

THE ENCOUNTERER

An Information Service for Group Psychotherapy Professionals

Published under the Auspices of the Golden Gate

FOUNDATION for GROUP TREATMENT, INC.

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March 20, 1969

Vol. 1, No. 6

SEMINAR: NEW JERSEY: June 12-13, 1969, Rutgers University: SEMINAR FOR INTERACTIONAL PROCESSES. For brochures and applications write: Dr L Blank, Graduate School of Education, Rutgers University, New Brunswick, NJ 08903.

FORMULATION: ON BEING A GOOD (BAD) GUY. A "good-guy" is for "the underdog," against the oppressor; is for the "right" thing, against evil and cunning; for motherhood, against sex; for politeness and against letting himself be pushed around; against others being hurt and for penicillin shots; for the down-trodden "loser" and against the up and coming "winner."

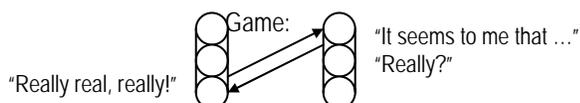
To (be) note(d): "Being-a-good-guy." "The guy" can be persuaded from thinking for himself, can be persuaded away from individual autonomy of thought; to instead "be-a-good-guy" by several methods. These are the ANGLING, people-persuading, people-alienating techniques. The conversational idiom does describe what happens to the individual uniqueness of "the (individual) guy" who becomes "a good (amorphous) guy", "one-of-the (persuaded) good-(follower)-guys."

Rx for GOW: Listen 1/3 to 2/3 of the time.

FORMULATION: More listening and less listening is accompanied by decreasing usefulness of (decreasing efficiency in) the listening. Cerebral assimilation of ("reflecting back on") the selected-for-listening-to experience maximizes the value and vividness of that experience. "Everything hearing"(see 3/20/69) serves to adequately cover the survival aspects of the non-listening intervals. The Parental injunction "Sit still: Stop wiggling and listen when I am speaking to you:" is the childhood training for non-listening, for, "going-in-one-ear-and-out-the-other." 100% listening in group treatment, to date, is associated with either obesity or psychosis.

FORMULATION: In a group, dissension promoters with reasonable talent can rely on the fact that most contenders would rather fight than switch to thinking of themselves as being puppets of a puppet master, especially one who has left the scene - (See 3/5/69)

ENCOUNTER: in group Nellie gradually decreased her opinionated, prefatory (Parental) remarks of "I was wondering if...", "Well, it seems to me that...", "I was thinking that...", "I have a feeling that...", when she engaged others in group; she began to laugh when other members would playfully follow her "It seems to me that...", with its decoded counter-part "But My Daddy says that ...". As this "seems to" decreased, her high use of "real" and



"really" was better appreciated, e.g. "It really was real, really." The "It seems" had been undermining the realness of events to such an extent that authenticity was difficult to portray and had to be repeatedly, emphatically affirmed.

Rx to GET-WINNERS: Give up some "rights" to get more of what is wanted.

ANNOUNCEMENT: The Foundation for Group Treatment is sponsoring a twice weekly seminar in clinical transactional analysis in a corrections setting: Observation of group treatment sessions followed by seminar-discussion with the observers; conducted by FH Ernst Jr, MD. Professionals and students in the medical and social sciences are invited to inquire. Write: FOUNDATION for GROUP TREATMENT, PO Box 1141, Vallejo, CA 94590.

CONFERENCE: LAKE TAHOE: April 25-27, 1969, Annual Spring Meeting of the Sacramento Institute for Transactional Analysis: Incline Village, Nevada. Registration fee \$10. For information write: Sacramento ITA, 350 University Ave., #204, Sacramento, CA 95825.

FORMULATION: LIFE SOLUTIONS ORGANIZED: Theory of Getting Well, part 2. (An original contribution to Transactional Analysis Theory.) The choice of solutions open to individuals in life events can be sorted into four major categories. These categories it will be noted are the same as the four "ok, not ok" positions found in scripts (see THE Encounterer 2/20/69).

The categories are:

	<u>Solution</u>	<u>Social Operation</u>	<u>Position</u>
EVOLUTION:	Get-On-With		I am OK, you are OK
DEVOLUTION:	Get-Away-From		I am not OK, you are OK
REVOLUTION:	Get-Rid-Of		I am OK, you are not OK
OBVOLUTION:	Get-Nowhere-with		I am not OK, you are not OK

For each category of solution, there is a reversible (temporary) and an irreversible (permanent) subdivision. The following in outline gives some social, psychological, game and physical (illness) equivalent examples:

EVOLUTION: Get-On-With (GOW): "I am OK, you are OK"

	<u>Reversible</u>	<u>Irreversible</u>
Social Operation:	Make Progress	Get-done-with Get-winners
Social Location:	Periodic popularity Runners-up Secondary office holder	Popularity Winner Principal office holder
Psycho(patho)logy:	Get-Better "Psychiatry"	Get-Well-Of Playfulness used as a procedure
Physical Illness:	Healed Tuberculosis	Measles

DEVOLUTION: Get-Away-From (GAF): "I am not OK, you are OK"

	<u>Reversible</u>	<u>Irreversible</u>
Social Operation:	Take a trip "for health reasons"	Suicide
Social Location:	Alienate (self) Go To Jail, To Mental Hospital	Invalidated (self) Deported
Psycho(patho)logy:	Phobia, depression	
Game:	"Why-Does-This-Always-Happen-To-Me" "Look-What-I-Did-To-You"	"Suicide"
Physical Illness:	Essential hypertension without physical changes	Hypertension with physical enlarged heart, stroke, etc.

REVOLUTION: Get-Rid-Of (GRO): "I am OK, you are not OK"

	<u>Reversible</u>	<u>Irreversible</u>
Social Operation:	"You-Can-Go-To-Hell" Crusade, vendetta	Homicide
Social Location:	Divorce	Executing (another)
Psycho(patho)logy:	Hysteria, paranoia	
Game:	"Look-What-You-Did-To-Me" "Now-I-Got-You, You SOB"	
Physical Illness:	Hyper-emesis gravidarum	Amputation Hysterectomy

OBVOLUTION: Get-Nowhere (GRO): "I am not OK, you are not OK"

	<u>Reversible</u>	<u>Irreversible</u>
Social Operation:	Steadfast	Encrusted (Illness)
Social Location:	Status Quo, "Skid Row"	
Psycho(patho)logy:	Schizophrenia	
Game:	Alcoholic:	
Physical Illness:	Raynaud's disease	Burger's disease Rheumatoid Arthritis Scleroderma

For the psychotherapist, it is desirable to direct work primarily toward the patient getting-well of symptomatology and psychopathology so that the patient can better "get-on-with" his life. Many a patient, initially thinking of treatment, has the idea that therapy is to be directed toward "getting-rid-of" symptoms, i.e. some aspect of himself; that to make for a change in himself, therapy is to be like an amputation, some part of his personality is to be cut-off or cut-out of him. This is substantiated by some therapists. ("Gee, I wonder where castration anxiety about therapy comes from?") Could it be that talking to a patient about how he "should-get-rid-of" a symptom, "should knock off (a game)" might, in fact, be backing up a patient's (?) misconception?

The FOUNDATION for GROUP TREATMENT, INC., a non-profit organization was established for the purpose of providing clinicians of all schools and disciplines using group treatment methods with opportunities for increasing their effectiveness and efficiency toward the professional treatment objective of the patient getting well.

The Encounterer is the news service of the FOUNDATION. It will have notices of interest, current developments in this treatment field, and clinical reports.

Associations and Societies of group treatment professionals are invited to use THE ENCOUNTERER to notify others of their meetings and activities. As a service of the FOUNDATION, non-profit facilities and organizations involved with group treatment are invited to apply for THE ENCOUNTERER on a continuing basis.

This single sheet news service will include:

1. CLINICAL INFORMATION:

- ENCOUNTERS, vignettes, applicable to treatment.
 - FORMULATIONS of theoretical and a practical nature.
 - "Rx for GETTING WELL."
 - OTHER sections as this publication evolves.
- NOTICES of coming talks, seminars, meetings for learning, teaching, training.
 - REPORTS on events of interest to group treatment professionals.

Individuals who want to receive THE ENCOUNTERER may do so by making a \$2.50 donation for which they will receive 20 issues of this periodical in a year.