

Special points of interest:

As a prescription for treatment, "get-a-move-on" is at times given to patients for getting well variously of "I-can't-talk-to-my-friends," "Nobody-talks-to-me," "I-lose-track-of-what-people-are-saying," "Nobody-likes-me," obesity, etc. The nonmoving, unblinking person can reliably be estimated to be a non-listener. ...



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

In the previous issue of "Game Codes" we quoted from Dr. Ernst's "Prescriptions for Getting Well" from his book "Who's Listening?" These are some procedures used for the modification of the listening of the listener.

TECHNIQUES:

"Prescriptions for Getting-well":

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"

Give-with-an-audible was covered in the previous issue. We continue with Selective Stroking.

SELECTIVE STROKING:

At times it is inappropriate to become responsively engaged in transactions. When the potential

responder can determine ahead the virtue of remaining disengaged, of not becoming hooked, then the following procedure is useful.

Immediately following the initial unwelcome vocal stimulus let the next 4 to 6 seconds pass with as complete a non-acknowledgement as possible (non-looking, unchanged rate-of-moving, non-audible, no responsive recognition). With this 4 to 6 seconds of "oblivious" non-acknowledgement, the likelihood of persistent, undesired reattempts by the would be stimulator of "some action" is reduced by some 90 to 95 percent. While to some this may seem like "cruel and inhuman" unresponsive behavior, many a poised individual has referred to this method as "selective, discriminatory listening."

minimally-peopled sidewalk. Bill and wife were duly "picked up" by the second of the four, treated to profane and obscene epithets, asked for money, and in other provocative ways invited to retort to the tormentor. Bill, however, kept his same walk, continued his same rate and tone of syllable production to his spouse, who in turn also continued her responses and gait unvarying as from before the onset of this event. Neither made a startled gesture, looked at, spoke to, or in any other way acknowledged the presence of the would-be sidewalk highwayman. In group, Bill told that he was aware during this encounter that if the two of them "made it through" the first 4 to 6 seconds without any visible or audible responsive awareness (becoming hooked into the game) their chances of being "dropped off" unmolested within

These prescriptions 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.

Bill told in group that he and his wife were walking downtown on a wintry evening when they passed by 3 inebriated youths sitting in a darkened alcove: About 20 yards ahead, a fourth member of this group was noted heckling another passerby on the then

60 seconds were 95 percent or better. This was borne out when after 45 seconds and 50 yards of harassment the young man dropped off from them, presumably to return to his initial perch.'

BRUSH-TOUCH THE OTHER PERSON, 0.2 SECOND ON NONEROTIC SKIN SURFACE:

This recommendation is for the withdrawn and the hyperactive student or patient, for married couples, etc. This particular self-describing procedure is Adult ego state energizing. It is an activity which stirs up the "now-and-here" awareness in both individuals, presumably stimulates the cerebral reticular-activating-system. Interestingly, couples have reported occasions of one "brush-touching" the other in the midst of playing "If-It-Weren't-For-You!" and it took at least 12 seconds for the touched one to resume the "mad" previously going. Although the instant verbal response may well have been "What did you do that for?" the heightened awareness of now-and-here was evident to both and clearly contrasted with the just preceding "feeling-mad" experience with its inherent anachronisms (Child feelings). Couples have recorded bringing their marriage to effectiveness with the utilization of this procedure and that of "Give-with-an-audible."

THE SOUND SCREEN:

This is the use of a sound source such as phonograph or radio music to screen out external distractions. Contrary to what many parents will say, it is advantageous to the adolescent studier to have his radio on while studying. The "sound screen" diminishes the sense of isolation and being shut-out, shut-away from the surroundings. It serves to stimulate the cortex, it aids in keeping (the learning mind) awake (stroking advantage). The "sound screen" will act to screen out external disruptive stimuli, as when Mom and Dad are screaming at each

other or at one of the other kids in another room. This is to be compared to the attempts to maintain an almost absolute dead silence in a library, which silence is often disruptive and distracting from reasonably efficient studying. Such silences may well be soporific, hypnotic; alternately the minor whisper of the librarian can so stimulate the curious Kid of the studier that the studying, learning program is superceded by curiosity directed toward the librarian, e.g., as the mischievous "How can we bug the librarian's disciplining Parent?" Students who get very good grades with a remarkably high frequency have their radios on while studying in their rooms.

DUET TALKING:

This is the procedure of simultaneously enunciating syllables with the other person. It is introduced in groups by first telling the person with whom it will be used, "I am going to talk at the same time as you do on occasion. Will you try it with me now?" The persons in treatment groups to whom it has been introduced have regularly transmitted this procedure from "old patient" to "new incoming patient" for a few seconds at least once by the time a (new) person has been in group for a few sessions.

In dueting, one object is to stay at the same volume of sound production as the other. Another feature is to be as distinctly articulate as possible. The third objective is to pace the rate of syllable production to match the other person's rate. This pacing of one's rate of syllables to match the other person's rate takes a specialized form of listening. The fourth objective is to continue producing words and syllables, to produce them

in cadence with the other person and disregard, to the extent of ability, the programming of the words into "sensible form and meaning." The successful duetter frequently will produce a "word salad," "scrambled words," words that are not related, phrases and clauses in sequence that, content-wise, are unrelated because he is keeping track more especially of the other person's stopping and starting and his rate of vocal production. This is a different and infrequently used method of listening. It is, however, identical to one of the two principal methods of vocalizing with the small infants to encourage learning, to encourage vocal productiveness, to encourage "stroking" between the nurturing person and the infant.

Duet talking (duetting) is done to get into listening-talking step with the other person. The skilled duetter is less concerned about the meaning and logic of his verbal, vocal content than he is intent on the mutual stopping and starting and pacing of his syllable cadence in the twosome of which he is one member. Duetting has been used by parent and child in a home to bypass the games of "Uproar" and "Look-How-Hard-I'm-Trying." It has been used by teachers with a pupil who is beginning to be irate, used by married couples to bypass "heated points" and in treatment groups used by the therapist as protection ("umbrella") to let the Adult of a confused Kid use his own permission to "fall back and regroup" in order to become unconfused. It has been used in the successful treatment of stammerer-stutterers.

The prime feature of the successful use of "duet talking" is to describe the procedure to the other person ahead of time, to tell him what you are going to do: "I am going to talk at the same

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time as you do. I am going to talk in duet with you."²

Duet talking is used, for example, to sidestep (and is useful in sidestepping) the intensification of heated "point-making, point-sharpening, and point-building" in **NIGYSOB**, **Pounce**, **Kick-Me**, and **Make-Me**. It is a "de-pointing procedure" with which to bring about cooling of each other's (game-player) Kid state of mind. It is an aid in the control of the playing of "the games of home." This is not to define that "heated games are bad." It is to say there are occasions when it is important to keep the intensity of the game-playing, the intensity of the commitment to the particular form of payoff, at a controllable level. These occasions can be decided upon in order to bring about some sought-for change in quality of payoff or a decreased likelihood of alienation of oneself from the favorite play-mate. Families wherein duet talking has been introduced, whether with child and parent, mom and dad, or two siblings, the duetting procedure has led to laughing in over half of the instances. This selection of laughing over getting a mad comes about because it takes time and concentration in order to get "mad points" together, to get the memory systems turned on and then get the "tapes" going. You have to get your own tapes going and also have to listen to the other person's tapes in order to select from your own tapes and then build up your own anger during the recital to each other. It takes time and a special selection of tapes to "get-it-on-the-other-guy" and "drive-the-point-all-the-way-home," before Angry is able to energize his angered self. It takes timing and the proper sequencing of "points" in order to get a mad. If the timing and sequencing of words are

interrupted, if the memorized material is kept from being run in sequence, then the angry form of game payoff is disconnected, and something else occurs, first momentary confusion then usually laughter.

The fact is that laughter almost routinely enters when a short interval of duetting is carried out between the would-be contenders. This is a verification that the emotion being experienced (played out) can well be a matter of choice. Individuals can and do have options about which quality of payoff operation will conclude a game. Mutual laughter is a classical example of "I'm-OK-AND-You're-OK" for a winner's get-on-with resolution to an encounter and game.

In summary, duet-talking has been used to abort the full anger potential of the games of "**Uproar**" with assaultiveness, "**If-It-Weren't-For-You**," "**Ain't-It-Awful**," "**Why-Is-This-Always-Happening-To-Me?**" "**Now-I-Got-You, -You-S.O.B.**," etc. It is specifically useful in the handling of stammering-stuttering.

GET A MOVE ON:

As a prescription for treatment, "get-a-move-on" is at times given to patients for getting well variously of "I-can't-talk-to-my-friends," "Nobody-talks-to-me," "I-lose-track-of-what-people-are-saying," "Nobody-likes-me," obesity, etc. The nonmoving, unblinking person can reliably be estimated to be a non-listener, as with Harriet at the first of this chapter. When consistent with the goal at hand, the leader may decisively remark to the non-mover about his appearance and his probable non-listening. This is the example of Nan and Jane earlier. When other visible moving has ceased and the eye-blink

rate has fallen to less than once in 6 seconds, listening, for practical purposes, has stopped. Persons who drive long distances and for extended intervals will use gum chewing, eating an apple, smoking a cigarette to stimulate their wakeful (listening) attentiveness to the task at hand. High school students who are chewing gum³ and moving ("restlessly, squirming") in class (lecture) have been learning more, attending more to what was being taught than the other extreme of minimally moving, almost unblinking students.

Get-A-Move-On means to increase the amount of visible movement, including eye-blinking, when in the position of being the listener. The intent is for the listener to let himself be moved more by the selected-for-listening-to talker.

Baloney Bob was given to periodic "Now-that-I've-got-the-floor..." filibusters alternating with barely-blinking listening to other talkers. Suzy, in group therapy to get well of her "dead-pan," was talking with warm animated face to unmoving, sagging-faced Bob. The therapist asked Bob how come he was putting Suzy on. "Oh, I didn't think it showed," to the group's and his laughter. Baloney Bob described that to stop listening he would let the cheek muscles just below his eyes sag. As a small child he had learned that by doing this he could save himself from some of Mom's rages and beatings. Later, in therapy, he told that along with increasing the numbers of his eye-blinks and facial and hand movements, and by reducing the amount of "sagging" of his face at home, his wife's rages at him had also become less frequent, and his trouble in working with colleagues had become almost nil.

TEETH TOUCHING:

"Gently rub your back teeth over each other!"⁴

The teeth sockets are richly endowed with sensory end organs for fine discrimination of thicknesses. Fine discrimination is a computer quality. The jaw and facial muscles, in contracting, also strongly stimulate the reticular activating system (RAS) of the central nervous system and temporarily counteract the behavioral "decision" to be unresponsive (deactivated). "Gently-rub-your-molar-teeth-together-for-thirty-seconds-at-a-time-four-times-a-day" has been used prescriptively with several depressives with beneficial results, verified both by the person and associates.

Dan reported, "I was giving a talk and a woman in the audience was giving me one question after another. She was cornering me. I knew I had to handle her right away, so when she asked me another question, I thought 'I gotta do something.' So I thought of touching my teeth together like you said" (actually given to him for his depressiveness). "While she was putting in her next 'yes but' I rubbed my teeth over each other for a couple of seconds. It worked. I had a new idea on how to handle her: another chance (choice?). I was ready to go ahead, I figured she would run over me if I showed my Kid" (meaning if he was limp-voiced, apologetic. Dan was coming to get-well-of going limp psychosexually).

"I knew my Adult had better handle this, but also that the best way to sound was like a Parent. I came back to her with a strong Parent, giving her information and then I shot a counter-cornering remark back to her. She backed up and that gave me



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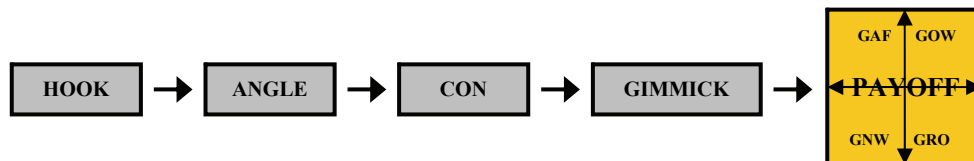
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A game is defined as a recurring set of transactions with ulterior transactions, concealed motivation, a gimmick, and a payoff. Eric Berne, M.D. used a particular variation of the duplex transactional diagram to represent the ulterior aspects of a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



a little leeway to work with. As it ended, I got her with me; she quit working me over. I had room then to talk to her and the other people there. I was able to get the job done." Initially reported as anti-depressant in value, it appears that the anti-depressant effect of teeth-touching is affected by the "Adult amplifier power" getting turned up by this act of titillating one's own teeth. Dan, "It (teeth touching) is easier for me to notice than getting myself 'level.' It gets me thinking faster about what to do next."

NOTES AND REFERENCES

1. Ernst, F.H. Jr.: THE ENCOUNTERER, Vol. 1, No. 9 (1969). (p.126)

2. The reader of this Rx-for-Get-Well is advised that from the earliest years of life, a person's listening activity is the most heavily trained of all activities. A most careful attentiveness on the part of the nurturing person is placed on this activity. The business of listening is the most rigorously and vigorously dealt with of all the treatable, teachable, educable, disciplinable activities during the childhood years of life. Recall Rene Spitz's sensory deprivation findings on marasmic children who went untouched (and un-talked to) and died of inter-current illness before a year and a half old. The person's listening, whether he is infant, child, adolescent or grownup, is more attended to than his bowel training, his bladder activity, or his genital activity. It is more regulated than the other half of talk-listening, i.e., his talk activity. This is substantiated, for example, by the fact that

listening recognition can be denied to the vocal person "by putting him on silence" (no vocal recognition of himself). In so doing, the vocal person's listening is being trained. Listening activity is more heavily regulated than "wall-marking," even though there is the almost universal injunction of "You're-not-supposed-to," as an individual makes his initial attempts at "leaving his mark," sometime between two and six years.

The reader is referred here also to "Leaving Your Mark," Ernst, F.H. Jr. a monograph on the use of wall marking as a treatment procedure. (p.128)

3. Several teachers have reported to this writer the relaxation of their ban on gum chewing in the classroom and believe this accounts for the increased rate of learning. "Now with my students and algebra, they just seem to suck it up!" (p.130)

4. Ernst, F.H. Jr.: THE ENCOUNTERER, Vol. 1, No. 1,3,10 (1969) and Vol. 2, No. 32 (1970). (p.130)