

June 28, 2013
Vol. 4, No. 6

Game Codes – Newsletter of Games People Play

Addresso'Set Publications

Special points of interest:

"Have three transactions and then do something else with someone else" is to be able to stop short of relinquishing Adult control of one's own transactions. Players in groups are reliably able to keep track of the number of sequential transactions with some other person up to three in number but, remarkably often lose track of the number of transactions (forget to count them) after three. This means that an individual quite often becomes committed to doing something other than (Adult) counting after three transactions.



Games Defined

A game is defined as a recurring set of transactions with ulterior transactions, concealed motivation, a gimmick, and a payoff.

Eric Berne, M.D. used a particular variation of the duplex transactional diagram to represent the ulterior aspects of a game. Berne added the concept of switch in 1966 and intro-

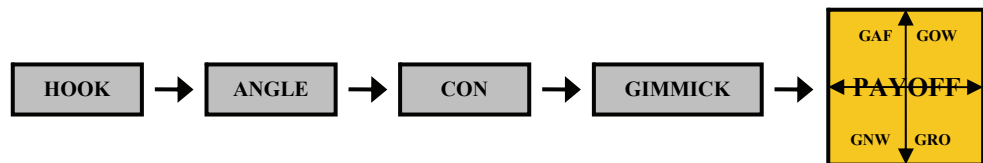
duced "The Game Formula." $\text{Con} + \text{Gimmick} = \text{Response} > \text{Switch} > \text{Payoff}$.

The "Ernst Game Diagram" as described by Franklin H. Ernst Jr., M.D. in his paper "The Game Diagram" shows the phenomena of the variability of a game and number of variations without contradicting "Berne's

Game Formula." The Game Diagram" has five moves:

- Move #1-Hook,
- Move #2-Angle,
- Move #3-Con,
- Move #4-Gimmick,
- Move #5-Payoff.

Diagrammatically it looks like this.



Three Transaction Prescription

The following is from page 87 of "Who's Listening?" by F.H. Ernst Jr, MD

The thesis that there are four categories of moves to a game prior to payoff and three distinct moves before the gimmick is played, has been checked out by married and unmarried couples, by children with their parents and by parents with their children, by teachers, therapists, students and training seminar leaders. The test of this thesis has been the development of a reliable method for controlling "the urge to play my game" when transacting with a favorite playmate. The proof is that individuals can control the urge to commit them-

selves to a game by using the prescription: "Have three transactions with your favorite player and then disengage from him for awhile. Stop talking to him and looking at him for at least three minutes. Talk to someone else or do something else before you go back to having another three transactions!" Each time this prescription has been used the individual reports clear-cut ability to control the appearance of his troublesome gimmick and payoff. The effect of using this prescription "Have three transactions and then do something else with someone else" is to be able to stop short of relinquishing Adult control of one's own transactions. Players in

groups are reliably able to keep track of the number of sequential transactions with some other person up to three in number but, remarkably often lose track of the number of transactions (forget to count them) after three. This means that an individual quite often becomes committed to doing something other than (Adult) counting after three transactions. This test then, in the writer's opinion, confers the title of "theory" onto the thesis that there are no fewer than three categories of moves in a game prior to the commitment to playing a game.

It is infrequent and only under special circumstances that two

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It would be interesting to analyze the games people play over at the National Security Agency (NSA). On the surface of the iceberg they have created, they are perceived to be playing "NIGYSOB" and "Try and Get Away With It." Recently they appear to have been playing WAHM (Why Is This Always Happening To Me?). Of particular interest would be an analysis of the criminal games being played there.

How can they justify invading the privacy of individuals when they have been sworn to protect the privacy of people? Quite a conundrum guys/gals. ...

"Blemish" anyone?

"Let's Pull A Fast One on Joey" ?

persons will proceed through the first four categories of moves in a game, and then after only four transactions, go to the fifth transaction collecting, therein, their payoff. Usually the excitement value of payoff is heightened by the advances and retreats, via the returning to an earlier move for a replaying of the con and the gimmick before collecting payoff. This is similar to a quality-type seduction, wherein the one person finally then yields to

give in to the other person. The healthy player has a wider repertoire of variations for each category of move in his game than the "hard player" (sick, less skilled). The intriguing player has a greater imaginativeness and inventiveness at his disposal for each class of move, and therefore, he has more choices open to himself in a given social setting. This includes the ability to choose with greater flexibility and regularity which quality

of payoff he will get himself as the end result of the play. The payoff of a game can be viewed as the outcome of a social encounter. When the totality of transactions in a game is treated as an encounter, then games, as well as other transactional time structuring activities, are seen as ending with one of the four qualities of I-AM-OK-WITH-MYSELF (OR NOT) and YOU-ARE-OK-WITH-ME (OR NOT). (pg. 75)

"Clean Out Your Ears" - The Treatment of Listening

The following is from page 115 of "Who's Listening?" by F.H. Ernst Jr. MD

Listening activity is modifiable. A person's listening could come under scrutiny in a variety of situations: because of a salesman's decline in sales, a teacher's difficulty with a class, a supervisor's problems with his men, a secretary's with a boss, a lawyer's with a particular judge, or a patient's with a particular psychopathology (and spouse). The listener's actions as these contribute to his troubles are amenable to successful, often quite simple interventions.

Harriet, initiating consultation, thought (was taught as a child) that being a good listener meant "You are supposed to be quiet when someone else is speaking. Don't interrupt the speaker"; however, affirmative head nodding was permissible. When her turn came to talk she could ask questions of the talker. She had been taught that a good conversationalist was one who didn't make "flat statements" but instead asked polite questions "showing interest." The serial questions of her game "Look-how-hard-I-am-trying- (to-get-along-with-you)" were identified, and in their repetitive nightly appearance to her

spouse, Ben, were trying and tiring to him at the end of his day.

Harriet described how infuriated he got at her and "how hurt" she became when "after all my interest I tried to show in him," Ben would work it to get away from her and into another room which was "sacred" in her home.

Job number one was seen to be to get her to increase the amount of her audible, vocal responsiveness to the other person when she was listening. Initially, she had a trance-like appearance while "just listening to you!" Within twelve seconds of talking to her she would have stopped almost all body movement, except for some head nodding; her face would be sagging (she verified her teeth were not touching); her eye-blink rate would become markedly reduced (one every six to eight seconds).

In the first session, her lack of audibility was identified to her and she was shown she could give back more vocal recognition -- recognition which she was "probably, unknowingly, withholding from Ben," her husband, "when he gets home and starts talking to you." It was recommended to her that she increase the number of her

one, two, or three syllable audible vocals during the sentences and paragraphs of her spouse's pastime offerings to her when he got home. Additionally, it was noticed, but no comment was made on the smiles she gave when she was asked to give back vocal responses during the first session. No recommendation was made about her head-wagging during the first session ... even as she told of having headaches. The treatment agreement reached before the end of that session was to get well of getting "hurt by and mad at" her spouse. During the ensuing week, the increased number of realistically stimulating vocals back to husband and the coincidental decrease in amount of silent (Parental) head-wagging, led to improvement at home. She also reported fewer headaches (from less head nodding?).

The next job for the "treater" was the control of her tedious, tiresome, trying comments ending with a question mark. The separation and control of this tiresome "why?" Child who was "overlapping" (contaminating) her Adult was initiated by the recommendation that she begin tabulating the number of questions she asked in the first hour after hubby got home. To

her immediately forthcoming "Should I stop asking him questions when he gets home?" she was told that her conversational questions to him were to be counted by her; that it was not only permissible but desirable for her to continue her questions, especially as she kept track, as she counted the number of them. The prescription was: "Once a week count the number of questions you ask Ben during the first hour after he gets home!"

Next session: "I don't think I caught all of them Thursday, but there were 26 [that] I counted!" She graphed the number of these questions on a weekly basis and began to bring the graphs in. Soon the correlation was being made by her: "the more questions I ask him, the bitchier I get with him."

Child from the injunction "be nice to him even if it hurts you." The tabulating of the number of questions stimulated her Adult awareness of her Child-self, Harriet. The counter-injunction prescription, "Don't-stop-them;-count-them!" offered her effective permission to try something besides questions "to show interest." Not unexpectedly, she soon was giving evidence of showing more smiling interest in Ben as a by-product. The statement that "My-questions-are-to-show-I-am-interested (even-if-it-hurts-me!)" could be changed from being based solely on a now-and-here reasonableness, into a valued and continuingly attracting talent of long standing which need not cause her to be hurt. The (childhood-originating) then-and-there basis was established as still reasonable in the now-and-

"prescription for getting well of getting hurt," she was enjoined to "give-with-an-audible-vocal more often." (These are the one, two or three syllable phrases -- not more than three -- which can be offered into transactions without disrupting the principal speaker.) This particular prescription was selected for several reasons.

(1) It would activate her spouse into more regularly looking at and talking to her (stroking her) as she became more immediately stimulating to him with more vocals from herself.

(2) It would counteract her trance-like "going-blank" facial appearance which indicated that a growing internal confusion (of her Childself) was in progress and needed to be reversed.

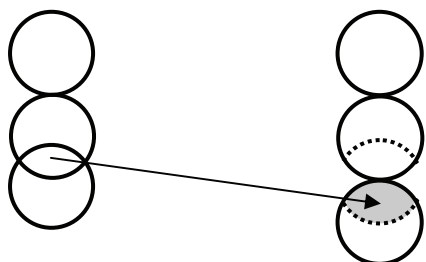
(3) This particular prescription for Get-Well would aid in setting aside a Parental injunction which was estimated to exist (but which was not inquired into). Without asking, it was clear to the therapist that whatever (Parental) protection her Child had against this growing confusion, this protection was not working; however, any act that might "lift" her Parent would likely aggravate her Childself sense of being orphaned.

(4) In having a program to work on (a prescription to take) between visits she was enabled to turn some portion of her at-home-alone time, her obsessive ruminating time, into figuring out some new syllable to fit into the "openings with Ben" when he got home and began to talk to her. These particular intervals of time "at-home-alone" which were used to figure out new words, new vocal articulations to use that night, would predictably be "anxiety free" and unconfused. Now she had a program wherein her Childself didn't have to wait until next week or next month or next Christmas. By the third session she told

Ephesians 6:10

From henceforward strengthen yourselves in the Lord, and with the power of his might. Put on the complete armour of god, so that you may be able to stand against the tactics of the Devil. Because our fight is not against blood and flesh: but against the sovereignties, against the powers, against the commanders of the darkness of this world, against the spirits of wickedness in the heavens. ...

"My questions are to show him I am interested."



Case of Harriet's "My Questions."
Decontamination Treatment Objective

Her own Adult monitoring of (listening to) herself was thus expanded and strengthened as her Child decreased the "overlapping" -contaminating of her Adult. By explicitly recommending the continuance of (a portion of) her questioning of him which she was already doing, the Child ego state justifications for the reasonableness of her questions were bypassed. Effectively, this act of counting, by her newly "freed" Adult, served as a protection for her

here attracting and holding Ben. The question-ings of her "cute Kid" were affirmed to her as attracting Ben during courtship and therefore still stimulating to him.

Treatment considerations in Harriet's case: Shortly after the start of the first session, it was decided that her Child-based teachings about how to listen were in need of being treated. About halfway into the first session, the first recommendation was given. Named to her as a



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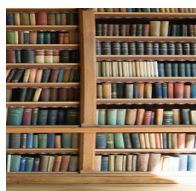
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"Mastery of the universe is proportional to the symbols man has by which to represent his universe."



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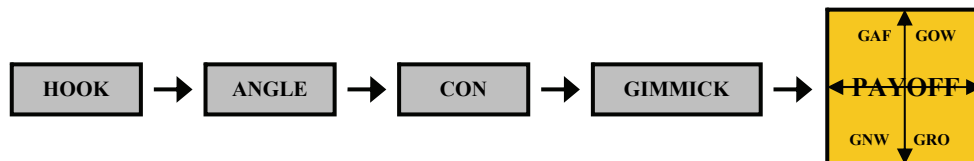
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A game is defined as a recurring set of transactions with ulterior transactions, concealed motivation, a gimmick, and a payoff. Eric Berne, M.D. used a particular variation of the duplex transactional diagram to represent the ulterior aspects of a game. Berne added the concept of switch in 1966 and introduced "The Game Formula." $Con + Gimmick = Response > Switch > Payoff$. The "Ernst Game Diagram" as described by Franklin H. Ernst Jr., M.D. in his paper "The Game Diagram" shows the phenomena of the variableness of a game and number of variations without contradicting "Berne's Game Formula." The Game Diagram" has five moves: Move #1-Hook, Move #2-Angle, Move #3-Con, Move #4-Gimmick, Move #5-Payoff. Diagrammatically it looks like this:



about "My Harriet-Self -- I told myself I can wait until later in the day and I knew I could, because he is really smiling and laughing like his old self when he's getting home now. So I thought of some other funny sounds to make... (pausing without going blank). That's funny, I just remembered. I used to do that when we were first going together."

The treatment of "My ... Bitchiness" was underway. Harriet's case illustrates some of the clinical "listening psychopathology" and treatment considerations which were dealt with early in her sessions.

A series of treatment techniques has been developed and designed which are given as "prescriptions" to patients. This is similar to how a person with a bacterial pyelonephritis may be given the recommendations: (1) Rx: Drink four quarts of liquid per day; (2) Rx: Take body temperature twice daily and record it; (3) Rx: Purchase a quantity of a sulfa drug preparation and take two teaspoons q.i.d. (4 times a day).

TECHNIQUES:

"Prescriptions for Getting-well":

Some of the procedures used for the modification of the listening of the listener follow. In the colloquial they are known as:

1. Give-with-An-Audible
2. Selective-stroking
3. "Brush-Touch" -- the Other person (0.2 second on non-erotic skin surface)
4. Use-a-Sound-Screen
5. Duet-Talking
6. Get-a-Move-On
7. Teeth-Touching
8. Get-a-Level
9. Use-His-(First)-Name
10. Get-Your-(First)-Name
11. Get-a-Replay (Re-Listen)
12. Give-With-a-Move
13. Blink-Up
14. Thought-Pause -- "Give-yourself-a-second-to-think"

These fourteen listed procedures are some of the techniques which are designed to aid in bringing about Adult strengthening and relief from the results of childhood-based

decisions and corresponding positions; i.e., psychopathology as shown in the listening activity of persons' transactions. They are directed toward the care and treatment of "troubled listening". These procedures, "prescriptions" are available for the reader, be the "treater", teacher, etc. to recommend to a person and for the individual to take home and use for his own benefit and direction. These are specifically recommended and used in treatment to bring about curative results of a problem, of a trouble, of some racket or game, or some aspect of a person's psychopathology.

A description of several of these procedures and various ways they can be used is next in this chapter. The chapter after this one deals in depth with the "leveling" Adult locating technique and its implications. In the last chapter there is a series of examples of the above techniques with formulations that detail the use of specific regimens which have been successful in handling specific people-problems.

To be continued