THE FNGAIINTERE

An Information Service for Group Psychotherapy Professionals. FOUNDATION for GROUP TREATMENT, INC.

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P. O. Box 1141, Vallejo, California, 94590.

Editor, FH Ernst Jr MD

March 20, 1969

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 persuaded from thinking for nimself, 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) guv" who becomes "a good (amorphus) guy", "one-of-the (persuaded) good-(follower)-guys." good-(follower)-guys. f B 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 con-tenders 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. be repeatedly, emphatically affirmed. It seems to me that... "Really?"

"Really real, really!"

B 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-discusrealisates of 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. information write: Sacramento ITA, 350 University Ave., #204, Sacramento, CA 95825.

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Vol 1. No 6
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 F 2/20/69). The categories are:

Solution Social Mode

Position
                   Get-On-With I am OK, you are OK
Get-Away-From I am not OK, you are OK
 EVOLUTION:
 DEVOLUTION:
                                          I am OK, you are not OK
I am not OK, you are not OK
                    Get-Rid-Of
 REVOLUTION:
 OBVOLUTION:
                    Get-No-Where
 For each category of solution, there is a reversible (temporary) and a 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"
                            Reversible
                                                           Irreversible
 Social Mode:
                            Make Progress
                                                           Get-done-with
                                                           Get-winners
 Social Location:
                            Periodic popularity
                                                           Popularity
                            Runners-up
                                                           Winner
                            Secondary office
                                                           Principal office
                            holder
                                                           holder
 Psycho(patho)logy:Get-Better
                                                           Get-Well-Of
                            "Psychiatry"
 Game:
                                                           Playfulness used
                                                           as a procedure
 Physical Illness: Healed Tuberculosis Measles
DEVOLUTION: Get-Away-From(GAF):"I am not OK, you are OK"
                            Reversible
                                                            <u>Irreversible</u>
  Social Mode:
                            Take a trip"for
                                                            Suicide
                            health reasons'
  Social Location:
                            Alienate(self)
                                                           Invalidated(self)
                            Go To Jail.To
                            Mental Hospital
                                                           Deported
  Psycho(patho)logy:Phobia,depression
                            "Why-Does-This-
 Game:
                                                            "Suicide"
                            Always-Happen-To-Me"
                            "Look-What-I-Did-
                            To-You"
  Physical Illness: Essential hyper-
                                                           Hypertension with
                            tension without
                                                           physical changes:
                            physical changes
                                                           enlarged heart,
 REVOLUTION: Get-Rid-Of(GRO):"I am OK, you are not OK"
                            Reversible
                             Reversible Irreversible
"You-Can-Go-To-Hell" Homicide
  Social Mode:
                            Crusade, vendetta
  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: Hyperemesis
                                                            Amputation
                   gravidarum
                                                            Hysterectomy___
 OBVOLUTION:Get-Nowhere(GNW):"I am not OK, you are not OK"
Reversible Irreversible
Social Mode: Steadfast Encrusted(Illness)
                                                     Irreversible
Encrusted(Illness)
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Scleroderma For the psychotherapist, it is desirable to direct work primarily toward the patient getting-well of symptoprimarily toward the patient getting-well of sympto-matology 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 he "should get 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?

Status Quo, "Skid Row"

Rheumatoid Arthritis

Alcoholic:

Physical Illness: Raynaud's disease Burger's disease

Social Location:

Game:

Psycho(patho)logy:Schizophrenia

Name:

(Type or Print)

Address:

2.TP

(Individual Subscribers: Please make check for \$2.50 payable to FOUNDATION for GROUP TREATMENT, Inc.) SEND TO: FOUNDATION for GROUP TREATMENT, Inc., P. O. BOX 1141, VALLEJO, CALIFORNIA 94590

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 2. NOTICES of coming talks, seminars, meetings for 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 $\bar{\text{FOUNDATION}}$, 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 reports
 - a. ENCOUNTERS, vignettes, applicable to group treatment
 - b. FORMULATIONS of theoretical and practical nature
 - s for GETTING WELL.
- learning, teaching, training.
- 3. REPORTS on events of interest to group treatment professionals.

Individuals who would like 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.

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