SOCIAL TOOLS
NEWSLETTER

The following is from an unpublished manuscript titled "Social Tools" by Franklin H. Ernst Jr., M.D.

ADULT
A
Judgment decisions
Alternatives decisions
P
C
PARENT
Preserve, Protect
Compromise decisions
CHILD
Invent, Emote

SPECIAL POINTS OF INTEREST:

There are four types of social tools.

- Management of Self
- Dealing With Others
- Tickets, Talents, Hellos, Education, Trades, Techniques
- Money

CLASS #1 OF SOCIAL TOOLS MANAGEMENT OF SELF

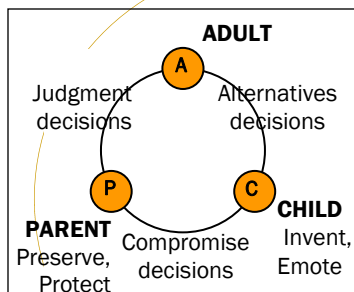**PERSONAL JUDGMENT** compared to **COMMITTEE** JUDGMENT (decision, protocol)

An ethics judgment by a committee is the kind where no personal responsibility is attached. The responsibility for it is lost in the corporate nature of the committee body.

Many hospitals have established that giving certain medicines shall be by protocol vs personal judgment of the individual physician; sanctions to be administered against physician who does not adhere to the written hospital protocol. ("Aminophyllin" protocol)

CONSENSUS

CONSENSUS, TREATMENT AND DIAGNOSIS GUIDELINES

ISO (International Standards Organization) has developed bar code standards for all products AND services.

There are, for example, privately appointed EXPERT CONSENSUS COMMITTEES to establish THE TREATMENT "guidelines" for specific diagnostic categories of illness. Again, the diagnosis may well have to be made according to preset "guidelines." The binding element coming from such "guidelines" is that the physician cannot be paid by the insurance company for his diagnosis and treatment unless he can demonstrate that the patient's diagnosis and treatment adhered to the predetermined "guidelines" written by "an expert committee" none of whom ever saw the patient at all. The "guidelines" are computer stored, bar coded "protocols." See (1) Consensus Statement on Post Traumatic Stress Disorder From the International Consensus Study Group on Depression and Anxiety, Journal of Clinical Psychiatry, Volume 61, Supplement 5, 2000, Physicians Postgraduate Press, Inc, P O Box 752870, Memphis, Tennessee, 38175-2870.

Another report shows how "consensus" was not consensus. This is "The Expert Consensus Guideline Series: Medication Treatment of Bipolar Disorder 2000" by G S Sachs, D J Prinz, D A Kahn, et al, Postgraduate Medicine Report, April: 1-104, McGraw-Hill Healthcare Information Programs, 2 Penn Plaza 5th Floor, New York, NY, 10121-2298.

This report states "A modified RAND Corporation format was used to ascertain consensus" (Psychiatric Times, August 2000, page 3). On page 1 of the same issue of Psychiatric Times the lead author (Sachs) was quoted as saying "On 89% of the issues ... there is consensus ..." Consensus usually means all participants agree 100%, not 89%. Then too, where this so-called consensus was achieved it was according to a "modified RAND Corp. (statistical) format." In other words, what was presented to psychiatrists in 2000 had a significant minority in disagreement, 11% and where consensus was claimed such claim was based not on agreement, but on the basis of "Modified Statistical Format" selected by the promoters who never saw (the patients) the participants themselves.

A third "consensus" report was released to psychiatrists in 2000, "Practice Guideline for The Treatment of Patients with Major Depressive Disorder", American Psychiatric Association Practice Guidelines, American Psychiatric Publishing Group, 1400 K St NW, Washington, DC 20005.

MANAGEMENT OF SELF

THE POINT OF THIS:

"Guidelines" means standardization. It means that in these instances the sick person is put into a predetermined mold and the predetermined (cookie-cutter approach) treatment is authorized / "prescribed." "Guidelines" for diagnosis and treatment are required for establishing a bar-code for them. Then a clerk at an insurance company desk can look in a manual to see if a diagnosis and its treatment had been correctly matched by the physician or if instead, the physician was guilty of a crime (no exaggeration). That matching could even be done by a computer program in the clerk's desktop computer.

These "consensus derived guidelines" are fraudulent misrepresentations of what actually has taken place in the process of writing them. Yet they are the basis for bar-coding medical diagnosis of living patients, and treatment of living people.

CONSENSUS, HYPNOSIS, SUGGESTION AND PSYCHO-POLITICS

What do these have in common? They are all used to persuade the participating person into moving his thinking and believing into a pre-selected pattern. "Brainwashing" and "brainstorming" are two other terms which belong to this group.

Almost half of all California cities have been using what they call the "consensus" process since the late 1980s to set their city public policy "goals and objectives." Supposedly, California **law requires all public policy matters** to be decided, and voted on in a public forum. And yet, the "goals and objectives" meetings are, however, held in semi-private, if not private meetings away from public exposure. They are led by a non-elected "consensus" builder, a person selected by, paid for by the City Manager.

The goal of the meetings is to get the attending elected officials of the city to give their assent and backing to a pre-selected set of "goals and objectives" for the city government. Pre-selected? Those elected officers attending are led into believing the goals and objectives being set are the goals and objectives they themselves have brought up during the early phases of the meetings.

Careful listening and observing as ideas are solicited about "What do you want the city to do during the next year (or two or three)?" shows the wording of the ideas will be changed a bit here and there as the "consensus leader" writes them down on a giant note pad in front of all, then "if no one objects", gradually "consolidated" down to a few that reflect perhaps the ideas of no more than one of the elected. The "consensus builder" makes sure to get some verbal assurance from each attending elected person that they, at the least, **do not object** to what is written by the non-elected group leader as being the will of the entire group, that no one objects to it.

Toward the end of the meeting it is not unusual for the leader to solicit which member or two will "volunteer" to spearhead the carrying forward of some aspect of each goal and make sure each one volunteers for some part of the activity agreed upon.

By this "agreement" of elected member of city government, it is made to seem that elected city officers are the authors of what the City Manager actually informed the consensus leader to solicit from the individual elected personnel.

In the act of making sure no one dissents, the consensus leader has gotten each one to give implied [tacit] consent. By getting each one to "voluntarily" accept a follow up assignment of a personal activity which is part of the "the plan" again the chances are further reduced of any individual changing his mind.

Self-Governing: FREEDOM and LIBERTY

The most prized element we each can and do contribute to the liberty and freedom of each other is our own personal _emotionally based enthusiasm_ and uplifted, uplifting morale for personally accountable, mutually accommodative liberty and freedom. So?!

Express emotive behavior

The ability of each to individually (more or less) manage himself, to manage his own emotional enthusiasm to the benefit of his own individual goal for liberty and freedom by **accommodating the others at hand** (use of Adult) and with whom he has joined in the meeting event, - this is when such gatherings are most productive.

Thinking, figuring out how to accommodate others.

Each person can develop an ability to regulate his own behaviors when with others as he accumulates experience.

Not many people will change their mind after giving a verbal assent witnessed by others and then personally working for the completion of a task that requires going out of their way.

These are facts the qualified social worker, the clinical psychologist and the skilled psycho-political worker (consensus leader) knows. Persuasively recruiting the "vote" of the person followed by that person "volunteering" to carry out an action toward the same end as his "vote" will lead to the person attaching his personal commitment to achieving that goal.

Putting it differently, he has locked himself into what he now regards as "his program." The chances now of him changing his mind later are "one in a million" against it. His mind is made up. Even a hundred constituents pleading against such a decision before the formal "public vote" is quite unlikely. To change his mind he would have to admit that previously "he did not know what he was saying" AND "he did not know what he was doing."

Consensus leaders make sure from the start of their consensus meetings to enlist participation of each member by, for example, getting each one to contribute some ideas of his own which the leader then writes down much like a secretary of the member. The fact that the leader shortly begins to rewrite, edit and change the member's initial intention does not erase the member's view that his personal ideas have become a part of the ongoing effort and work, that the member's own "thinking" has now become an integral part of the plan.

Consensus, as used to shape and design a plan for a "community," is a group process quite similar if not identical to "process group psychotherapy." One well known consensus leader in California acknowledged to author she got her start in the field as a registered nurse in a psychiatric hospital, which writer also knew.

"Consensus" is a process designed to **manipulate** and **psychologically coerce** participants into taking a pre-determined set of assenting actions, usually toward a political end. Political end? Toward bringing about more controls over the body politic.

Consensus is a group process carried out on a "closed group" or "captive group", usually starting with participants being encouraged to set aside reasoning about reality in favor of "making a wish list" about getting a particular problem or job solved. One of the goals of the consensus leader is to keep reasoning and reasoned judgment out of consideration by the participants as long as possible.

CONSENSUS, HYPNOSIS, SUGGESTION AND PSYCHOPOLITICS

The "Comprehensive Conservation and Management Plan" (CCMP) for the federally sponsored San Francisco Estuary Project was "written" as above described between 1990-1993. It was, and is a federal plan to take over control of the entire watershed area of the Sacramento and the San Joaquin Valleys of California. From Mt. Shasta in the north to the Tehachapi Mountains in the south. From crest of the Sierra Nevada to Coastal Range. The plan was "written" by a Committee of 56 who were "leaders in a broad-based community business and government group."

In "writing" the CCMP the leader adhered closely to what she had written down (in front of all of us) her understanding of the Committee's "intention" when it had previously "brainstormed" about such a plan in 1990 and 1991. Actually the "brainstorming" sessions occurred after copious staff written materials had been made available and were sent to Committee members. In fact, Executive Director (Marcia Brockbank) told this writer that "the plan" itself was the same one previously "sketched out" by a "steering committee" sometime before 1990.

In writing the formal plan after the initial "brain-storming sessions," the 56 committee members were "restricted"

MANAGEMENT OF SELF

to one of five choices in regard to approving the elements now in a formal document produced by staff.

THIS WAS CONSENSUS

These choices were:
1) "Complete agreement,"
2) "Perfectly acceptable,"
3) "Can live with it,"
4) "Will stand aside,"
5) "Oppose unless changed" **or**
6) "Under no condition would person agree to it (a totally disagreeable person?)."

THIS WAS CONSENSUS

What with the Committee members being placed in the position of having shut down their reasoned thinking and their judgment thinking and their thinking about protecting the populous against future consequences, those business and government community leaders attending were limited to being pupils in an elementary school who could either be agreeable and good, or if one dared and was not agreeable then being labeled as **being** defiantly **disagreeable.**

WHEN CONSENSUS IS NOT CONSENSUS

Despite members of the public-at-large in attendance speaking and submitting written reports against one of the major flaws in this "San Francisco Estuary Project" SFEP, the absence of

attention to the multiple well known and deadly public health hazards in this vast area being overlooked (eg mosquitoes, others), the plan as original privately designed in 1989 was signed by the 56 members in 1993 and went into final printing. But the public-at-large opposition did achieve the objective of persuading a significant portion of that Committee to become stubbornly opposed to some of the agricultural and public health features contained in the plan AND that subsection of members did write its own minority report about those elements of the plan which did become part of the CCMP Plan. The fact of **a minority report** becoming a part of a "consensus" written plan was then almost unthinkable and previously unheard of. It meant the consensus was not a consensus.

Consistently and irreversibly the use of judgment style thinking was shut off by leader. (See the diagram on page 1) For example, leader secured assenting agreement of the 56 at the start that "since this plan will have many features we will have to agree now that once a part of the plan is completed it will be finished and not reopened later to argue about." No one verbally disagreed then, therefore leader announced: "This is agreed then by this Committee." This opening

ploy of gaining assent to this rule ostensibly to avert later fighting and arguing did have far-reaching consequences for Californians.

At a later meeting with one member of the CCMP Committee, Bill sheepishly confessed to author "I never should have signed that ... document ..." He was the one who had authored the "minority report" portion of the document.

The "scientific findings" described in the document were **"political science"** findings. They were not verifiable. They were based on pre-conceived objectives which served the ulterior bias that political science finding do serve.

Judgment involves the use of longer range thinking about future consequences to the people affected by a decision. The benefit of reflective thinking about the consequences to Californians of particular elements **was thereby shut off** by pre-signing to not disagree when later "reflecting. In terms of *Games People Play*, book by Eric Berne, MD the reader is directed to the game "Let's Pull a Fast One On Joey", FOOJY. When game is played on the gigantic scale like this it is called "Big Store."

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WHEN CONSENSUS IS NOT CONSENSUS

Although the name "San Francisco Estuary Project CCMP" is rarely used now (2007) by those in control of advancing this plan, the plan does go forward. From 1995 on, this program went ahead as the "CAL-FED Bay Delta Plan." It is much more explicit about taking control over all California Central Valley water. Reader is here reminded about how a similar federally sponsored program has recently been successful in shutting off all water to 200,000 productive agricultural acres including over 100,000 acres of homestead land supplied by the Klamath River basin water. Major water shortages have been created for Idaho homesteads of more than 50 years by taking water away from them supplied by the Snake River.

MORE ABOUT CONSENSUS

In the 1980s **Don Bell** wrote about three varieties of consensus methodology known to him then. They included the one developed by Saul Alinsky in his work with Chicago teacher groups, the "Alinsky Technique." A second one Bell referred to as the "Delphi technique", and the third one "the Delphi convention." To date, author has not found which is, nor how these three methods of conducting consensus groups differ. Author does

not know which technical name was attached to the one he witnessed being used for the San Francisco Estuary Project (SFEP) and described above. (Does this mean this writer does not know what he is talking about?)

It is known that participants in these consensus groups are subjected to procedures designed to make it appear that all attending were in conformity with a (pre-decided) program which had, however, been presented to them in such a fashion they were led to believe they somehow had written it piece by piece. The consensus procedures are also designed to eradicate the credibility of any divergent views.

The goal of these consensus programs is to get those people (with bodies) into specified rooms at specified times where they will be required to sign an official attendance record. These same bodies (people) will be brought to the point of willingness to sign their names to the final version of a project document, a copy of which final version they will not have been permitted to read before signing.

Writer has had little trouble following the sequenced psychological manipulation moves employed by the consensus building "professionals" seen in operation to date; about 30 different groups over a period of 20+ years. Groups in-

cluded the above mentioned SFEP group, Vallejo City Goals and Objectives of City Council Members, and some "Vallejo Community" meetings for various projects of the mayor and city manager.

SOME OTHER NAMES BY WHICH CONSENSUS GROUPS ARE CALLED

"Team Building", "Visioning Conference", "Goals and Objectives Meeting", "Delphi Group", "Process Group (Marathon) Meeting", "Facilitated Scientific Review" (some CAL-FED meetings), "Retreat", etc.

Change of Subject

Management of Self (MOS) and BETRAYAL?

It is desirable these days to keep in mind that your acquaintances, friends, family members and spouse all talk to others, including probably about you. It is a good idea to keep track of this fact.

Why not have a personal policy of being aware that your friends, knowingly or not, during such talk might say the "wrong" thing about you to the "wrong" person. So how can you protect yourself (not against) what could feel like a betrayal by one of your friends?

One thing is to continue to assess, the best way you can, where those close and not so close to you are coming from inside themselves.

> It is desirable these days to keep in mind that your acquaintances, friends, family members and spouse all talk to others, including probably about you. It is a good idea to keep track of this fact.

Parent

Adult

Child
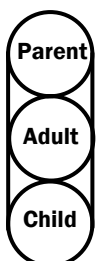
MANAGEMENT OF SELF

Most everyone has a hidden agenda. Hidden agenda? Very few of us have a full picture of our own unconscious attitudes toward other individuals around us. What is being talked about here is a damaging ulterior intent against you, that some people might carry around inside themselves about which they may be unaware. Of course, there are those few who have a clearly thought out program to promote themselves regardless of who might get in their way, who regard other people as being a possible stepping stone or not a stepping stone in their path to greater glory and fame. If you were such, you would be a piece of equipment, not a person.

This calls for a periodic dispassionate assessment of your friend or "friend." For some this is impossible to do because that would be unfair, would be to betray that friend's trust in you, even to think of doing it (the thinking).

Another procedure is to listen to warnings of others whether you like what they say or not. The job here is of setting your emotions aside for periodic matter-of-fact thinking assessments about those close and not so close to you.

The emotional outrage at such a suggestion often arises from the unspoken emotional assertion that "I KNOW WHAT I'M DOING (IKWID)" in having the particular person as a friend. The problem here is in a personal question or inner comment "I don't know what I'm doing having that person for a friend." The person who does not make mistakes about friendships has a problem with personal vanity. For some "You don't know what you are doing" is the supreme insult, like having your mother called a bad word.

Management of Self (MOS) and HEALTH

Personal health care is part of **management of self** (MOS) class of **social tools.**

Medical care and medications. Medications to help a person manage himself, his health: headaches, arthritis, heart trouble, diabetes, high blood pressure, etc. The average number of medications a person over 70 takes is six, we hear. Taking these on a prescribed basis probably is important. The temptation may well come up to stop taking some of them or to take more than prescribed of these medicines. Another temptation item is to stop keeping track of, **making a record** of medicines taken.

LIFE

The LIFE you have to live with others around you is the set of circumstances, both the liabilities and the assets, in which you will be using your social tools.

ADVERTISING TO "ASSIST" IN SELF MANAGEMENT

include many sources:

  Auto Insurance
  Colonic irrigation parlors
    (see yellow pages in any
    large city)
  Debt service help is abundant. Turn on your TV and watch the ways other firms have figured out a way to make a living off of your debts.
  Life Insurance
  Personal counseling
  Personal services
  Etc., etc., etc.

MAGAZINE ARTICLES AND MAILERS

Many are the checklists and written articles in magazines for dealing with yourself to get ahead, to get along better with a spouse, family members, the boss, to get a promotion, to lose weight, get in better physical condition, get a "good night's sleep, etc.

Then there are the written checklists, advertisements and articles on how to overcome certain emotional problems – depression, emotional insecurity, phobias, etc.

Medications to ask your doctor about – hair loss, Ex-lax, Viagra, and so forth.

CaL-PERS (California Public Employee Retirement System) advertises that it holds periodic "CalPERS Financial Planning Seminars for Retirees" up and down California to help you plan your affairs, finances, medical coverage insurance.

MENTALLY ILL ON THE STREETS

Perceptions of the mentally ill: Some mentally ill perceive medications as being forced on them against their will by others, as changing their beliefs, taking away their (supposed) "strength." Therefore many stop the meds when they can. And again become the "loonies" we see on the busy sidewalks of urban areas. Downtown Sacramento, K St Mall, Third to 12th Street is scary to those unfamiliar with the world of the mentally ill since the State judiciary decided "to give them their rights."

Some perceive the medications prescribed for them as giving them a chance to be OK with others; for example family. Most keep their (delusional) beliefs unchanged, but now can suppress the expression of these beliefs to other people. Many with auditory hallucinations still hear the voices but with

medications can control the urges to be other people around themselves, hear them responding to these voices. And when taking their anti-psychotic medications they feel less distressed personally.

MEDICALLY ILL ON THE STREETS

Similar to the mentally ill, adhering or not to their medication schedules, there are those whose physical health would be improved by taking insulin, digitalis, blood pressure medicines regularly and/or adhering to a diet management regimens. Some people in need of lowering their blood pressure will refuse to take their meds eg "Because they make me sleepy;" not having been willing to go through the interval it takes some bodies to accommodate and recover from that particular "side effect." The fact there are blood pressure medicines that do not make a person sleepy are often dismissed by these "non-compliant" individuals.

THE POOR AND SELF GOVERNING

The real poor are chronically deficient in the use of all four classes of their social tools.

They don't use or know the names of people they recognize and talk to. They often prefer to use the nicknames of those they know instead of the person's given names, if they know it. The people they talk to often "all look alike." The other people of the world are divided into the RICH and the POOR.

Envy at work? They often have no money except on their "emergency spending day", the first day of the month.

They lack skills in trades, talents, techniques, (educational) tickets of commercial value. They often lack, don't use, don't know how to successfully attract others to themselves. They lack skill in self-management, easily fall into becoming other-managed individuals; the homeless, chronically dependent, chronically mentally ill, and some habitues of jail.

Summary of SELF-MANAGEMENT TOOLS

A person can learn from his experiences and his mistakes. After making a mistake, the impulse is first blame someone else and/or blame yourself.

Hopefully, and as soon as possible afterward, a person will come to see that as long as blaming someone occupies front stage, then thinking and learning from the event are postponed. An alternative to blaming is to forgive who ever may have precipitated the mistake. It is often harder to forgive yourself than another person. Forgiving does increase the chances to learn from a mistake.

ASSETS

Many mistake physical assets for social tools. The fact is the better you use your social tools the more assets you will have.

The four classes of tools listed here are those that everyone possesses including, at some time or other, more or less money.

Good health is not a tool. It is an asset. Poor health may be a social liability or not depending on how one adjusts himself to it. Being alive is to be able to use at least some of your social tools.

FREEDOM is an asset, not a tool. How this asset of freedom is used and protected will depend on how the person uses his social tools.

Legally free or legally enslaved, a person still has his social tools; in or out of jail. It may be that the opportunities to use them (to personal advantage) are restricted, restrained. It may be that the programs the "government" has for you, to develop and envelope you with, to wrap around you socially, it may be that these are designed to frustrate your personal goals, to make you feel futile, to intimidate you, to infuriate, control, to mould and mold you.

BUT, in every such oppressed society a few individuals routinely come to grips with the setting and preserve their own inside freedom for themselves.

[Editor's note: a new group of jobless, homeless people have surfaced in recent years. Most have an abundance of social tools: Management of Self (MOS), Dealing With Others (DWO), Tickets-Talents-Skills. They understand money, BUT they don't have it. Something is (clearly) wrong with the money system.]

Mastery of the Universe is Proportional to the Symbols Man Has by Which to Represent His Universe.

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www.ListeningActivity.com
www.ErnstOKCorral.com

"Reach for the stars."

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