HE ENCOUNTERER

An Information Service for Group Psychotherapy Professionals.

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REPORT of San Francisco Meeting: On Saturday, November 23, 1968 the California Nurses Association and the California State Board of Nursing Education and Nurse Registration held a joint, statewide meeting of Nurse Registration held a joint, statewide meeting of top-level nursing educators and chiefs of hospital nursing services. Titled "THE GAMES (Academic) EDUCATION (Personnel) and SERVICE (Personnel) PLAY" (parenthetic words are the writer's), it centered on methods in use for implementing closer liaison between the academic teacher and the on-the-job, floor-nurse, trainer of the student nurse. The emphasis was on the effectiveness of the teaching experience being provided to the student. The meeting was chaired by Michael Buggy and Virginia Barham.

Focus of the meeting stayed on the registrants themselves: what they were doing in their jobs, now they did operate with each other in their over-lapping spheres of teaching, training, educating. While the basic, general nursing education curriculum was the central focus, the striking aspect to the outsider was the seriousness with which those present viewed their individual psychodynamic contributions to the educating process, their own influence on the group dynamics involved for the student in an (efficient) learning experience. The conference portrayed top-level educaexperience. The conference portrayed top-level education administrators in the nursing profession at work as responsible leaders. By changing the content only, one could easily have wished this instead were a conference of the leading group psychotherapy teachers in the country at a nearly optimal level of conferring (wishful thinking?). The participants gave a living demonstration of awareness by each of his (her) effect on others and the effect of others on him (her).

Molly Goldberg's closing talk about the future of the nursing profession was exciting, realistic and provocative. The overall impression was that California nursing is developing a tradition of forward thinking for

ing is developing a tradition of forward thinking for itself that could well stand as a model for others of the social and health professions. In many respects one wonders if the graduate nurse coming from school today will not be far better equipped to deal with the ill social-animal than many other graduate professionals in the social, medical "sciences."

ENCOUNTER: Paul talking to Patricia, "This is paradise," as both were giggling warmly and moistly at each other in a therapy hour.

His complaint: She's "so cool" outside treatment he has to use a cutting orch (tongue) to get to her. She

gives her sultry giggles to others, not him.

FOR G-W OF ANXIETY: Get a level (head) and come on straight.

ENCOUNTER Predictableness: When in group an inattentive expression is evident when a blank, unblinking face is seen and then the question asked, "Mere you listening to him?" there will be an almost automatic "Yes, I heard (sic) everything he said." and unless interrupted, "He said,..." repeating close to verbatim much of the content of the preceding 30-60 seconds. See next issue of THE E "EVERYTHING HEARING."

IN FUTURE ISSUES of THE E:
1. "Ya know!" translated.
2. "Game Moves" Unraveiled: Sequential, Predicatble, Logical, Teachable.

B FOR G-W OF "I CAN'T THINK OF ANYTHING TO SAY": "Give-with-an-Audible."

NOTICE: Notes on discoveries, preliminary findings and synopses of original articles will be considered for publication in THE ENCOUNTERER on the basis of consistency with the purposes of THE E and available space.

ANNOUNCEMENT: Charila Foundation and Psychodrama Institute of San Francisco announce the continuation of weekly night and monthly weekend workshops. For information, write: Director of Training, Charila Foundation, 281-17th Avenue, San Francisco, CA. 94121.

Each script has its own unique yardstick of conferring okayness as with: \underline{BEAUTY} AND THE BEAST (see across).

FORMULATION: THE THEORY OF GETTING WELL: Part I, POSITIONS WITHIN SCRIPTS: (an original contribution to the body of Transactional Analysis Theory by FHE Jr).

By the oedipal era of life, the individual child has become intimately acquainted with the major life drama. the SCRIPT (Berne), which is being portrayed, lived out within the family. One of the tasks for the therapist is to ascertain what this drama is, what this script is, in order to more clearly organize the patient's life data and do the treatment job. The script of patients, with regularity, closely resembles some extant fairytale, legend or myth.

Just prior to the inception of the latency era (six to eight years), a child selects from among four major to eight years), a child selects from among four major categories a characterization within this script, the position which he will take vis-a-vis other people and to which he will be making decisive characterologic commitments. The latency itself is probably an external reflection of the internal working through of this decisive position commitment. The four major categories of positions from which this selection is made are:

1. Evolution: ("I am OK; you are OK"), the position of "Get-on-With"-- $\frac{GOW}{2}$, 2. Devolution: ("I am not OK, you are OK"), "Get-Away-From"-- $\frac{GOW}{2}$.

Away-From" -- GAF,

3. Revolution: ("I am OK, You are not OK"), "Get-

Rid=0f"=-GRO, and 4. Obvolution: ("I am not OK, you are not OK"), "Get-No-Where" -- GNW.

Within each (patient's) script, within each myth, legend and fairy-tale heard to date, there is at least one characterization for each of these four major positions.

The implications of the above are numerous and far reaching; only a few related to therapy will be touched on in this issue (see also future issues of THE E). Getting-well comes out of achieving the GOW (#1) position with more consistency and reliability.

2. The four categories of positions are seen to also represent the four major qualities of solutions to life events (see "Life-Solutions Organized" future issue of THE E).

3. Using the above formulation in the analysis of their own life stories (group) patients have been able to locate with a very considerable precision what getting-well means and what is happening in the non-GOW outcomes of certain of their social encounters.

As drawn on blackboard in therapy groups: 1. List the meaning of "OK" Set up the four positions and

3. Locate the category to which each character in the story belongs, as with: REAUTY AND THE BEAST. OK= "Care for, care about."

In each of the four squares: The first plus or minus is for "I AM," the second is for "YOU ARE."

OK="Care for, care about" 0K: NOT OK! + + GOW - + GAF YOU OK: BEAUTY | VOYAGER NOT + - GRO - - GNW OK! BEAST SISTERS ARE OK!

Several patients have volunteered that almost daily several patients have volunteered that almost daily each has found himself handling at least one event by each one of the four different life solutions, i.e. one or more GOW (#1) solutions used per day, one or more GAF (#2), one or more GRO (#3), one or more GNW (#4) solutions used in a day for separate specific events; this, regardless of what the degree of getting well have more velicable bear.

this, regardless of what the degree of getting well was. Those who are more well have more reliably been able to find a GOW solution for themselves when wanted. With this outline of the Theory of Positions in Scripts it becomes evident that Getting-Well, "Getting Winners" does not involve any discontinuance of a life script but rather the assumttion of the "OK, OK" position within the person's own script, the "Get-on-With" it position. The same values (for "OK"), the same games, pastimes and rituals remain valid and advantageous. The intensity of some activities (games) can be decreased, others perhaps intensified; also additional activities can realistically become optional as the GOW position is increasingly activated by the person. person.

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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.

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THE ENGOUNTERER

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