

Leaving Your Mark

By

Franklin H. Ernst Jr., M.D.

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*Dedicated to my first son, Harry,
who told me about
giving-yourself-away.*

Acknowledgment is given to those individuals (patients) with whom I have studied the process of Getting Well.

Although not a participant in this study, acknowledgment is gratefully given to Eric Berne, M.D., as the originator of Transactional Analysis: An Effective and Efficient Method of Psychotherapy.

Franklin H. Ernst, Jr., M.D.
March 2006

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PREFACE

This is the first known scientific report describing the psychotherapeutic use of the clinician's office walls -- marking on these surfaces. "Leaving Your Mark" is meant literally.

Discussion of this concept with colleagues has brought out several reactions about wall marks. One comment frequently made went like this: "I saw a gang of guys in Chicago who marked up one whole street of walls with giant signs which meant this was their territory." Another comment was, "I've got a patient who uses one wall in his house (sic--presumably meaning home) for his children to mark on."

This is an idea, a thesis, presented for those who regard the surfaces of the walls of a residence or office as something less than sacred. It is a concept for those who can conceive of wall surfaces having existential, creative, and learning potentials. This is not a concept for those preconceived persons whose edictive reasoning has absolutely decreed, "You don't mark on the walls!" ("Why?")

"Because I say so. You know you're not supposed to do that."

For those who equate marking on walls with destruction of property, read on, if you will, about the personality constrictions, existential despair, and learning inhibitions that may be alleviated by reconsideration.

Those who look at flat surfaces of structures, the walls, with equanimity, will recognize the difference between 1) the practical functions of walls, 2) additional potential uses and 3) the influence of (parental) opinionated disciplining about wall surfaces.

This material was first presented at the Fifth Annual Conference of the International Transactional Analysis Association in San Francisco, August 19-20, 1967.

CHAPTER I

INTRODUCTION TO THE PROFESSIONAL USE OF WALL MARKING

"The House that Jack Built"

A few years ago a pensioner was being treated on a referral from a governmental agency. Very little headway was being made in Jack's case. Each treatment objective, or goal, that was seemingly accomplished with him turned out to become a non-accomplishment. Jack would "Yes, yes," each item, but invariably within the hour he would have managed to negate the activity with a "...but..." or equivalent social emesis (throw-up) comment. This conversational throw-up activity made it appear as if the item had not been touched upon, the discussion had not occurred, the therapist had experienced a mirage, the transactions had never taken place. The transactions of this "Why-don't-you ...; Yes, but..." game were practically the only verbal options available to Jack. He did not want to have his leg operated on because, among other reasons, if it were operated, he would lose his pension and, indeed, the meaning of life for himself.

Historically, the information was available that Jack had built his own home from the ground up. Even though evicted by divorce action from the house, he took great pride in saying that not only had he built his own home, but also that **neither** he, his wife, **nor** their children "had made any marks on the walls of the house. The walls are spotless." After he had brought up this condition of the walls a few times, he was asked, "Spotless? No marks?"

Jack, in pious tones, "Well, no! Of course not! You're not *supposed* to mark on walls!"

Asked "Why not?"

Jack: "Well, because nobody marks on the walls! You know, you're not supposed to!"

Asked, "Who owns the house?" he emphatically affirmed that he still owned it. Who had it been built for? "The family; the wife and the children."

Why were marks not to be made on the wall? "Well, because nobody marks on the walls! You're not supposed to!" The hint was taken that something counted here in Jack's treatment and living. Later, some tentative, small chalk marks were made on the wall by the therapist. Jack was asked if he would match these marks. He refused; in fact, he was horrified at the idea. Then directly, in a pious tone, "But, of course, I know it's your office, Doctor, but I know a good way to get these marks off. You are, aren't you? Going to take them off, Doctor?"

The response was, "Well, probably in time," and the marks were left there on the wall. The interest in these chalk marks on the wall continued over several months. Every once in a while he would bring them up, "Well, Doctor, of course, I know this is your office, but it gets me, Doc. But you're the Doctor (laughing)."

EMPIRIC Following this event, thought was given to: (A) What are the functions of walls? (B) How widespread is this reverence for wall surfaces and the use of the pious tone when talking about wall surfaces?

A. Practical functions for walls include: (1) environmental shielding; (2) soundproofing from the outside; (3) soundproofing for the inside, i.e., "What-will-the-neighbors-think-if-they-hear-you?" (4) sight-proofing called privacy; (5) prevention of external intrusions; and (6) confining of persons inside.

B. Additional functions of walls include the aesthetic function. What is defined as aesthetic is a matter of the opinion of the aesthee and is often referred to by the self-proclaimed aesthee with the euphemism, "BEING-IN-GOOD-TASTE" or oppositely as "not B.I.GO.T."

DEVELOPMENTAL Wall marking is an activity of some growing children while they are growing. It has been at least attempted by the age of four, once the significance of marking materials and potentially markable surfaces have been comprehended. These childhood marks on a wall are a give-away as to the identity of the marker. This is the youthful marker's modus operandi, his identifying mark. In his mark, he is giving-himself-away.

It is proposed here that this marking is to give yourself away. To not mark is to not give yourself away. "Giving-yourself-away" is contrasted to "sharing" and what euphoniously is called "Giving-OF-oneself." Giving-yourself-away is the opposite of sharing. Sharing is not giving, it is dividing, cutting into parts, giving with a string on the gift; e.g., as with sharing an experience, implicitly something is held back by one of the parties. Sharing is not giving away to another person; giving-of-yourself is the obligating of another person to give back to you.

Depending on the method and the vigor with which the anti-wall marking campaign is carried on in the individual home, there will ride a considerable portion of the person's future destiny.

HISTORIC

It may be of some interest to recall that about four or five hundred years ago, a fellow named Angel spent a large portion of his life coloring the walls and ceilings of buildings in and around Rome. He worked for a man named Leo Pope who, in fact, did not always pay Mike for his marking accomplishments. His name? Michelangelo Buonarroti, 1475-1564. The Sistine Chapel: "The Story of Creation" --the ceiling, 1508-1513; "The Last Judgment"--the altar wall, 1534-1541 (commissioned by Popes Julius II, Leo X, Clement 11, and Paul III).

This same man probably also liked to carve marks into his school desk and later into stone. Eventually, he became famous for some of these carvings, e.g., "Statue of David." He experimented and practiced a great deal with materials and surfaces, which helps to account for his proficiency.

CHAPTER II

CLINICAL SETTING AND PROCEDURE

"What will the Neighbors Think?"

SETTING

The wall markings referred to in this thesis predominantly have been made in the author's office treatment rooms, (a) the individual private office psychotherapy room, and (b) the private office group therapy room. This procedure has also been used in (c) the author's treatment group in a California Department of Corrections clinical setting. Except as specified, the descriptions are of the private office setting.

MATERIALS

The marking materials have been (1) chalk, (2) crayon, (3) a few in pencil, and (4) an occasional one with an indelible-ink marking pen. The markable surfaces were of two textures: (1) paint-covered plaster and (2) white-painted sound-proofing tile with irregularly spaced holes. Originally, chalk was used; however, it was noticed that chalk flaked off and rubbed off as the weeks went by. In the group room, a box of crayolas was available for individuals to use if desired, before or during the group. The crayons came out of a 64-color box. When a box had been used to any extent, a new box replaced it.

PROCEDURE

What does marking on the walls have to do with the psychotherapeutic treatment of a person?

As developed in this office, marking was used as a procedure available to the therapist in the treatment of the individual.

The graffito (wall inscription) procedure as described here was used in individual and in group treatment of the author's patients. Its use was developed in the author's Transactional Analysis treatment groups⁽⁷⁾: groups in which transactions were analyzed, and ego states were differentiated. Wall marking was used as a prescription for patients. It was one procedure, one "medicine" that in the writer's usage became beneficial for increasing the efficiency and effectiveness of the psychotherapeutic process for the patient. Treatment of the individual (in group) is directed toward an explicit, specific treatment objective (treatment contract between therapist and patient), e.g., as with Ollie who wanted to get well of a "bad temper" and repeated jailings. After all each jailing of Ollie added to the marks "in his record" maintained in the state and federal "rap sheets" on him. It was used as clinically indicated during the treatment of this man. The graffito prescription was one of the techniques available for use by the therapist in the treatment of this man. He became more of a participant in the marks (record) he was making.

TECHNIQUE

Once it is clinically propitious to prescribe wall marking, the individual is encouraged to make a mark on the office wall, i.e., "As a prescription for you." In some instances a formal prescription has been written, signed and handed to the person during

the session, "Make one mark on the wall here, now." This general procedure of using the written, signed prescription form with a patient has on occasion been found highly useful for a wide range of treatment recommendations over and beyond any medication that may be prescribed. The non-M.D. clinician similarly could use "Counseling or Psychotherapy Recommendation Memorandum" forms.

There are some differences for the introduction of the graffito prescription to: (a) the new patient (here defined as the first six weeks -- 42 days -- after treatment is initiated), and (b) the patient who has been in psychotherapy for a longer period.

NEW PATIENT: When a new patient comes into the office for his first visit, he saw the marks inscribed on the walls by previous patients. Over one-half of the new patients openly acknowledge the wall marks in some manner during their first session. They are not encouraged in the first interview to make a mark. In fact, in the individual consultation room, the crayolas are not in evidence. If on the other hand a patient requests to mark at any point including his first visit the crayolas were made available without any particular comment. If a "new patient" does not volunteer a desire to make a mark prior to the seventh treatment week, then marking is not recommended or prescribed during this "initial" treatment interval (see Theoretical Considerations, Chapter V).

Generally, between the seventh and tenth week of treatment the patient, by joking comments, inquiring remarks or an extended silent visual study of the marks will have brought up the subject of the wall inscriptions. If the subject has not been explicitly brought up by this time, inquiry often is made into the observed glances at the markings. From the patients' response to this a determination can be made as his readiness for the invitation to "Would you like to make a mark yourself, here, now?" About half the individuals say, "Yes, sure! Why not?" then, taking the proffered box of crayolas then made available on the desk, stand and select a color or two. After selecting a crayola, "I don't know what to draw. I was never any good at this sort of thing." while proceeding with the marking business. After the individual has made a mark, he is invited to keep the specific crayola used. This is his unique color. Some individuals looked embarrassed, stiff, but seemingly reluctantly went along with keeping the crayon; some declined the invitation to keep the crayon and returned it to its place in the box.

GROUP PATIENT: In group therapy (new) patients will usually be noticed studying the wall marks of earlier patients. If the individual had not asked for the therapist's permission to leave his mark on the wall earlier the timing of inviting a patient to leave his mark is based on the patient having achieved a measurable amount of **Adult Control** over his own behavior. This could usually be expected by the 5th to 10th weekly group session. If the patient had not asked before to leave his mark on the writer's walls he would be invited to leave his mark during that time interval.

"Doctor, what do all the marks on the wall mean?" is usually an indication that if not ready at that time, the group patient shortly will be therapeutically ready to leave his mark on the wall.

When a patient in group asks, "Is it all right for me to mark on the wall?" a simple "Yes!" is given. Other individuals in the group who have previously made their mark will often encourage by picking up the box and offering it or point out the box if the

person appears hesitant. After marking, the person is encouraged to keep this crayola with its personally unique color. Often a patient will carry the crayola, in a suit pocket or purse for a month, or six months, treating it almost as if it were a talisman, pulling it out after several months to add to the original mark or make another mark on the wall with "My crayola, my color."

When a patient says, "Hey, I want to put something more on my mark," or says, "I want to make a new mark," he may either select a new color or use his old color.

CLINICAL UTILIZATION

Treatment time is not spent in analyzing the marks; instead time is occupied with the analysis of the individual's operational ego state (Parent, Adult, or Child) during the event, his transactions with someone else in a group, a game played during the marking, or a manifestation of his script which becomes evident during the procedure.

TRANSACTIONAL ANALYSIS

There are the transactions and games that take place immediately before, those during, and those following the marking activity. As it has happened, not unusually, more time is occupied with the marking person's experience immediately at the conclusion of marking, when he turns from the wall to sit and face those around him. This can be called the serendipity for each individual. Almost routinely after turning to face those around him, manifestations are present that the basic childhood position-determining, behavior-affecting decision and commitment (made between 4 and 7 years) has become more readily accessible to the treatment situation; i.e., what the patient decided he would never again give-away about himself. It is from this decision, commitment, and the resultant position the person assumed (see Position, references 3, 5, 7, 9, 12) as a small child self took and that 1) the individual's major games develop; 2) that the configuration of the "I am okay, not okay--You are okay, not okay," position originates, and 3) what specific behavioral attribute would determine what made for OK or not-OK.

Tim said "I'm okay stood for my rights but not okay if I hurt another person or trampled their rights."

The pre-pubescent, "post-decisioned" Child is often referred to in the psychoanalytic literature as the "Latent Child." This "latency" is then the behavioral manifestation of this Child who will no longer give-himself-away in a manner that would stimulate Parental distraction, annoyance, or rebuke.

SCRIPT and POSITION

Script and Position are differentiated as follows:

The *Script* is that story, that theme ... which runs throughout an individual's life, initiated usually during the Oedipal years. For example a script could be based on the fairy tale of "Beauty-and-the-Beast."

Within the story "Beauty and the Beast" are the following characters: 1) the Castle owning BEAST, 2) the (Lost) VOYAGER, 3) his third daughter, BEAUTY, and 4) two other daughters.

BEAST adopted the *position* of giving Voyager everything that Voyager needed to recover from the latter's shipwreck and losses. Meanwhile Beast stayed out of sight of

Voyager. However, as Voyager assumed that Beast was unconditionally friendly while behind the scenes he one day snipped some of Beast's roses and brought them inside. Beast then thundered down on Voyager, claiming extreme foul and threatened Voyager's life. Beast relented, trusted Voyager and released him with the understanding that Beauty would be sent to Beast as payment for Beast not executing Voyager. Beauty, after some delay, does come to Beast and eventually comes to care for (love) him.

The POSITION of BEAST' is I am okay AND you are conditionally not okay. The behavioral attribute that makes for "Okayness" in this particular script is to "care for." Thus, the motif for Beast is "I care for you (Voyager and later also Beauty); you, Voyager, (Beauty) do not care for me, take my roses, take my rights (my love for Beauty)."

VOYAGER'S POSITION is I am not okay AND you are, okay, i.e.. "I do not care for (a) my possessions well enough (shipwrecked); (b) my host's roses; (c) my daughter Beauty (her future). You Beast (Beauty) care (well) for me."

BEAUTY'S POSITION is, I am okay AND you are okay (Voyager-father, Beast), again in terms of "care for."

Daughters Two and Three in the story are portrayed as "I don't care for (about) you (your word) father (Beauty, Beast) and you, father (Beauty, Beast) don't care for me, i.e. *I am not okay AND you are not okay.*

Within the scripts (fairy tales, myths, legends) studied to date there are at least one story character in each of the four quadrants of the Grid for What's Happening (The OK Corral). These four life positions are:

- a) I am *okay AND you are okay,*
- b) I am *not okay AND you are okay,*
- c) I am *okay AND you are not okay,*
- d) I am *not okay AND you are not okay,*

and each script has its own unique method of conveying okayness or denying it. i.e. each script had its own behavioral attribute which conveys okayness or not okayness. In Beauty and The Beast "OK" stands for "cares for, takes care of."

In script-position terminology, *Getting Well* does not involve any change of script. Instead then is a change of position, a change in characterization for the individual within the same script. In "Beauty-and-the-Beast," *Getting Well* has meant: a) in treatment for Beast to become a Beauty; b) in the fairy tale Beast becomes a handsome Prince through Beauty's love.

The Position adopted by an individual occurs as a result of **the** behavior modifying decision in early childhood; a decision to which the person makes a major commitment. This is during the "latency period" and is the Childhood (personal) solution to the "I-and-you, okay-or-not-okay" intimacy type relationship. The key item of behavior for the Beast to be "okay" is to "care for." In other scripts and for other individuals, the "okay" is variously to be "poor," "successful," "considerate," "to be strong," "be modest," "be a Harvard graduate," "be a Yale graduate," "be a working man," "be an executive," etc. The respective opposite are not okay qualities.

Thus the "inferiority complex" position arises during the 4 to 7 years time of life and is I am *not okay AND you are okay*; it could, for example, be represented as "since I don't work with my hands, I am not productive; you who do manual labor are okay."

CHAPTER III

CLINICAL FINDINGS

"So What's New?"

During the period of the writer having patients mark on his office walls there were 200 separate wall-marking events on his private practice office walls.

GENERAL FINDINGS

1. **FIRST SESSION:** About one half of the new patients made an obvious verbal comment about the wall marking during the first session.
2. **INITIAL MARKING:** An early finding was the reluctance of anyone to mark on an office wall until after the writer himself had made one which was clearly identifiable as his own, in each room. This was the writer's place and he was the host.
For the therapist to be first to go on record, as a therapeutic matter, gave a protected quality of permission to the other individuals being invited and requested to make and leave a mark on the office wall ^(8, 12, 15).
3. **QUALITY OF DRAWING:** Drawings which resulted from the marking on the office walls were not of a smooth or finished quality. They were usually rough on completion. Very few of the markers had any recent experience with these materials or surfaces since the first half-decade of their lives.
4. **KEEPING THE CRAYOLA:** About four out of five individuals in the private consultation room (on invitation) kept their marking crayola. About nine of ten in group kept their crayola (on invitation).
5. **UNIQUE COLOR:** Over two-thirds of the individuals who selected a crayola picked one that not previously used.
6. **COUPLES:** There were instances of couples who, because of marital ineffectiveness or inefficiency, initiated treatment conjointly with each other. To date, in the case of each couple to whom marking has been introduced as a procedure, the male spouse has been the first to mark followed then by the partner with the other kind of plumbing. Their examples include ones where the wife responded to the invitation to wall mark with considerably more enthusiasm and alacrity, without regard to who earned the income, what games were played, or the (marital) script. It is not known what lies behind this to-date unvarying sequence, but speculatively it may coincide with the observation that biologically the female can't do anything with it until first he gets it up. In any case, so it has been with these marking instances.
7. **PROGNOSTIC:** The individual who has marked during the group's meeting with the therapist present has less likelihood of difficulty or complication from the marking procedure, i.e., an "emotional backfire from marking." The probability is that the group itself has little to do with the lack of undesirable side effects. Instead, patients working in a group are selectively more capable of handling the marking experience

than persons who decline group therapy for individual therapy alone. A person who joins a group probably is selectively more capable of "giving-himself-away." In game terminology, the group member is less likely to be playing his game as hard as the person refusing group treatment. He is less frequently betting his life (as compared to a smile or a burst-into-tears payoff) in order to win his game.

Persons who have marked on the wall without particular hesitation have a more favorable treatment prognosis.

Those individuals who early (first 20 minutes) during their initial session chuckle, cluck, or indulgently comment about the walls in a Parental manner, e.g., "I see you have had some children in here" (in preference to describing their personal difficulties for the initial exposition) rather usually are slower moving in treatment if, in fact, any movement takes place at all. This indulgent Parental activity, as a rule, is indicative of the "I-am-nervous-for-no-reason-at-all" person. His childhood experiences and troubles of earlier life sluffed off by the grown-ups around him. He was discounted as a child. The exceptions to this poor prognostic sign are persons who first are indulgent almost immediately followed by conjunctival and facial coloring and then a return in their talking to the treater about the situation that brought them into treatment.

The question might be had as to the therapist, perhaps responsively, "Holding-a-grudge" against a person who is ridiculing what he, the therapist, is doing i.e. his wall marking. This has been checked rather carefully by checking back through records prior to initiating wall marking. There also the indulgent chuckle for an opener was a poor prognostic sign.

This indulgence and ridiculing is similar to the general observation about the projecting, externalizing patient who comes to treatment to play "Ain't it Awful" about a spouse.

TRANSACTIONAL FINDINGS

What happens when the patient decides to leave his mark? After selecting a color and then turning toward the wall, quite frequently comments were directed to the author such as:

1. "I don't know what to put up."
2. "I can't draw."
3. "I was never any good at this kind of thing."
4. "I can't think of anything to draw."
5. "What do you want me to put up?"
6. "Where do you want me to mark?"

It is appropriate to respond audibly. These remarks are handled approximately as follows:

1. "No, you probably don't know what to put up."
2. "No, I didn't think that you would be practiced in this."
3. "I wasn't asking you about your thinking of what to mark."
4. "I want to see what mark you will make."

While the first dozen marks were being accumulated on the wall comments such as the following were made: "How are you going to get this mark off the wall here? You

don't mean to leave these here do you, Doctor?" and "I know a good way to get these off." These were accompanied with a tilted head and sympathetic tone.⁽¹⁰⁾ These remarks were, handled with variations of "How about leaving them (the marks) here, awhile, anyhow." There was an inverse correlation between the number of marks on the wall and the frequency of remarks, "How are you going to get this off?" and "I know something that will take it off." Of the first twelve marking patients, ten commented similarly directly following their marking. This is in contrast to the last fifteen of the 200 marking events in which there were a total of two comments about the satisfactoriness of the drawing but no comments about removing them.

The word "Crayola" has the capacity for inducing Child excitement, fascinated expectancy, and anticipation. This is manifested at times with a giggle noted in response to the stimulus of the word "crayolas," or mention of making a "crayola mark" on the wall.

In the instance of the earlier chalk marks, as the markings became less distinct, the markers appeared saddened when commenting on this fact. When it was decided to give the paraffin coloring stick a trial, the mention of the word "crayola" led to smiles and giggles from the group members, especially as it was suggested in group that the individuals in the group could make and leave a crayola mark on "the doctor's office wall."

GAME ANALYSIS and the marking procedure:

At the end of a group session, Joe came over to the wall behind me while I was saying good-bye to some other group members. He took out his crayola, hurriedly knelt, wrote a greeting to another member of the group, naming him, and then turned to almost run out of the room while I called: "Hey, Joe. Wait!" Since I did not tag him at that time, he got away free. Joe's tag game as he identified it had been played in other ways and truly he was a fast, capable, challenging, provocative, laughing player who periodically was at the brink of disaster: financial, marital, etc. He played his game to be in the path of a person who was "it"; he might get himself tagged, but he managed in so doing to have a third person close whom he could in turn and very shortly tag in turn to next be "it," thus unloading himself of the "it" position almost routinely. He came to group because his wife tagged him out. He was a long time in group before he decided to decrease the intensity of his game, giving-away the reason why he had initiated treatment. Once he described to group his being tagged out by his wife (almost divorced) there was been an increased confidence and satisfaction in playing tag in the group but a decreased intensity with which he played. He was more confident that interruption by another to discuss some other aspect of group situation was not to infringe on his game; therefore, he gained additional Adult control. In many respects this new capacity of his to interrupt a move in his game in order to examine its significance before playing it out, whether in group, at home, or on business, came to be how he became playing his game. He did not stay playing tag. He became expert at handling his social situation without "bugging" those he dealt with.

Games involving "My Rights"

The incidents of one person marking over the space of another person's drawing were very infrequent. In each instance, the person who had previously marked would often comment on a near encroachment within twenty minutes of entering the room at the next ensuing meeting. "Princess A" circled her sister-in-law's mark in light brown. "Sister" at the next session immediately knew who had done it. Peter, a crusader with a Jesus Christ script, drew a red-brown thick-trunked "Christmas Tree" with blue-black down-drooping limbs. Sometime later a member of another group marked over one of the limbs. At Peter's next group session, within ten minutes of entering, in pious tone, "Somebody's marked over MY TREE."

Brink games: Mischievous questions have been put to the therapist in group about marking such as, "What would you do if ... ?" These have been straightforwardly handled with the patient, for example, by talking of the game involved and tying the game analysis into extra-therapy events if that information was available. If a person marks, "Why not get the credit for what you have done?" has been the author's response if questioned about his becoming known for coming to writing often. The exploitative or surreptitious event on occasion has been identified by other group members from color used or style of writing. This gives credence to the fact that the childhood marking event is a method of identification, establishing personal identity. In other words, the mark a person leaves behind identifies him; the mark a person leaves behind is an act of **giving-himself-away**, whether desired or not.

Thirty-one-year-old Tom who gave and got "Hate looks" wrote his name on the wall of the group room before group session with no others present. Script: "Beauty-and-the-Beast." Predominant games: NIGYYSOB [Now I Got You You SOB] --SOBA Hunter; alternately when he was the SOBA [SOB Authority], "I-was-only-trying-to-do-the-right-thing."

*Matt, a second man with this same script and the same two games, was treated in prison. He was in jail because "utilizing the random selection technique" one night outside a supermarket, he almost captured a woman, threatening to cut her throat if she did not give in to him sexually. Instead, when she got frightened, he "did the right thing" and got **himself** caught. Similarly also before the group session one day, while alone, he used a black indelible marking pen to draw on the white-painted plaster of the prison group therapy room, then signed his name to the picture. Matt has secret hates and secret crusades while languishing in his "castle" (prison), waiting to be saved by the visits of the fair maiden, his wife. In the group he played, "I was only trying to do the right thing," which often led to getting himself bullied or shunned by other inmates. Although he was not particularly an informer, he was appreciated by other inmates for this potential.*

An attractive divorcee, Nellie, whose treatment contract was to "get well of throwing up" asked in group, "What's the difference between green stamps, brown stamps. I don't get it... (laughing)" referring to "life stamps" which are turned in at "Life

Redemption Stores" for such returns as "one free suffer," "one free throw-up," "one free divorce," etc.^(3, 4, 11) She came before group one session and wrote in blue-green lettering "SHIT" on the wall next to the therapist's chair, then sat giggling and pointing as the therapist walked in. This conversational stimulus was responded to with "Oh! Okay!" then onto another more compelling situation in group. The therapist and group periodically acknowledged her wall mark when she would bring it up but continued more interested in other aspects of herself. Five weeks after this event she again came before group to skillfully change her heavily inscribed crayola mark, said nothing about it until the accomplishment had been acknowledged by another group member. Her game, analyzed and handled therapeutically in the treatment situation, was "See-what-I-made--you-do," for its payoff of "getting-the-dirty-end-of-the-deal."

An exhibitionist (as defined in the Penal Code), Jerry, seemingly reluctant to write anything or mark anything on the wall, later wrote in chalk the name of his oldest son; however, he protested vehemently, he would not want his son to know about his offense. The contradiction of these two findings was evident and he saw it.

Huck had been working in group toward getting well of his game "Cool it, baby; cool it," (also referred to as "Frigid Male"⁽³⁾) played with his wife. He was quite explicit that his objective was to salvage his marriage, his second marriage. He recognized the clear signs of this, his marriage ending similarly to the first. His game with its maneuver, gimmick, and payoff went as follows: he would direct his wife to "Cool it" when she became enthusiastic (enjoyed family, parties, vacations, etc.). She would responsively "get hot" and sulk, followed then by both being cool with each other in the full sense for long intervals (weeks at a time). In group while seated he made his first mark in pale colored chalk, though crayola was present, a design of a bent and broken arrow. This was his trademark from early adolescence. A few months later in group, he decided to make a straight arrow in red crayola that would "fly straight to the mark." Simultaneously he announced he was letting his wife enjoy herself more with him. After completing the new mark and with its accompanying announcement, he returned to his seat first after carefully putting the crayon back into the box exactly where it had been before. He told how their sex life had been improving. He was warmer to her. He additionally commented though that now she was frustrating him. She was playing "Cool it, man!" When he stopped talking in this instance, one of the subtler forms of playing "Cool it, baby," was demonstrated to him by a member of his group. Although the crayola he used had clearly been offered to him as a gesture of intended friendliness (by the group leader), he had utilized the same cool propriety which he used at home. Then he told that as a child, he had been taught that when a guest, do not take gifts, never accept a second helping if offered. Six weeks after putting his straight red crayola arrow on the wall, he began to effectively induce his wife into a coordinated treatment situation with himself. His physical and social staying powers with her began to be demonstrably more effective.

SCRIPT ANALYSIS

Marks have been scratched out, removed after reconsideration on occasion; they have been modified by coloring over, adding embellishments so that the original intent would not be so evident to the viewer and yet would retain the original inscription.

Example: the word "SHIT" being changed to "8HITS!"

A clinical finding in these cases was the locating of an alternative within the person's script. In these instances, the script alternative availability has meant the opportunity to "work through." This is equivalent to getting-well in the psychoanalytic sense.

The spouse of a Snow White located as options that he could be: (a) the abandoning-saving huntsman, b) the Seven Dwarfs, (c) the rescuing prince, or (d) the prince's father--king in his own home.

In a therapy group, Peter, who had not written for some time, on encouragement from the group, chose to write "F U C K" in black crayola high for others looking up to see. Near the end of the group, his hard martyr game of "Kick Me" had become clearer to him; then he changed his mark into one that stood for another aspect of his script, the word "B O O K." Interesting to note was that from his own point of view, he had desecrated the use of the wall with the first mark and with the modification had blessed the wall marking. He had a high regard for books and the written word.

Notable have been the standout marks made by individuals born from non-certificated boy-meets-girl "indiscretions." Ceiling marks were first made by Leslie, a waif-like individual whose script was "The Match Girl (Boy)." The treatment object in this case was progressively changed as accomplishments were made, to eventually become one of locating the biological father to kindle him about her three subsequent earned and registered certificates: (school graduation, marriage, and the birth of his biological grandson).

DECISION-OPTION RECOVERY

Probably the most outstanding clinical finding is what is experienced by the individual marker directly after completion of his marking event as he turns back to face the group. Characteristically, the marker is sober, expectant, un-laughing, non-harsh in demeanor and countenance. Facial color is intensified, eyes become slightly red, facial muscles tightened. Those who have walked across the room to mark, will on returning not infrequently look and feel awkward. There are references by markers after completing their individual acts of making their mark of feeling "Like I do in dreams of being naked," expectant of belittlement.

These findings are consistent with the phenomenology of the Childhood ego state before and at the time of the four-to-nine-year-old major (behavior modifying) decision with its assumption of its commitment and assumption of life position^(3, 4, 5, 7, 9, 12). This decision, the reader will recall, is that one which determines the configuration of the "I-You, okay-not okay" view of life. It is quite often that the ramifications of this childhood decision are among the reasons for which the patient seeks psychotherapeutic treatment. This major decision was the one determining what the individual would later "not give-away (about himself) any more," in what manner he would never, ever again give-

himself-away. The individual's quality of experiencing events directly after the marking event (with therapist present) did indicate a much more ready accessibility to his Childhood ego state, this vividly recorded moment-of-decision which determined the principle games he later played. The therapeutic potentials (and dangers) of this tool will be rather readily appreciated by a therapist versed in transactional analysis treatment technique.

(see also sections on

1. Considerations and Contra-indications, and
2. Theoretical Consideration, Clinical and Developmental).

Dan, a thirteen-year-old boy, barely post-pubescent, was brought to treatment because of setting fires in his foster home. His foster mother was legitimately concerned about the real danger from the fires which he continued to set. In the first session, Dan, who was seen conjointly with his foster mother, avowed pleasure in firing up materials, yet he wanted to stay with his present foster mother and not be "transferred" to another foster home. During the second visit, Dan's foster mother described that he drew pictures quite well. Therapist asked if an example could be brought to a session sometime. The next session, they brought one of his drawings. After a few transactions the therapist then told the foster mother that unless she had some objection, the therapist wanted Dan to draw a picture on his office wall (i.e., to secure Protection for Dan--see references 8, 15). She had no objection. Effective PROTECTION having been secured, PERMISSION was then given; Dan readily accepted therapist's invitation and with pride drew a picture while both the therapist and foster mother looked on. Subsequently, over a three-and-one-half -month period, there were no more reports of Dan setting fires. One time he came in with his foster brother and with evident pride asked foster brother if he could identify Dan's drawing, both foster brother and Dan beaming.

Mel, a twenty-seven-year-old inmate convicted of murder, was in a correctional facility treatment group. He had been in three previous groups. The treatment contract with him was explicit, "to-get-well-of-being-a-killer." In group he had been variously threatening, boisterous, intimidating, bossy, beguiling, thoughtful, sulky, and charming. Periodically in group he played a hard game of "Make Me" which would lead to his making ominous threats to a group member. One day he saw a piece of colored chalk in the writer's hand. He had been listening to talk of other group members possibly making marks on the walls of the group room. He asked if he could make his mark on the group room wall. This was before any marks had been made on the particular prison group room walls. Writer responded: "Wait a minute," reflected on the request; that procedure had been discussed earlier with senior clinical staff, so the writer stood and made his own identifiable mark on the wall of the institutional group therapy room, and then the author tossed the chalk to Mel with "OK." In letters six inches high and four feet across the back of the room he wrote his nickname in bright red chalk. Turning, standing, he leveled⁽¹⁰⁾ to look at the therapist without an angle to his face, announcing with a big smile, "I did it; now I am a man." Following this event the frequency and intensity with which "Make Me" was played in group became very considerably diminished. In numerous ways after that his behavior corresponded with his occasional statement that he was well of being a

killer. The releasing agency also became favorably impressed with his annual appearance.

CLASSIFICATIONS OF MARKINGS IN THE CLINICAL SETTING

1. PERMANENCE: There are the less permanent marks and the more permanent marks made by the materials, chalk and crayola.
2. PRESENCE OF OTHERS when making a wall mark:
 - (A) There were marks made by patients when no other individuals were present,
 - (B) marks accomplished when there was an audience (group members), but the therapist was not present, and
 - (C) marks made when the therapist (and group) was present.

Of the marking events in the office group room, 66 were accomplished with the therapist in the group, 20 with an audience (members of group, but the therapist was not present), 12 while no other person was present (before group) including five instances previously okayed by the therapist so the patient could "See what it is like"; two were not specifically identifiable as to person or occasion. It is thought that one of those two marks was made when the therapist was not present and the other made while the therapist was present with the group. The interval over which prescribed wall marking extended was a two year period.

A. MARKING ALONE: Marks made when no one else was present were usually a move in a game of a hide-and-seeK nature, and as such was of two different qualities: 1) recommended by the therapist, and 2) without specific recommendation from the therapist. In the instances of pre-programmed marks made in secret, the patient's objective turned out principally to see if the therapist (to some lesser extent also the other group members) could and would endeavor to locate the secretly made mark. These occasions were acknowledged as games and were played as such with the marker "giving hints" to the seeker, then being much pleased (giggling) when found (out).

In the instances of non-programmed and pre-group marking, the outcome was similar except for the fact that the individual marker often described later feeling-like-a-fugitive until credited via his own personal acknowledgement to his group.

B. MARKING WITH AN AUDIENCE: The occasions of marking when the therapist was not present were defined by the group members as games people play, making and leaving marks and included three principal roles: the marker, the audience (on-looker) and therapist (validator). The game evolved with the marker encouraging the audience to encourage him into an audacious behavior (marking). The questions then developed of (a) whether the encouraging audience had dared the marker into marking (therefore was a co-conspirator), or (b) whether the darers, the audience, would "snitch" on the marker to the group leader for the fascination (advantage) of the game.

On the other hand, it came about that the "audience" (person or persons) who witnessed marker making his mark also served to be the effective validator for the marker. The key role of the "validator" of the marker making his mark turned out to have been central to marker.

C. MARKING AND GETTING WELL: Those who marked on a wall more frequently remembered their before-mentioned personally forgotten behavior-determining decision of the six-to-nine-year-old time of life; this for a fuller therapeutic usefulness. Those occasions with therapist present have more frequently resulted in "working through." Those done without the therapist infrequently led to any beneficial clinical result.

3. POSTURE DURING MARKING: Most of the individuals stood when making a mark on the wall. A few knelt while marking. A few continued sitting in their chair. The individual who turned in his chair to the wall to mark looked awkward and as a rule was rarely satisfied with the mark he left. He wanted to disavow it from the start. Those who marked while seated, after picking a given crayola at their request, belong to one of three categories: a) "little-ole me," b) "hell-on-leather"--the leather squeakers (shoes, purse, etc.) who audibly portray being saddled and ridden while seated in their chairs, and c) "Hall-mark" persons who want to "give-of-myself" to show "I cared enough to share my very best (marshmallow)." The best to be said to date about the significance of posture, seated compared to standing, is that in remaining seated an attempt was being made to avoid the encounter, the impact of the situation with a) (Lil-ole-me) "You can't blame me. I'm just a little kid," b) (Hell-on-Leather) "You can't blame me. You put this on my back," and c) (Hallmark) "You can't blame me. It's so awkward, and besides, what's the point in this; it doesn't (move me) change anything" (in the face of the changed wall appearance and body movement to accomplish it).

4. CONTENT OF WALL MARKS:

A. The most frequent content category was personal initials, nicknames, and insignia combining initials as with a trademark or branding iron mark.

B. The second content category was of designs characteristic for the individual (without names or initials) including geometric designs, animal caricatures, boats, arrows, trees, hearts-and-flowers, stars, swirls, etc. A husband and wife marking: his--a cat silhouette; hers--a box outline of a house.

The first two categories of marks have been described by the markers as originating during the pre-pubescent and pubescent eleven-to-thirteen-year-old-period of life in 50% of the cases; that is, over half of the individuals marking on the office walls described that during the age of eleven to thirteen years they developed a unique mark, a trademark similar to a branding iron which signified, "This belongs to me! This is mine!" It was also during these same years that the answer become formalized (a commitment was made) to the question "What are you going to be when you get grown up?"

C. The third most frequent content mark category were written sayings: "Yes, but..." in three languages, "Hello" in four languages, etc.

- D. The fourth content category were action drawings: cowboy shooting a gun, the loading of a bus, a ship under way.
- E. The fifth: two-person marks, for example, tic-tac-toe.
- F. The sixth: personal greetings, one person to another.

CHAPTER IV

CLINICAL CONSIDERATIONS AND CONTRAINDICATIONS FOR USE OF THE WALL MARKING PROCEDURE

"Penicillin is Great, but Not for Everybody"

Marking on the wall when used as a treatment procedure has indications and contraindications for its use. There were times when it was more useful and times when it was less productive in the treatment of a patient. Considerations for the graffiti prescription include:

- A. What did the clinician expect this prescription to accomplish for the patient in the treatment? How will this procedure facilitate the treatment contract?
- B. Timing: clinical determination of the appropriate treatment moment to gain effectiveness for the treatment objective.
- C. What were the clinical risks, liabilities, dangers or contraindications?

TREATMENT EXPECTATIONS

1. ADULT: It is desirable to estimate the availability and the strength of the Adult ego state in the patient; (a) the efficiency with which the patient utilizes his "Head Leveling, Squaring Up" ability⁽¹⁰⁾, (b) How he listens to his own audible tones, and/or (c) the patient's skillfulness in determining the effect of himself upon another person; that is, whether he is inducing Adult, Parental, or Child-like ego states in other persons with whom he has transactions.

2. PROTECTION-PERMISSION: Is the quality of protection afforded--available to the patient's Child- of such a nature that permission (8) to make and leave a mark will further the treatment objective, or will it have an untoward influence on the treatment?

3. PARENT: Does the patient's internal Parent ego structure give-up (abandon) the Child; or does the Parent give-in to the Adult of the therapist during treatment? How well does the Parent ego state release some authority to the therapist; to the patient's own Adult? How is the Parent inside the individual going to respond to this activity after 24 hours, a week later, after six weeks--an activity against which there was very likely a strong injunction from the childhood home, an activity severely if not harshly dealt with.

It is interesting to note among psychiatric patients how often the biologic Parent as well as the internal Parent ego state were often quite relieved to relinquish to another Grown-up, such as a reasonably skilled therapist, the partial management of the patient's Child in certain spheres when this event is reasonably approached. The Parent not infrequently was glad to turn over the problem Child to an expert, realizing that he

himself, even while not wanting to do so in the past, has somehow flubbed the child raising job, may still be grinding his offspring down.

Patients in group rarely have shown an adverse response to leaving their mark, to give-themselves-away in the marking event. Patients in group, as a rule, are (selectively?) rather clearly more adept at having others look into and onto themselves compared to individuals who shy from group.

In group it is not unusual for other group members to encourage the newcomer in the group to make a mark after there has been some indication of his planning to stay with the group. Often this is indicated to the newcomer by way of "Have you made your mark yet?"

TIMING

In the individual treatment situation, marking is not encouraged until the seventh or eighth week, if in fact it appears indicated then. In many cases, the most advantageous timing was between the seventh and tenth week of the individual treatment. In cases where group therapy had been initiated prior to marking being prescribed, the patient was often ready for marking on entering his group. It was proposed, if not before the fifth to seventh weeks after starting in group.

Marking was not actively recommended to a patient prior to his seventh week in treatment because of the fact that entering psychotherapy was a major step to the individual; therefore, it was desirable to be able as clearly as possible to distinguish the factors and influences causative of initiating psychotherapy from the effects of the treatment process itself. It was desirable for the clinician to be able to differentiate the patient's delayed-responses to the transactions leading to the referral from those responses possibly resulting from the treatment procedure itself.

The observation was repeatedly made that it takes 42 days (6 weeks) for a person to "digest" major events; 6 weeks for the "working through" process to take place, 6 weeks to accomplish a changed orientation^(7, 14). This is the length of time it takes before a newly married woman will "automatically" respond when addressed by her new name, "Oh! My goodness! Does this mean I don't love him?" The same has been observed about the newborn child in a family: it is often 6 weeks when the 2 A.M. feeding is discontinued; it takes 6 weeks for the "newcomer" to get inside the mother's and/or the father's psyche. People moving to a new address have reported having to "think" to get to the new home for the first 6 weeks. This interval is the Biblical "40 days and 40 nights."

To date the best theory is that this is a biochemical phenomenon; it has to do with desoxyribonucleic acid being laid down in the basement membranes of cortical cells, as related by Horace Magoun who discovered that at a critical period after a significant event in the lives of rats there was an increase in the DNA of reticular cortical cells of rats.^(13, 14)

On coming into treatment a patient usually has in mind altering the kind of life record he is making for himself. Therefore, urging the patient to record himself, make and leave a record prior to therapy becoming a part of himself, or more exactly becoming

an instrument in his life, may lead into unknown directions for the therapy. It may become complicating to the therapeutic task at hand.

This same principle is to be kept in mind with patients who are recommended to group therapy; namely, prescribing group therapy to an individual while he is in the initial phase of treatment may well introduce avoidable complications into the treatment. This does not mean a patient is not to be introduced to the group prior to six weeks of individual therapy. It means that if there is some hesitation or resistance on the patient's part, the therapist best keep in mind that he may be going in a direction the significance of which will not be adequately appreciated for another 42 days.

Exceptions to the above 6-week principle so far: a) If a new patient in the first few sessions asks, "Is it all right if I make a mark here?" indicating on the room's walls, this writer has given a straight forward "Yes" to date without exception. b) Dan's example above where the foster mother was present with the patient and gave coincidental (Parental) protection for the marking permission (prescription) in the third session. c) The spouse, previously in therapy, accompanying patient.

CONTRA-INDICATIONS A confused, a psychotic, a suicidal or a homicidal Child ego state being held in check, as by the six-to-nine-year-old decision, presents a situation for very careful consideration and preparation prior to introducing the marking prescription. For this person, the therapist can well afford to assemble his information carefully, making a rather extended assessment of the potential risks as well as advantages to be gained from introducing the marking procedure. Opening the patient to re-experience this Childhood ego state is to be carefully thought through. The marking procedure in these instances of borderline control can be introduced tentatively, for example with requests for patient to collect and bring in some of his paper doodles. This can be followed by a request for marking on a sheet of paper in office, then the offer of a colored marking material. This sequence of procedures may well be extended over an interval of weeks before wall marking is prescribed.

This is consistent with the therapeutic programming of transactional analysis; that the Adult in the individual be rather well defined and "firmed-up" prior to opening an investigation of the Childhood ego state. Not infrequently patients who vigorously have opposed group therapy have also opposed and rejected the wall marking procedure.

Reasons for rejecting marking may not be of psychotic quality; rejecting of marking has been observed as originating in Parental opinions about what is aesthetic and what is not, so that "being-in-good-taste" is more important than "giving-myself-away" to get well.

CHAPTER V

SOCIAL OBSERVATIONS

"We Knew It ALL the Time"

CLASSIFICATION OF SOCIALLY OBSERVED MARKS

The classification of marks made and left by people that follows is not intended to be complete; rather to be illustrative, to be stimulating. Looking around oneself during a day, it is impressive to see the numbers and kinds of marks, recordings, the rather permanent effects achieved by individuals on various surfaces.

ACHIEVEMENT MARKS: There are the recorded achievement marks of individuals as in baseball. Super-accomplishments by individuals in this sport are memorialized in Cooperstown, New York.

Records are similarly archived for other outstanding accomplishments, be they athletic, organizational, scholastic, notorious, financial, leadership, etc. Records are made and kept of the most pancakes eaten, goldfish swallowed. Heroic achievements are rewarded and recorded as with the Andrew Carnegie "Award for Bravery."

Events are memorialized in movies, video-tapings, audio-taping, in newspaper pictures and articles, magazines. Personal photograph albums and journals are kept in homes by individuals as a record of "My Family."

Performance records are kept as with manned vehicles (the performance of the man and his ship), ship logs, airplane logs, taxicabs, the X-15 rocket airplane.

Entertainment movies have recorded individual actors in a story, actors often outlasting, being better known than the story: Humphrey Bogart and Lauren Bacall, Clark Gable and Jean Harlow.

Inmates of prisons are persons who leave their mark, their record of being in prison. This is a record other individuals keep for them, as in the Federal Bureau of Investigation's archives. Each inmate has a "record"; it may include his "modus operandi." Each has his record of arrest, conviction and identification data often elaborately put together for "My Jacket." These "jackets" eventually go into the State archives (Bureau of Criminal Statistics). Convicts are individuals with a record, who have made a mark, had a mark made for them. Every man executed in and by the State of California has been memorialized. His picture, his crime, his accomplishment, his date of hanging, cooking or gassing, is on file in public records, documents. This latter collection in fact has been shown at various public functions. He may have an ugly face or an ugly record, but there he is. He is not forgotten!

STRUCTURAL MARKS include erections such as buildings, homes, bridges, dams, subways. Individuals who have participated in the building of these will point them out, be proud of them; particularly will a child point out "My daddy built that house, my daddy built this subway. Here's where my dad worked. He put that rivet in there."

Over graves sit engraved granite and wooden headstones, "Here lies..., born.... died..... The biggest headstone in the world was built 4500 years ago. No one has made a bigger headstone since. The man whose headstone it is had it built for himself during the "Old Kingdom" dynasties of Egypt--Khufu's (Cheops') pyramid, 481 feet high. It is referred to here by way of illustrating the stimulation afforded by marks; how many thousands of millions of man hours have been spent divining, pondering, wondering what that man Khufu, had in mind building it, let alone the number of man hours spent building it.

TERRESTRIAL MARKS made into the surface of the earth. Some are of more permanence and some are of less permanence.

MORE PERMANENT MARKS are illustrated in moving of earth, rock blasting for highway construction, bridge building, mining, canal making.

LESS PERMANENT MARKS are made onto the surface of the earth such as those made while skiing across "virgin snow," cutting a stand of "virgin timber," the clearing of "virgin land." With "non-virgin marks," as with planted row crops, the straightness and evenness of the planted row is quite important if not the most important for the man who planted it because "You know somebody is going to look down those rows and notice." The seed that grows will mark exactly for months to come the ability of the planting person to drive in a straight line.

SURFACE MARKINGS: The Graffiti -- inscribings are made into and onto the surfaces of materials.

INSCRIPTIONS INTO surfaces are illustrated with initials carved into trees; sculpturing as with new cement before it hardens: wandering, playful pets and children, individuals in their own backyards placing initials, feet and hand prints, and as in Hollywood where the hand and foot prints of movie stars have been left in cement since the end of the 1920's. There are the inscribed markings into the surfaces of living tissues --tattoo marks, auto accident scars, cattle branding.

How often has a couple carved their initials into the trunk of a tree pledging themselves to each other, then watched the tree and initialed marks grow (from little acorns ...).

MARKINGS ONTO permanent and nonpermanent surfaces are made by utilizing varied degrees of surface permanence (e.g., paper, copper) and an adherent contrasting color medium. Examples of graffiti are on outdoor exposed surfaces to which pigmented materials will adhere. The marks made on open surfaces of rocks, surfaces of dams,

bridge crossings, are multitudinously seen carrying the names and initials of individuals. Many proclaim a pledge of affectionate loyalty to another. To illustrate:

On Berryessa Dam in Northern California, there was one truly admirable, heroically impressive.... In four-foot-high lettering forty feet above the surface of the water, thirty feet below the top of the dam in the middle of the dam--a dam that cannot be walked on top of--boldly and clearly was written "David B. + Linda D., 1965." Now, there is a real guy! Linda, if she doesn't take him, she doesn't know what she is doing. Maybe she already has a man fifty feet tall. This author in studying that mark could not see how it would have been possible for "David B" the painter to have gotten to the painted area; no scaffolding opportunity--dangerously, precariously perched; how did he get it there? But there the heart-encompassed names were to be seen and clearly read from a mile or more.

Just at the eastern edge of Salt Lake City in 1968 stood a rock about 40 feet tall, its smooth surface facing toward and overlooking the greater Salt Lake Basin and one-fourth of the population of the state of Utah. Written there on this flat-surfaced rock facing the Basin in 10-foot-tall white lettering with yellow and red outlining was JOHN L./ LOVES EILEEN M./ 1966."

This monolith sits by itself high against the eastern edge of this basin, framed by the towering Rocky Mountains, to be richly illuminated each evening by the setting sun; easily visible, from more than 15 miles away.

Marks are printed onto less durable surfaces: fabrics, paper. Somebody in a therapy group had printed on her blouse, "Portuguese Sonnets" by Elizabeth Barrett Browning. Those who have read them may well appreciate the warming, nay torrid potentiating effect on the reader with stand-up-type plumbing.

SECRET MARKS are sortable into legitimate marks and marks made in secret (illegitimate).

Legitimate secret marks are utilized to prevent counterfeiting, to identify authenticity, to demonstrate ownership.

Illegitimate marks include the profane verse on many a public restroom wall, made very likely to keep the marker from being authentically identified, a marker for whom the marking event had become equated with defecation, profanity, etc. Speculation can be made about how the childhood home trainers, the discipliners, of these restroom artists viewed wall marking.

Markings are for PROCLAIMING AND FOR DEFAMING -- for CHEERING AND FOR JEERING.

Marking on the wall in some circles is described in pious tones as a profanity, a desecration; thus, the profanity is performed where other not-to-be-viewed personal acts are carried out.

IMAGINATIVE, CREATIVE, EDUCATIVE USE OF THE GRAFFITO

There are three widely separated high schools personally known to the author which had markings on the streets in front of the schools and on the buildings of the schools as part of an administratively permitted program.

TWO-DECADE SCHOOL: For more than two decades this high school annually has had a several-day period when the seniors and juniors in the school make marks on a five-block long section of a main street in the town and on the outside walls of the gymnasium fronting the street. These marks were never erased. The street is closed off on marking days, but otherwise open for traffic. During the period of time when the marking is going on, the students could use the pigment they desired, could use space as wanted, could write what the individual decided on.

ONE-DECADE SCHOOL: This second high school annually for one decade has had "Senior Big-Mark Day." This school similarly has devoted the outside wall of the gymnasium and a city street fronting this gymnasium. The city street is blocked off from traffic twelve months a year. No cars go by on the marked street.

THE THIRD SCHOOL: The third school known to this author had just initiated a similar program at the time of the first edition of this monograph.

DISCUSSION The "Two-Decade" school is only 20 miles from another school which in the past has had notable amounts of vandalism, riotous behavior by students, destruction of school buildings, dropouts, etc. The "TWO-DECADE (inscribed) SCHOOL" has not had these phenomena as problems. At the one-decade school, the initiating of the "Senior-Big-Mark Day" program was followed (coincidentally?) by a significant reduction in the amount of those activities that cause a principal to want to resign, to say the least. At each of these schools the marking program includes the following:

1. The marks are never erased by administration or a law enforcement agency.
2. The student can mark what he wants--word, color, design, size, or space--within the area described.
3. The principal or his representative is at the scene during the time of the marking, and usually makes one of the first marks himself.

At the time of writing this monograph obscene or profane words or scenes were never made at the three school areas mentioned above.

CHAPTER VI

THEORETICAL CONSIDERATIONS

"If Two and Two are Four Then..."

CLINICAL

In the cases of marking events with the therapist present the individuals have repeatedly experienced "feeling different." Their appearance is reminiscent of a quality seen in the intimacy experiments^(2, 4, 14). The individual is "warm." There is an attitude of a non-game-playing ego state present. The outcome of the procedure is that the marker offers an opportunity for others to look into him, is giving-himself-away, is open for others to partake with him. For this reason, the marking prescription is not introduced to those who had a major childhood confusion event until this wall marking procedure is therapeutically timely.

Prior to going to the wall, it is not unusual to notice Childlike behavior. These manifestations are giggles, smiles, wisecracks, remarks of a Childlike nature referring to inadequacies, ineptness including awkwardness, stumbling into furniture in the room.

After the individual has gone to the wall, made a mark, and come back clumsily or not, to then be seated, he is different--he looks different--he behaves differently--he operates differently. The person may be silent or may be talkative while he is marking. Some individuals shake during marking. In any event, after the individual has come back to sit down upon completion of the marking, the report is of feeling expectant as just prior to embarrassment. The individuals are usually quiet and slower of movement. Frequently they are red-eyed with a different set to the person's facial musculature, expectant-looking, as just before (deciding whether to be) fearful, angry, sullen, or laughing; they look and feel "turned on." Individuals have equated this feeling at the conclusion of the wall marking event to the feeling in dreams of being naked. Dreams of unembarrassed nakedness are equated with an individual going on record, making-a-mark and leaving-his-mark ... giving-himself-away; perhaps an ambitious wish to be a standout in life. Other individuals have reported that the marking event is an experience quite often remembered with the vividness of imagery by the marker and participant observers (group members and author).

In other ways it has been observed that the vivid images are almost routinely of such a vivid quality for at least two individuals, the wall marker and the person giving permission to the marker to mark. This is supported by historical information from patients such as, "I was talking to my sister the other day and she can recall that same day. She gets red in the face when I talk to her about it." Group therapy events of significance to one person, for example, a "working-through experience" will be recalled, as a rule, by two.

Vivid personal imagery is most likely of a vivid quality for two individuals. It is from such imagery that significant and major behavior affecting decisions originate. It is

probable that no decision of behavioral significance is made alone, as an "independent." A significant decision is one made at the least with someone else in mind, frequently someone else in the immediate physical surroundings.

"My mother and I decided I was going to be an architect."
"My boyfriend and I decided to get married."
"My wife and I decided to have a baby."

It is similarly significant that a unilaterally made decision is infrequent. What is called an independently made decision is usually one of exploitation or one intended to be provocative in nature. What is retained in the vivid memory system of one person is probably also in the vivid memory system of another; therefore, decisive moments are decisive for more than one person. Vivid moments are such for more than one person at a time.

In the majority of the patients who marked, the major behavior modifying decision of the six-to-eight-year-old inside the person, what he would never again give-away-about-himself, is related to the "problem" for which the patient came to treatment. It is this same decision that thus caused him his trouble that then led to his treatment. It is this decision about what he would never give-away about himself that is more readily capturable, more readily available for rethinking (re-deciding) after the marking event.

Leona: "I don't ever have to kiss anybody again unless I want to," was the decision (aged seven) from which she developed a "Cool it, Man - Cool it" game. People who gave "slobbery kisses" were not okay, but proper kisses were OKAY. Therefore she would feel badly when she moistened. She was not OK when she burst into tears. After marking on the wall, she relocated her 6 to 7 year old pleasure of giving "mushy kisses" to "Grandpa" and getting "slobbery kisses" back from him after he would capture her, gather her up in his arms, her laughing and giggling. After her decision that she didn't have to give him kisses anymore if she didn't want to, "slobbery kisses" became disgusting. (Her mark: a date-palmed oasis in a desert.)

After marking, Andy told of feeling foolish. One day he decided about his father, "I'll never tell him anything again because he makes me feel foolish-makes me look foolish." A few years later Andy repeatedly wondered why he wasn't popular. But he did know that he would not say "Hello" to people who made fun of him. Since most of the friends of his own age were enjoying fun and because "fun" is with somebody else, including making fun of each other as an option, relatively speaking he isolated himself from fellow schoolmates. In group he approached his event of marking jauntily, then afterward reported "feeling foolish" but this time with associated (Adult) intellectual curiosity, with awareness. With his girl, Leona, it was similar; she who had decided very firmly at the age of six that she didn't ever again have to give a kiss to anyone she did not want to. This meant if someone else very much wanted her kisses, she would rebel and pout. So she had had little success with marriage and other relationships which might have led to intimacy, to a continuing quality of commitment to another. She came to treatment because her game, "Cool it, Man. Cool it," played through a previous marriage and divorce, was now beginning with Andy just as it had previously.

PRESENCE OF LEADER: The indications are that the impact of the leader's presence (as the authenticating, validating permission-giving person) during the marking act is of major importance. The leader is the one who authorizes the marking and gives protection for the marking act to take place. The leader can give an effective and protected quality of permission for marking. The leader encourages learning, experimenting with new techniques with which the individual is yet unskilled. In the treatment situation he is the one most vividly important to the marker at this time, the one with whom the marker is reworking his (not) give-self-away decision and commitment and position. For these reasons with their theoretical implications, marking is not introduced to patients until after some therapeutic preparation, referred to as Adult strengthening in the patient.

GOING ON RECORD Most marks made and left by individuals (whether in the office or in and on the world) are for the "WOWs" which are obtained during and after the acts have taken place.

1. What are "WOW"s? They are exclamations of acclaim, for crediting.
2. Who gives the first "WOW"s? MOM!
3. What gets a "WOW"? What does Mom give a WOW for? Mom gives a WOW for what she thinks is good, what is important, e.g. good manners. What she thinks is great: an outstanding achievement. Mom teaches her offspring, as much as anything, by what she gives a smile, a caught, aWOW for.
4. What the person can expect from life when Mom is no longer physically prominent on the scene are the WOWs she taught him to expect.
5. What the person gets a WOW for later is then received for what Mom stood for; that is, for being Mom's child.
6. Therefore, when full grown, the WOWs that a person gets are for "My Mother the Archives"; after all (full credit is due to convicts Ted W and Johnny B (who in the 1960s taught me) "WOW" upside down spells "MOM", therefore, marks are records and are recorded for significant achievement as a crediting-famous or infamous-for MOM.

To whatever extent a person has made a mark on the wall, on the world, it will be a reflection of his desire to give his Mom credit.

CASE: Abe, who had been in jail most of his life at a particularly angry moment, said sarcastically in group, "I'm in jail in order to prove I had a bad mommy. I had a bad mother. My mother was a bitch, a tramp, a whore, a slut, and I'm not going to get out of jail ever because I'm not ever going to be anything for her to get credit. I'm not going to be any credit to her."

During the few weeks before marking on the wall, he located his mother's present address which he had not known for several years. He did write to her sometime after he made his mark on the wall of his group treatment room. After initially making his mark, and over the next few weeks he made some additional modifications to his childhood decision about his mother, began to talk about her matter of factly with his Adult. Treatment contract with him from the first: "I want to get well of hating my mother."

CHILDHOOD DEVELOPMENT

The beginnings of the artist--of the poet--the beginnings of the standout person **and** the non-standout person are intimately related to the childhood decisions (adaptations) about 1) listening, point-looking, talk-listening; 2) those decisions having to do with the "Don't-mark-on-the-wall..... Don't-give-yourself-away" edicts.

THEORY OF GAME ORIGIN The giggle heard so frequently when the word crayola is used is that same giggle observed in the two-to-four-year old game of hide-and-seek, the giggle of being tickled. The theoretical speculation here is that marking with permanent indelible materials onto a permanent structure such as a wall is part of establishing an identity in childhood (a modus operandi). It is part of becoming an identifiable individual, a part of not becoming lost as a child when going through the natural process of hiding oneself in order to be found. To hide and then be found is to withdraw and then be validated in the finding. To be found out is to be validated in having an authentic existence.

One reason the patient giggles when his game is uncovered in treatment, for example, is that almost routinely the game is built on a riddle--a secret, a secret decision--a hidden decision. The hider with his secret, his hidden decision is waiting for the day someone seeks and finds the solution to his riddle, his secret. The giggle is the payoff to having been found in the particular hide-and-seek.

It is proposed that most games played by people have as an analogy, the basic format of Hide-and-Seek.

CHILDHOOD PROHIBITIVE TRAINING As quoted from a group session, "To us kids who marked on the wall when we were small (referring to siblings and self) marking was damn near worth one free killing by mom." The "Don't-mark-on-the-wall" training program in many homes is pursued often more vigorously than the program of "housebreaking" the child. Numerous are the efforts made by parents to train children to not give-themselves-away, "Don't give your toys away..... Don't let the other kids see that they are getting to you." "Don't let him see he got you mad..... Don't give him the satisfaction," etc. This is the "don't give-yourself-away" training program in operation. Its corollary, "Don't be a standout, don't make a spectacle of yourself (or you will get us in trouble)," is usually present also.

Talking with a colleague about marking as a clinical procedure, she said, "I know just the thing I'm going to do as soon as I get home; I'm going to put oilcloth half-way up the wall of my home so my children can mark on the walls whenever they want to." Asked what the oilcloth was for, "Well, so the marks can be removed. I may have to sell the house some day."

The stated Parental objective is described as helping the little person not get taken advantage of. This training program, however, usually has the net effect of telling the young person what is the most important thing to give away and how best to not give it, thus frustrate others with whom he transacts. From this childhood training program, group patients have reported learning:

- (a) how to be Mr. or Mrs. Anonymous, and

(b) how to frustrate other individuals by not giving away the smile, the laugh, or the mad which would indicate "you got to me, you turn me on." This "don't-give-yourself-away" training program in itself is a program of (Spartan-like) training in self-restriction, anonymity, and anti-okaying of others ("I don't have to say 'Hi' if I don't want to").

This Parental training program has interesting outcomes. To list some:
heterosexual incapability;
selective educational (learning) inhibitions, as how to play "Stupid" with the primary marking materials of the educating process, paper and pencil;
restricted spontaneity and creativeness;
deficient proficiency in dealing with social exploiters.

Walking down a street in a large city, there is the not infrequent occurrence of an ill-kept, indistinctly articulating person staggering up, "putting-the-touch-on" you with, "Sh-Shaay, buddy. Gud you lenn me a dime for a cuppa goffee?" (Maybe a quarter.) Many an individual reports difficulty in dealing with these alcoholics, feeling ashamed for ignoring them, or alternately, silly for giving in to their request (touch) for money.

A continuation of this example is Larry's brother-in-law "putting-the-bite-on" Larry for a ten-spot in front of Larry's wife. What is Larry to do? He doesn't want to be in trouble with his wife for dealing harshly with her brother, and yet he suspects strongly that his wife actually had been giving her brother money.

People who have not had practice in giving-themselves-away may then reasonably expect trouble in handling the potential exploiter. Those with practice in giving-themselves-away, do in fact have less difficulty handling probable exploitative situations.

From an existential point of view almost the only thing a person can give to another person is himself. This *giving-yourself-away* is contrasted with what some "helping" people have termed *giving-OF-myself* or "sharing" as with an experience. Both OF these latter, on careful analysis, have been revealed to be non-giving, non-satisfying, non-"humanizing," non-responsiveness to the stimulating person, leading instead to transactions in which one or the other or both individuals give-up with each other because of the stultifying (making look foolish) quality of the experience, because of the obfuscation (bewilderment) and frustration of their "give and get" desires.

Satisfaction with another person comes from giving responsive words or a smile away to the talking Stimulator: a response, a movement, be it a smile, a thoughtfulness, a coloring (of embarrassment), an angry retort or other; for the Responder to give-away to the Stimulator clues as to what will lead the Responder to be satisfyingly responsive. The Responder (R) selectively giving-in to Stimulator (S), selectively giving-himself-away to S is more likely to effectively stimulate S toward what he, R, wants.

In the hide-and-seek game (derived from the two-to-four-year-old era of life) it is this giggling pleasure that is given by Responder to the Seeker (Stimulator) at the moment of capture. That is the **get-on-with payoff of the hide and seek game**. The "Don't-give-yourself-away" program is for Responder to withhold, to make it tougher for the Seeker to locate where Responder is hiding. In the social transactions Stimulator of the Game of Hide and Seek (of the Games People Play) is endeavoring to determine how to get Responder to talk to him, how to get Responder, to give him the "okay" he seeks from the

Stimulator, (the “Squealing Giggle” of the Game that the found-out hider (R) gives to the successful seeker (S) by way of the giggle-smile.) This is the get-on-with payoff for both parties in the hide and seek.

“Responder” who withholds his “Squealing Giggle” is the Sulk. The hold-out R (sulk) is not giving-away his payoff "okay" to S: Pouting means "I'm not going to let you see that I like this. I'm not going to show you. I'm not going to give you the satisfaction I know you want from me, of showing you I am moved by what you are doing with me." Pouting can be understood as a form of hide-and-seek, the hider (R) hiding his smile, laugh, giggle. If the pouter is tickled out of his pout (found) too easily, before he has given his clues to S (that he is ready to be found), then the game development ensues in which increasing amounts of tickling, increasing amounts of "you have to do it the way I want you to or else I won't giggle for you" is required, i.e., to tickle the pouter (R) out of the pout--to obtain the smile (giggle) from him.

EDUCATIONAL CONSIDERATIONS From the viewpoint of education consider: "Why don't students want to make good marks (grades)?" It might be answered "What does a student's inability or decreased desire for being educated have to do with the fact that the markings being taught (classroom homework and/or tests); being encouraged, are not of lasting significance?" What does the individual's learning to write and cipher signify? It is proposed that it signifies an accomplishment, a progression, an evolution for the individual. How can spelling, composition, writing handicaps in students be accounted for?

Here it is proposed that the "little person" who would like to make lasting marks has been trained out of this objective by presumably well-intentioned grown-ups before the educator gets his opportunity. By the time the little person gets to the educator, he is further trained to utilize non-durable, non-indelible surfaces and materials as with chalk and black board, paper marking materials, that is, materials, and surfaces which are brushed, "cleaned off," "go into the wastebasket," are burned up. Thus the person playing the game of Stupid, i.e. the student has become "Educationally Handicapped," will be telling the world, "It's stupid to make a mark when all that happens is Stupid for the marks I make to be trashed." Perhaps the person playing this form of "Stupid" is saying "If my markings on paper get burned up, "What-is-the-point-of-this-marking-or-writing?" Could it be that marking-learning--is being discouraged by not validating with some degree of permanence a less-than skillful or accomplished output? Even those student marks (papers) skillfully accomplished are not treasured, do not stay, are not lasting. Marking to be skillfully accomplished takes practice. By making indelible marks at various times on a durable surface, an individual could make a comparison for himself as to what progress he has made, what new learning has taken place. If something is worth learning, having indelibly imprinted on a mind, perhaps it is reasonable that it also can be indelibly impressed on a surface to show others. Marks on walls of some homes are made for children to describe physical growth, "Look how tall you were when you were two. See how much you have grown? Let's see how tall you are today." "Look how tall I was when I was six and this is how tall I am today. That's me."

Marijane had been in treatment for some time when she wrote a card to the group while on vacation. On return, her card was pulled out and commented upon. The response from her was, "Oh! Didn't you throw that away? I always burn up cards after I get them." Part of the treatment contract with her was to get well of procrastinating with written reports. In fact, very little progress was made on this until it was learned what she did with written reports from other people. She expected her written reports would be similarly treated after she got them in i.e. they would be "burned up."

EXISTENTIAL CONSIDERATIONS Often the question is asked, "What was the meaning of these marks?" "What do you think my mark means, Doctor?" or, as with colleagues, "What is the situation with this patient? With that patient?"

To these: The marks are a recording of the person by the person. Although projective value is present in the markings, it is very infrequently talked about in the clinical setting. There are many other factors (primarily of transactional significance) that emerge with each individual event of marking. The marking is a result of a prescription, and for the most part, it is recognized that very few individuals have had recent practice, let alone skill, in using these surfaces and marking materials.

Marking on the clinician's office walls was equated in the office to be 1) a step toward leaving a mark on the world, 2) to stand for the person's life, 3) to stand for meaningfulness. This, on occasion, was said in as many words. Marking on walls was to be giving-yourself-away. This is the existential equivalent of meaningfulness, a meaningful life. It is probable that marking is one thing an individual has more readily at his disposal to give meaning to his life with other individuals.

By giving-himself-away or not, giving-away his responsiveness to another person, by giving-away his ability to be stimulating to another, the person who is well is also giving meaning to his own life and time (with the other person). To deny the other person the satisfaction of a response, is to try to invalidate the other person; reciprocally, this will lead to the expectation of being invalidated by the other guy.

While individuals in treatment may shy from leaving a mark because they report "I can't do it very well," more often than not, not leaving a mark is to avoid being a standout, to avoid being identified. "You did that?" "Yes, I did that." Whether it was for praise, favorable comment, or criticism, in any case, the mark left by the marker does not go un-stroked. The person who has marked (in group) has been responsively reacted to by others during, immediately following the event in the group session.

One of the more instructive aspects of these marking events which took place in the office by different individuals, in different ways, week after week, was the evolving, continuing interest of the other non-witnessing individuals in "What's new on the wall"-- "What's new in marks?"

It was probably no accident that among the most frequent responses with which the marked office walls were greeted by the uninitiated were, "I know just the thing to take it off." "My! What a mess!" "What's the matter? You have a bunch of kids here?" or even more ironic, "You treat children?" These remarks as openers had prognostic significance when made by a patient, usually being indicative of the extent to which the clinical work might be expected to not progress, indicative of internal restrictions, intra-psychic restrictions against a) marking, b) locating personal behavioral alternatives, c) leaving-a-record-of-self, d) against an existential validation of the self, i.e., being unique, e)

internal restrictions against going through an interval of setting aside old methods of organizing the thinking processes to accomplish a new method of ordering his own behavior.

The curiosity-evoking power of new marks is the stimulating ability of the new marks. Seeing a new mark, for many continuing patients, causes conjectures and not infrequently has been found stimulating in other ways significant to treatment. What is admirably produced by one person is usually stimulating to another as with "David B. + Linda D., 1965" high above the water.

The man writing a book, painting a picture, writing a poem, is giving himself away: Freud with his preoccupations about the subjects 1) statured erections, and 2) emesis; Winston Churchill in his preoccupation that he be thought the world's greatest Englishman; Joseph Stalin that he be thought greater than Peter the Great and more terrible than Ivan the Terrible. Books are written by authors, among other reasons, that the author be known and identifiable, thus, the author gives himself away. Although there are other advantages and reasons for making and leaving marks, the existential advantage to making and leaving a mark is as profitable as any. How many times have individuals looked at and wondered about the origin of the Sphinx, looked at and wondered about the Great Pyramid, looked at and wondered about other marks. Marks left are viewed and puzzled over. A mark--a lasting mark can be viewed as an existence with meaning, with perhaps a touch of immortality provided by the continuing admirations and wonderment of others who look at it and consider it. "I wonder how he did that." "I wonder what they had in mind." "I wonder what this means."

Contrast this, existentially, with the training program "Don't give yourself away" as carried on in homes: "People don't like boasters." "Don't volunteer." "Don't rock the boat." "Don't go getting into trouble and bring shame to your home." The service is read over the corpse and it goes: "He was a good man," and then, if it is possible, to continue a description of what he did, what he stood for.

Mr. Conformity tells his children "What will the neighbors think (hopefully what will the neighbors not think)?" Mrs. Anonymous wants to make sure that her children don't get into trouble--that they are well-mannered and courteous--that they will "Be a credit to your family now, dear, so we can be proud of you," whatever that means. A person can make money, a fortune, and yet be unknown for it; that is, preserve anonymity in the community.

Anonymity is the person with no face, a million gravestones piled one on top of the other, as witness the giant cemetery between Flushing and Manhattan (New York), through which freeways go for three or four miles, tombstones that are in no direction less than 18 to 24 inches from each other. Stones representing past lives--miles and masses of stones: lives gone ... finished ... completed ... deceased. Individuals some of whom have left a mark -- all of whom are dead. The mark on each tombstone plus whatever mark the individual made on the world while alive is what his existence stands for.

Not infrequently the question has come up in group, "Doc, what are you going to do when all of these walls here are full?"

"I think I'll paint the place." In group this has been viewed with excitement. A covered-over mark is not an eradicated mark. It is a buried mark. The excitement comes from a buried mark being a buried treasure; on several occasions, group comments have

brought up the frescos by famous renaissance artists which have been painted over, only many years later to be rediscovered as treasures,- therefore, a mark is a treasure, and a painted-over mark is a buried treasure. Patients to whom this prospect has been described have been relieved that their marks will not be scrubbed off the wall but will be kept intact. "Oh, it's going to be there forever. You're not going to wash it off, get rid of it." A sense of exhilaration that some day in some way it may be rediscovered by somebody and pondered over.

SOCIAL CONSIDERATIONS The striking similarity is present in the emblazoned mark "John L. loves Eileen M., 1966," **AND** the announcement of a marital engagement on formally printed cards as mailed out. It is at least equal to the pledge of a marital engagement and is often equivalent to the posting of his and her proclamation for all to know, akin to the public notice given when a marriage license is issued and used. The mutual tree inscribing incident is similar, perhaps closer to the engagement announcement. These are qualities of proclaiming, in public, for all to know. There is a quality of intimacy that is revealed in this giving-self-away, this act of announcement.

Is it possible that some of the desire to leave a mark on the world can be utilized socially? Perhaps one aspect of allowing marking to take place on the external walls of public buildings can be seen by the readers. There may be a difference between marking on a wall of a building and destroying property. A mark made in public, in front of some agent representing authority, can be expected to have a rather uniquely corrective-action effect on the individual. Could some walls of public buildings be utilized for and by some of the individuals who comprises a part of the public, be used for constructive, socially desirable creative purposes? Could any public official take this chance?

A building that is in use is probably being kept up, including periodic painting. If the building is not kept up, it might be asked, "Why the fuss about not marking?" Recall that furors over what is called defacing probably stem from various opinion camps, opinions of individuals as to what is and what is not in good taste. Perhaps the phrase "Being in good taste" is not by accident abbreviated using the initials B.I.G.O.T. One person's sense of dignity can be and often is outraged by another's sense of the aesthetic. To illustrate: a) some of the all time great operas have been presented for the first time to resulting riotous behavior of the attending audience, e.g. the physical furor when Beethoven's Ninth Symphony was first presented. A lot of prejudices and opinionated ways of thinking about wall marking exist. My opinion is that the opinion, "You are not supposed to mark on walls," is a prejudice not supported by measurement determinations.

Perhaps some enlightened legislators and legislative bodies in the future may wish to redefine the present definition and equation: "Marking on walls" equals "destroying public property" and therefore to be defined as a punishable felony.

SUMMER RIOTS It is interesting to speculate that some of the summer riots of the last half of the 20th century involved and had been participated in by some individuals who despaired of ever making a mark on the world. It is possible that some of the participating individuals viewed the occasion of the riots as an opportunity to leave a mark someplace on the world whether by fire, a pigment, a cutting or ripping, or slashing, or breaking, or burning of a building or a bullet ricocheting, grooving a wall, a bomb or a smoke smudge: some lasting physical mark. It is possible that to be a participant in these

scarring operations coincident with the riots counteracted the existential despair of the individual.

These riot-time marks often remained evident for a very long interval of time after the occasion of the riot. When this “wonderful” opportunity came along one day by chance, perhaps it presented the individual with the occasion to make and leave a mark—albeit it was called, defacing, or destroying and was defined legally as unlawful in nature. A person who participated in the riot might very well tell his children, even his grandchildren: "See that gouge in those bricks? I made that in 1964. That's my mark."

"You're kiddin'. No kiddin!". You mean you were here then?"

"Yep! That's mine! And here, let me tell you..." to elaborate.

This method of reasoning may well add another dimension to account for the fact that men who have been in battle together, who have shot-up or blown-up a place, a landscape somewhere on the globe, often plan and do later get together periodically, as with World War II groups who twenty years later, sixty years later are still meeting for the pleasure and fraternity of the occasion.

CHAPTER VII

CONCLUSIONS

"Reader's Digest"

This is the first report of wall marking which was used as a clinical treatment procedure. The graffiti procedure here described has been used in a private practice office and in a correctional setting.

Wall functions are sort-able into

- a) empiric
- b) aesthetic
- c) unrealized potentials.

The use of wall marking as a prescription by the clinician is described. It is used in both group and individual psychotherapeutic treatment. The marking on the wall is handled as a treatment procedure on a "prescription" basis.

Wall marking is not used as a projective technique. Wall marking is a procedure that can be introduced to enhance the therapeutic process. The technique of introducing wall marking to patients, the timing of introducing wall marking procedure, and contraindications to using this procedure are described.

Wall marking in the clinical setting offers the opportunity to study an individual's personality structure (Operating Ego States--Parent, Adult, and Child), character structure (Childhood Ego State), transactions, games, and his script for therapeutic handling.

Of the married couples seen together the husband has invariably preceded his wife in the marking event.

The serendipity of this study has been the discovery of accessibility to the vivid imagery of the Childhood decision (its resultant commitment and position) of the three to seven year-old era of life. This particular character defining decision has to do with what the individual decided back-then that he would "never-ever-give-away-about-himself-again." This not-giving-away decision is to withhold a smile, a frustrated appearance, a foolish feeling, or a kiss, etc. This decision is the one that often leads to relatively, permanently changed adaptive modes of behavior through most of a person's ensuing life. This is the behavior-determining decision that leaves its mark on the person's expressiveness, creativeness, learning capacity, sexual capacity, and perhaps his ability to accomplish intimacy. This is colloquially referred to in transactional analysis as the selection, by the person, of his "okay, not okay" position and what valued item (withheld or given-away) of expressiveness will be the determinant of his "okay, not okay" position vis-a-vis other individuals encountered in life; the basis of the preferred games played.

In the clinical situation, wall marking has been useful for therapeutically reaching the "pre-decided" Child. Behavior-determining moments and the decisions arising from them are held in force by vividly retained memories. As such, these memories (more often than suspected) are retained by both of the two or more persons present when the significant moment was lived.

Marking on the wall in the clinical setting has invoked a sense of intimacy when done with another looking on.

The marks put on the wall are for the response; be it for cheering or jeering, the difference is not that great to group patients. It was the act of going on record, of leaving-a-mark, of giving-it-away that counted in those who get well.

This procedure has improved the ability to locate alternative solutions to life scripts. Examples are cited of behavioral-option recovery.

Many individuals describe making-up a trademark emblem of their own between the ages of 11 and 13 years.

A classification of people-marks is given.

The significance of "WOW" is described in some detail:

First from MOM, later for "MY-MOTHER-THE-ARCHIVES."

Leaving a mark on the wall is to leave oneself identifiably in evidence--to give oneself away. Each author and artist in making his mark is giving himself away.

Making and leaving an indelible mark on the wall has been equated by patients to "leaving-your-mark-on-the-world." Making a mark is marking on the world; leaving the mark is to give-self-away, give life existential meaning.

The giggle heard on mention of the word "crayola" is quite similar, if not identical, to that emerging as a clue from the (recaptured hider in the two-to-four-year-old game of Hide-and-Seek. The giggle of the captured hider in this game strongly resembles the one heard when a patient's game solution is discovered, when the hidden secret of its solution is opened as in treatment. The speculation is made that the game of "Hide-and-Seek" is the precursor of (many of) the Games People Play. The childhood event of wall marking with crayola is probably one of the earliest methods of making an identifiable, unique marking to stand for self; perhaps a part of identity; usually an identification of self in action; an activity in evidence for later consideration, pride or shaming.

There is widespread prejudice about teaching and training about wall marking. The intensity with which the anti-wall-marking campaign is carried out during childhood development is often greater than the intensity with which sexual prohibition and (bathroom) "housebreaking" are taught.

The "Don't-mark-on-the-wall" training program is accompanied by, if not synonymous with, the "Don't-give-yourself-away" program of many homes. The "Don't-give-yourself-away" parental training is the precursor of the form the four-to-six-year-old (latency era of childhood) decision takes with its resultant commitment and position on what is relevant to hold-back, hold-out from another, not give-away, to not be responsive to another party who is being verbally stimulating, not audibly acknowledging another person.

Educators could well consider that the non-permanence of a mark (e.g., as with marking on paper) by "educationally handicapped" students may be partially accounted for in terms of the non-lasting quality of paper and pencil teaching methods.

Examples are given of two schools using the graffito with apparently beneficial results for the (administrators and students of the) schools.

Socially, it is speculated that a marking couple is pledging with an intensity equivalent to that of taking marital vows.

Attention is invited to the fact that riotous behavior on the part of some participants may be partially accounted for in terms of the desire to make and leave a mark.

Transactional Analysis, as practiced in this office, was aimed at reducing the amount of exploitation that one individual gets from and gives to another; in order for the individual to be able more advantageously and confidently take hold of the opportunities presented during his life.

Some patients have taken the wall marking prescription literally to utilize it in their homes. Several report increased pleasureableness in the home with marking and painting on the floors, ceilings, and walls. "The place has become a more adventurous HOME in which to live."

A lasting mark is a jewel for later measure,

A covered over, painted over mark is a buried treasure.

*EPILOGUE TO
LEAVING YOUR MARK
Second Printing 1973*

On Saturday evening July 18, 1970, this writer and many others gathered for the last time at Dr. Eric Berne's office home, 165 Collins Street, San Francisco. Entering under the archway with the famous three circle emblem, we came to mourn our departed, Eric Berne; our leader, teacher, confidante, great man in our lives. At that time some of us* looked at the walls of his group treatment room, known to us as the seminar room. Around the walls just under the narrow shelf going around the room 5 feet above the floor were a series of dark colored wall markings, most of them scribbled almost to illegibility. Behind the famous blackboard at the head of the room was the wall mark of the just deceased owner, a faint but evident crayola marking. Most of the markings were dated variously from the latter half of 1968 well into 1969. They were a series of treatment contracts, many of them signed by the individuals.

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