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# Encounter, Encounter Groups and the Practicing Physician

Robert McEniry, S.J.

*Father McEniry explores the various stages of encounter groups and explains the participation process. Physicians who question the value of the movement for their patients will find McEniry's criteria for participation helpful.*

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Encounter groups are a prickly pear for physicians. This is understandable. Encounter groups have been likened to Bolshevistic training in the *Congressional Record*.<sup>1</sup> Despite this, Jane Howard has reported ninety encounter group centers from coast to coast.<sup>2</sup> Morton Lieberman, Irvin Yalom, and Matt Miles have reported some 200 on-going encounter groups in the Palo Alto area alone.<sup>3</sup> Little wonder physicians are asking serious questions.

In this study I will try to answer the three questions I am most frequently asked by physicians.

1. What does the term "encounter" mean?

2. How has this been verified in the encounter groups in which I have participated?

3. What implications does this view of encounter groups have for the practicing physician?

I will try to answer these questions in ways I have come to think of as valid as a result of four years of research and of having participated in more than a thousand hours in encounter groups.

## **Rollo May and The Encounter**

In answering the first question, "What does the term 'encounter' mean?" I will present the views of Rollo May by first briefly describing the characteristics of May's approach to encounter; second, by showing where May places encounter in what he calls the human dilemma; and third, by summarizing the four elements which he finds in "The Encounter."

I have chosen May because he is the most influential writer on encounter today. Since 1950 he has authored eleven books and 61 articles, and appeared in five

films. His *Love and Will*, now in its ninth printing, has sold over 165,000 copies; it won for him the Ralph Waldo Emerson award of Phi Beta Kappa. *The New York Times* dubbed him, without hyperbole, "Mr. Existentialist."<sup>4</sup> David Dempsey aptly wrote, "For thousands of readers, disillusioned with conventional therapies . . . , May's approach seems to be just the one."<sup>5</sup>

### Characteristics of Rollo May's Existential Approach to The Encounter

May's approach to The Encounter has five characteristics.

1. *An Existential Frame of Reference.* A person must be accepted as he is here and now with all the unique qualities which make him an individual. This approach is existential in that it does not refer to essentials. A person is what he is, not what he should be. A person is not to be reduced to an ideal or an essence. A person is not an object to be observed. Observing another is not encountering him.

2. *A Phenomenological Methodology.* May makes adaptations of the pure phenomenology of Edmund Husserl and Martin Heidegger. The therapist must examine what the patient is conscious of and avoid making abstract judgments about him. Abstractions filter out the concrete realities of the unique, individual needed for encounter.

3. *Orientation to the Present and Future.* Unlike Freud who

moved from the present into the past, May's approach moves from the present toward the future.

4. *An Approach Rather than a System of Techniques.* May insists that attitude is more important to psychotherapeutic effectiveness than technique.

5. *The Goal is Integration.* To unite what has been separated, to integrate what has been divided — this is the aim of May's existential approach to therapy. Dichotomies such as health — sickness, mental — physical, rational — emotional tend to make a thing out of a person.

### The Locus of The Encounter in the Human Dilemma

May situates the encounter in what he calls "the human dilemma," man's two-fold potentiality to experience self either as object or as subject. This duality forms the two poles of an individual's world.

The first pole May calls "existential situation." This is characterized by abnormal or constricting anxiety in the environmental world — the *Umwelt*, and by emptiness of meaning of the self-world — the *Eigenwelt*, and by loneliness in the *Mitwelt*, the world-of-being-with-others.

May has written a graphic picture of this pole in a haunting myth, "The Man Who Was Put in a Cage."<sup>6</sup>

### The Myth

A king one day spied an average man walking by his palace. "What would happen," the king mused, "if that man were kept

in a cage, like an animal in a zoo?" So the next day he told a psychologist about his plan and asked him to be the scientific observer of the experiment. Reluctantly, the psychologist agreed.

The man was caged. At first he was bewildered, then he protested angrily and at times with rage. Then he grew silent, but the psychologist observed hatred smoldering in his eyes. Gradually, the man lost his fight, as he saw its futility. Then he started to talk again, but in an empty voice. He spoke of having chosen this life of security where he was being fed and cared for. Finally he confined himself to such simple statements as, "It's fate."

Then he grew silent again, staring emptily. When he started to speak again, he never said, "I." He was without anger, without feeling, without will or reason. He was empty.

When the psychologist wrote up his findings, he felt empty himself. He fell asleep and dreamed that the caged man was shouting, "It is not my freedom that has been taken away. Your freedom has been taken away, too. The king must go."

As the psychologist awoke with a feeling of hope, a voice spoke within him. "It's just a wish fulfillment."

"The hell it is," said the psychologist. "Some dreams are to be acted on."

### The Encounter

The second pole of the "human dilemma" is characterized by the encounter. In it May identifies

four elements: (1) the element of empathy; (2) the element of philia; (3) the element of eros; (4) the element of agape.

### *Empathy, The First Element in Encounter*

Empathy brings about a meeting — to use Goffman's term<sup>7</sup> — between individual human beings.

The word 'empathy' is a translation of the German psychologist, Theodore Lipps' term, *einfehlung* — a one-feeling.<sup>8</sup> In other words, empathy is the experience two people have when they are sharing the same feeling. May compared this to two tuning forks resonating at the same pitch. Thus, empathy is the antidote for emptiness in the existential situation.

### *Philia, The Second Element in Encounter*

Philia is the Greek word for friendship in its simplest form. By philia May means the mutual affirmation of the other and the simple enjoyment of the other's presence. "It is simply liking to be with the other; liking to rest with the other, liking the rhythm of the walk, the voice, the whole being of the other."<sup>9</sup>

### *Eros, The Third Element in Encounter*

May views eros as the excitement one experiences in meeting someone else, when this excitement is steered into creative

channels. Creativity is part of eros. In a genuinely loving relationship, one discovers something new in himself as well as in the person he is with. So eros is the quality of reaching for new being in creating one's self. Creative eros, then, is the antidote to repeating the same behavior over and over which Freud named transference.

#### *Agape, The Fourth Element in Encounter*

To May, agape is caring. "Care is a state in which something does matter; care is the opposite of apathy."<sup>10</sup> When one person cares for another, how the other feels makes a difference. Caring is the antidote for loneliness in the world-of-being-with-others.

#### **Stages in Encounter Groups**

May's description of the encounter in a one-to-one relationship fits what I have observed in encounter groups more accurately than any other. By describing the groups I have participated in (in these terms) I think I can provide a more complete picture of how encounter groups could be applied to medical practice.<sup>11</sup>

The early stage of encounter groups corresponds to what May calls "the existential situation." Early on, encounter group members strikingly experience constricting anxiety relating to their (group) environment, by an emptiness of meaning in their self-world, by a sense of loneliness in the world-of-being-with others. All are expressed in ways which

keep others in the group at a distance psychologically.

In the beginning, the participants struggle with the ambiguity of a lack of purpose and procedure. After the members have straggled into the room, someone asks, "What are we here for?" Others ask for procedures to be spelled out.

One member passes around a box of M and M's; another a pack of gum. A sales representative passes around calling cards. These are familiar ways people have of managing constricting anxiety — the gas on which an encounter group runs.

After everyone is munching or chewing, someone will ask, "What's your job?" Time is then spent on identifying members' occupations. When this runs out, someone will ask, "Where do you live?"

These are customary ways of trying to relate with each other. The group often debates whether to call professional members of the group by titles, such as Doctor, Sister, or Father. Many people feel uncomfortable calling a physician by his first name. Most people squirm at calling a priest by his first name. So I say, "You can call me Bob. I'm a person first and a pastor second."

Once everyone has gotten beyond jobs, neighborhoods, and names, the group starts to reminisce. A Methodist minister tells about his son who is hooked on pot. A black community mental health director recalls digging

ditches. A nun tells of her confrontations with a hard-nosed dean. A divorcee tells of being ostracized in her parish church. A priest recalls being called on the carpet for picketing with Chicanos. A physicist says, "My wife's bedroom is on the second floor; mine is in the basement. We have dinner once a week on the first floor." Each is saying, "I'm lonely."

In the middle stage, the group starts moving away from the existential situation and heading in the direction of encounter.

Members of the group, identifying with some of these accounts, begin to get inklings of closeness. But the group is not ready to do anything about becoming close.

To put the brakes on becoming too close too soon, the group often goes on a distancing binge, which keeps everyone at a safe distance. The most common distancing behavior I observe in groups is judgemental remarks. I call this, "You Talk."

Group members have said to me, "You can't cook," "You're very closed," "You're a phony," "You're a racist," despite evidence to the contrary.

"You talk" often leads to angry exchanges and defensive denials. So I hear hostility in the middle stage of groups. I have seen a wrestling match. I have arm-wrestled the men in one group — and won! Knowing this, I now bring a sweat sock stuffed with rags along for hostile people to beat the floor. Harmless ventila-

tion of anger, I find, helps move the group toward encounter.

Once anger has been drained from the reservoir of resentment, I find the group will shift from "You Talk" to "I and you Talk."

People have said to me, "I feel turned off when you say I remind you of your department chairman;" "I feel threatened when you look at me without saying anything;" "I like the way you smile at me;" "I dig being with you;" "I resent the way you try to control the group."

"I and You Talk" seems to establish trust in the group. When enough trust has been generated, the group becomes a hall of mirrors. Remarks reflect others' behavior like a mirror reflects an image. These are some of the mirror remarks I have heard. "I'm puzzled when you shake your head like that." "I don't like the way you blow smoke at me." "I doze off when you give a monologue."

This way I learn about myself. I shake my head when puzzled. I used to blow smoke at others to keep them at distance when feeling threatened. My monologues had seeped out beyond the pulpit and lecture rostrum.

### **The Late Stage: Empathy, Caring and Creating**

During this stage, the group moves nearer to encounter and finally into encounter itself.

Once the members can see themselves as others see them, empathy is coming soon.

One instance may bring this

out. I was talking in one encounter group about a recent three-week hospital stay. I was telling how lonely I had felt in a strange hospital in a strange city. I was bitter that no one visited me, although I had visited many in hospitals. I was discouraged in learning how to walk again. I started to weep. A woman next to me reached over, with tears rolling down her cheeks, and took my hand in hers.

When a precious moment of two people sharing one feeling comes, Rogers calls this a "basic encounter." When this occurs in a group, the group becomes, according to Rogers, a basic encounter group. According to him, the purpose of an encounter group is empathy.<sup>12</sup>

But, if the group continues to meet, I find that it will usually enter into an area of caring and sharing. I have heard these expressions of caring and sharing in groups. "I'm sorry for the way I hurt you." "Where are you hurting, Barb?" "Sister, I wish I wasn't estranged from you." "I feel at peace with you now." Kleenex is passed without asking.

Toward the end of a group, members will create new ways of behaving with each other. Members of one group that started sitting six feet away from each other on chairs, ended sitting on the floor six inches apart. Members of another group which had been very judgmental in the beginning found new non-judgmental ways to validate and confirm

each other. Members of the Iceberg group discovered acceptable ways of expressing warmth. A group that said the first four hours were nonsense ended by saying how meaningful their group had been.

When a group gets this far, the encounter that May has described has occurred. I think such a group merits being called "The Encounter Group."<sup>13</sup>

### **Implications for the Practicing Physician**

#### **Some Criteria for Participation**

When a physician is asked whether he would recommend participation in an encounter group, he might consider the questions I use for screening applicants.<sup>14</sup>

1. Are you taking valium, lithium, or some tranquilizer? 2. Are you on an anti-depressant? 3. Are you in psychotherapy? 4. Are you thinking of it?

I take one affirmative answer as a contraindication for encounter group participation. Encounter groups are not therapy groups.

If a physician receives all negative answers, then I would recommend some questions about the facilitator of the group.

1. Does he do some sort of intake interview? 2. Has he had supervised training? 3. Does he have a graduate degree in some behavioral science? 4. Does he make closure at the end of the group? 5. Does he do a follow-up evaluation? 6. What is his style? Active participant? Charismatic controller? Silent and passive?

I would consider one negative here a contraindication. Recent research indicates that the charismatic controller and the silent and passive facilitator have a higher rate of bad trips.<sup>15</sup>

#### Applications to Specialties

Dermatologists might consider encounter groups as an adjunct treatment for their patients with psoriasis. Loneliness, isolation, and low self-esteem belong to the psoriatic profile.<sup>16</sup>

Orthopedists and specialists in physical medicine, aware of the low self-esteem, discouragement, and pain of their patients in physical therapy, may recommend encounter groups as adjunct treatment for these patients. Having observed patients in physical therapy hiding their feeling stoically and having no place to let it out, I could envisage adjunctive encounter groups as facilitating recovery.

Internists, hard put to diagnose the high percentage of their patients with free-floating psychosomatic complaints, might find these patients would be benefited from participating in encounter groups.

The family physician could start referring couples who complain of loneliness, emptiness and that caged in feeling—the psychic flu of the family—to encounter groups.

May has asked the ultimate question. "Encounter groups *do* do good. But why do so many people need to go to these groups to find the very staples of living?"<sup>17</sup>

*Fr. McEniry received his doctorate in counseling from Ohio State University in 1972. He is currently an assistant professor of education at Creighton University in Omaha. He is the author of several books and articles on the encounter movement and is a well known lecturer on this topic.*

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