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Game Codes – Newsletter of Games People Play

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Special points of interest:

[To head off playing a game]
"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 [of games] 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.



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The Game Diagram

"The Game Diagram" is a paper written by Franklin H. Ernst Jr., M.D.

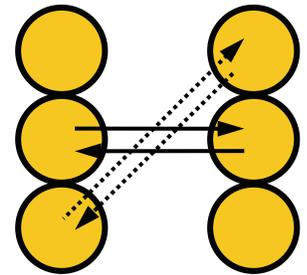
- The purpose of this paper is to describe and diagram:
- (1): The sequential nature of the moves in a game.
 - (2): The progression of the ulterior transactional events in a game.
 - (3): The recycling phenomena within one play-through of a game.
 - (4): The availability of options for the payoff of a game.
 - (5): The pre-commitment and post-commitment phases of a game.
 - (6): The game as a unit of behavior.
 - (7): Game playing regulates the occurrence and quality of intimacy.

Introduction

Since its introduction in 1954, the transactional analysis diagram (shown here) has taught itself to neophyte students, advanced clinicians, and clinical patients alike. In 1957 the foundations for game analysis were laid with the presentation of "Why Don't You--Yes But."

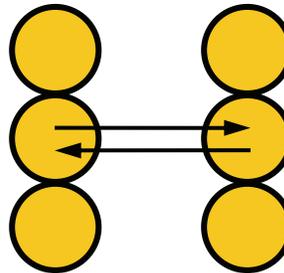
A game is defined as a recurring set of transactions with ulterior transactions, concealed motivation, a gimmick, and a payoff. Berne used the particular variation of the duplex transactional diagram (shown here to the right) to represent the ulterior aspects of a game.

Eric Berne, M.D. used a particular variation of the duplex transactional diagram to represent the ulterior aspects of a game. He added the concept of switch in 1966 and introduced "The Game Formula." **Con + Gimmick = Response > Switch > Payoff.**



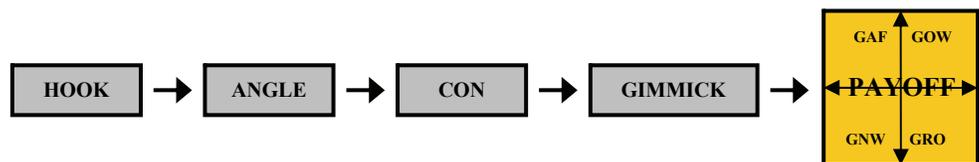
The Ulterior Transactional Diagram

The "Ernst Game Diagram" as described by Franklin H. Ernst Jr., M.D. in his paper "The Game Diagram" shows the phenomena of the variable-ness of a game and number of variations without contradicting "Berne's Game Formula." The Ernst Game Diagram" has five moves:
Move #1-Hook,
Move #2-Angle,
Move #3-Con,
Move #4-Gimmick,
Move #5-Payoff.



The Transactional Diagram

"The Ernst Game Diagram"



Seminars

Franklin H. Ernst Jr., M.D. gave many seminars in the early 1970's. Topics included: "Transactional Analysis 101", "Transactional Analysis in the OK Corral", "The Business of Listening", "Transactional Analysis and Games", "Transactional Analysis and the Alphabet of Behavior", and others. A forthcoming newsletter "Seminars — A Newsletter, by Franklin H. Ernst Jr., M.D." will be introduced soon. Stayed tuned.

Recommended Books and Reading



Many of Dr. Ernst's writings are available for reading and downloading at the web sites <http://www.ListeningActivity.com> and <http://www.ErnstOKCorral.com>. These sites are works in progress, as are other works.



Dr. Eric Berne's writings include: "Games People Play", "Transactional Analysis in Psychotherapy", "Structure and Dynamics of Organizations and Groups", "Group Therapy", "Intuition", and many others. These titles are available in print from various sources. A search online will lead you to them. We have a supply of some of Berne's books here, too.

There are four classes of ulterior transactions in each

game. They are:

- * the tentative angular ulterior (Move #1 in a game),
- * the committed angular ulterior (Move #2 in a game),
- * the tentative duplex ulterior (Move #3 in a game), and
- * the committed duplex ulterior (Move #4 in a game).

These classes of ulterior transactions are referred to here as game moves. Each game move has both a social level and a psychological level. The psychological level contains the ulterior aspect of the particular transaction.

"Clean Out Your Ears" - The Treatment of Listening - continued

The following is from page 119 of "Who's Listening?" by F.H. Ernst Jr, MD

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.

GIVE WITH AN AUDIBLE:

Particularly in treatment groups, the effects of non-vocal attentiveness compared to audible, syllabic recognition by a listener are noteworthy. The biological "stroke" value of an audible vocal response has greater recognition and impact effectiveness than an extended inaudible, although moving responsiveness from the listening individual. In group and training seminars "A single syllable is worth ten head-nods."

This "give-with-an-audible-vocal" prescription, when given to one or both members of certain couples, has decreased the number of complaints that "spouse-keeps-getting-all-wound-up-explaining." Letting the talker talk endlessly, presumably with the intent

of "letting him unwind," without giving back any words at all only serves to "wind-up" the talker. In families where a member plays a hard variety of **"Ya-Gotta-Listen-To-Me,"** the specific programming and scheduling of vocal syllable productions has been vital to the "snowed-under-with-his-words" person's recovery. The recommendation "give-with-an-audible (vocal)" for this is, "offer-one-or-two-syllables-and-keep-on-doing-it, every six to twenty seconds. Continue five or six words when it seems to be your turn and there is a one or two second pause, but let yourself be overridden when he starts again. Repeat this sequence three to five times. He will want you to talk with him by then. If he is not ready after six tries, excuse yourself mid-sentence and leave," etc. The words demonstrated are "OK," "I see," "Fine," "Good?" "Could be," "Yeah," "Right," "Wow," "Uh-huh" (open mouthed), "No kidding," "It is?" "Oh, really?" "That's good," "That's right?" "Is that so?" etc.

Beth, 28 years old and single said, "I'm not very popular with my friends. I don't seem to know how to talk to them." The Get-Well prescription was: "Give-with--an-audible-vocal-tied-onto-the-last-talker's-last-words." She reported success when later the same night she went out with friends. In group she had not been giving recognition to the just-concluded talker when she started her own words. As the listener, she would turn to the now-talking person, then when "it came her turn" she started talking on another subject and also turned away from the person and to a third person not previously in it. The prescription was for her to say one or a few words to the "just-concluded" talker before "gently pushing ahead with" her own

"point" and program. This was demonstrated as inserting into the beginning of her talking, phrases such as "hey, that was good, and L..." "No kidding..." "You sure can handle those..." "Is that a fact ... and I was ..." "I can see what you mean, and it reminded me..." "Oh, man..." "No fooling," etc. She was told that the phrases could be murmured or mumbled (they were not mumbled by her.) The prescribed regimen was directed toward her decreasing the frequency of her grabbing the conversational ball, and turning from a possible team-mate, to then run away with it as fast and as long as she could run, 'til midnight if necessary. When Beth got the mastery of this procedure she, in effect, became the Fairy Godmother of her own Cinderella script. This was her magic wand. She became better able to manage and control where and/or with whom she would work up a sweat, and which prince she would let "find-out-where-she-lived-at." "It took me a little while to get the hang of how to use the prescription, and at first I felt like I was being insincere, a phony, but I got to laughing with them." (How long did it take to get the hang of it?) "Oh, yeah. Well, during the first 20 to 30 minutes I felt funny using it. That's not really me, I thought; but then they seemed to like me and I forgot to feel self-conscious."

This is similar to the regimen for setting aside the "um-hum" head-nodding responsiveness of Ray to his mother, who played **"You-Gotta-Listen-To-Me."** The audible response, especially the quality of recognition, and choice of ego state heard in the tone, is the clearest indicator to the talker of the quality of reception being given to his verbal stimuli. It is much clearer than any number of head-nods. Recall, for example, that

"um-hum" head-nodding has equivalent meanings ranging from "That's very interesting" to "Go practice drowning!" The ("angled") rebuttal sometimes heard from patients, in response to the "Give-with-an-audible-vocal" prescription, is "I can't think of anything to say," to which the therapist may respond with, "I wasn't asking for you to think of something to say. How about giving me a word like you just did?" "How about talking to her (him, me)!"

A man who graduated from a medical school within the last decade reported he was taught that interview technique consisted primarily of "listening" without comment or other audible responses; that to be "listening" meant to be non-audible and not to interrupt; that nodding, however, was permitted. He did not say, however, what nodding his professor specified as acceptable; whether it was preferably in the vertical, horizontal, or inclined plane. This quality of non-audible listening, when carried out in marriages, leads to "Uproar" and perhaps divorce; when non-audibleness is initiated with vigor in childhood it may lead to later psychosis; when adhered to by the entrepreneur of the psychotherapy consultation room it coincides with "too many openings in my schedule." In any case, what the above recently-graduated medical student got from his course on interviewing technique and thought the professor was teaching to medical students was "how-to-bug-the-medical-school-patient." Be this as it may, as he gave out with more audible vocal syllables to his legal playmate at home, she moved more for him. Result: He upped his pleasure in her more often.

The childhood training from which the Kid self makes his decisive commitment leading to non-audibleness includes such edicts as "Think before you talk," "Think before you speak," "Put your mind in gear before you let out the clutch in your tongue"; so the thinking-sayer, in his silences with his blank face and confusion, is thinking to himself, "I can't think of anything to say." These thinking-sayers learned and committed themselves to think and rehearse ahead of time for their "conversational recitals." The "I can't think of what (anything) to say" is an individual looking for a "double-your-acceptance-and-love-if-I-feel-you-disapprove-of-what-I-say." "I-can't-think-of-anything-to-say-(that-I-can-think-of-that-you'd-approve-of-if-I-said-it)." This person is searching through his "approved-topic, sayings list," his "approved, thought-of-to-say-topic-list" for some item that will guarantee (instant) acceptance. He expects that "given a little time" he will be able to prove and substantiate his decisive-commitment and position that "whenever I do try to talk to anybody then they end up rejecting me and then I'll wish I hadn't ever opened up and given myself away to them?" When and after initiating some talk, these persons will shut-up at the earliest ("he interrupted me") response and claim a "hurt," "foul deed," "you didn't mean it, that you wanted to hear about me; it's too late now"; annoyed when someone responds, claiming "you barged in on me."

Clinically, they come to treatment because they feel friendless. The problem is described, "I can't seem to communicate with people, I can't seem to think of things to say when it comes my turn." Treatment for this situation has been to locate with



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

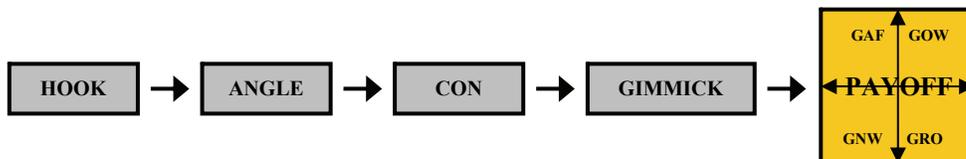


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A game is defined as a recurring set of transactions with ulterior transactions, concealed motivation, a gimmick, and a payoff. Eric Berne, M.D. used a particular variation of the duplex transactional diagram to represent the ulterior aspects of a 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:



them that they are infrequently giving audible responses to people who talk to them, waiting instead for their turn to have the podium, to then either monopolize and be boring or forget their lines. The procedure of choice in treating this syndrome-game is to increase the frequency of articulated audible vocal sounds (not the number per day) and, to decrease the time the other person has to wait for his words to come back. Add a quick "Ah," "Hum," "OK," "Swell," "That so?," "I see," "No kidding," etc. This draws more people to talking to Mr. "I-Can't-Think-of-What-to-Say." The result is less opportunity for friendlessness, improved respect for rituals and increased facility in transactions. In the non-responsive extended silences, inquiry frequently brings out "Oh yeah, I was just thinking about what you said." Intervention then is: "And this is what cools people toward you."

The prescription introduced into this situation is (in fact even to write it on a prescription pad) "Give

audibles more often, cut down the time before you give them, and decrease the number of head-nods." Used on a day-to-day basis it goes: "After each 10 or 20 things said to you which are worth a moving response from you, work up one vocal audible back to the guy." A head-nod, a non-audible response, is not as productive of getting-well of "I-can't-think what-to-say." The solution to "I-can't-think-of-what-to-say" is "I didn't ask you to think of something to say; I want you to talk to me," "Talk-to me."

Rx For G-W of "I Can't Think of Anything to Say":

"Give-with-an-audible"; "Give-me-a-word."

These persons have trouble with giving away their words, giving the other guy "the-time-of-day," moving the other person with their own words.

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-saying 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 and then even becomes 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.

From a treatment orientation, as well as from an educator's vantage point, the acts of choice-making, learning, focusing-converging on events and differentiating, the acts of making new information one's own information, all of these involve listen-talking, talk-listening, and look pointing.

To be continued