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Game Codes – Newsletter of Games People Play

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Special points of interest:

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Inside this issue:

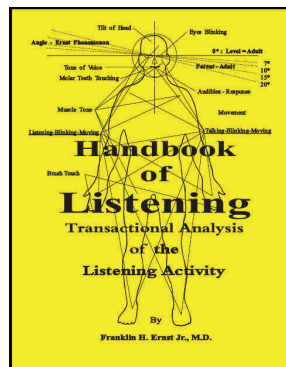
The Level Adult Phenomenon - continued

The Level Adult Phenomenon

Continuing from the previous newsletter: the Level Adult Phenomena is probably the best way to get a handle on game playing. This material is from Chapter 10 of "Who's Listening?" It also appears in "Handbook of Listening, Transactional Analysis of the Listening Activity." Both by F.H. Ernst Jr., M.D. See also the "Transactional Musings Newsletters" Vol. 2, Issue 2-8.

The Level Adult Phenomenon

"Get-a-level" refers to the specific activity of squaring the head and face to the vertical-horizontal plane so that a level-headed posture is evident; so that a straightforward presentation of attitude is apparent to the other person, whether he is a listener or a talker. This one procedure, also known as the **ERNST PHENOMENON**, more reliably than any other developed to date, has the effect of cathecting the Adult ego state.



Characteristically, when a patient or other person in a group is actively angling and someone inquires, "What is your angle about?" the angled person will laugh, then level, and within a few seconds discontinue the activity he had previously been embarked on as if to say, "Aw shucks, you caught me." This single act of "leveling" the head and then holding this level for 30 seconds will, with rather good regularity, lead the way toward a rearrangement of the internal way of thinking with corresponding modifications of the rest of the expressive behavior, such as tone of voice, the setting of other muscles of the body.

If during the demonstrating of leveling, the person's elbows can rest on some level surface, such as the arms of a chair, a table, or his knees, there will be the added information about where a physical, horizontal "level" is. Several people, in order to be able to assume their own level with minimal conspicuousness in social settings, have practiced leveling in front of a mirror, with one hand cupped under the chin, to then be able to verify for self what it feels like (with their own body muscles) to be leveled.

Ferris in a prison therapy group coined the term "my Adult locators," referring to his eyeglasses. He had

been in several different groups and locked up for many years. He had no prospects, as far as he could tell, of being released in the near future; nevertheless, he "glommed onto using my eye glasses as my Adult locators" within 3 months and 25 group sessions. Then he began to note that he could interrupt his own repetitive sequence of (1) a laughing remark, (2) righteous anger at someone followed by (3) a provocative statement and then (4) a remark and/or physical attitude meant to infer to the second person: "You don't know what you're doing," or "you don't know what you're talking about," for a game of "If-It-weren't-For-You." With this (4) in the above sequence, he would have a head angle of twenty-five to thirty degrees to the side and head tipped back ten degrees. The sequence usually ended in a pouting silence. After having located this sequence and found the usefulness of being able to have his own "Adult locators," Ferris could be asked by therapist or other patient at Move No. 1, No. 2, or No. 3 as above, "What's your angle?" And he would be able to interrupt this, his program for earning either a get-nowhere-with or a get-away-from pout. Instead he could often exchange it for a mutual laugh with the other person. He found that his eyeglasses were so very reliable for himself that he was able to discontinue the

procedure of putting his hands to his face to get his own level. His "Adult locators" now allowed him to play his game as far as he wanted to. He next became adept at listening for his own tone of voice. He wore his glasses regularly. He would listen for his tone or he could look over the rims of his glasses and catch himself in his game (just) before he would have, for example, told the persons important for his release to "Kiss my ass." After six months of being in the group, he secured his release. At this writing, 30 months after release, Ferris continues to be outside of prison. He writes back every once in a while saying, "I'm watching my angle, Doc." He became enthusiastic about "Adult locators" to the extent of persuading his best friend to wear eyeglass rims without lenses. For Ferris, his (potent) "Adult locators" still continue to be both effective (protective) and efficient (permission to not be rebellious) for him with his continued social rehabilitation (cure). For the first time in the last 10 years of his 28-year life, he has been "trouble free" for thirty sequential months.

This procedure of leveling can be and has been called "a trick," "educating the patient" and other similar terms. It has been haughtily referred to as "training" and "just plain educating the patient." The fact continues to be repeatedly reaffirmed that leveling has afforded many persons a chance to obtain relief from symptoms. It has offered the opportunity to people to locate a psychological and physical attitude with which and from which a significant percentage have been able, within a short period of time, to be more in charge of their behavior, to be better able to organize

their feeling experiences on a realistic basis. Once objective thinking can be initiated and feeling states sorted, that is, once the Adult ego state can be separated from "troubled Kid" and activated, then the control and management of the internal distress is well under way to being taken care of. The leveling procedure could be called, "not letting a patient work through his problems" and has been called "artificial," but for those "treaters", whether "artists" or "scientists," who are intent on successfully reducing the distress of the ill individual and are intent on aiding their patients in overcoming and reducing suffering, then the objective is to use all those methods which will provide relief.

Persons with intermittent panic attacks as the reason for entering treatment have referred to leveling as "When I held it for a while it was like a temporary sanctuary that I could find." "It was a refuge from my panic." "I did what you said to keep it (symptoms) from taking over."

"Leveling" as a procedure has been taught and used by several known athletes with success in their sports. In treatment, leveling is often introduced as early as the middle of the first session. Factors taken into account in introducing leveling this early include a patient being alternately level and then angled two or three times early in the first session; a person who is initially objectifying (vs. objecting to, e.g., "there's no reason at all for me to be feeling that way") his present situation. These patients by their behavior are indicating the accessibility of the different qualities of personality structure within themselves. A patient can be asked early if he wants to have more control of himself, be more in charge of his own internal switch that turns his trouble

on and off as a part of a get-well contract. Answering affirmatively, then the patient can be shown the leveling procedure and how it aids in organizing, in securing an organized approach, even though sometimes only briefly. They can be shown how it aids in setting aside agitated and disorganized forms of behavior.

The procedure for locating the level position of the head is described to some patients as being a method to better locate an objective viewpoint, an unbiased view of the situation at hand. Since "bias, prejudice and opinion" are ordinarily thought of as "being bad," there is some increased leverage in introducing it with this terminology.

Square listeners are "straight shooters." Leveling with a person, being on the square, both in the physical and the psychological sense, regularly induces increased confidence with and from the other person.

On-the-level is quite regularly humorless. In one instance, a student who had just seen a demonstration of "leveling" as "Adult-locating" tried it the same evening at a dinner party. Introduced to her guests with "I have a new trick I have just learned," she invited her guests to follow her example by placing their hands on the sides of their heads to level their faces. The very considerable amount of fun which was being had by the guests and the hostess up to that point for the previous 30 jocular minutes vanished within 30 seconds and remained absent until one of those present began to "angle" himself "in fun" again.

Her party had come to a dead standstill in terms of fun. No jokes were told. The laughter died out. The individuals, rather impressively surprised at the turn of events, were

reasoning at each other, with each other, for that interval. The hilarity and euphoria of the particular situation were eliminated for that "leveled" moment. The enjoyment and the laughs came back in the situation almost as soon as the guests again began to tilt their heads and angles were again "allowed."

The 10 percent or less of persons who are level but are in a non-Adult ego state fall into 3 categories:

1. Trance-like Child ego state: Marked diminution of body movement and eye blink rate has been noted. In these instances the Child ego state is working to avoid showing confusion.

Shelly, a 23-year-old male with schizophrenia, was being cynical, and trying to stimulate an **Uproar** game. He was quite motionless when others were talking, did not laugh and had a very minimal amount of bodily movement except for his lips during the time he was talking. His game was "**Doctor-Is-Always-Right,**" and he regularly said, "Yes, sir!" as an automatic response when such a response could be used by him. Shelly was in a semi-hypnotic state, as if he were drugged. He was almost unblinking as he was "looking through" (non-convergent gaze) the person he was talking to, "steamrolling-ahead" in his conversation, recollecting disconnected thoughts without converging his eyes or his voice onto any one person. When asked who he was talking to, he said "Everybody!" which, two other patients said, meant "nobody was supposed to be listening."

Another instance was a young "dopey," a user of LSD, housed in a prison. In group, he was motionless and unblinking when talking except for the short range of movement of his lower jaw.

2. Point-in-Mind Listening: Watching, looking, listening for the occasion when next they will be called on, holding their next point-in-mind for when it is expected or demanded they perform; waiting until it gets to be their turn so that they can climb back on the stage again. Marijane was carefully hoarding an item (a point she wanted to make) in her mind because she wanted to bring it up at the first "proper" opportunity to "barge in." She was waiting only for the slightest pause in the talk (0.3 seconds would be enough) to insert her peripheral but "jeweled" item into the conversation.

Marijane would remain alert and leveled throughout her waits. There was almost no perceptible movement except occasional eye-blinks. She was "not going to let anyone see if things bothered me," or that what was said in group had any perceptible effect on her. She more than once demonstrated she was doing a lot of listening in group. This could not be accounted for in terms of any immediately evident, visualizable movement unless, ... unless she were moving in some stimulating but out-of-sight or overlooked manner. It turned out that she was keeping the tip of one fingernail on one hand in touch with and continuously riding back and forth over the edge of another fingernail on the other hand. One objective of this continuous exercise, she said, was to do it with as little slipping off or down onto the other side of the fingernail as possible. A second objective was to make no perceptible noise. Those in her group who tried this movement reported and showed a significant rise in attentiveness, especially in their readiness to be responsive to situations at hand. With a little practice, they also were able to begin to effect an appearance of level-

headed, unblinking, almost unmoving nonchalance about these same events.

3. Peripheral-vision "peeping" style of listening. Listening, waiting with little movement except for some minimal eye-balling of the scene, almost unblinking.

Slim was apparently listening with rapt attentiveness, as level as could be, some periodic body movement. Episodically he was a disconcerting person to talk to or observe. Aged 36, he was in prison for his third term. This "Cinderfellow" wanted to get well of going back to jail and also wanted to revive previously renounced ties with his childhood family. In prison this time for burglary, he had told of occasional peeping-Tom experiences in his youth. Eventually it became evident that his cheek muscles below his eyes and his lower eyelids were relaxed and sagging, "flattened out." He acknowledged that at the times in question, his teeth were not touching. Always polite to the women professionals (students) visiting the group, he did not seem to ever be looking at any of them ---- at least he never was caught at it by any of the women or the therapist. Yet coloring and huskiness of tone at times coincided with other data he gave to indicate he was looking and watching some of the visitors very attentively. The secret worked out, which he corroborated, was that he would become interested in a woman who moved, who had many and a fairly steady stream of body movements, hair movements, clothing movement. He then would fasten his gaze on another usually talking person in the vicinity of this particular woman and appear attentive to the talker. He would be ready with some words in case he was talked to. Then by stopping almost all of his own blinking and otherwise

becoming almost completely motionless, he could let his peripheral vision peep on her and take in this female vision. Another advantage: He couldn't be accused of looking. Another: Being motionless decreased the likelihood of drawing adverse or unwanted conversational stimuli.

In a second instance, a man reported an event where he was preoccupied in concentrating on his own physical posture and in showing a squared-up posture ("being-an-upright, on-the-level-citizen"). Instead, he got "up-tight" to the extent of almost overlooking a significant external listening event. (There was no one else available for him to talk to and he was alone, driving his automobile.) He very nearly got hit by an oncoming, loudly-honking train at a railroad crossing.

Many a patient tells of never having taken the opportunity to study his countenance angle in the mirror, of not having located whether his countenance was level or not. Most in therapy who have become adept with "leveling" have found it correlates with one of their Adult tones and pitches of voice.

When "leveling" was introduced to Mrs. There's- No-Reason-at-All-Why-I - Should-Feel-This-Way, she threw it up, tossed it off. She regularly threw up other prescriptions given to her. Her Parental injunction was "There is absolutely no reason at all for you to feel the way you do." She was strongly committed against giving in to reasoned treatment recommendations and she did tax the therapist's skills.

Those who are resistant to the head-leveling procedure are better handled by not bothering to contend with the resistance (commitment) to not carrying out the leveling procedure.

Instead they are told, "Come on -- let's do it now. Let's get well. Let's do the treatment and analyze how it works later." Occasionally a patient will respond in words, "No, I don't want to do this. I don't see why I should do it. I don't have to do it if I don't want to." Assuming that the therapist's timing is good, the treatment contract may be cited back to patient, as with "You came here to get well of..."; then continue to "OK, so you don't want to do it, but come on anyhow and let's do it now--" therapist then proceeding to show how leveling is done, both with word description and simultaneously carrying out the physical moves described, to demonstrate it.

A man who said he did not want to do the leveling was persuaded, "Aw, come on. Let's do it anyhow." He was told, shown, and did do it the second time through, with other group members who came along with the therapist in doing it. During the session and the succeeding 60 group sessions he continued to, in his words, "practice leveling." One of his rewards was the description a woman in the group gave him: "Rob, you sure have a heck of a lot more sex appeal than you used to." She was comparing that previously he had either been reluctant to commit himself in a conversation when talked to, or he was furtively looking up the legs of the women members. His games had been: "**See-What-You-Made- Me-Do!**" (washout, that's what) for a Get-Nowhere-With payoff and "**Look-What-I-Made-You-Do!**" (rebuff me)" for a Get-Away-From payoff. Rob changed from a "stiff-necked boy" with a "chronic washout" style of life to one of the more active and warm individuals in the group. Starting from the single procedure of leveling, he described that now he no longer



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Franklin "Harry" Ernst III, Editor

P.O. Box 3009

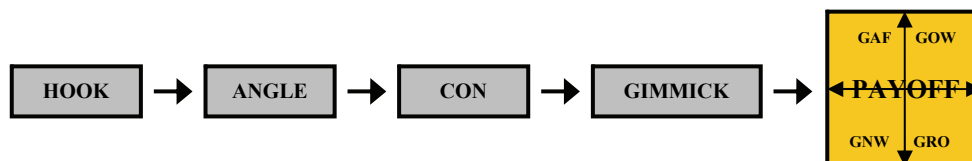
Vallejo, California 94590

Phone: 707/644-6358

E-mail: harryernst@a03news.cnc.net

We're on the Web.
www.ListeningActivity.com
www.ErnstOKCorral.com

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:



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



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felt compelled to "have to be ready to washout of conversations because I am afraid I will goof ; now I can stay better with the talk." Both his confidence in his own staying abilities, as well as his "staying ability" itself, increased.

There are advantages which accrue to the therapist who notices and makes predictive estimates about the success of particular intervention events, depending on the angle or level of the patient. For example, the therapist will be able to gauge more reliably when he is likely to be talking to the objective person and when he will be talking to one of the non-objective qualities of the individual's personality structure. He can choose to talk when leveling is going on, or ask the patient, "Hey, I want to talk to your Adult. Get a level for a few seconds?" He does this in order to decrease the other ego state self, e.g., from taking umbrage. Therapist can ask a patient to temporarily set aside the particular quality of the moment in favor of an Adult self and then see if, in fact, the

patient has temporarily set aside, e.g., internal prejudices, opinions and beliefs which might interfere with assessing what therapist figures is appropriate to say then.

Keeping track of the level-angle is of aid in locating "when the patient has his cool on" so that the objective self can be talked to. By decreasing and de-emphasizing the importance of outrage and emphasizing the getting-on-with-it job of treatment itself, the leveling offers protection for getting well. Persons who have leveling available to themselves can increase the efficiency with which group sessions are used. The person in group who has temporarily come off his angle and into leveling can then, later, go back to his tilt in order to secure the advantages and satisfactions which come from getting a laugh or annoyance, the sense of aliveness that comes from the crossing of a transaction, or disrupting the activities of other people, or alienating and estranging others from himself, etc. Since the person can carry out these activi-

ties ("making my points," rackets, games and payoffs) either later in group or external to the treatment situation, a temporary postponement in group may well make for a more efficient usage of the time for the treatment work in the group. This is not to say that a patient's playing of his game has to be given up in treatment groups.

The measure and the test of demonstrating the usefulness of the leveling procedure to the reader is to ask the reader to carry out the same procedure that the patient does, namely, bring the positioning of the head from an angle so that the two eyes are level with the horizon, and hold it for 30 seconds. Then go to an angle of 7 to 10 degrees off the horizontal. This is a very minimal angle, but can be measured. Hold that for 30 seconds, similar to how the level was held. Then assume a "cocked" angle of 20 or more degrees. Note that after about 30 seconds in this second and then this third position, there is, for each, a separate way of experiencing the same situation. New pictures, new fantasies come into mind.

To be continued