4)</sup>

T-groups, springing from the field of social psychology, have behind them a long tradition of research in group dynamics. No comparable body of knowledge has been generated by group therapy, a field notoriously deficient in any systematic research. Thus, what is presently known of the basic science of group psychotherapy stems almost entirely from social-psychological research with task groups and T-groups; psychotherapy owes to the T-group much of its systematic understanding of such factors as group development, group pressure, group cohesiveness, leadership, and group norms and values. Furthermore, T-group research has elaborated a wealth of sophisticated research techniques and tools of which the group therapy field is now slowly availing itself.

Thus far we have referred primarily to the traditional, responsibly led T-group. The current spinoffs of the T-group, the variegated new forms of the encounter group are, of course, even less research-oriented than the group psychotherapy field. They reflect in general the anti-rationalism of the present youth counter-culture and emphasize, particularly, emotional experience and expression. The groups generally place little emphasis on the cognitive working through of the experience; furthermore, the participants often do not espouse an ethos of change; they often come to

the group not for the deliberate purpose of changing but to “turn on”, to have an experience, to tune into their feelings. Within this framework, these groups have developed effective methods of evoking strong emotions in relatively brief periods of time. What relation does this have to psychotherapy? Generally, since 1943 when Franz Alexander<sup>(1)</sup> first formulated the concept of the “corrective emotional experience” psychotherapists have understood that an emotional experience is a necessary but not sufficient condition for change. Catharsis, though important, is in itself not, corrective; many individuals have powerful emotional experiences throughout their lives without learning from them or developing a sense of mastery. In dynamic psychotherapy, emotional experience and expression facilitate the therapeutic process in at least two major ways: first, the sharing and ventilation of strong affect deepens the therapist-patient or patient-other group members relationship; secondly, once the emotions are expressed and visible, the patient may be helped to recognize and to understand the irrational aspects and sources of some of his emotional reactions.

Some encounter group techniques to facilitate emotional expression have proven useful for certain extremely schizoid, constricted individuals who have split off their affective life and who frustrate traditional therapeutic approaches by endlessly obsessing and intellectualizing. A powerful confrontive approach sometimes unfreezes these individuals and permits them to make rapid strides in therapy; indeed many therapists in California have referred such patients to encounter groups for this purpose. We note (and this is a point not often appreciated by clinically untrained encounter group leaders) that unfreezing is not equivalent to therapeutic change; it is a part process. But there is no reason to reject the possibility of therapy being conducted in stages, perhaps first an unfreezing, confrontive, affect-eliciting stage which results in rapid behavioral shifts and a second stage of working through the data generated by the first in an endeavor to make the behavioral changes more enduring. (The usefulness of encounter techniques as a stage in therapy is testable by research. Patients in ongoing individual therapy could be studied, with baseline data, before and after referral to an intensive short encounter group experience.) We must note, too, that many therapists have reported patients who have had an intense peak experience which, without subsequent working through, has resulted in marked and enduring improvement. Apparently in ways which we do not fully comprehend, a peak experience can serve as an internal reference point and counteract subsequent periods of despair or hopelessness.

For many years the length of the group therapy meeting was fixed; the ninety-minute meeting was part of the entrenched folk wisdom of the field. The encounter group field has, however, experimented with a large number of variations on the duration of the meeting: group meetings may last from several minutes, in some micro-lab techniques, to a marathon of forty-eight hours. Recently there has been a carryover into group therapy and many clinicians report experimentation with the time variable. Groups are described which meet regularly for four-, six- or eight-hour sessions; some therapists choose to meet less frequently but for longer sessions, for example, a six-hour meeting every other week; some psychiatric wards have instituted an intensive group therapy week where the patients meet in small groups for eight hours a day for five consecutive days; two clinicians<sup>(20)</sup> report favorable results with a “saturation group therapy” approach in which their patients meet for 16 weekends in each of which they spend approximately fifteen hours in group therapy.

Another influence on the practice of psychotherapy stemming from encounter groups is an increased emphasis on non-verbal behavior. Although traditional psychotherapeutic practice has for decades recognized the importance of non-verbal communication, it has failed to make maximal use of this knowledge. Non-verbal behavior may be important in at least two ways: 1) sometimes patients may communicate an affect non-verbally when they are unconscious or only dimly aware of the affect. Recognition and interpretation of the non-verbal act, gesture or posture by the therapist may assist the patient in his self-understanding. 2) At times the therapist may prescribe some non-verbal act which may help

to explicate some important inter- or intrapersonal theme. (The prescribed behavior generates data by making explicit what had previously been implicit.) For example, if the group members are bitterly, but unknowingly, engaged in a status struggle, the group leader may ask the group to arrange themselves physically in a line according to their perceived hierarchy of influence. Such structural interventions are commonly used in encounter groups and some, if well selected and well timed, have been used effectively by group therapists.

Another important area of impact of encounter groups on the field of psychiatry has occurred in the training of clinicians. The sensitivity training group was originally conceived as a technique of education; soon after its inception, group dynamicists recognized that personal involvement in a human relations group could be an extremely effective means of learning about both group dynamics and one’s interpersonal behavior. For the last several years, a large number of psychiatric residencies have offered an experiential group as part of the training program in group therapy. Occasionally these groups develop (fortuitously or by design) into therapy groups, but generally they are led in a here-and-now based sensitivity group design. Most educators hold that it is as important for group therapists to have had some personal group experience as for individual therapists to have had some personal individual therapy. The American Group Psychotherapy Association which has formulated training requirements for accreditation as a group therapist, suggests a minimum of sixty hours as a participant in an experiential group. Such a group allows the trainee to experience personally the role of a member, the process of group development, the coercive power of group pressures, the threat of self-disclosure and the unrealistic expectations that members have of the group leader. Trainees profit most from their group experience if the leader helps them maintain a participant-observer role in which they involve themselves in the affective life of the group but yet retain the capacity to step back at appropriate times to appreciate the process of the group.

### ***Implications for Psychiatry***

Although the encounter group movement has many implications for psychiatry, it has equally important implications for several other fields: organized religion, clinical psychology, industry and education. It would be unwise as well as presumptuous for psychiatry to attempt to thrust itself into the role of a regulating, sanctioning or certifying body. What role, then, can the professional society of psychiatry assume? One clear function is to establish standards of professional behavior which will serve as guidelines for psychiatrists who regularly or periodically lead encounter groups. Another function is to provide clarification when the activity of the encounter group heavily overlaps the functions of the psychiatrist. For example, some encounter groups or growth centers advertise the experience in such a way as to appeal to individuals with severe emotional difficulties, often raising false hopes of quick relief or cure.

Psychiatrists have with increasing frequency become engaged in the encounter group field. Some psychiatrists lead groups for institutions such as the National Training Laboratories or smaller local “growth centers.” Others have begun the practice of leading marathon groups, lasting for 24 to 48 consecutive hours, at their homes or some nearby resort or motel. These groups may consist of patients, both their own and other therapists’ patients and/or non-patients seeking some personal growth experience. The group is usually short-lived, lasting a single weekend with no followup involved. (Some leaders may schedule a short reunion of the group weeks later.) Screening is cursory or non-existent and the psychiatrist generally meets the group members for the first time at the marathon session. Widespread advertisement may be used with notices appearing on bulletin boards (for example, in universities or hospitals), or via a mailing list compiled by the psychiatrist. The advertisement is often presented in non-therapy terms; education, personal growth, personal awareness, or self-actualization is generally emphasized.

Several ethical and legal questions are raised by this practice. For example, is the psychiatrist who leads a non-therapy or quasi-therapy group still a physician responsible for the well being of the group members? In our opinion, a physician, even though he involves himself in a group nominally non-therapy in nature, still may not divorce himself from his traditional continuing responsibility to the participants whether or not they are specifically labeled as patients. (Members' expectations may in no way parallel the leader's intentions. Participants may join a human awareness group led by a psychiatrist because of covert expectations of a psychotherapy experience.) Encounter group trainers, for example, NTL trainers, are not legally responsible for possible detrimental effects of the group on a member unless the leaders are specifically advertised as mental health experts. Although the issue has not, to the best of our knowledge, been legally tested, it would seem probable that the psychiatrist retains his "mental health expert" designation even when leading a group which is not specifically labeled as therapy but which may be a potent influence, both positively and negatively, upon the mental health of the participants. Participation should, of course, be voluntary; not only, however, must consent be obtained but *informed* consent. Individuals may be sent to the group by their parent organization and have little choice in the matter; they feel obliged to attend especially if they perceive that subsequent success in the organization is contingent on their participation. Others may ostensibly volunteer for a group but without the information on which to make a true decision; they may then appear for the group totally unprepared for the degree of personal involvement demanded. The prospective group member should be provided in advance with as much information as possible about the purpose, techniques, duration, and personal demands of the group so they may make a free choice. We would underscore that the contract be continued as a voluntary one; we deplore the practice of some leaders which prevents (by physical means if necessary) a member from withdrawing from a group. The leader should protect the rights of the non-conformist. At times the deviant member must be supported in his decision to leave a group which is noxious to him rather than have his free choice blocked by the power of group pressures which may threaten, humiliate, or ridicule him into staying.

There are several ways for psychiatrists who lead short term groups to exercise professional responsibility. For example, they should continue to be on the alert for possible danger signs and, should a group member need professional help, must personally assume the responsibility for post-group care or refer the patient to a competent therapist in the appropriate geographic area. The psychiatrist should honor his group contract with the members; if the group is designated as an educational, human relations group, he should not, once the group has begun, transform or allow other members to transform the group into a therapeutic venture. He should discourage techniques suggested by participants which he clearly feels are unwise or dangerous.

If a psychiatrist considers referring a patient for an encounter group experience or his opinion is requested by others about the advisability of an individual attending such a group, he must note that for some individuals, especially those near the edge of psychosis, the encounter group experience may be dangerous. He is advised to inquire about the type of group and the techniques and competence of the leader. The encounter group almost invariably evokes strong affect; common sense dictates that the leaders of such groups be experts in human behavior. At the very least they should have sufficient training in one of the mental health clinical disciplines to recognize signs of impending psychological decompensation.

We have previously noted that therapy groups and encounter groups are not synonymous. Highly experienced and competent encounter group leaders who have no clinical training are not qualified to act as group therapists. Conversely, competent group therapists are not, as a result of ordinary clinical training, equipped to lead encounter groups. Required are knowledge of small group dynamics, teaching techniques and a repertoire of structural interventions not generally available in psychiatric residencies; the numerous psychiatrists who have participated in one of the National

Training Laboratory training programs will attest to the difference in skills and emphasis. The psychiatrist without specialized training in human relations groups will, almost invariably, fall back upon his clinical skills and conduct the group as a therapy group. The psychiatrist does not have the "responsibility" to the community to lead groups for para-patients — for those normals afflicted with the common "cultural neurosis" of today. The psychiatrist may have a role as a consultant and advisor to the group leaders in order to safeguard the rights and health of the participants. The primary responsibility of the psychiatrist remains that of treating the psychologically disturbed individual and it is for this task he has been trained and for this task he has been given legal authority and responsibility.

The psychiatrist leading encounter groups is well advised to be fully aware of the practices and reputation of his co-leaders and to refuse assignments with individuals whose practice is considered irresponsible or with organizations which sponsor irresponsibly led groups which use some of the offensive tactics described earlier. He should consider whether the presence of his name and his professional background will serve to legitimize the institution and its other endeavors. Furthermore he should make every possible endeavor to screen candidates before the groups, although it is recognized that comprehensive screening may not be possible for both logistical and technical reasons. We would, in agreement with National Training Laboratory guidelines,<sup>(19)</sup> advise against the inclusion of members who seek out an encounter group to cure or alleviate a severe psychological disturbance or those with a significant history of incapacitating response to interpersonal stress. Applicants undergoing psychotherapy should be advised to consult their psychotherapist before enrolling in an encounter group.

In summary, the psychiatrist who leads an encounter group has, in our opinion, the responsibility of obtaining the necessary training in group methods, the responsibility of making explicit and then scrupulously adhering to his initial contract with the members regarding the nature of the group experience, and the responsibility of excluding before the onset or during the progress of the group all members who appear to have a high likelihood of adverse psychological consequences. Because he is leading a group nominally considered educative or non-therapy, he does not thereby relinquish his traditional ongoing clinical responsibility to the group members.

The intensive group experience is intrinsically neither good nor bad. In irresponsible, inexperienced hands it may result in a host of adverse consequences; if properly harnessed, however, the experience may be a valuable adjunct in the production of behavioral and attitudinal change. The time is propitious for a research investigation into these issues. The impact of the time-limited intensive group experience on behavior can be determined by systematic research: the temporal parameter is conducive to research inquiry and the research instruments and techniques are currently available. It would be in the best interests of psychiatrists and their patients to foster a research approach to the understanding and application of the intensive group experience.

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