

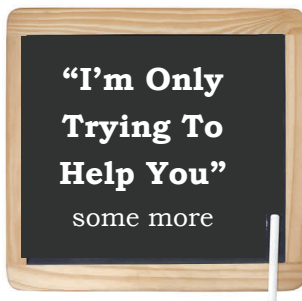
Special points of interest:



See The Encounterer
Vol. 1, No. 15
Trying-To-Help.
An original contribution to
Transactional Analysis

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Some More Examples of "I'm Only Trying To Help You"

Our society has become very dependent on administrations of government all professing they are here to serve: national, state, county, city, districts (even academia; corporate business, too?) The different agencies within these administrations are very good at playing "I'm Only Trying To Help."

However, this has become a can of worms. Promises have to be kept to the employees within these helping administrations, and promises have to be kept for those being served: pensions, social security, health benefits, and so forth.

In his book "**Group Treatment**" Dr. Berne talks briefly about this organizational game: "**I'm Only Trying To Help You.**" I will continue with his report, page 327:

Organizational games, from the present point of view, fall into four classes: management games, case-load games, "Wooden Leg," and "I'm Only Trying To Help You." There is no implication that every organization plays all of these. A game-free organization will play none of them; others play some of them; and a game-ridden one may play all of them.

"Good Management" - The principal management game is called

"Good Management." A currently fashionable form is to have a psychiatrist on the staff of an industrial or government organization, since everybody knows that nowadays that is part of good management. The psychiatrist is then exploited in various ways, but is steered away from situations where he may actually be able to change something. The chief administrator may use him as a pawn in games of "Let's You and Him Fight"; he let's the psychiatrist tell the unpleasant things to his executives, so that he, the chief administrator, does not run the risk of unpopularity or of being accused of bad relations or bad management. In any case the psychiatrist's lectures and other activities are summarized numerically in the Annual Report.

There is a growing number of organizations which make legitimate use of a staff psychiatrist or other consultant accustomed to taking clinical responsibility. Even at worst "Good Management" is potentially a constructive game, since competent, strong-minded, tactful consultant can often actually initiate some worthwhile changes.

Closely allied to "Good Management" is "Good Research." In this game, research proposals (in the social sciences) are couched in the language most likely to elicit a grant, with only secondary consideration of the effects of the proposal on the patients to be "researched." At the same time, by the strategic use of acceptable jargon, it is demonstrated that the proposal contains exactly what the patients need: 2 computers, 15 observers, etc. The patients who become involved in this game tend to be good sports about it. This demonstrates one research conclusion that is to by now firmly established by repeated tests: that most patients, if properly appealed to, are good sports. An honest research worker who is involuntarily dragged into this game may nevertheless get some useful research done by skillful interpretation of the proposal. In order to be sure of a second grant, however, it is usually necessary to demonstrate that the original hypothesis was correct and therefore needs further investigation. It is a foregone conclusion, therefore, that almost everyone who does research on group therapy will show that his approach is useful. The writer knows of not a single published case of grant-

supported research which demonstrates that the researcher's approach to group therapy is not useful.

Case-Load Games - In general, case-load games are bureaucratic, being concerned with budgetary considerations and job tenure, rationalized with "**I'm Only Trying To Help You.**" They are divided into under-load and over-load phases. In order to justify these games, game-playing "helpers" take the "broad view" that social problems are essentially unsolvable in the present, but that at some future time the answers will be forthcoming. In this comfortable situation, the helper makes strenuous efforts to solve the problems, but need not succeed because he is protected by the carefully nurtured hypothesis that they are essentially unsolvable.

The games revolve around the strenuousness of the player's efforts in the face of odds that everyone is supposed to acknowledge as insurmountable. Hence there is an institutionalized reservation that only a small percentage of clients or patients can be helped, and that these cannot be helped except over a very long period. It is considered respectable, so to speak, to dispose of a modest number of clients, say 10 per cent each year, but no more. Anyone who exceeds this quota is open to suspicion. Experience shows that in game-ridden organizations, zealous workers are very likely to be reprimanded or to be removed from their positions. Indeed, it is possible to predict the point at which that will happen, if not with mathematical

rigor, at least with mathematical symbols. A consultant may likewise be regarded with disfavor in some organizations if he implies that a larger percentage of clients can be helped than is generally supposed, or that they can be helped more rapidly. There are good reasons why some administrators become uneasy in the face of increased effectiveness.

The Under-Load Phase - Many workers preserve their psychic equilibrium by continually demonstrating the ingratitude of people or the Augean enormity of the social problems which frustrate their Herculean efforts and require rivers of money instead of the grudging trickle they are allotted. Hence when there is an under-load in a game-ridden organization, some of the staff-members may become acutely uncomfortable (which they attribute to secondary factors), so that there is a cry for larger case-loads. External budgetary requirements and the desire to keep the staff at maximum size or even to enlarge it, contribute to this discomfort.

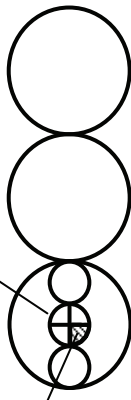
In considering under-load problems, the clients of the organization may be divided into two classes: chronic and acute. It is permissible to rehabilitate, cure, or discharge a modest percentage of the acute clientele, but any serious inroad on the chronic case-load is regarded with disapproval because it could result in contraction or elimination of the organization. For this reason the rehabilitation, cure, and discharge of a chronic client is treated as a special event during lean periods. The worker may be cautiously com-

mended, but many searching questions are asked, and the general air of skepticism does not encourage others to follow suit.

The Over-Load Phase - During the under-load phase, the policy of "reaching out," offering services to the community, and undertaking promotional campaigns is followed. The slogan is "We Want To Help," which is rendered to the individual client as "**We're Only Trying To Help You.**" If these efforts are successful, the organization swings into the over-load phase. With an over-load, there is a long waiting list, everyone is pressed for time, and no one is expected to do anything beyond the usual routine. Quantity takes precedence over quality, and there is no time for skepticism. The organizational game during this phase is "SNAFU." All sorts of things are going wrong because the case-loads are much too high for anyone to expect good management. At this point it is common to appeal for funds to enlarge the facilities of the organization and to obtain more workers.

Illustrative Examples - A large organization was established by a state health department to deal with the problem of alcoholism. As these ample facilities became over-loaded, a whole new approach was designed, requiring the expenditure of several million dollars and the hiring of a large number of new workers. The flow chart of the proposed reorganization was presented in an elaborate, well-defended diagram, showing where the patients would be admitted, where they would go next, where the community and the various professional influences entered, and so on. There was, however,

The Professor is located in the grown up person's Childself.



The young child's decisive event and decision for a favored method of concluding personal social events is GRD, GNV, GAF, or GDW.

one notable omission: there was no arrow showing how the patients got out of the whole set-up, so that once in (according to the diagram) they could only go round and round in a tortuous closed path. When this defect was pointed out by a game-analyst there was considerable anger on the part of those in charge of the organization, who said that they had other things to worry about at the moment and would take care of that later.

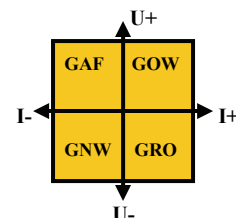
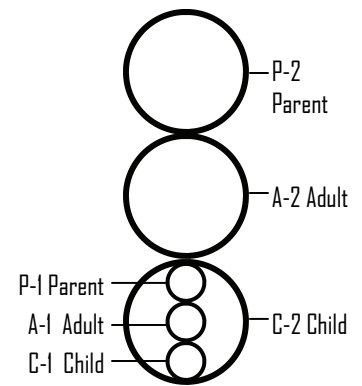
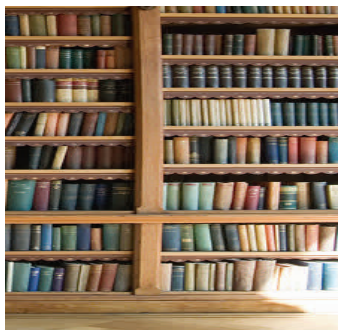
In another civil service organization, where the workers were too rational to play "I'm Only Trying To Help You," they were perfectly content to have a chronic under-load except when budget time approached. Then they would begin to "reach out" into the community, seeking to increase the case-load so that they could justify a continued need for funds. After the budget had been passed they were faced with the task of reducing the case-load so that they could resume their former pursuits of study and research without being too distracted by the needs of their patients. Thus there was a yearly cycle: scientific productivity, followed by community activity; then a period of grumbling and efforts to relieve themselves of the cases they had acquired, in order to return to the productive phase. The administra-

tion of this particular establishment carried on its manipulations without any attempt at concealment from the staff. This caused disillusion and resentment among some of the idealistic young clinicians who were in training there.

Group therapy offers special opportunities for playing case-load games. An under-load cuts down the number of groups and thins out the complements of the remaining ones. The uneasy therapist tends to become more active in order to prove the worth of his efforts, and plays a harder game of "ITHY." An over-load of cases favors the activation of more and larger "therapy" groups, which may be used in a game of "See How Hard I'm Trying." The slogan here is "Look, I'm so busy I have to treat ten people at once." Or a worker who is tired of playing "SNAFU" may start groups on the principle: "I can't help them, but maybe they will be able to help each other, and if they don't, then no one can blame me."

"Wooden Leg" - This is a game in which the patient challenges the therapist with an established disability, classically "What do you expect of a man with a wooden leg?" It is difficult for the therapist to win this (i.e. get the patient back on his feet) without the patient's consent. The organizational varieties of "Wooden Leg" are typified by "Indigent" and "Veteran." In such cases the therapist is faced with case-load games played by external organizations which he is quite unable to

cope with, such as state welfare departments and veterans organizations. The patient or client is aware of this, so that from the beginning he has the upper hand. Thus if a therapist elects to work in certain game-ridden organizations, he must compromise on a standard "ITHY" type of therapeutic contract, which on his side reads, "I will try to help you providing you don't get better (because that would threaten my position that people are ungrateful)," while the patient's side reads, "I will do anything you say providing I don't have to get better (because that would threaten my pension)." If the therapist attempts to break this game up, the patient can bring enormous political and journalistic pressures to bear. Hence, the effective treatment of people on relief or on pensions is transaction-ally impractical until they can be persuaded to give up their pecuniary advantages and their organizational shelters in favor of getting well. The "Wooden Leg" element enters in its grossest form with the challenging plea: "What do you expect of a (man with a low back pain) (am-bulatory schizophrenic) (ex-serviceman)?" The implication is clear that if the therapist does not accept the plea, there are powerful people behind the patient who will give him his come-uppance. The "wise" therapist resigns himself philosophically to this dreary defeat. The contractual problem in such organizational desperation often involves a technical point which will now be taken up.





Addresso'Set Publications

"Game Codes—Newsletter of Games People Play"

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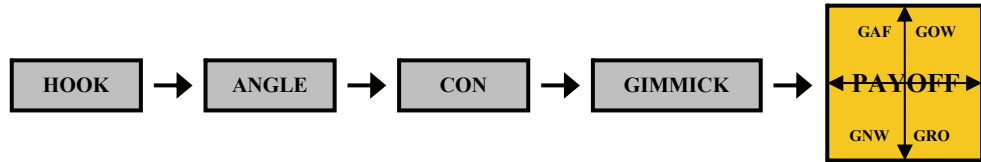
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A game is defined as a recurring set of transactions with ulterior transactions, concealed motivation, a gimmick, and a payoff. Eric Berne, M.D. used a particular variation of the duplex transactional diagram to represent the ulterior aspects of a game. Berne added the concept of switch in 1966 and introduced "The Game Formula." $Con + Gimmick = Response > Switch > Payoff$. The "Ernst Game Diagram" as described by Franklin H. Ernst Jr., M.D. in his paper "The Game Diagram" shows the phenomena of the variableness of a game and number of variations without contradicting "Berne's Game Formula." The Game Diagram" has five moves: Move #1-Hook, Move #2-Angle, Move #3-Con, Move #4-Gimmick, Move #5-Payoff. Diagrammatically it looks like this:



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

Moves of the Game of "I'm Only Trying To Help You"

The following is from the writings of Franklin H. Ernst Jr., MD.

A game is a repetitively carried out series of ulterior transactions with concealed motivation, a gimmick, and a payoff. A gimmick is defined as "an artful stratagem."

The **Games People Play** are the games people play. They are of themselves neither good nor bad. Good people play them, and bad people play them. There is a myth that to play a game is a sin. Like most myths: "It never was true and

always will be."

Games are one of the five ways of structuring time. The other ways to structure time are with rituals, pastimes, activities, and intimacy events.

Games are vibrant human activities in which stroking takes place between parties. A game can be played to an end destructive to self or another person. It can also be played to a joyful conclusion. The transactional stroking within a game can be one of the best

sources of stroking for a person. Stroking is essential to life, to "keep your spinal cord from shriveling" as Berne put it in his San Francisco seminars. A stroke is a word, physical movement, a touch directed at another selected person.

In the game of "I'm Only Trying to Help You" the moves are identified in the following chart.

Game Codes -
 Newsletter of Games People Play

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Game Move	Game of "I'm Only Trying To Help You"
Hook	Inquire
Angle	Correct, offer a correction to the other party.
Con	Reassure
Gimmick	Take to task "I'm Only Trying To Help You"
Payoff	GRO → Usually Get-Away-From or Get-Rid-Of. GAF → Each of the four varieties have been witnessed. GNW GOW