

# THE ENCOUNTER

An Information Service for Group Psychotherapy Professionals. Published under the Auspices of the Golden Gate

FOUNDATION for GROUP TREATMENT, INC.

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

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**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 Avenue, Suite 204, Sacramento, California 95825.

**B FOR GET-WELL:** I-don't-know-what-to-sav:"Talk to me." Formulation: Talking to somebody is the opposite of knowing-what-to-say; K-W-T-S comes from the approved-sayings list of topics. This approved-sayings topic list is recited from, in order to secure the (dis)pleasure, indifference or approval of the person to whom the recitation is being made. Training in these approved sayings is often from a head-wagging, nurturing Parent who withdraws not only the nurturing wig-wag (approval) nod but all signs of recognition if a non-approved saying is brought into the talk; to then, even become motionless until a topic from the approved-sayings list again makes appearance.

Knowing-what-to-say is the opposite of talking to somebody. Talking is for the listening to it. Talking is for the physical, visible moving it produces in the listener.

**FORMULATION:** Script: Theory of Getting-Well: In the Script of "Little-Red-Riding-Hood" the Getting-On-With (Get-Well, Get-Winners) position is occupied by the rulers, the owners of the forest, the ones for whom the woodsmen are working, the one in whose domain Li'l Red-dy's path lies, the individual in whose territory is grandmothers abode, the one in whose shadowy underbrush the wolf stealthily stalks his prey. (See THE E 2/20/69.)

This factor of the implicit role in a script is quite often significant in the theory and practice of a patient getting-on-with-it and into the position for getting well. "Okay"ness in Li'l Red-dy's story is conveyed by, conferred by "giving-the-time-of-day", giving visible, audible sign of noticing, being given the time of day, L-R-R-H, herself, with her games of "Rapo". See-what-you're-doing-to-me, projective "Ain't-it-awful" and "I-am-only-trying-to-help-(get)-you-(In-Trouble)" and "Let's-you-&-Him-Fight" occupies the "Get-Rid-Of" position, as is not infrequent with hysterics.

One of the purposes of the Foundation for Group Treatment is to foster the growth and development of scientific knowledge about the psychologic treatment process (scientific here means measurement, tabulating), for increased precision in carrying out treatment. The thought is that information about people-treatment is more universally teachable and therapeutically useable when conveyed in terms of inches, grams, minutes, calories, degrees of angle, cycles per second, etc.

**EXAMPLES:** 1. A treatment oriented inquiry to the Jealous Suitor: "How many times did she let the phone ring before answering?"

2. A tone approximating what is called "sarcastic" can be produced while talking by moving the lower jaw forward about 1/8" without otherwise changing the pitch or timber of the voice.

3. A "whining voice" can be produced while talking by arching up the back 1/3 of the tongue 1/8" toward the soft palate (just behind the hard palate).

Attentiveness to numerical data is less picturesque, less poignant, less drama-laden and perhaps less semantically rich. The group treatment professional who does use measurement terminology can more reliably secure beneficial treatment results and can more realistically term his work as being in one of the social behavioral sciences. The so-called "social sciences" have often been aptly criticized for lack of scientificism. Anyone who has had acquaintanceship with (undergraduate) college level political science courses will recognize the euphemistic use of the noun "science" in this context; on the other hand, this noun is euphonious with the adjective "political."

REPRINT available on request: "Use of Transactional Analysis in Prison Therapy Groups" Write to: Foundation for Group Treatment, PO Box 1141, Vallejo, CA. 94590.

**ENCOUNTER:** Ethel, an "Old Woman in the Shoe" at 22, late for her first session, arrived disheveled and talking at 350 words/minute (wpm) and by the end of that session at 250 wpm. On time for the next interview she started talking at 300 wpm. After about 30 minutes of this she rather abruptly sat forward in her chair and asked "What can I do?" (pause) "I get so mad at him (fiance) I can't think; I don't want to be screaming at my kids all the time!" and then stopped for a few seconds. This moment was taken to introduce her to the procedure of "leveling" her facial countenance and head. At that moment she did have a level countenance; she had just described her boyfriend's "angle." Therapist: "You can watch your boyfriend for when he has his angle going. By that I mean you can watch his face; when he's on the level with you, his head and face will be leveled and when he has an angle-in-mind he will very likely have an angle on his face. If you can get yourself to come-on straight with him then-, I mean set your head and your face level like this..." describing by example a "leveling" method to her. She carried out the leveling procedure shown and talked in a more organized manner for 30-40 seconds; then taking her hands from her head she again began to "angle" her face and talk at 250 wpm with a crescendoing voice. At her next 0.4 second pause for air, therapist asked, "Why not level yourself again--looks like it works pretty good for you!" while again going through the physical procedure himself.

"What? Oh! Okay!" and she did it again and again became more composed. This was done once more near the end of that session. She had to stop coming after a few more sessions.

A year later when she was able to resume therapy, she started right off at 300 wpm about her current domestic troubles. After an initial 15-minute burst of Indianapolis Speedway rate of talk, she slowed to look at therapist and comment on her own handling of the particular instance of being baited which she had just cited - "but that time I kept my level and he didn't get to me!" with a reflective smile of self-assurance and acknowledging glance at therapist.

**FORMULATION:** "Like I said (before)..." in a grouping of 3 or more it is usually followed by dissension, by disagreement between two others; is rarely followed by unity and harmony.

"As I said (before)..." means ya-better-(please)-give-me-some-credit-and-soon!

**FORMULATION:** Varieties of Mentation: Psychotherapists and others working in the social and behavior sciences are looked to by patients, clients for ideas, opinions, talk based on the professional's training and experience, i.e. skilled, informed deliberation. Thus the professional persons method of cerebrating assumes importance. Some of the more frequently heard modes of "thinking" are here listed with synonym:

1. "I think..." : my-best-estimate-is, from-the-information-I-have-to-date.

2. "I feel..." : "my feeling is", "I have a feeling that": in-my-opinion-it-is, in-my-heart-I-think, my-out-tells-me, my-vague-general-impression-is, don't-quote-me-but-I-think-that.

3. "I believe that", "It is my belief that..." : it-is-a-matter-of-(sacred)-belief-to-me, my-deity-told-me, my-mommy-and-daddy-led(fed)-me-to-not-question-that, it-is-my-firm-opinion.

4. "I know", "It is a known fact that..." : it-is-a-matter-of-strong-opinion-to-me, it-is-my-prejudice, don't-give-me-facts-man; my-mind-is-made-up, nothing-you-can-say-or-do-will-change-me-no-matter-what.

5. "It seems to me that," : my-daddy-says-that.

6. "I was wondering if," : I-don't-plan-to-tell-you-what-I-think.

In sequence these are then 1) cerebral figuring out; 2) non-specific, impressionistic, gastrointestinal originating opining; 3) deified conclusions; 4) opinionated thinking and prejudice airing; 5) seeming (pseudo?) thought; 6) misleading considerateness.

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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.

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

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