



Transactional Musings

Transactional Analysis of the Listening Activity

In "**Who's Listening, A Handbook of the Transactional Analysis of the Listening Activity**" by Franklin H. Ernst Jr., M.D. several procedures are presented for improving listening skills. On page 119 he writes:

"Some of the procedures used for the modification of the listening of the listener follow. In the colloquial they are known as:

1. Give-with-An-Audible
2. Selective-stroking
3. "Brush-Touch" – the Other person (0.2 second on non-erotic skin surface)
4. Use-a-Sound-Screen
5. Duet-Talking
6. Get-a-Move-On
7. Teeth-Touching
8. Get-a-Level
9. Use-His-(First)-Name
10. Get-Your-(First)-Name
11. Get-a-Replay (Re-Listen)
12. Give-With-a-Move
13. Blink-Up
14. Thought-Pause -- "Give-yourself-a-second-to-think"

These fourteen listed procedures are some of the techniques which are designed to aid in bringing about Adult strengthening and relief from the results of childhood-based decisions and corresponding positions; i.e., psychopathology as shown in the

listening activity of persons' transactions. They are directed toward the care and treatment of "troubled listening." These procedures, "prescriptions" are available for the reader, the "treater", teacher, etc. to recommend to a person and for the individual to take home and use for his own benefit and direction. These are specifically recommended and used in treatment to bring about curative results of a problem, of a trouble, of some racket or game, or some aspect of a person's psychopathology.



A description of several of these procedures and various ways they can be used is next in this chapter. The chapter after this one deals in depth with the "leveling" Adult locating technique and its implications. In the last chapter there is a series of examples of the above techniques with formulations that detail the use of specific regimens which have been successful in handling specific people-problems.

GIVE WITH AN AUDIBLE:

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

This "give-with-an-audible-vocal" prescription, when given to one or both members of certain couples, has decreased the number of complaints that "spouse-keeps-getting-all-wound-up-explaining." Letting the talker talk endlessly, presumably with the intent of "letting him unwind," without giving back any words at all only serves to "wind-up" the talker. In families where a member plays a hard variety of "Ya-Gotta-Listen-To-Me," the specific programming and scheduling of vocal syllable productions has been vital to the "snowed-under-with-his-words" person's recovery. The recommendation "give-with-an-audible (vocal)" for this is, "offer-one-or-two-

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Special points of Interest:

There are many procedures available for modifying, improving one's listening skills.

Any of these procedures, "prescriptions" are available for the reader, the "treater", teacher, etc. to recommend to a person and for the individual to take home and use for his own benefit and direction. These are specifically recommended and used in treatment to bring about curative results of a problem, of a trouble, of some racket or game, or some aspect of a person's psychopathology.

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DEFINITION OF LISTENING

The thesis presented is that listening is an activity evidenced by movement on the part of the not-now-talking person, evidenced by physical, visible motion. To listen is to move, to be in motion.

Listening is a non-speaking, an inaudible activity in response to or evocative of audible activity from another person. Listening individuals have been found to be moving individuals—physically, visibly moving.

Listening is a neurophysiologic activity, a neuromuscular activity. It is very often a trained activity. It is quite regularly an activity for the person involving adaptational adjustment. It is a focusing, converging, differentiating activity with the environment. To be listening is to be engaged, involved, attentive. Listening is to be cortically stimulated and responsive—physically stimulated, meaning muscularly active.

Those activities available for a not-now-talking person in a group can be divided into (A) the semi-automatic auditory scanning activity called hearing, at times coincident with withdrawal, and (B) listening.

HEARING

The person sitting motionless in a face-to-face situation is not listening. When other visible voluntary muscle activity is no longer evident and the

syllables-and-keep-on-doing-it, every six to twenty seconds. Continue five or six words when it seems to be your turn and there is a one or two second pause, but let yourself be overridden when he starts again. Repeat this sequence three to five times. He will want you to talk with him by then. If he is not ready after six tries, excuse yourself mid-sentence and leave," etc. The words demonstrated are "OK," "I see," "Fine," "Good?" "Could be," "Yeah," "Right," "Wow," "Uh-huh" (open mouthed), "No kidding," "It is?" "Oh, really?" "That's good," "That's right?" "Is that so?" etc.

Beth, 28 years old and single said, "I'm not very popular with my friends. I don't seem to know how to talk to them." The Get-Well prescription was: "Give-with-an-inaudible-vocal-tied-onto-the-last-talker's-last-words." She reported success when later the same night she went out with friends. In group she had not been giving recognition to the just-concluded talker when she started her own words. As the listener, she would turn to the now-talking person, then when "it came her turn" she started talking on another subject and also turned away from the person and to a third person not previously in it. The prescription was for her to say one or a few words to the "just-concluded" talker before "gently pushing ahead with" her own "point" and program. This was demonstrated as inserting into the beginning of her talking, phrases such as "hey, that was good, and L...", "No kidding...", "You sure can handle those...", "Is that a fact ... and I was...", "I can see what you mean, and it reminded me...", "Oh, man...", "No fooling," etc. She was told that the phrases could be

murmured or mumbled (they were not mumbled by her.) The prescribed regimen was directed toward her decreasing the frequency of her grabbing the conversational ball, and turning from a possible team-mate, to then run away with it as fast and as long as she could run, 'til midnight if necessary. She became better able to manage herself and dealing with other people. "It took me a little while to get the hang of how to use the prescription, and at first I felt like I was being insincere, a phony, but I got to laughing with them." (How long did it take to get the hang of it?) "Oh, yeah. Well, during the first 20 to 30 minutes I felt funny using it. That's not really me, I thought; but then they seemed to like me and I forgot to feel self-conscious.

This is similar to the regimen for setting aside the "um-hum" head-nodding responsiveness of Ray to his mother, who played "You-Gotta-Listen-To-Me." The audible response, especially the quality of recognition, and choice of ego state heard in the tone, is the clearest indicator to the talker of the quality of reception being given to his verbal stimuli. It is much clearer than any number of head-nods. Recall, for example, that "um-hum" head-nodding has equivalent meanings ranging from "That's very interesting" to "Go practice drowning!" The ("angled") rebuttal sometimes heard from patients, in response to the "Give-with-an-inaudible-vocal" prescription, is "I can't think of anything to say," to which the therapist may respond with, "I wasn't asking for you to think of something to say. How about giving me a word like you just did?"

"How about talking to her (him, me)!"

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

The childhood training from which the Child self makes his decisive commitment leading to non-audibleness includes such edicts as "Think before you talk," "Think before you speak," "Put your mind in gear before you let out the clutch in your tongue"; so the thinking-sayer, in his silences with his blank face and confusion, is thinking to himself, "I can't think of anything to say." These thinking-sayers learned and committed themselves to

think and rehearse ahead of time for their "conversational recitals." The "I can't think of what (anything) to say" is an individual looking for a "double-your-acceptance-and-love-if-I-feel-you-disapprove-of-what-I-say." "I-can't-think-of-anything-to-say-(that-I-can-think-of-that-you'd-approve-of-if-I-said-it)." This person is searching through his "approved-topic, sayings list," his "approved, thought-of-to-say-topic-list" for some item that will guarantee (instant) acceptance. He expects that "given a little time" he will be able to prove and substantiate his decisive-commitment and position that "whenever I do try to talk to anybody then they end up rejecting me and then I'll wish I hadn't ever opened up and given myself away to them?" When and after initiating some talk, these persons will shut-up at the earliest ("he interrupted me") response and claim a "hurt," "foul deed," "you didn't mean it, that you wanted to hear about me; it's too late now"; annoyed when someone responds, claiming "you barged in on me."

Clinically, they come to treatment because they feel friendless. The problem is described, "I can't seem to communicate with people, I can't seem to think of things to say when it comes my turn." Treatment for this situation has been to locate with them that they are infrequently giving audible responses to people who talk to them, waiting instead for their turn to have the podium, to then either monopolize and be boring or forget their lines. The procedure of choice in treating this syndrome-game is to increase the frequency of articulated audible vocal sounds (not the number per day) and, to decrease the time the other person has to wait for his words

to come back. Add a quick "Ah," "Hum," "OK," "Swell," "That so?," "I see," "No kidding," etc. This draws more people to talking to Mr. "I-Can't-Think-of-What-to-Say." The result is less opportunity for friendlessness, improved respect for rituals and increased facility in transactions. In the non-responsive extended silences, inquiry frequently brings out "Oh yeah, I was just thinking about what you said." Intervention then is: "And this is what cools people toward you."

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

Rx FOR G-W OF "I CAN'T THINK OF ANYTHING TO SAY":

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

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

Formulation:

Talking to somebody is the opposite of knowing-what-to-say; K-W-T-S comes from the approved-sayings list of topics. This approved-saying topic list is recited from in order to secure the (dis)pleasure, indifference or approval of the person

to whom the recitation is being made. Training in these approved sayings is often from a head-wagging, nurturing Parent who withdraws not only the nurturing wig-wag (approval) nod but all signs of recognition if a non-approved saying is brought into the talk and then even becomes motionless until a topic from the approved sayings list again makes appearance.

Knowing-what-to-say is the opposite of talking to somebody. Talking is for the listening to it. Talking is for the physical, visible moving it produces in the listener.

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

SELECTIVE STROKING:

At times it is inappropriate to become responsively engaged in transactions. When the potential responder can determine ahead the virtue of remaining disengaged, of not becoming hooked, then the following procedure is useful.

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

interval between eye blinks is longer than 5 seconds, the reasonable assumption can be made that listening in the situation has effectively ceased. Individuals having this verbalized to them quite often, and in short order, become not only more efficient in their own listening but much more effective in talking to others, i.e., looking for the listening of others to whom they are talking.

A little twenty-five-year-old woman with a Goldilocks-way-of-life had her leg fall asleep during her brief inspection tour of a therapy group. She stood—she fell down. "Oh, yes, doctor, I was listening to everything you said." Was she?

The new person noted to be unmoving in a group, when asked about his listening, almost routinely responds, "Oh, yes. I heard everything you said" and, often if not interrupted, begins to recite the immediately preceding transactions. This is related to another phenomenon, that of "absolute (hearing) recall for the last 30 seconds." This is different from listening activity. This hearing is similar to the replay of audio-video tape as if there were a 30-second supply of tape available in a continuous loop. The unmoving, non-blinking person quite regularly is a non-listener. The "um, hum," borderline listening and the "illegitimate listener" with physical-movement-carried-on-out-of-sight-of-the--talker are special cases.



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

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"cruel and inhuman" (un) responsive behavior, many a poised individual has referred to this method as "selective, discriminatory listening."

Bill told in group that he and his wife were walking downtown on a wintry evening when they passed by 3 inebriated youths sitting in a darkened alcove: About 20 yards ahead, a fourth member of this group was noted heckling another passerby on the then minimally-peopled sidewalk. Bill and wife were duly "picked up" by the second of the four, treated to profane and obscene epithets, asked for money, and in other provocative ways invited to retort to the tormentor. Bill, however, kept his same walk, continued his same rate and tone of syllable production to his spouse, who in turn also continued her responses and gait unvarying as from before the onset of this event. Neither made a startled gesture, looked at, spoke to, or in any other way acknowledged the presence of the would-be sidewalk highwayman. In group, Bill told that he was aware during this encounter that if the two of them "made it through" the first 4 to 6 seconds without any visible or audible responsive awareness (becoming hooked into the game) their chances of being "dropped off," unmolested within 60 seconds were 95 percent or better. This was borne out when after 45 seconds and 50 yards of harassment the young man dropped off from them, presumably to return to his initial perch.

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

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

THE SOUND SCREEN:

This is the use of a sound source such as phonograph or radio music to screen out external distractions. Contrary to what many parents will say, it is advantageous to the adolescent studier to have his radio on while studying. The "sound screen" diminishes the sense of isolation and being shut-out, shut-

away from the surroundings. It serves to stimulate the cortex, it aids in keeping (the learning mind) awake (stroking advantage). The "sound screen" will act to screen out external disruptive stimuli, as when Mom and Dad are screaming at each other or at one of the other kids in another room. This is to be compared to the attempts to maintain an almost absolute dead silence in a library, which silence is often disruptive and distracting from reasonably efficient studying. Such silences may well be soporific, hypnotic; alternately the minor whisper of the librarian can so stimulate the curious Child of the studier that the studying, learning program is superceded by curiosity directed toward the librarian, e.g., as the mischievous "How can we bug the librarian's disciplining Parent?" Students who get very good grades with a remarkably high frequency have their radios on while studying in their rooms.

DUET TALKING:

This is the procedure of simultaneously enunciating syllables with the other person. It is introduced in groups by first telling the person with whom it will be used, "I am going to talk at the same time as you do on occasion. Will you try it with me now?"

To be continued