

AUDITING DEMONSTRATION

Sessions with Alan White
7 June 1950

Auditing Toward Clear

LRH: So we'll work now to discover what your mechanical recall is. I would like very much to see if we can't recover a moment when you were really winning and felt good.

PC: Well, winning, I don't know. I can think of lots of moments when I eat good.

LRH: Well, how about when you won something, or what's the last piece of real good news you got?

PC: Nothing comes into my head particularly.

LRH: The last piece of real good news, your somatic strip can go to it.

PC: Well, there have been several pieces of good news since I got my new job.

LRH: Hm-hm?

PC: I think of one very good one which in a sense was me winning, was when I made an outline for a possible series of articles on a book about a political figure . . .

LRH: Hm-hm.

PC: and all of its potentialities for other articles and a very important campaign and gave it to Peters and he took it up with the publisher, Frederick. And Frederick sent back a memo in which he was very pleased and very impressed, and said that I had done a wonderful job.

LRH: Let's pick up the moment somebody's telling you there that you have done a wonderful job.

PC: That's when I'm reading the memo from Frederick which Peters has handed to me.

LRH: Okay. Let's be right there and read that memo.

PC: Yup.

LRH: See it?

PC: Yup.

LRH: Good. Now what do you contact with regard to it? What does it say?

PC: Uh....

LRH: Take a look at it.

PC: Yeah. It's a page and a half memo, typewritten.

LRH: Hm-hm.

PC: And it goes into the whole plan very thoroughly as I outlined it. Mentions one problem in connection with the articles and suggests a way of overcoming them by getting quotes from prominent businessmen. And this one aspect is covered in the last paragraph which says, White is to be congratulated on having done a very thorough and intelligent job.

LRH: Now let's take a look at that line, let's feel some of the pleasure you felt there as you were reading it.

PC: Hm-hm.

LRH: Let's be right there.

PC: It was good, I felt fine.

LRH: All right. Let's read the line and feel that pleasure.

PC: Yeah.

LRH: All right. Now, what are the sounds there right after you finish reading that line? Go ahead and look it over. Read the line.

PC: Yeah. As I'm reading it I don't hear anything. But afterwards I hear Peters' voice saying, Well, you see, so he likes it.

LRH: Hm-hm.

PC: In his very gruff way in which he talks but with a smile which shows that he is pleased too. Then he says, Can you go ahead and get those quotes Frederick wants? And I said, Yes. I'm sure I can.

LRH: Okay. Now, how does it make you feel there?

PC: Fine.

LRH: Are you sitting on anything there?

PC: Yeah, on a leather-upholstered chair with wooden arms.

LRH: Can you feel it while you hear those words?

PC: ah—kind of.

LRH: Okay. Let's listen to the words again, and feel the chair.

PC: Yeah.

LRH: Okay. Do you feel pleased while you're sitting there?

PC: Sure.

LRH: Good.

PC: Very nice.

LRH: Good. Now let's see if we can't return to the time when you're talking to your father. Is your father alive?

PC: Yes, he's alive.

LRH: All right. Let's return to a time when you're talking to your father.

PC: Hm-hm. .

LRH: How does he look while you're talking to him?

PC: Well, we saw him Christmas time, but I remember particularly when he came back from Europe last summer. I can see him sitting in the living room.

LRH: All right. Let's be there with him.

PC: Yeah. By the big table, and he's going through a lot of the postcards of all the pictures he saw. He went to all the museums he could get in, in one month. And he's going through the cards and talking about them. Martha is standing beside him looking at them.

LRH: How do you feel while you're standing there?

PC: Just fine, it's a very nice scene there, because I'm very fond of him and I'm very fond of Martha, and it's nice to see them enjoying the same thing together.

LRH: Well, now let's go back to when you're talking to your mother.

PC: Yeah.

LRH: All right. Let's take a look at her.

PC: Hm-hm.

LRH: What does she say?

PC: Well, I picture her last as she was in the hospital before she died.

LRH: Uh-huh. What is she saying to you?

PC: She's saying, I don't know what I would have done without you during this time.

LRH: Okay. Can you pick up the sonic on her voice there?

PC: Not too well. I can't really hear it, I just know the words.

LRH: All right. Let's take a look at her.

PC: Yeah, she's pretty sick. Very, very deep dark circles under her eyes.

LRH: How do you feel while you're looking at her?

PC: It's hard to say. All during that I had almost no feeling. But I feel good that she feels good that she has had somebody during a time when she was so sick that would come and see her and help her. So it's a good feeling to know that I was able to do that.

LRH: Uh-huh.

PC: But the feeling directly about her, however, almost doesn't exist as a feeling.

LRH: Hm-hm. Well, do you think maybe she'll die while you're standing here?

PC: No, not while I'm standing here. But I think she's very likely to die during the course of the time she's in the hospital.

LRH: Uh-huh. Now let's come up to the time when she dies.

PC: Yes.

LRH: What's the first moment you hear the news of her death?

PC: Jean came home from the hospital early in the morning. She had gone to see her very early, about 8 o'clock, and came home and told me that she had died.

LRH: All right. Let's take a look at her while she's telling you.

PC: Yeah.

LRH: How is she saying it?

PC: She's saying it very quietly to me, I believe in the hall, because she doesn't want the kids to hear. She doesn't know yet how to tell them about it—Martha particularly, who knew my mother and was fond of her. And she's saying it under her breath pretty much and telling me the details. She had died just a very short time before she got to the hospital.

LRH: Hm-hm.

PC: And that she went into the room, as a matter of fact, without knowing that she had died.

LRH: And what occurred?

PC: I don't remember. I think she went and found a nurse.

LRH: What's she telling you?

PC: Jean is telling me this about my mother's death, that she found a nurse and the nurse said she had died just a very short while before.

LRH: All right. Let's go back to the first moment you receive this news of your mother's death.

PC: Yes. The first word was when Jean came home.

LRH: And what does she say?

PC: She said, She's dead. She died just a few minutes before I got there.

LRH: How do you feel when you hear this?

PC: No feeling.

LRH: All right. Let's contact the moment she says this and let's go through it again. Let's see her as she comes in and let's contact what she says. You know where you are there now?

PC: Yeah. I'm in the hall of the apartment. And Jean & come in the door, and she says, She's dead, she died just a few minutes before I got there. I can see it and remember it

but I can't hear it though. And there was no particular feeling that I had one way or another. I'd been expecting her death for quite a while, so it was no surprise.

LRH: Let's go back over it again, and let's see if we can't contact this very solidly. How does she look when she comes in? What is she wearing?

PC: I don't know. All I can picture her in is what she has on today and has had on recently. I've no idea what she has on.

LRH: All right. Let's take a look at her. Does she come in the front door?

PC: Yes.

LRH: And where does she walk to as she comes in the front door?

PC: I can't see it. The apartment has been changed since that time, the arrangement of rooms, and I keep seeing it as it is now, not as it was then. I don't know whether she rang the doorbell and I went to the door to let her in or not. My father is there in the apartment.

LRH: What is he saying?

PC: He's not there at the moment she's telling me, he's in his room, whatever room it is he's using.

LRH: Hm-hm. Now you're not sure then what he's saying?

PC: No. It begins to come a little bit now. I think that I went into his room and he had been getting dressed. He was sitting on the edge of his bed, he had his coat off, but he was dressed except for that and I believe he was doing his nails. I'm not sure, but I have that picture.

LRH: Okay.

PC: I don't know if Jean went in with me when I told him or not. I can't see, but I remember saying it to him. He looked up and said, Hello, son, which he calls me once in a while. And I said, Mother died a little while ago. And he said, Oh? and I can't hear anything else. Then I said, Yes, Jean just got back. She had died just a few minutes before she got there early this morning.

LRH: What did he do?

PC: He sort of stops looking at me and turns his head and looks at the floor for a bit. I can't hear what he says, I think he's quiet for a little time.

LRH: Okay. Now let's go back to the moment when Jean first walks in.

PC: Yeah.

LRH: Now what's she saying?

PC: She says, She is dead. She died just a little while before I got there.

LRH: What's her voice tone?

PC: Very low. Not a whisper but sotto voce.

LRH: Hm-hm. And what is your reaction to this?

PC: • don't have much feeling. I asked for the details about it, how it had happened and at what time and I asked her what the doctor said.

LRH: Is it getting clearer this time?

PC: Not really.

LRH: All right. Let's go back to the time when you receive this bicycle.

PC: Received what?

LRH: Bicycle.

PC: Bicycle ?

LRH: Yes.

PC: , don't remember the details of getting it, but I can picture my first ride on it. I believe it was my first on the street in front of our house. The bike was in the street and I stood on a stone.

LRH: Let's take a look at the bike as you're standing on the stone there. Let's stand on that stone and take a look at it.

PC: Yeah.

LRH: How does the stone feel under your feet?

PC: Well, the stone looks to me about five times as big as it must really have been.

LRH: Oh, good. (chuckles)

PC: Because if the stone were as big as I see it, I couldn't have gotten on the bike from it without jumping down on the bike. It looks like a very big stone, about two feet high.

LRH: Okay. Now what's occurring there?

PC: Well, the bike is leaning against it, I'm standing on the stone and I have one hand on the handle bar. My brother Sam is a few years older and knows how to ride a bike. He's standing in the street on the other side of the bike, steadying it by the other handlebar and the seat. And I step on one pedal and swing my leg over and sit on the seat and grab the handlebars.

LRH: Okay.

PC: And then I start pedaling. Sam gives a little push and I make him promise that he won't let go.

LRH: How does he sound when he's talking to you?

PC: All right, I won't let go. You just go ahead, I'll hold on to the seat.

LRH: Okay.

PC: And I pushed down the pedal and he pushes ahead and I can feel his hand against me at the back where it's holding the back of the seat.

LRH: Good. You feel pleased there?

PC: Oh yeah, this is wonderful but I'm a little bit scared that I'm not going to be able to ride or that he's going to let go. .

LRH: Can you feel this being scared?

PC: Yah, but elated at the same time.

LRH: Okay.

PC: And I don't want him to let go because I'll fall, but also I don't want to fall, I want to learn how to ride.

LRH: Okay. Let's come on up to present time.

PC: Yeah.

LRH: All the way. Canceled.

PC: Yeah.

LRH: Thank you.

To an auditor all of this material is very obvious—that when a person goes through an emotional experience, particularly one which is varied, he is off the edge of it a little bit. This means that we have uncovered a moment there which the psychoanalyst calls an affect. But we are right on the ground of it. Now as we examine it we see clearly that the diagnosis means that there is an emotional charge upon the preclear's mother's death, but the charge is such that the person cannot approach the actual incident. Sooner or later that incident must be discharged.

It is not whether or not the person can remember, it's whether or not he can re-experience it. He should be able to re-experience it by smelling the hall, by seeing what the people had on and so on.

Any effort by an auditor to challenge the validity of the patient's recall would make him shaky the next time he went back to it for fear somebody might challenge the line again, and that would shake his confidence in the recall. I have seen a person do this—he fixed up a case so that it ran for scores of hours over what it should have and finally, halfway through therapy the patient, instead of feeling better, was getting to be a wreck.

Then the Dianeticist has to go back and pick up all of these times when the person's validity has been questioned. Only after he has picked up those incidents all by themselves will therapy then go forward. But it may take a long time to pick them up.

It isn't memory. The person is right at the moment of the recording.

There are two forms of memory. One form of memory is like a photographic shop. Down in the standard banks and the engram bank, that photographic shop turns out exact duplicates of the recording of memory, which it pulls up to the analytical mind for computation. As they come up, the analytical mind looks these things over, and that is memory in present time.

Using the same analogy, the other form could be depicted as the person getting right to the moment when it was recorded on the track. He is in the photographic shop, and not only in the photographic shop but behind the lens of the camera, reading off the whole thing. He is not recording it and he is not remembering. He is rerecording.

That is what very often baffles a psychiatrist when he is watching someone in reverie. He says, "But my people are doing this all the time."

We are not talking about a conceptual recall which would be this little print sent up to the main office. We are looking over the initial record, and we are looking it over with great thoroughness.

If there is something on that record which is painful, it is going to come off the record, and that is all that is going to come off the record. Pleasure is set data. You can't shake it. You can go over a pleasurable moment a hundred times, or two hundred times. The person may get bored with going over it, but it's still there. And if he goes back to it in the next session, he can still go over it, and still feel good about it. But on a painful incident, that's a different thing. You can only go over those things—particularly when you treat the whole engram bank—a few times and they blow up in your face, and are gone.

The Schopenhauer philosophy that all was pain happens to be wrong. The only thing in the mind which is a real permanent recording is pleasure.

This process is like "I" being the overall manager of a magazine. He has always had a printer's devil and an errand boy that brings him up the material. And now, in order to straighten out the whole layout and get the organisation really traveling, he gets up out of his chair and starts looking at the files and looking over the organisation and sorting the thing out. That is a good analogy.

A very definite principle that an auditor must follow is never bring a person up short. I have tested it and have done just that, occasionally—challenged the person's memory, particularly when he was going over an incident that was very painful to him, and told him, "Well, you must be imagining it," just as a test, and I have had them precipitated into an awful state of mind.

The person is already being attacked from within because he is re-experiencing. Here he is right here, and now suddenly he can re-experience this because he has an auditor there giving him a hand. Two analytical minds are working on the same subject. Now if all of a sudden the auditor seems to take an antagonistic role and the auditor's analytical mind is suddenly reversed against him, this person's analytical mind, already cut down by the fact that he is going over something painful, receives the full impact of the auditor and the engram and at that moment succumbs, and he will go through a crying spell that is really of no great value. He becomes very nervous and quite upset.

If you do this to a psychotic that you are treating who is having breaks every day or so in an institution, you can put him into a fit that will last him for several days.

A patient, as long as he is helped, along with the fact that he is doing his best, will all of a sudden start coming up with the real material, and then he can't be shaken about how real it is. But that takes a while and the mind has to be unburdened.

One of the commonest things that happens in America is Mama to the child, "Oh, it's just your imagination." Or, Papa to the wife, "Oh, so you have a headache. Well, it's just your imagination. It's all in your mind, for heaven's sakes. Come out of it."

Actual test evidence demonstrates that psychoses and neuroses can be perpetuated by challenging the person's recalls, which is fascinating in view of the fact that in 1911 they made this a cornerstone of their work, and there has been a curve of increasing psychosis and neurosis in this society since that doctrine's promulgation. There is a parallel curve. [The following is a further session given to Alan White on 7 June 1950.]

LRH: Close your eyes, Alan. Any time in the future I say the word canceled, it will cancel out what I have said to you when you are lying here in session. All right. Now let's go

back to the time when your wife is about to go to the hospital and you slam the door. Remember we covered this before? This is the key-in.

PC: Hm-hm.

LRH: Okay. Let's contact that moment, slam the door.

PC: Yeah. I've just slammed the left-hand door of the car.

LRH: All right.

PC: And I go around the back to the other side, and as I get near the left rear fender I get a terrible pain in my stomach.

LRH: Let's feel that pain.

PC: (pause) No.

LRH: Well, continue.

PC: And I doubled up with pain and felt that I had to throw up but I didn't want to. I couldn't help it, and finally threw up. And the pain gradually went down a little bit after I threw up. But still was very strong.

LRH: Okay. Let's go back and close the door of the car now and let's pick up the sonic on your wife's voice.

PC: She got in the car and I shut the door.

LRH: What's she saying?

PC: Nothing. She climbed in just before I shut the door.

LRH: Okay.

PC: Then she said, I think it's silly, it may be silly going so early. I don't know if the pains are coming close enough.

LRH: Continue.

PC: I said we ought to go anyway. It's a long way to the hospital and we don't want to be late.

LRH: Okay.

PC: Then I shut the door, and started back towards the rear of the car....

LRH: What do you hear?

PC: Nothing.

LRH: Come on, there's something sounding there as you go back toward the rear of the car.

PC: My footsteps in the gravel.

LRH: Okay. And what else?

PC: Nothing.

LRH: What time of night is it?

PC: About 10:30.

LRH: How does the house look?

PC: Light in the house.

LRH: Hm-hm.

PC: The back of the apartment house was in front of me as I stood there. And it looked very dark but there were lights in a few windows.

LRH: Hm-hm.

PC: Just two or three windows.

LRH: And?

PC: And it was very quiet.

LRH: What are the sounds there?

PC: Leaves rustling in the trees.

LRH: Okay.

PC: And there's a cool breeze.

LRH: Uh-huh.

PC: In the 40s.

LRH: Then what occurs?

PC: Then I get a terrible pain.

LRH: Okay.

PC: And I grab the left rear fender of the car, right above the license plate.

LRH: Okay. Continue.

PC: And bend over and hold my stomach and I just sweat. And I feel nauseated as if I'm going to throw up. And I try to swallow hard, and my mouth fills up with saliva.

LRH: Uh-huh.

PC: And I keep swallowing and trying not to throw up, and I'm thinking, oh, this was a hell of a time to get sick.

LRH: Aha. Continue.

PC: Well, all of a sudden it comes up. I can't help it and I throw up.

LRH: How's it taste?

PC: (groan) I know it tasted awful but I can't taste anything.

LRH: All right. Let's go back to the time you put your wife in the car.

PC: She said, It may be silly and we may be going too early, the pains aren't very close—
—.

LRH: How does she look when she's saying this?

PC: I can't really see any expression, it's dark.

LRH: Okay.

PC: And I said, No, we ought to go anyway, it's a long way to the hospital. It's better to be early than late.

LRH: Continue.

PC: I shut the door and walked back towards the back of the car and got a terrible pain in my stomach——.

LRH: Let's feel that pain.

PC: Hm-hm. Yah, a little bit.

LRH: What do you hear, what are the sounds there?

PC: (pause) There's a breeze stirring . . .

LRH: Hm-hm.

PC: the trees . . .

LRH: Aha.

PC: (pause) . . . the sound of my swallowing . . .

LRH: Hm-hm.

PC: trying to hold things down.

LRH: Any vehicles or anything like that?

PC: Well, I know I said streetcar but I can't hear it.

LRH: All right. Let's go back to the moment . you put your wife in the car.

PC: Yeah.

LRH: All right. Now how does it feel there? What's the tactile on the door?

PC: I can feel the flopping of the coat, it was a black coat, as I held it to me.

LRH: Okay. Now what's occurring?

PC: And I put my left hand on the door of the car which was open. That was when she said, This may be silly and we're probably going way too early, the pains may not be close

enough together yet. And I said, We 'd better go anyway, it 's a long way to the hospital. It's better to be early than late.

LRH: Uh-huh.

PC: And I shut the door of the car, and started walking towards the rear of the car. I can hear my steps on the gravel, in the yard back of the apartment. And I got a terrible pain and I grabbed the end of the car and it (pause) hurts. (pause) And I tried to swallow to keep from vomiting but I couldn't help it at all. It came up very hard.

LRH: Let's feel the force of it come up.

PC: No. I just feel the pain.

LRH: What do you hear as you feel that pain?

PC: (sighs, grunts)

LRH: All right. Let's return to the moment you put your wife in the car.

PC: Yeah.

LRH: Okay. What's she saying?

PC: She says, It may be (sigh) silly, we're probably going too early. I don't think the pains are close enough together.

LRH: Continue.

PC: I said, No, we ought to go anyway. It's a long way to the hospital and we don't want to be late. It's better to be early.

LRH: Continue.

PC: And I shut the door and went to the back of the car, and there's a terrible pain in my stomach. And I had to vomit. I didn't want to vomit then and I kept swallowing to try to keep from vomiting. But then it came up, all of a sudden as I bent over and it hit me.

LRH: Continue.

PC: I felt a little better but it still hurt badly.

LRH: What are the sounds you hear there?

PC: (exhales; pause) Now I get a sound of her opening the car door.

LRH: Hm-hm.

PC: (labored speaking) She opened the car door and got out, and came back to me. I can't hear what she says really. But at first she said, Can I get you something? And I said, No, I'll be all right in a few minutes. I don't know what happened, just nervous I guess. I'll be all right in a minute. You just sit down in the car, just wait a minute. And she put her hand on my shoulder and said, I can run inside and get something for you to make you feel better. I said, No. No, that's my fault. I'll feel better in a few minutes. It just came over me all of a sudden. I'll be all right.

LRH: Okay.

PC: She didn't go back and get in the car, she stood there.

LRH: All right. Now the somatic strip can go straight to the source of this pain. The source, the first time. Source. Source. Early. Early. Early. Prebirth if possible. Source. Source of the pain. First time. I (PC groans) First time. What do we get? First time. (pause) Does your wife say, Stay here and wait a minute there at the car? We'd better stay here?

PC: No, she didn't say, Stay here, she just stayed there instead of getting back in the car

LRH: Did she say, You've got to wait?

PC: I told her to get in the car and sit down, and I'd be all right in a few minutes. But she didn't. She stood there beside me.

LRH: What does she say while she's standing there beside you?

PC: Are you sure I can't get something for you? No, no, I'll be all right.

LRH: Did she say, You'd better stay anywhere?

PC: No.

LRH: Did she say, You'd better wait?

PC: No.

LRH: Okay. Let's go 10 minutes before you put her in the car. 10 minutes before you put her in the car.

PC: (whispers) Yah.

LRH: All right. How do you feel 10 minutes before you put her in the car? Where is she?

PC: In the living room of the apartment.

LRH: All right. What do you see there, while you're in the living room?

PC: (pause) It's not too clear. There'd been some labor pains, not terribly severe, for the last two or three hours. And we had been watching the time to see how close they were coming.

LRH: Hm-hm. Continue.

PC: And it wasn't very clear because some of them were fairly strong and definite, and others weren't.

LRH: Hm-hm. Continue.

PC: But we finally judged that it was probably about—I can't remember how many minutes, (mutter) I would have guessed 10 minutes, 10 or 11 minutes, something like that.

LRH: All right, let's go back to birth, Mike. Let's go back to birth. When your mother's going to the hospital. Birth. Mother's going to the hospital.

PC: Mother didn't go to a hospital, I know that.

LRH: All right. Birth. Mother stays at home.

PC: Hm-hm.

LRH: All right. Let's see if we can't pick up a somatic here. (pause) Let's see if we can contact it.

PC: I guess I'm a little bit nervous.

LRH: Let's repeat it.

PC: I guess I'm a little bit nervous.

LRH: Let's go early on this. I'm just a little bit nervous.

PC: I'm just a little bit nervous.

LRH: All right. Now, The pains are coming close together. Let's contact this on the track. Pains are coming close together. Pains are coming closer together. Pains, coming closer together. Let's return to it. (pause) You can repeat it.

PC: Pains are coming closer together. Pains are coming closer together.

LRH: Let's repeat it.

PC: Pains are coming closer together.

LRH: Let's repeat it.

PC: Pains are coming closer together.

LRH: Let's see if we can repeat this, down to the point where it occurs. Let's pick up the somatic, this stomach somatic, back in the prenatal area if we can. Let's see if we can pick this up. Just as early as we can get it. You moving on the track?

PC: I've got a pain.

LRH: All right. Let's see what we get with this pain. What do you contact with that pain? Right there, any noise you can contact with it?

PC: (pause; mutters)

LRH: Hm? (pause) When I count to five a phrase will flash into your mind. One -two-three-four-five .

PC: There is a green doily in front of me that I can see.

LRH: Any words flash in?

PC: No.

LRH: Green doily?

PC: Green. Just a green doily on top of some glasses, and there are glasses on the doily. It's funny, I don't know why it should be there.

LRH: Don't know why it should be there. Go on.

PC: Don't know why it should be there on top of the glasses.

LRH: Don't know why it should be there.

PC: I don't know why it should be there.

LRH: Go over that again.

PC: I don't know why it should be there.

LRH: Go over it again.

PC: I don't know why it should be there.

LRH: Give it to me again.

PC: I don't know why it should be there.

LRH: What would be the next phrase to this?

PC: I don't know why it should be there. It really belongs underneath.

LRH: Okay. Go over that again.

PC: I don't know why it should be there. It really belongs underneath.

LRH: Let's contact it more solidly.

PC: I don't know why it should be there. It belongs underneath.

LRH: Okay. Let's go over it again, more solidly.

PC: I don't know why it should be there. It really belongs underneath.

LRH: All right. Let's get the phrase just before this I don't know why it should be there.

PC: I don't know why it should be there.

LRH: The phrase just before it.

PC: What's it doing there?

LRH: Go on over that again.

PC: What's it doing there?

LRH: Go over it again.

PC: I don't know what it's doing there.

LRH: Continue.

PC: What's it doing there?

LRH: Continue.

PC: What's it doing there? I don't know why it should be there. It really belongs underneath.

LRH: Okay. Let's get the first phrase of this. First phrase in this sequence. Somatic strip can pick up the first phrase in this sequence.

PC: Pass it to me. Pass it to me.

LRH: Earlier phrase?

PC: (muttering) I don't know what's wrong.

LRH: Go on over that.

PC: I don't know what's wrong.

LRH: Go over it again.

PC: I don't know what's wrong.

LRH: Next line.

PC: I don't know. (pause) I don't know what's wrong, but something's got to be done about it.

LRH: Next line.

PC: I don't know what's wrong but something's got to be done about it.

LRH: Continue.

PC: Somebody's got to do something about it.

LRH: Continue.

PC: (sigh)

LRH: Continue.

PC: (pause) Somebody's got to do something about it.

LRH: Go over it again.

PC: He'll be here any minute.

LRH: Go over it again.

PC: He'll be here any minute.

LRH: Go over that again.

PC: Somebody's got to do something about it. Well, he'll be here any minute.

LRH: What's next?

PC: I wish he'd hurry.

LRH: Continue.

PC: I wish he'd hurry.

LRH: Continue.

PC: He'll be here any minute. I wish he'd hurry, because it hurts.

LRH: Continue.

PC: I wish he'd hurry, because it hurts.

LRH: Continue.

PC: It hurts more all the time

LRH: Continue.

PC: It hurts.

LRH: Continue.

PC: It hurts.

LRH: Continue. (pause) Continue. (pause) Continue. (pause) Go over that again.

PC: It hurts more all the time

LRH: Continue.

PC: It seems as if I can't breathe.

LRH: Okay. Continue.

PC: (exhales, mutters) You'd think he could come—you'd think he could come anyway.

LRH: Continue.

PC: You'd think he could come anyway (grunt)

LRH: Continue.

PC: ah—Why don't you....

LRH: Continue.

PC: Why don't you call him again.

LRH: Continue.

PC: Why don't you call him again. You'd better hurry. (pause) Better hurry. (pause) Or go and get him. Maybe that would be best.

LRH: Continue.

PC: (pause) Maybe that would be best.

LRH: Continue.

PC: (mutters) No. Don't know. Don't know.

LRH: Is this the earliest one of this sequence?

PC: Don't know.

LRH: Give me a flash answer. Has this happened before? What's the first thing that flashed through your mind?

PC: No.

LRH: Hasn't?

PC: No.

LRH: All right. Let's contact the first part of it now and run it on through. The first part of it. The somatic strip can contact it.

PC: I think the pains are getting closer together.

LRH: Continue.

PC: (sigh) I think the pains are getting closer together.

LRH: Continue.

PC: Maybe you'd better send for him now.

LRH: Continue.

PC: That can't be McCarthy.

LRH: Continue.

PC: (pause; mutter)

LRH: Continue.

PC: (pause) It's not so bad. (pause) It's a lot better than it would have been....

LRH: Continue.

PC: It will be a while after all. (pause)

LRH: Continue.

PC: (mutter)

LRH: Continue.

PC: (mutter)

LRH: Continue.

PC: You know. I think I don't feel any pain at all.

LRH: Continue. (pause) Continue.

PC: I don't know. I don't know how often the....

LRH: Contact it. Continue.

PC: I don't know.... (mutter)

LRH: Continue.

PC: Yah, this is starting up again. Yeah, I think it's starting up again.

LRH: Continue.

PC: (mutter)

LRH: Continue.

PC: I keep getting these false alarms.

LRH: Continue.

PC: That's why it's so hard to tell.

LRH: Continue.

PC: Sometimes you think you're getting a pain and then it doesn't amount to anything. (exhales) They say time them, but—(sigh) but they don't seem to be regular at all.

LRH: Continue.

PC: Until the end.

LRH: Continue.

PC: And then they get regular right at the end.

LRH: Continue.

PC: (mutter)

LRH: Continue.

PC: Are you sure he's home? (pause) Yes, I am sure he will be coming.

LRH: Continue.

PC: It feels fairly comfortable now.

LRH: Continue.

PC: And it will be quite a while.

LRH: Continue.

PC: It's getting pretty late.

LRH: Continue.

PC: Later than ever I think.

LRH: Continue.

PC: I feel very sleepy all of a sudden.

LRH: Continue along.

PC: I always do in between pains.

LRH: Continue.

PC: I guess that's because I get tired.

LRH: Continue.

PC: It's just fine now. I don't know, you never can tell about these things.

LRH: Continue.

PC: (murmur; pause)

LRH: Continue.

PC: No. No. It's all right.

LRH: Continue.

PC: (pause; deep breath; pause)

LRH: Okay. Let's return to the beginning of this. Let's return to the beginning of this, the very beginning of this. (pause) Contact the very beginning of this.

PC: (pause) I don't know, I don't know. (pause) There have been a few.

LRH: All right. Let's see if we can pick up Father's voice there. Let's see if we can pick up Papa's voice. Come on. Get the question that's asked right before that answer. What does Papa say, if that is Papa?

PC: How do you feel? (pause) It feels better. Have you had any real pains yet?

LRH: Continue.

PC: There's a few but not many. I don't know how close together they are, but they're not very close.

LRH: Continue.

PC: Is there anything I can get you?

LRH: Continue.

PC: Is there anything I can get you? No, I don't think so.

LRH: Continue.

PC: Anything?

LRH: Continue.

PC: It's foolish. That's the trouble, we can never be sure.

LRH: Continue.

PC: (grunt)

LRH: You're doing fine. Continue.

PC: It won't hurt much anyway. Are you ready? (pause)

LRH: Continue.

PC: I'll be downstairs.

LRH: Okay. Continue.

PC: (mutter)

LRH: Continue.

PC: It's so damned uncomfortable.

LRH: Continue.

PC: (pause; mutter; pause; mutter)

LRH: Continue making good contact. Keep going.

PC: (breathes heavily, mutters) My lip keeps getting dry, I wish I had a few more.... (voice trails away)

LRH: Continue. (pause) Go back to the beginning and contact what we were receiving there at the beginning. Let's be right there at the beginning of this. And let's see if we can contact the somatic this time as we run it through. Let's see if we contact your own somatic this time as we run it through. (pause) Right from the beginning. You can contact it. You're doing swell. See if we can't contact it right at the beginning there. Pains are closer together.

PC: Can't see. (pause; mutters) That's not the beginning.

LRH: All right. What is the beginning?

PC: (mutters) The pains are closer together.

LRH: Okay. Continue.

PC: Maybe you had better call him again.

LRH: Continue.

PC: You'd think he'd come. (pause) Maybe you'd better go over and get him very soon.

LRH: Continue.

PC: (pause; mutter, labored speech)

LRH: Continue.

PC: (mutters several phrases)

LRH: Continue.

PC: Oh. (pause) I think I'm beginning to get used to it. I still don't like it. (mutters phrase)

LRH: Continue. Continue.

PC: It's right there. (sigh)

LRH: Continue.

PC: (whimpers)

LRH: Continue.

PC: (whimpered words, heavy breathing) No.

LRH: All right. Let's go right straight through to the moment you come out. The moment you're lying on the table. Come straight through to the moment you're lying on the table.

PC: (whimpers)

LRH: Straight through to the moment you're lying on the table. You can remember this. Straight through to the moment you're lying on the table. (pause) Contact the moment you're lying on the table.

PC: (grunt, small cry)

LRH: You can remember this.

PC: (grunt)

LRH: Now contact the moment when you're about 5 days old, 5 days old.

PC: (breathes heavily)

LRH: Contact the moment when you're about 5 days old.

PC: (breathes heavily)

LRH: How do you feel when you're lying there about 5 days old?.

PC: Hot.

LRH: Okay. How hot?

PC: (croaks a word)

LRH: Okay. Let's come up to the time when you're 1 month old.

PC: (exhales)

LRH: 1 month old.

PC: (grunt)

LRH: 1 month old. How do you feel when you're 1 month old?

PC: (exhales; pause; mutter)

LRH: Pretty good?

PC: Sleepy.

LRH: Hm? Sleepy. All right. Let's come up to the time when you're 6 years old and getting on the bicycle.

PC: Um.

LRH: How big's the rock?

PC: (mutter)

LRH: All right. Let's feel the emotion on this, as we're getting on the bike.

PC: Yeah, I feel it.

LRH: Pretty good?

PC: No, I can't feel it.

LRH: All right. Let's just step aboard this bike.

PC: Yeah.

LRH: Step aboard the bike? Now let's start it off down the street.

PC: Hm-hm. (exhales)

LRH: How does it feel riding down the street?

PC: (grunt) I can't feel it.

LRH: Hm?

PC: Can't feel anything.

LRH: All right. Can't feel anything. All right. Let's go over the line, Can't feel anything. Only let's pick it up early prenatal. Early, early, early prenatal. Can't feel anything, can't feel anything. Early.

PC: Can't feel anything.

LRH: Early. Much earlier.

PC: Can't feel anything.

LRH: Early. (pause) Let's pick it up a long time before birth there.

PC: Can't feel anything.

LRH: Can't feel anything. Early.

PC: I can't feel anything.

LRH: Early. Now what are you contacting there very early on this? What do you contact?
(gap in recording)

LRH: Let's contact something.

PC: Okay.

LRH: Now let's go up to the time you're 6 years old riding the bike.

PC: Hm-hm.

LRH: How do you feel there as you're riding the bike?

PC: I feel pretty tall.

LRH: All right. PC On the back of the seat.

LRH: Sounds fine. Let's go up to the time when you just beat the daylights out of some kid.

PC: Okay.

LRH: All right. Let's contact the moment you're just beating the daylights out of someone.

PC: Oh gee, he took my basketball away from me, by golly, I came right after him.

LRH: Okay.

PC: I jumped him and I fell on the ground with him, I just pounded his face and banged his head against the ground.

LRH: How does he sound while you're pounding his head?

PC: He was yelling, Stop it, stop it, I didn't mean it.

LRH: Okay. What are you doing to him there?

PC: Pounding him. I'm crying loudly at this point. Pounding him in the face....

LRH: All right. Let's come up to the moment when you're really pounding the daylights out of him. Now let's come up to the moment where you feel like you really won on him. Did you really win in this fight?

PC: Oh, I sure did.

LRH: Now, how do you feel standing there after you had really won?

PC: Wonderful.

LRH: How does the kid look?

PC: He looks bloody.

LRH: Good. Okay. Take a good look at him. What does the boy say to you?

PC: He runs away when I let him up. He didn't say a thing.

LRH: Oh, anybody else say anything to you?

PC: Nobody else is around.

LRH: Aha, you feel pretty cocky?

PC: Uh-huh.

LRH: Well, good.

PC: Hm-hm.

LRH: Come up to present time.

PC: Yes.

LRH: All the way. (pause) Give me a flash answer, how old are you?

PC: 43.

LRH: Okay. All the way up. Canceled.

PC: (pause; exhales) Hello.

LRH: You been through anything?

PC: I've been through a lot. (laughs) Just what it is I don't know.

Evidently the reactivation there has so many holders in it that it makes it difficult to key it out after there's a key-in.

What we did in the above was to run over what is probably the original incident on it. There may be earlier incidents in the bank, but we have got to clip this early and late. Now tell me this, just as a matter of record, when did your grandparents pass away?

My grandparents? Oh, my mother's mother lived with us for two years when I was a very little kid and then she moved out to my aunt in California and lived there. She died when I was in my teens.

Did you like her?

No, never really knew her. I didn't see her except when I was a little kid about 2 or 3 years old.

You saw her when you were a little kid?

Yeah.

Didn't know her?

No. She was the one who came in and said, "Nasty icky poo," when I messed my pants, which was told me later. As a baby she was at our house at that time.

You miss her?

No. My mother's father I never knew, he died long before I was born. My father's mother and father I can remember when we were little kids living in Topeka. I was about 9. They lived on a farm outside of town and once in a while on Sunday we had to go visit my grandparents and the kids all hated that. They were a couple of very old folks in their late eighties, and their house stank very badly. And it was dark and dingy. She died, then he came and lived with my

uncle and his half-brother, and I used to go once in a while and see him then. And he was a nice old gentleman then, I remember. But he died I think at 92 when I was about 7 or 8 years old.

That's the great-grandfather.

No, grandfather.

How many great-grandparents?

Never knew them. In fact his father was considered the black sheep of the family, for dying so young, at 92.

Well, there is one of two things I can do here. We can either locate Grandma's moving away, or we could just let this gestate for the moment until you have another run. I can promise you that because of that birth, the early part of your therapy is not going to be too comfortable. Because we've got to take those phrases and run them out earlier in the bank so that we can get this birth period there released. I'm just talking now by experience on the matter. Because it wasn't releasing, it was tightening up, it was getting rougher. But you were coming out of your mama's somatic and going into your own. That's just my observation. I'm not even trying to force the evaluation on you that that was birth.

Okay. Dad was very quiet there; all his life has been, particularly in situations where there's a little difficulty. He believes the best thing to do is just keep his mouth shut and he won't get in trouble. He's been following it all his life. He's a very quiet guy and always has been. But my father and mother have been in a fight because my father wouldn't. It used to infuriate my mother once in a while. She would try to get a fight going and when he saw she was annoyed he would say one or two nice placating little things and if they didn't work he'd say, "Well, I think I'll go out now, excuse me." And she would just fume. How can you have a fight with somebody who won't answer back? And he wouldn't. I remember when they were separated later and she would write him a letter, mad at him, and there was a fight going on by mail, he would put the letter unopened in a safe deposit box. And they're still there, unopened. He kept them in case something important might come up later and he could refer to them, but he wouldn't read them. They're still there and some of the letters are 30 years old! And when he did read a letter where she had been very nasty, he would write back about the weather and cute little things like that.

Well, then, we can expect any fulminations on the case to be your mama's.

Yeah, there were plenty of those.

Sure.

She was pretty vocal.

Let's see if we can't take a little charge off this. Just so that you feel better, a little more comfortable.

Hold it, Ron, here's the thing that throws me though, now I have got a pain in the stomach. What I'm wondering is, am I having my mother's labor pains?

That's what's known as valence.

A feature of my stomach ailment is that finally along about 2, 3 or 4 o'clock, after I have a bad night, I'm okay and then I always sleep very well late in the morning.

What was the hour of the day you were born?

I don't know. I seem to think of noon. That's what comes back to me.

How many hours labor?

I don't know.

It would be out of the birth engram. Those people get very vocal. "Oh, now-now, dear. Now just keep bearing down. Well, we'll call him back now. Call him back. You just lie still and rest there. You'll be comfortable now. Just be comfortable, dear. Do you suppose he can come? Better call him. Yeah, they're right here now." This is the kind of talk one gets. "He should come now," and "He'd better hurry and get here," or something like that, which affects the person going along in present time who then gets called down to birth, which is a little bit confusing at times. Once he is in the birth engram he gets the somatic. Those are the mechanics. The only reason I'm talking about this is not to evaluate anybody's case, but just as a demonstration.

Whenever I go through one of these attacks I say that if I could have a baby as a result of it to show for it, it would be all right.

Let's not dramatise the thing all the way now, all right? Now let's see if we can find Grandma. We don't have to find her but let's see if we can. Okay?

Yeah.

LRH: Close your eyes. Now let's see if we can't contact the moment there when Grandma is standing by the crib. See if we can contact it. See if we can contact it.

PC: Hm-hm.

LRH: Standing by the crib.

PC: My shoulder's tensing. I picture my crib on the sleeping porch right near the door reached from the back hall.

LRH: Hm-hm.

PC: And farther out there's a great big sleeping porch with two or three double beds. My crib was in a narrow entrance section of the porch, because it's right near the door into the house.

LRH: Hm-hm.

PC: And I don't know what the crib's made of. I've always pictured wooden cribs but now I see a brass one.

LRH: Okay.

PC: It's a shiny brass crib.

LRH: Is it very small?

PC: No, it's a good-sized.

LRH: Okay. Are you outside it or in it?

PC: I'm in it.

LRH: Okay. How big does it look around you?

PC: Quite long and high.

LRH: Hm-hm.

PC: And the door to the back hall is over to the left here. It's a wooden door with a glass panel in the upper part of it, with white curtains on it.

LRH: Hm-hm.

PC: And there's a metal floor on the porch.

LRH: Hm-hm.

PC: And a tin roof too. Sounds wonderful when it rains.

LRH: Hm-hm.

PC: I can see the whole thing. (pause)

LRH: Okay. Let's pick up the moment when Grandma comes in, if you can contact her there, if she is there.

PC: Um. Well....

LRH: See if you can contact the moment when Grandma shows up.

PC: I see her as she looked a few years later.

LRH: Let's contact her. See if we can contact her while you're in this crib, if she's contactable, if she ever comes near this crib. The somatic strip can pick up a moment when she does, if it exists.

PC: Well, I see a stiff black dress. I don't ever see her in anything else but this black dress.

LRH: Hm-hm. How did she look while she was in this black dress?

PC: Well, I don't know. It's very hard to look at the dress right now with the pain in my stomach.

LRH: Oh. Now what's she saying? Contact the phrase there. Let's just contact the phrase.

PC: (exhales) I don't know. (pause) What 's the matter with you? (pause; heavy breathing) What's the matter with you? Why don't you call? (pause)

LRH: Contact it, Alan.

PC: (mumble)

LRH: What's she saying now?

PC: Never do it there.

LRH: Go over that again.

PC: Never do it there.

LRH: Okay. Now what else has she got to say here?

PC: (mutter)

LRH: Go over the line Never do it there.

PC: Never do it there.

LRH: Continue.

PC: It hurts. Never do it there.

LRH: Continue.

PC: (sort of a groan) Never do it there. (sigh; pause)

LRH: What's her next line?

PC: I don't know.

LRH: Never do it there.

PC: Never do it there. Never do it there.

LRH: How does she look when she says this? Let's roll it.

PC: Shakes her head.

LRH: Okay. Let's go over that again.

PC: Shaking her head.

LRH: What's she saying?

PC: What haueyou done now?

LRH: Okay. Continue.

PC: No. (sigh) Why don't you call? One shouldn't ever do it there.

LRH: Continue.

PC: (moan) It hurts.

LRH: Continue.

PC: (moan, sigh) Well, can't you?

LRH: Continue.

PC: (pause) Maybe thatch teach you.

LRH: Continue.

PC: It hurts. (moans)

LRH: Continue.

PC: (moans)

LRH: Continue.

PC: (moan, mutters) . . . it hurts. Maybe thatch teach you. (moans, sigh)

LRH: Whatb she do to you?

PC: (mutter)

LRH: Let's go over when she's doing something to make it well.

PC: (sigh)

LRH: Did she do anything to make it well?

PC: Now I've got to clean this all up.

LRH: Run over that again.

PC: Now I've got to clean this up.

LRH: Go over it again.

PC: Now I've got to clean this up.

LRH: Continue. What's she do for you? Let's go to the moment when she does something for you.

PC: Nothing.

LRH: Nothing for you?

PC: No.

LRH: Now let's come up to the time when your stomach is well.

PC: (sigh)

LRH: Now what's happening when your stomach's all well?

PC: (pause; mutter)

LRH: Hm?

PC: (breathing, mutter)

LRH: Contact it. Do you have any pain?

PC: (mutters words dragingly)

LRH: Now let's get up to the moment when she goes away and says good-bye to you.

PC: (grunt)

LRH: Contact the moment when she says good-bye.

PC: (mutter)

LRH: Can you contact it?

PC: I don't want her to kiss me in this way. I can't picture Grandma. Let's see. She's trying to kiss me. But I didn't want her to kiss me.

LRH: Okay. (pause) All right. Let's come up to a time when you're beating up this kid on the basketball field.

PC: Yes.

LRH: All right. How do you feel there, how do your knuckles feel? Let's pick up the somatics in your knuckles. There must be some in your hand as you're watching him run away.

PC: Yeah, they hurt but it doesn't bother me.

LRH: All right. Let's feel these somatic Now what's the triumph you feel there?

PC: Oh, it's the first time I ever got in a fight. I never got in a fight ever before.

LRH: Okay.

PC: I've bloodied his nose, he has blood all over his face.

LRH: Any blood on your hands?

PC: Yeah, a bit, when I got my followthrough.

LRH: Okay.

PC: And on my clothes.

LRH: Come up to present time.

PC: Yeah.

LRH: How old are you?

PC: 43.

LRH: Canceled. Five-four-three-two-one (snap!). (PC exhales) So she wasn't an ally was she? (chuckles)

PC: She was an old bitch. (laughs) I didn't realize that before. I was amazed.

LRH: How are you feeling, Alan?

PC: Very good.

LRH: Okay.

At the very beginning of a case one tries to pick up the perceptics and locate the key incidents. Then one tries to find some painful emotion. In this case we have been very unsuccessful on the subject of painful emotion. There must be some somewhere. Ordinarily the grandparents can be looked to, particularly if the child's mother or father has abused him.

So you get a diagnosis on the case on the following basis: The grandparents are not allies. Something is wrong here. The child loves his father and mother. And for some peculiar reason what they did to him was not particularly antagonistic.

If we had a number of AAs back down the line, or if mother and father have done a lot of punishment or have been very antagonistic, then the grandparents, even when they are pretty irritable, are the allies. If one can contact them leaving, or something like that, one gets a tremendous emotional discharge.

Today we have succeeded in establishing a closer contact with incidents, known technically as greasing the track.

In Alan's case it will not be one of these knockdown-drag-out affairs, because we have got a very clean setup here.

An ally is terrible to have anywhere in the case. The ally is not created by somebody loving the child. Previous to Dianetics people have alleged that a feeling of sympathy with the child seemed to be somehow aberrative. This was a bad observation. If they had gone back and looked they would have found the child terrified of other people in the vicinity, maybe father or mother or both. Then, while the child was sick and in the perfect situation to receive an engram, this ally sympathised with him.

That actually takes the form of the ally, and the loss of such a person causes an upset.

This particular case isn't a good case of ulcers. It's never shown up in an x-ray plate, has it?

Yeah, once.

Once it did show up in an x-ray.

My mother had terrible ulcers. That's what caused her death.

All right. I don't make any prognostications on the case. But there aren't the enormous complications here that you find in even the average case. However, an aberration which has existed for a long time in the society is that one is supposed to be very neurotic, and that the person who is really going ahead is the person who is driven by these neuroses. This meant he would have had to have a bad background, and therefore that engrams were necessary to the formulation of a good brain. If one looks over your career, one would have a hard time trying to challenge the fact that you have been constructive and very brilliant.

My neurosis has got in the way of all that, repeatedly.

Of course.

It's doing it right now.

Hm-hm. That's right.

It's wasting two days out of every week for me.

When I discover a case where some gentleman who is enormously productive has had a very bad time of it, then immediately these facts can be seized upon, and someone says, "This man had an awfully rough time of it which drove him into being productive." That is not true. This is known as a valence question.

My analyst suggested, without using the word valence, that I was reputedly my mother.

Sure. According to Dianetics that is exactly what one looks for. If one is in a person's valence, and that person dies, it would be the same as part of oneself dying. But now we have to throw a valence over the fact that the person is dead and that is sort of what happens to the mind on the subject, but it lowers the amount of analytical power available. This is where the analogy comes from that painful emotion seems to pick up life units and activate the engram bank, because it is just as though at that moment the engram can come to life and part of the analytical mind appears to ease off the track. The object in getting off painful emotion is to get the analytical mind back into circulation again, and we get a situation whereby the analytical mind is now much more highly alert and the physical pain engrams are not so strong because that is where they get their power from.

Yes, but all you're getting out of me is physical pain, not emotional pain.

Okay. That's all right. This way we can't take some basic power off the early bank. We can't take off some engrams. Painful emotion will come later in this case. There are evidently some physical pain engrams to be picked up here.

I could name half a dozen.

Yes, they can be picked up and then the next time we go back to that death of your mother's, it may spill right then. A funny thing about this that really mystifies me, but is what is very convincing to me too, is the theory behind the two types of mind. They are both operating to a certain extent. As I was going through this thing, I wasn't being consciously aware of thinking of any of these things that came out, until after they came out. But then I suddenly remembered when I said during one of the incidents, "Is there anything I can do for you?" "That was the way she said it when I was standing at the rear of the car, "Is there anything I can do for you?"

And you will probably find out that Papa's commands will have more force. Because you were going through Mama's action there but not getting any of Papa's. Papa was the missing link there. Papa says something in there. A person has a tendency to cover up the closer ally. In this case we have got the parents properly as they should be, both of them allies. However, a person won't give the dialogue of the closest ally but will handily give up the dialogue of the person who is not quite so close. We will have to have another session on that. We are not getting a very fast entrance on this case, because we are not into the basic area yet. Painful emotion has got to be discharged in the area of your mother's death, and then we have got to get whatever the pain is in the basic area.

Session, 9 June 1950

I knew when you left here after the last session that you were probably going to be in for a very rough time. And I fully expected to see you back yesterday.

Last night it was very bad.

After an incident is hit, it sometimes takes a little while to develop, something like a photographic plate.

Wow!

And there is not a great deal you can do, Alan, when you ask the file clerk for something and he winds you up in an incident which you know is not going to do more than desensitize.

Yes.

Now that was what happened and I couldn't have done a lot about it. I didn't want to scare you by telling you you would be back. So I just expected you back.

Well, I wondered about this pain and I suddenly thought—this is the original pain, and all these other pains I've been having are physiological although kicked off by this one. There was no complete intestinal spasm that day at all so that had reduced.

That's right.

Well, by now I've had several things happen to me which hit me there.

However, we could not have touched those things obviously without relieving that birth.

Yes.

It's one of those tough entrances.

I actually got the emotional reason and the pain subsided a good deal. But by that time my wife was in pain too.

She is stuck in the middle of birth.

She is?

Yes. All I was trying to do in her last session was desensitise the case and test her recalls. We ran an incident where her mother was busy spanking her and she suddenly started crying and was in birth. Every punishment Mama administered was evidently sitting squarely on the front of birth. So I figured this probably would come back yesterday and at the outside today.

She felt wonderful yesterday.

She's in the manic right now, at the end of that sequence.

Oh, she felt all right last night. She had slept all afternoon, she told me, but she woke up this morning with a stomach ache. And you know what she said to me when I asked her how she was?

What?

(This is one of the tip-offs to me, I'm learning a little bit about this.) She said, "It's all right if I don't move."

That's the whole sequence there in birth.

"Can't move."

Yes.

So I decided to do what you suggested and said to her, "Let me run you through a few pleasant things recently."

Here are two people living together. They've both for some cock-eyed reason been suffering a restimulation of just one special engram. Now for you to have started out to have run her might very well have doubled you up quite badly right there, and vice versa.

Hm-hm.

So I figured out as soon as you came over that I would desensitise birth along your line. And then we could knock her back to birth and do the same for her.

LRH: Okay. Lie down and relax for a minute. You had a very rugged case entrance here. They're seldom this rugged. Now, let's come up to present time.

PC: Hm-hm.

LRH: Close your eyes. Anything I say to you while you are lying there with your eyes closed in session will be canceled and be rendered null and void the moment that I say the word canceled. Okay?

PC: Yes.

LRH: All right. Let's pick up the beginning of birth. The first contraction of birth. Your somatic strip can go to the first contraction of birth.

PC: Hm-hm.

LRH: First contraction of birth.

PC: I don't get it.

LRH: Hm?

PC: I don't get it.

LRH: You'don't get it?

PC: No.

LRH: All right. You can in a moment. Go over I'm stuck, or He's stuck. What is the phrase?

PC: He s stuck

LRH: Go over that again.

PC: He s stuck

LRH: Go over it again.

PC: He s stuck

LRH: Go over it again.

PC: Hes stuck (exhales)

LRH: Go over it again.

PC: He s stuck

LRH: Go over it again.

PC: Hes stuck

LRH: Go over it again.

PC: Hes stuck I'm going to have to turn him around.

LRH: Go over that again.

PC: He s stuck I'm going to have to turn him around.

LRH: Go over it again.

PC: He s stuck I'm going to have to turn him around.

LRH: Roll it again.

PC: He s stuck I'm going to have to turn him around.

LRH: Roll it again.

PC: He s stuck I'm going to have to turn him around.

LRH: All right. Let's contact this more solidly. Go over it again.

PC: He s stuck I'm going to have to turn him around.

LRH: Let's contact the somatic on this. Go over it again.

PC: Umm. He's stuck. I'm going to have to turn him around.

LRH: Go over it again.

PC: He s stuck I'm going to have to turn him around.

LRH: Go over it again.

PC: (exhales) He's stuck. I'm going to have to turn him around.

LRH: Go over it again.

PC: He s stuck I'm going to have to turn him around.

LRH: Go over it again.

PC: He s stuck I'm going to have to turn him around.

LRH: Roll it again.

PC: He s stuck I'm going to have to turn him around.

LRH: All right. Let's contact the beginning of the sequence. Beginning of the sequence. First moment, first moment. First contraction. The somatic strip can pick up the first contraction.

PC: Hm-hm.

LRH: First moment of birth. P(5: Um.

LRH: First moment of birth.

PC: Um.

LRH: When I count from one to five a phrase will flash into your mind. One-twothree-four-five (snap!).

PC: Birth. (small pause) Birth

LRH: Go on over it again.

PC: Birth. Birth

LRH: Now the whole phrase, beginning with birth, will flash into your mind. One-two-three-four-five(snap!).

PC: It's always hard.

LRH: Go over that again.

PC: It's always hard.

LRH: Go over it again.

PC: It's always hard.

LRH: Go over it again.

PC: It's always hard.

LRH: Next line.

PC: It's always hard, no matter what they do.

LRH: Go over it again.

PC: It's always hard, no matter what they do. It's always hard, no matter how many times you go through it.

LRH: Continue.

PC: It's always hard.... Oh, you idiot. (begins to sound under stress)

LRH: Continue.

PC: (groan)

LRH: Continue.

PC: (groan) It hurts. There's a pain. There's a pain. (groaning with contractions) It hurts, it hurts—the pain.... Oh, there's another one.

LRH: Continue.

PC: (groan) Pretty close together.

LRH: Continue.

PC: They re pretty close together.

LRH: Continue. PC They re pretty close together. (speaking very painfully) Can't you give me something?

LRH: Continue.

PC: Can't you give me something?

LRH: Continue.

PC: (prolonged grunts and groans)

LRH: Continue.

PC: (groans and mutters painfully) ... Ouch! It hurts. It hurts. It.... Push . . . push . . . push. It hurts right there.

LRH: Continue.

PC: As if they're poking right there. Big dolt. They're pushing me against my will. Pushing it out.

LRH: Continue.

PC: (gasping) Oh, hell.

LRH: Continue.

PC: (moan)

LRH: Continue.

PC: (more moaning, gasps)

LRH: Continue.

PC: (groans, panting) He's stuck. He's stuck. Oh, the pain. The pain.(more gasps)

LRH: Continue.

PC: Can't you give me something? (gasping) He's stuck, he's stuck.

LRH: Continue.

PC: (series of horrible gasps and groans)

LRH: Continue.

PC: (moaning)

LRH: Continue.

PC: (moans, groans)

LRH: Continue.

PC: Just dying, just dying. It hurts.

LRH: Continue.

PC: (groans) It hurts. Oh, my goodness. (groans)

LRH: Continue.

PC: (groaning) Give it to me. I see purple.

LRH: Continue.

PC: I see purple, purple, purple, purple.

LRH: Continue.

PC: (heavy breathing)

LRH: Continue.

PC: Purple s gone. I'm not sure. What are you doing? What are you doing? (breathing heavily)

LRH: Continue.

PC: (muttering disjointedly)

LRH: Continue.

PC: It hurts.

LRH: Continue.

PC: Oh, I'm stuck.

LRH: Continue. (pause) Go over it again. PC I'm stuck (whispering and gasping)

LRH: Continue. (pause) Continue. What's the line again?

PC: I'm stuck

LRH: What's being said?

PC: (whispered words)

LRH: Go over it again.

PC: (murmur)

LRH: Go back to the beginning of birth now. Earliest part of birth. Earliest part of it. The somatic strip can pick up the earliest part of birth. First contractions. First part of birth. Let's pick it up. Contact it. Now, let's roll it, Alan.

PC: (exhales)

LRH: What's the first material that comes through?

PC: (breathing, muttering slowly) . . . haven't had any real ones yet. Just false alarms, that's all.

LRH: Attaboy. Go over that again.

PC: Haven t had any real ones yet. Just false alarms, that's all.

LRH: Go over it again.

PC: Haven t had any real ones yet, just false alarms.

LRH: Continue.

PC: I hope it won't be too long. I'd like to get it over with. (mutters several phrases)

LRH: Continue.

PC: (groan, long mumble)

LRH: Continue.

PC: (sighs) Oh, Doctor.

LRH: Continue.

PC: (mutters several phrases)

LRH: Continue. [gap in recording]

LRH: Let's go to the beginning of it now, first contraction. First contraction. (pause) False alarm.

PC: I don't know. I don't know. I don't know yet.

LRH: Continue.

PC: (monologuing, exhales sharply)

LRH: Let's return now to the first moment of the birth contractions again. (PC exhales) First moment. First moment. Let's return to the first moment of birth. The somatic strip will go to the first moment of birth. First moment of birth. First moment of the birth contractions. (PC exhales) First moment of the birth contractions. First moment of the birth contractions. False alarm. It's not anything real yet. It isn't anything real yet. Repeat that. It isn't anything real yet.

PC: It isn't anything real yet. It isn't anything real yet....

LRH: Continue.

[gap in recording]

The case couldn't have been touched unless we'd run birth out of it. Everything below and above seems to be latched on to just this one incident. There are call-backs. All right. Now the last time you went through that was it easier than the other times or wasn't it?

The next to the last time was the easiest.

And then the last time was rougher again. Well, if you had been tracking on it you would have found out you were picking up skipped incidents.

On that last one?

Yeah. That's right.

You were filling it in. Now we're getting the full birth.

Once or twice there when you said, "Go back and start again," I thought, "Ah, the hell with it. (laughing) Not again!" (more laughing) You might be getting bored with it. I am. You aren't bored enough with it.

Do you feel tired now?

Yeah, I didn't have much sleep last night of course, that's one factor.

Yes, baby's always tired after birth. When we put somebody through the birth engram they're always tired.

It's quite an ordeal.

On this reality proposition, did you catch the words at the beginning of that having to do with reality?

It was something about "real ones." "There aren't any real ones, they're false alarms. Now there's a real one."

A very lovely little computation is started with that phrase. It's a very common one.

"False alarms"?

Yes, "Maybe it's a false alarm." Have a cigarette for a moment, then we'll go over it some more. I'm knocking that thing flat today.

I'm not sure how much I've moved here. I'm not my mother at all; I'm all me.

Hm?

Am I?

Oh, you're swinging off Mama.

Hm?

You're slipping off Mama quite a bit there.

Of course, a lot of the talk is Mama but that's natural, isn't it?

Oh, yeah. This thing is running off routinely.

As long as the feelings aren't Mama. As a matter of fact yours is a rare case where birth can be flattened.

Ha.

After all, your file clerk handed it up. I didn't ask for it.

You didn't?

No, I did not ask for it. I said, "The file clerk will now give us what is the trouble with your case," and there we were at the beginning of birth. My chances of flattening it right then were very slight.

But do you think that the whole thing concerns this, no matter what other incidents are there?

Oh no, the whole thing is not this.

I mean that they're all hooked into this?

Yes. This has got to be gotten out of the road and then we can get at the rest of it.

Yes. That's what I meant. But these others are subsidiary to this one.

Oh, absolutely.

You know, it still doesn't seem real.

Okay. Now let's not evaluate for you. Reality in the matter is a secondary consideration. What we want to do is get birth out of the road.

Yeah. I'll agree with that. I don't care what it is, real or not, if you can get rid of that pain. Will birth get rid of that pain?

I don't know.

Yes, because you don't know what else there is. There may be something else below it.

Yes.

But this is a big one probably.

Every once in a while we find an engram in the bank which has enough power in it to start pulling other engrams into it.

Hm-hm.

We have got to flatten the central one. Your case has this fortunate aspect, that the central one is not occluded. In lots of cases the central incident is completely out of sight. You can't contact it. The person isn't in any agonies over it because he will only get one somatic. For instance, he will curl up and argue. Or he will go into an epileptiform seizure every time he repeats any word in his reactive bank. It's all hanging up on one incident.

Yeah.

All right. So it's necessary to just keep plugging away at the case. And eventually that incident is going to show up. And when it shows up you have got to run it, regardless of whether it will lift completely or not. Then it will free the rest of it.

You can strip the incident if it won't run. The sequence is to take the incident and run it, then take the first phrase that you can find in it and run that as early as you can get it. Release that, then take the next phrase in it and run it as early as you can, and then run it right back on up again and release that. And just take it phrase by phrase, in sections. But your central incident, I don't think, will have to be run that way.

I feel that something happened there that I missed.

Why? Do you think there's something more in birth that you haven't contacted yet?

Well, yes. It's probably just because of the existence of this pain. Nothing that happened to me that I've gone through accounts for that much pain.

Hm-hm.

Maybe Mama poked at me? Sure, that hurt. And there was the doctor, the clumsy idiot, when he jerked me up. He really kicked me. (laughs)

Okay.

I don't know. It is just the degree of pain talking.

Well, we will find it.

But here's one thing I find myself having a tendency to do and that is to go into the boredom of tearing it apart and saying, "Oh, skip that, we know about that." Is that common?

No, but it is a very good sign.

Yeah?

It's becoming less aberrative. As long as it is aberrative a person is intensely interested in it.

Oh.

But you have got to run them all the same.

Yeah, but we have got to go through an awful lot. You've got it all on the record, why don't you just go ahead and play the record ! (both laugh)

LRH: That's all right. Let's return to false alarm, and see if there's anything earlier than the phrase false alarm.

PC: Um, there is, of course. Gosh, what I had turn off and on in the last few hours is coming in now, including the vomiting I did last night.

LRH: Uh-huh. Go over it again.

PC: (murmurs)

LRH: Now, let's get earlier than false alarm this time. Let's get to Mama's vomiting there. Does she vomit just before the contractions are really getting going?

PC: I don't know.

LRH: All right. Let's see whether vomiting is there.

PC: Oh, throwingup.

LRH: Throwing up, throwing up.

PC: (blurred exclamations) Oh! It hurts like the very devil.

LRH: Continue.

PC: (full delivery dramatisation—grunts, groans, moans, exclamations, heavy breathing—PC's voice is remarkably womanlike in the next minutes)

LRH: Continue.

PC: (mutter)

LRH: Continue.

PC: (mutter)

LRH: Continue.

PC: I can't stand it.

LRH: Go over that again.

PC: I can't stand the pain.

LRH: Go over it again.

PC: Oh! I can't stand the pain. Oh!

LRH: Contact the conversation there. Keep rolling.

PC: (suffers through it for about a minute then there are some rapid gasps and PC assumes man's voice)

LRH: Go over it again.

PC: (suddenly assumes woman's voice againj I can't stand it.

LRH: Continue. What about pain?

PC: (man's voice) Pain, pain.

LRH: All right. Let's contact the words pain, I can't stand it the first time in the bank.

PC: I can't stand the pain.

LRH: Pain, the first time in the bank. Early.

PC: I can't stand it.

LRH: Early, early, early.

PC: I can't stand this pain, I can't stand this pain. I can't stand this pain. . I

LRH: Pain.

PC: (resumes mother's delivery dramatisation, interspersed with the word pain)

LRH: Continue.

PC: (muttering)

LRH: Okay. Let's roll that again.

PC: (mutters, sigh)

LRH: Go over that again.

PC: Oh, pain (sigh coughs)

LRH: Alan, let's go to the earliest moment in the bank when this one appears. Earliest moment in the bank. The first instant in the bank. The first moment after conception

that this one appears. The first one. Early, early, early, early, early. All the way down, all the way back down the line. Earliest moment. Earliest moment. Earliest moment. Earliest moment.

PC: It hurts.

LRH: Go over that again.

PC: It hurts.

LRH: Go over it again.

PC: (muffled) It hurts.

LRH: Go over it again.

PC: (muffled) It hurts.

LRH: Continue.

PC: (It hurts

LRH: It hurts what?

PC: It hurts. It hurts right there.

LRH: Go over it again.

PC: No, right there. Don't do that. It's so tender, it hurts. It hurts.

LRH: Continue.

PC: (weeping out words) It hurts. Stop it, stop it. Oh dear.

LRH: Continue.

PC: (continues for almost a minute) Oh! (inarticulate sounds)

LRH: Continue.

PC: (sob, groan)

LRH: Continue.

PC: (sob)

LRH: Continue.

PC: (sobbing)

LRH: Continue.

PC: (pounding sound) Oh, the pain!

LRH: Continue.

PC: (groans) Stop it. Let me go.

LRH: Continue.

PC: Oh! (back to a man's voice, still agonised) No, no. How could anybody like it.

LRH: Continue.

PC: Damn it. (more groans) What a terrible feeling.

LRH: Continue.

PC: Oh.

LRH: Continue.

PC: But it hurts, it hurts. (pounding sound)

LRH: All right. Let's go back to an earlier one. Is this the same one you went over before?

PO: (grunts) When?

LRH: Give me a flash answer now, is there an earlier incident of this character in the bank?

PC: I don't think so.

LRH: All right. Let's roll it from the beginning.

PC: It hurts too much. It hurts too much. It hurts.

LRH: I can't go through this again.

PC: (groaning) It hurts.

LRH: Okay. Let's contact the first moment of it, Alan. You can remember this. You can contact the first moment of it.

PC: (groan)

LRH: All right. Let's contact the first moment of it. Now what do we get there? The first statement made. The first phrase that is going to flash into your mind now. One-two-three-four-five.

PC: It hurts.

LRH: Go over that again.

PC: It hurts, it hurts, it hurts. Don't you understand—it hurts!

LRH: Continue.

PC: (wailing)

LRH: Continue.

PC: (heavy breathing) It hurts. I can't stand it. It hurts. (sobs)

LRH: Continue.

PC: (pounds something) It hurts.

LRH: Continue.

PC: It hurts, bad.

LRH: Continue.

PC: Stop that, it hurts.

LRH: Continue.

PC: It hurts. It hurts really bad. It burns.

LRH: Continue.

PC: (wails)

LRH: Continue.

PC: (prolonged moaning)

LRH: Continue.

PC: (panting)

LRH: Continue.

PC: I'll never get over that hurt.

LRH: Continue. Next line.

PC: (continues same noise) I'll never get over that hurt. I'll always remember it.

LRH: Well, okay. Let's contact the beginning of it, Alan. The beginning, earliest moment of it, earliest moment of it, earliest instant.

PC: (groan)

LRH: Earliest instant.

PC: It hurts, it hurts. It hurts. Can't you understand, it hurts. (sobbing out the words)

LRH: Continue.

PC: It hurts. Please, it hurts too much. Please stop this, stop this, it hurts too much.... (groaning out words for over a minute) What's it doing? (voice changes to that of a man mid-groan) No, no, oh.

LRH: All right. Let's pick up the beginning of it. Let's pick up the first instant of it this time. Let's pick up the first instant of it this time. And contact there. Roll it through now but get Papa, Papa, all the way through on this one too. Get them both. Let's roll it.

PC: (cough)

LRH: Nausea, vomiting. Is there nausea on the front end of this?

PC: No.

LRH: Throwing up on the front end of this?

PC: No.

LRH: All right. Just roll it on through there with Papa.

PC: It hurts. It hurts.

LRH: Continue.

PC: It hurts when you do that.

LRH: Continue.

PC: It hurts when you do that.

LRH: Continue.

PC: Oh, it hurts. I'm being very careful. Don't you understand?

LRH: Continue.

PC: Why? It shouldn't hurt. I'm being very careful.

LRH: Continue.

PC: It hurts too much.

LRH: Continue.

PC: Just stop it, just stop it. No, I can't. Just stop it, that's all, it hurts too much. I can't help it, it just hurts too much.

LRH: Continue.

PC: (groan)

LRH: Come on.

PC: Um, Come on....

LRH: Go over it....

PC: come on, come on. Nope.

LRH: Hm?

PC: come on. Nope.

LRH: All right. Let's contact the beginning of this thing now and roll it.

PC: (murmurs)

LRH: There may be something before It hurts. That first It hurts.

PC: It hurts. (groan) Please be careful, please be careful, it hurts.

LRH: Continue.

PC: Does it feel any better? No, it still hurts. How many times do I have to tell you it hurts? Please stop, that's all. Please stop. It gets worse, not better. I can't help it. I can't help it, it hurts too much. I can't help it. I can't stand it. Some other time, that's all. Some other time, that's all.

LRH: Continue.

PC: (pause)

LRH: All right. Let's contact the beginning of this thing now, Alan. Contact the beginning of it.

PC: All right. (mutters) All right.

LRH: Continue.

PC: It hurts.

LRH: Continue.

PC: (talking groggily for over a minute)

LRH: Let's contact the beginning of it. Who says, Go to sleep? Anybody say, Go to sleep?

PC: Go to sleep. I'm awfully tired.

LRH: Go over it again.

PC: I'm awfully tired.

LRH: Go over it again.

PC: I'm awfully tired; Not tonight. It hurts. Please.

LRH: Let's contact the beginning of it and see if we can't get a somatic off the beginning of it. The first moment of it. Let's see if we can get the somatic.

PC: I'm tired.

LRH: Your somatic. (pause) Your somatic. Whose somatic have you got there?

PC: Don't know.

LRH: Let's contact your somatic. Run it through from the beginning again. Let's see if we can contact it more closely.

PC: Let me see here, I'm tired.

LRH: Get that Go to sleep, I'm tired, or whatever it is.

PC: (mutters) It hurts. I'm so tired. It shouldn't hurt. But it does. By that time she was saying it hurt when it didn't anymore.

LRH: All right. Let's contact the beginning of it and roll it on through. I'm tired, go to sleep, or whatever it is.

PC: I'm tired, not tonight.

LRH: Go over that again.

PC: I'm tired, not tonight.

LRH: Go over it again.

PC: I'm tired, not tonight. I'm tired, not tonight. Please. I feel a little queasy.

LRH: Continue.

PC: Yes, but it hurts me all the same

LRH: Continue.

PC: It hurts.

LRH: Continue.

PC: No, it hurts too much, you'll just have to stop. No, don't you understand. I'm sorry but I just hurt too much, that's all. Some other time. Please.

LRH: Hm?

PC: (mutters)

LRH: What's that?

PC: I don't think it did any harm. It just hurts, that's all.

LRH: Okay. Let's contact it at the beginning and roll it again. Let's see if we can contact your somatics, your somatics, right at the beginning of it. What's the tactile as you're lying there at the beginning of this incident?

PC: I don't have any.

LRH: Okay. And what comes now? What does your tactile show on it now?

PC: There's a long tingle.

LRH: Okay. Now what comes through to you there as you're lying there?

PC: (grunt) Talk.

LRH: All right. What do we hear there in the way of talk? We will have to get it.

PC: Not tonight.

LRH: Hm?

PC: Not tonight, I'm tired.

LRH: Okay. Continue.

PC: (pause; groan)

LRH: What comes through to you as you're lying there?

PC: (groan)

LRH: Uh-huh.

PC: (mutter)

LRH: All right. Let's contact that pain in there. What's the visio there?

PC: Darkness.

LRH: It's dark, huh?

PC: Hm-hm.

LRH: Okay. Everything's as it should be. Keep rolling.

PC: (pause)

LRH: What's it doing now?

PC: Paining.

LRH: Where's the pain?

PC: In my middle.

LRH: Okay. Continue.

PC: It's steady, hard digs.

LRH: Okay.

PC: Steady and hard. It spreads through the middle up there. (groan)

LRH: Okay.

PC: It's a steady pressure.

LRH: Continue.

PC: It's going up and down. It hurts all the time. I keep getting worse and worse.

LRH: Continue.

PC: More and more and more.

LRH: Continue.

PC: Damn. It hurts. The pain hurts. (groan)

LRH: Continue. What are the voices coming through to you there?

PC: Had to do something. Had to do something there, all right. Had to do something. Push.
(panting)

LRH: Continue.

PC: (breathing) Ooh.

LRH: Continue. What are the sounds coming through to you there?

PC: (cries out) Damn it, ooh! Damn that pain! Oh! Oh! I can't go on anymore, oh, anymore. Oh, it hurts, it hurts, it hurts.

LRH: Continue.

PC: (grunts and groans, whispers words, then coughs) It hurts.

LRH: Continue.

PC: Down there.

LRH: Did you have real pain in that one?

PC: There sure was.

LRH: All right. Was it your pain or your mother's pain?

PC: My pain.

LRH: Your pain, huh?

PC: Yeah.

LRH: All right. Let's run back to the first instant that we get that pain. First instant we get that pain.

PC: Which one? I've had two or three.

LRH: Hm?

PC: Had two or three now.

LRH: All right. Let's get to the first instant you get the first one.

PC: All right.

LRH: All right. Now, what is it? What does it say?

PC: Um, No, not tonight. I'm tired.

LRH: Is that the very first one?

PC: Yeah.

LRH: All right. Now what comes with it?

PC: (mutters for about a minute)

LRH: All right. Let's get that first one again. Let's get that first one. Let's contact it good and solid. Now let's contact that thing. What's being said just as you feel that pain? Let's get that pain just as you feel it that first time. What are your perceptions just as you feel that pain? What do you feel there with it? What do you hear?

PC: Pain.

LRH: And what next?

PC: It hurts.

LRH: What else?

PC: (mutter)

LRH: Okay. Let's get that first bump you feel there.

PC: Aha. (groan) It hurts. Please be careful. You know I'm always careful. (groan) It hurts. Something just pushes a little bit harder and harder, steadily pushing going up and down. A pushing pain.

LRH: Let's go back to the beginning of this thing now and roll it again from the first little thing you feel straight on through. We won't stop on this one, we'll just keep rolling through. Let's contact the first beginning little bump there.

PC: Hm-hm.

LRH: Got it?

PC: Yeah.

LRH: All right. Let's contact that, tell me everything you see, feel, hear, all the pain. Now, just roll it.

PC: It hurts.

LRH: Continue.

PC: It shouldn't hurt. But it does hurt. (groan) It hurts. No, it doesn't anymore. That's strange, she says it does when it doesn't hurt me anymore. That's all.

LRH: Continue.

PC: (groans) Pushing up.

LRH: Continue.

PC: (groans) It hurts. (groan) Pushing. (groan, exhales)

LRH: Continue.

PC: Ah.

LRH: Tell me everything you see, feel, hear there.

PC: Nothing.

LRH: Hm?

PC: Nothing anymore.

LRH: All right. Let's get that Go to sleep out of it.

PC: Go to sleep.

LRH: Go over it again.

PC: Go to sleep.

LRH: Go over it again.

PC: Go to sleep. (moaning weakly)

LRH: Repeat it again.

PC: Go to sleep.

LRH: Once again.

PC: Go to sleep.

LRH: Once again.

PC: Go to sleep.

LRH: Go over it again.

PC: Go to sleep.

LRH: Go over it again.

PC: (very groggily) Go to sleep.

LRH: Alan?

PC: Go to sleep.

LRH: Alan?

PC: Yeah?

LRH: Come on up to the time you're eating an ice cream soda when you're a little boy.

PC: (pause) We used to go to the parlor and have chocolate smoothies after school.

LRH: All right. Let's just get one there.

PC: Hm. I've got it.

LRH: How is it?

PC: Nice.

LRH: How does it taste?

PC: Very good. It's cool, all chocolaty.

LRH: What's your emotion as you're eating it there?

PC: Um, I feel good.

LRH: Aha. Feel good in your mouth?

PC: Yah, mmm....

LRH: Okay. Come up to present time.

PC: Hm-hm.

LRH: Present time.

PC: Yah, present time.

LRH: Canceled. Five-four-three-two-one (snap!). How do you feel?

PC: Better. I got there.

LRH: Huh?

PC: I got there.

LRH: Yah, sure you got there. You were right in that there was something before birth.

PC: Well, I even knew there was something before something leapt out.

Birth is a tough one to have to hit first. Alan, this will take the rest of the charge out of it.

When?

Let me give you a cigarette. You recognise what kind of an engram that was?

I think so.

What kind do you think it was?

Well, Papa was laying Mama a little after conception sometime in there and it hurt. I mean it hurt me very mildly but it hurt a little bit. Most of her hurt talk was phoney too.

How did Mama feel about sex?

Something a woman had to go through to get a husband.

Oh, I see.

She was a beautiful woman too, full of sex appeal. It was a damn shame, it really was. I don't think she ever had an orgasm in her life. Never really enjoyed it. There's where I got the idea that that was the way women were and only men enjoyed it. Women kind of put up with it. She didn't say that men were beasts or anything quite like that, but men were like that and a woman just had to recognise it. (laugh)

Yah? You're working very well. There seems to be a lot of line charge on Mama's valence.

Yeah. I get over in there once in a while.

Well, you've been starting out in her valence. Once we get you out of that valence and properly on the track you will be getting visio and sonic.

I still keep having a pain.

Alan, do you want me to run out your whole case this afternoon?

Could you stand it?

Oh, you mean you'd be willing to?

Well, you know more about this than I do. Am I supposed to be able to stand it?

(laughs) No, Alan, 15, 20 hours should release most of the line charge. In your book you say it begins to get less effective in long sessions. Yes. What I'm talking about is after 15 or 20 hours of therapy you will have a release on all these line charges. And you should feel much more comfortable. But if someone gets many hours of therapy with not enough sleep and then more hours of therapy, the next thing you know, why, you get him into an incident and he has no push left, and he feels miserable. So sometimes it comes down to this rock-bottom choice of whether or not throwing him into the engram would restimulate him to the degree that he wouldn't have the energy to get out of it easily. You're carrying quite a cargo, Alan.

A man must be aware himself of the whole damn system when you come down to it.

Yes. You ought to be taking vitamin B1.

Why's that?

Otherwise you're liable to come up with a nightmare. Your endocrine system must be getting a little fagged already and the muscles must be tired.

I've done enough cavorting here to wear me out.

Yes, well, you're dramatizing the engrams back in the basic area rather than being on the receiving end of them. Mama won in your family, I take it. Did she?

Oh, yes. Dad's of little help.

But she won.

She won.

That was the real survival valence.

She won. Gee, in her own little way. Except with me. I was the first guy that told her to go to hell in her whole life, I think. When I was about 18 or so. And, boy, did I begin having trouble.

How do you feel?

Not too good.

Is something hurting?

(burp)

Is something hurting specifically?

No. There's some nausea.

Nausea. You want me to pick up the nausea?

I'm more likely to upchuck. Does that happen?

Never saw it happen yet. I sure did a lot last night. But that was when it was over. There's this feeling of pain that I have in my stomach, intestines, whichever it is, and when I have a spasm

it tightens up. And behind that gas backs up. So there's a physical condition as well as everything else.

Yes. A self-generated physical condition.

Yeah.

Sure. Do you know anybody who used to string the line in your family, "It's all in your imagination. That pain is in your mind"?

I don't think anybody ever did in my family.

All right. There's lots of material there that's charged merely because it's charged verbally. And believe me that stuff goes out in a hurry. Somebody says, "It's unbearable, I can't stand it. I'll never forget this pain..."

Oh, the first time that came out of me, the pain was just about as bad as it was when my wife phoned you last night. And all of a sudden it just disappeared when that sentence came out. Woo! Some pain came back again, sure, but it never came back to that peak.

You mean on the next succeeding run.

Yeah.

How was it on the last run?

Oh, there wasn't much pain here this last time, it was very mild.

Well, you see we're working against it a little bit here. We haven't got any unconsciousness off your case yet.

No.

And there's unconsciousness in the basic area, there always is.

Really?

Yes, yawns, dope-off, boil-off.

What is the unconsciousness? Why will you always run into it? What is it from?

You just always run into it.

What's it from?

Oh, a person gets knocked unconscious and there is the impact going in and the way it comes back out again is as unconsciousness. It's a two-way circuit. But worse than that, it seems to have a physiological aspect in that it is contained in the system or something of the sort, and it comes back out again.

But what goes on during that period of unconsciousness as I go through it? Do I say anything?

Sure, when you go through a boil-off, you sometimes dope off and dream. And then, after a while, you will begin to pick up a somatic and a phrase and start to run the engram with yawns. You yawn the thing out and when it's all yawned out the engram is gone, the unconsciousness is gone, the words are gone, the pain's gone and the whole works are gone. That is when you are working in the basic area. What we are doing up here along the line is deintensifying one

Alan to keep him from exploding out of the atom bomb so that down the line we will be able to find material. What we're taking out is line charge.

You mean we weren't getting real material ?

Oh! This stuff is all real, but what we are taking off is line charge, the charge that goes along a person's whole life. Now that's a valence. We're taking charge off your mother's valence. Boy, she really had you backed up in there.

Yeah. That's exactly what my analyst found out. It took him over a year where it took you about an hour and a half, but he was smart enough to know that, as he expressed it, I was my mother.

But you're not your mother. Tell someone that he is his mother, and you are liable to reinforce the valence. You can go down the track and shift the person into various valences. So in present time you could tell a person he was his mother, and thereby shift him into her valence.

Grim.

Let's make a little experiment. Let's just shift valence over to your father's valence. How does your father act?

He always tried to act consciously, quiet.

Hm-hm.

He never quarreled, he never lost his temper.

You're not rubbing your stomach now, are you?

No.

Do you see the point?

Yes.

This is a therapeutic technique that is used in Dianetics in order to run out the valence. And then you run out Papa's valence; he's the secondary valence in this case, not from the value of the human being, but merely in the engrams. And then we get the baby. That was the last thing one wanted to be was the baby, caught betwixt.

I've got to get rid of being the baby.

Yes. But right now what we're getting rid of is Mama.

[There is a gap in the recording here.]

LRH: All right. What are you contacting there?

PC: Nothing.

LRH: Can you contact anything at the beginning of track?

PC: No, I don't seem to get anything at all.

LRH: All right. How does it feel around you at this end of the track?

PC: A little warm, fairly comfortable.

LRH: Hm-hm.

PC: I mean dark.

LRH: Dark. What's the tactile on it?

PC: Warm and moist.

LRH: All right. Now let's move forward. The somatic strip will move to an instant of discomfort in the vicinity of the beginning of track. An instant of discomfort. Mild or otherwise.

PC: (pause) Ifeel a little pain.

LRH: Hm-hm. Okay.

PC: There's a gurgling sound.

LRH: All right. Let's see if we can pick up the first instant of this tiny bit of whatever I you're feeling there. The first instant of it.

PC: No. You'll never believe it.

LRH: All right. You can contact it again. (pause) The somatic strip will contact it again. (long pause) Is there a phrase that goes with it?

PC: No, I can't hear any talk.

LRH: Can't what?

PC: I can't hear any talk.

LRH: Get that gurgle?

PC: Yes. But there's gurgling in my own intestines and it's hard to tell.

LRH: Go over this: It's hard to tell.

PC: It's hard to tell.

LRH: Go over it again. Earliest time it appears in the bank. It's hard to tell. Earliest moment on the track.

PC: It's hard to tell.

LRH: Hard to tell.

PC: It's hard to tell.

LRH: Hard to tell.

PC: It's hard to tell.

LRH: Earliest instant this occurs.

PC: It's hard to tell.

LRH: If it does occur. It's hard to tell.

PC: It's hard to tell. It's hard to tell. It's hard to tell. It's hard to tell whether it will do any good or not.

LRH: Let's go over that again.

PC: It's hard to tell whether it will do any good or not.

LRH: Earliest moment this is uttered. Go over it again.

PC: It's hard to tell whether it will do any good or not.

LRH: Go over it again.

PC: But I'll try anyway.

LRH: Go over it again. It's hard to tell.

PC: It's hard to tell if it will do any good. It's hard to tell if it will do any good or not.

LRH: All right. Let's see if we can contact the sonic on that incident there.

PC: It's hard to tell if it will do any good or not. Hard to tell if it will do any good or not, but I'll try anyway.

LRH: Go over it again.

PC: It's hard to tell if it will do any good or not, but I'll try it anyway. It won't do any harm.

LRH: Go over it again.

PC: It's hard to tell if it will do any good or not, but I'll try it anyway. It won't do any harm, not at this stage anyway.

LRH: Continue.

PC: Of course I really don't know. I'm not sure. Oh yes, I must be pregnant. (sigh) Oh, but I've got to moue my bowels some way.

LRH: Continue.

PC: I Me got to moue my bowels some way.

LRH: Go over it again.

PC: I Me got to move my bowels some way.

LRH: Continue.

PC: I Me got to move my bowels some way. I've got to move my bowels some way.

LRH: Continue.

PC: This is certainly the safest.

LRH: Continue.

PC: They re always so violent.

LRH: Continue.

PC: Oh, my head hurts.

LRH: Continue.

PC: I seem to fill up so fast. I seem to fill up so fast.

LRH: Continue.

PC: I seem to fill up so fast, this pain is uncomfortable. It ought to do some good.

LRH: Continue.

PC: Very uncomfortable, but it ought to do some good.

LRH: Next line. PC That ought to be enough (sighs and mutters)

LRH: Continue.

PC: (groan)

LRH: Continue.

PC: A lot of gas.

LRH: Continue.

PC: A lot of gas. It's so uncomfortable.

LRH: Continue.

PC: Oh, it hurts.

LRH: Continue.

PC: Not very comfortable.

LRH: Continue.

PC: Not very comfortable. I'll go lay down for a little while.

LRH: Continue.

PC: (sighing) It hurts so bad. That's better.

LRH: Continue.

PC: (pause) It hurts. (sigh)

LRH: Continue.

PC: It's as hard as a rock, I can't stand it, it hurts so much.

LRH: Contact it from the beginning now. Contact the somatic with it. It's hard to tell.

PC: It's hard to tell.

LRH: Continue.

PC: (muttering) . . . it hurts. (more muttering)

LRH: Continue.

PC: It doesn't move. (muttering)

LRH: Continue.

PC: It hurts.

LRH: Continue.

PC: It hurts. (inarticulate sounds, muttering and small groans) Now it's worse.

LRH: Continue.

PC: (muttered disjointed sounds, and sighs)

LRH: Continue.

PC: (coughs)

LRH: Contact the cough.

PC: Huh?

LRH: Get a sonic on her cough?

PC: (muttered) Kind of—kind of—kind I of.... (exhales)

LRH: Continue. (pause) What's happening to her now?

PC: Huh. Jiggles.

LRH: Jiggles. Okay. Continue.

PC: Jiggles, jiggles.

LRH: What's she doing?

PC: Coughing.

LRH: Okay.

PC: (panting)

LRH: Continue.

PC: Okay. (grunts and mutters) . . . pushing. Keeps on pushing.

LRH: Continue.

PC: (grunts several times) Right there. Right across there. Right across there.

LRH: Continue.

PC: Something's just sore right across there. (groans)

LRH: Continue.

PC: (groan)

LRH: Continue.

PC: (exhales)

LRH: What's she doing?

PC: (murmurs)

LRH: Let's go back to the first jostle.

PC: (muttering)

LRH: First anything that disturbs you there in the engram.

PC: Okay.

LRH: What are you contacting?

PC: Being pushed down.

LRH: All right. Let's feel that push.

PC: (mutters)

LRH: Feel that push.

PC: (murmur)

LRH: Okay. Continue.

PC: (breathing, mumbles)

LRH: Continue. What's being said with this pushing and jostling?

PC: (muttering)

LRH: Contact it.

PC: (moving about, muttering)

LRH: All right. Let's go back to the moment there when shed saying, It's hard to tell.

PC: Hard to tell.

LRH: Continue.

PC: Phone Joe, he'll help you out.

LRH: Continue.

PC: At least not this time

LRH: Continue.

PC: (mutters isolated words and short phrases) It hurts so much.

LRH: Continue.

PC: (more muttering)

LRH: Let's go back to hard to tell.

PC: It's hard to tell.

LRH: Is there anything earlier than hard to tell?

PC: It s hard to tell.

LRH: Anything earlier?

PC: My tummy hurts.

LRH: Okay.

PC: My tummy hurts.

LRH: Is that what she says?

PC: Yes, My tummy hurts.

LRH: Okay. Letb go over that again.

PC: My tummy hurts, I think it's from gas.

LRH: Continue.

PC: My tummy hurts.

LRH: Continue.

PC: It hurts bad.

LRH: Continue.

PC: Boy.

LRH: Continue.

PC: I ve got a lot of gas, I guess. It hurts.

LRH: Continue.

PC: I d better take something. It's hard to tell, though. Hard to tell. (whispering) Better try it anyway. It tastes bad. I wonder why it should hurt so.

LRH: Continue.

PC: Yes. I'll be safe anyway. It will probably help.

LRH: Continue.

PC: (whispering)

LRH: Continue.

PC: (whispering and sighing) Oh, it hurts, oh. (sighs)

LRH: Continue.

PC: (sighing)

LRH: Continue. Repeat the words at the beginning now. My tummy...

PC: My tummy hurts.

LRH: Go over that again.

PC: My tummy hurts.

LRH: Get an audio on it.

PC: (exhales)

LRH: Keep rolling.

PC: (exhales)

LRH: Contact the somatic. Keep rolling.

PC: (yawns)

LRH: Continue.

PC: (whispers) It hurts. (pause) It hurts. (yawn)

LRH: Continue.

PC: Oh, I don't know. (pause; sigh) Oh, I don't know. I don't know, I don't know. They don't believe me. (yawn)

LRH: Continue.

PC: (lengthy mutter)

LRH: Continue.

PC: She's rocking in a rocking chair.

LRH: Okay. Continue. What are you contacting there?

PC: (murmurs)

LRH: Continue that.

PC: Pushing him away.

LRH: Hm?

PC: Pushing him away.

LRH: Hm-hm. Let's contact the beginning of this. My tummy hurts.

PC: (whispers) My tummy hurts.

LRH: Contact it solidly now. Get the somatic with it. My tummy hurts. (pause) My tummy hurts.

PC: come here.

LRH: Hm?

PC: Come here. (Who's saying that?) Come right here.

LRH: You've got come here there?

PC: No. Right here.

LRH: All right. Contact My tummy hurts.

PC: My tummy hurts.

LRH: Go over it again.

PC: My tummy hurts, my tummy hurts.

LRH: Go over it again.

PC: My tummy hurts.

LRH: Contact her vocal there.

PC: My tummy hurts.

LRH: Hm-hm. Let's go over that sequence again there. My tummy hurts.

PC: My tummy hurts.... (muttering)

LRH: Continue.

PC: (barely audible mumbling)

LRH: Continue. Contact the somatic through there.

PC: (muttering)

LRH: How do you feel?

PC: All right.

LRH: Hm?

PC: All right.

LRH: Feel fine?

PC: Not fine.

LRH: Why don't you feel fine?

PC: I have a little pain in my tummy.

LRH: Well, where do you get that? My tummy hurts.

PC: Hm-hm.

LRH: All right. Let's contact that.

PC: My tummy hurts. (suddenly speaks more clearly) But it was her tummy that hurt, not mine.

LRH: What?

PC: It's her tummy that hurts.

LRH: All right. Let's roll it.

PC: (resumes muffled speech) It's her tummy that hurts, not mine.

LRH: What?

PC: Why should mine be hurting?

LRH: Okay.

PC: It's her tummy, not mine.

LRH: Okay. Let's roll it, let's roll it. My tummy hurts, she says.

PC: My tummy hurts.

LRH: Continue.

PC: My tummy hurts. My tummy hurts. I'd better get something for it.

LRH: Continue.

PC: Nausea.

LRH: What's the matter?

PC: I feel nausea. LRH. You feel nausea?

PC: Hm-hm.

LRH: What's she say about nausea?

PC: She felt nauseated so I feel nausea.

LRH: What's she saying about nausea there?

PC: Gee, she says, I feel nauseated.

LRH: Continue.

PC: That's a good one. I'm going to throw up, there's a burning taste down the back of my throat.

LRH: Hm-hm. Continue.

PC: Yes. I'd better do something for it.

LRH: Continue. What have you got there? The earliest moment of it?

PC: I don't know, sometimes I'm in one, and sometimes I'm in another. I don't know what I've got.

LRH: Sometimes you're in one what?

PC: Sometimes I'm me and sometimes it's her.

LRH: Okay. Let's contact the earliest moment of this.

PC: (grunt; long pause; murmurs)

LRH: Continue.

PC: (pause; murmur) Ijustgotpushed around.

LRH: Did you feel the pushes?

PC: Hm, sure, and it hurt.

LRH: All right.

PC: General pushes.

LRH: Let's contact the first part of this and roll it through again.

PC: (murmur)

LRH: Come on. Let's roll it through again. Contact the first part of it.

PC: (mumble)

LRH: Hm-hm. Contact the first part of it.

PC: (mutters)

LRH: No, let's go back to the tummy hurting. Pick up the full somatic now in your own valence, all the way through on it.

PC: Hm-hm. Oh yes, yes.

LRH: Okay. Let's roll her on through from the beginning.

PC: Yes, Iget somebody pushing her. No wonder her tummy hurts.

LRH: Okay. Let's contact the first moment of it.

PC: (murmur)

LRH: What else does she say there?

PC: (murmur)

LRH: What's she saying through all that? Contact the somatic.

PC: Sick at the stomach.

LRH: What's she saying?

PC: Sick at the stomach.

LRH: Go over it again.

PC: Sick at the stomach. (pants)

LRH: Go over it again.

PC: Sick at the stomach, sick at the stomach. (belches)

LRH: So what's she saying?

PC: (sigh) .

LRH: What's she saying?

PC: Don't worry, don't worry.

LRH: Continue. What's next?

PC: (murmurs)

LRH: Continue.

PC: (sigh) Oh, dear, I don't want to.

LRH: Go through that again.

PC: Oh, dear, I don't want to.

LRH: Continue. [the recording ends at this point] Session, 10 June 1950

LRH: Okay, Alan, close your eyes. At any time in the future when I say the word canceled, it will cancel whatever I have said to you while you're lying there on the bed with your eyes closed. Okay?

PC: Yup.

LRH: Now what we want to find right now is the first moment of sympathy which your father gave your mother. Prenatal, the first moment of sympathy that Papa gave Mama because Mama was sick.

PC: (pause) Yeah, he wouldn't say very much but he was very sympathetic.

LRH: Okay.

PC: (pause) No, don't try to do anything, just lie there.

LRH: Let's see what we can contact there.

PC: No, don't try to get up. Just lie there.

LRH: Continue.

PC: I'll take care of things.

LRH: Continue.

PC: She says, Oh no, this is natural. This is just part of it. Let's call the doctor. I'll call him for you. Maybe he can give you something to make you rest a little more. Oh no, I'll be better if I can just lie down for a while. Is there anything I can get for you? No. No, I don't think so. Didn't the doctor give you something that would settle your stomach or do something? Yes, but it really doesn't do any good. It seems to have to run its course and then it's all right. And I feel better. Be sure to tell me if there's anything I can do. Well, I know one thing, better get the basin from the bathroom and put it here near me just in case it comes over me all of a sudden, and I can't make it to the bathroom. You can put it on the chair right there. Oh, and the towel too. (pause) Htn, I can hear the basin when he puts it on the chair. All right. Nothing else? (pause) Not right now. Well, just take it easy.

LRH: Continue.

PC: I haven't got any more.

LRH: All right. Let's contact it from the beginning now. Contact the first moment of it.

PC: (coughs)

LRH: That's it. Let's get that cough.

PC: Boy, that's my dad.

LRH: Okay.

PC: Hm-hm, his cough.

LRH: Okay. Continue.

PC: Oh, that's too bad, dear. Is there anything I can do for you? No, I can't think of anything. Do you want me to call the doctor? Oh no, it doesn't really feel bad. It's natural, it's part of the whole thing. One just has to go through it, that's all. You know it has always been this way, and I will have to put up with this for a while, that's all. But it always passes in time. Didn't he give you something that you could take to settle your stomach when you feel this way? Something like bisenthol, wasn't it? Yes, but it doesn't do any good. Nothing seems to do any good. Just have to let it run its natural course.

LRH: Continue.

PC: As a matter of fact it's better that I can go ahead and throw up because then it seems to pass more quickly. I get rid of it faster. It is just trying here feeling the pains and feeling as if you're going to throw up which is so uncomfortable. It's always better to go ahead and do it, and then you feel much better.

LRH: Continue.

PC: I know how you feel. Don't you worry about a thing, I'll take care of everything. You just lie there. Are you sure there isn't anything I can do before I go? No, I can't think of anything. Oh yes, there's one thing, if you could get the basin from the bathroom and put it up here in case it comes over me all of a sudden and I just can't get to the bathroom.

LRH: Okay.

PC: Oh yes, and get a towel too. Put it right there on the chair. Thank you. Will you call me if there is anything you need? Yes, I'll call you.

LRH: Okay. Let's contact the beginning of it. Let's pick up any somatic you might have there. What's your tactile there at the beginning of it?

PC: Don't seem to have any.

LRH: Roll it from the beginning.

PC: (muttering)

LRH: Continue.

PC: It's usually better if you can't throw up.

LRH: Continue.

PC: You get over it quicker that way, but only if you throw up.

LRH: Let's go to the earliest moment now we get the words. The earliest moment. The first time the words appear in the case. Throw up. First time they appear on the track. The first moment after conception that the words throw up appear. Repeat it.

PC: Throw up

LRH: Earliest time.

PC: Throw up Throw up Throw up Throw up. I feel as though I'm going to throw up.

LRH: Continue.

PC: You know what that means. It's not a terribly strong feeling but I certainly don't feel like eating.

LRH: Continue.

PC: It's not terribly strong. It's uncomfortable of course, but it's the beginning when I just fizzle.

LRH: Continue.

PC: Is there anything special that the . doctor recommends? It's best not to see the doctor. I'll go up and lie down. It will pass in a little while. Yes, do that, please. That's a good idea. (pause) Go ahead. Jenny will take care of all these things. I'll tell her you're not feeling well. I'll be upstairs. Hm. Well, maybe I'd better go up now. Aren't you going to say anything about what it means? Oh, oh yes. Well, you can't be really sure of anything. All right. I haven't seen a doctor. Of course I'm very tired. Are you sure

you're all right? Yes, of course I am. Yes, I am, in a way. We'll see what the next nine months is going to mean. I don't know why I said that. Only I do hope it will be a girl this time. Yes, that would be nice to have a girl. Would you rather have a boy? Well, it doesn't really make any difference to me, but it does to you. You've wanted a girl. Oh, but I don't really mind.

LRH: Continue.

PC: You don't seem too enthusiastic.

LRH: Any somatics through here?

PC: Oh, not really.

LRH: Hm?

PC: Not really. I hear a few things, I hear a dish and a chair scrape across the floor a little bit. Nothing else. Nobody else there.

LRH: Okay. How do you feel about this one? This is the second time through it.

PC: Feels fine.

LRH: Let's roll it again just to make sure.

PC: Oh dear, I feel as if I'm going to throw up. You know what that means? No, what? I'm pregnant again. Oh, really? Has the time gone by? No, not yet but I know the feeling.

LRH: The file clerk will now give us the first incident in the case that's necessary to relieve it.

PC: How does the file clerk know what relieves ?

LRH: (chuckles) Well, relieves, that's a restimulative word isn't it?

PC: I don't know.

LRH: Okay. Let's see if we can contact the earliest engram there that we were running last night. Let's contact it, the first end. Earliest one in the bank. First end of it. (pause) My tummy hurts. First words. First time we hear My tummy hurts in this.

PC: Oh, the file clerk hands me about five thousand My tummy hurts.

LRH: Let's get the first one. First time she said it.

PC: My tummy hurts. Isn't there something I can do? No, no, there's nothing you can do for it. It passes. You just have to go through it. Sometimes it lasts half an hour and sometimes it lasts more. Just go now, please.

LRH: Continue. (pause) Go over that line. Just go now.

PC: Just go now.

LRH: Continue.

PC: (whispering)

LRH: Continue.

PC: (whisper, changing to mutter) Yes, of course.

LRH: Continue.

PC: (more muttering)

LRH: Let's roll it again.

PC: (still whispering) Oh dear, men are so stupid sometimes.

LRH: Hm?

PC: Men are so stupid sometimes

LRH: Run over that again.

PC: Oh, dear. Men are so stupid sometimes.

LRH: Okay. Let's contact the beginning of it now, the beginning of the sequence.

PC: (grunt) What's the matter, don't you feel well? No, my tummy hurts. I'll try to get my mind off of it.

LRH: Run over that again.

PC: Try to forget the pain. Try to get your mind off of it.

LRH: Let's contact the incident.

PC: Try to forget the pain, try to get your mind off of it.

LRH: Did you contact something there? (pause) All right. Forget the pain, get your mind off of it. Go over those words.

PC: Forget the pain, get your mind off of it.

LRH: Go over it again.

PC: Forget the pain, get your mind off of it. Forget the pain, get your mind off of it. Forget the pain, get your mind off of it.

LRH: Go back to sleep.

PC: (muttering) Go to sleep.

LRH: Go over Go to sleep.

PC: Go to sleep. There's a doctor talking.

LRH: Okay. Let's roll it.

PC: Forget the pain, get your mind off of it. It's not too likely to be like this. You don't seem to know how bad it is. Yes. Yes, I know, but you're just making it worse.

LRH: Continue.

PC: You're dwelling on it so much that you make it worse.

LRH: Continue.

PC: If You could get your mind off of it, it wouldn't be so bad.

LRH: Continue. You're dwelling on it. Go over that.

PC: You re dwelling on it

LRH: Go over it again.

PC: You re dwelling on it

LRH: Go on over it again.

PC: You re dwelling on it

LRH: All right. Let's contact the beginning of this engram and run it on through.

PC: You re dwelling on it. (pause) You're dwelling on it.

LRH: Continue.

PC: I don't know how I can stand this pain, I feel terrible.

LRH: Contact your own pain there now. Roll it.

PC: It hurts. (shifting position, moaning, panting, crying)

LRH: Continue.

PC: (sobbing words) .It hurts. It hurts. It hurts.

LRH: Continue.

PC: (moan)

LRH: Continue.

PC: (speaks with difficulty)

LRH: Hm-hm.

PC: (moans a few words)

LRH: Continue. Keep rolling it.

PC: (moans a few words)

LRH: Attaboy. Roll it.

PC: (sigh, heavy breathing)

LRH: Continue.

PC: (whispers urgently) Come on. What's going on?

LRH: Continue.

PC: What s going on anyway? (exhales) I don't know.

LRH: Continue. (brief pause) All right. Contact the beginning of it.

PC: (exhales)

LRH: Contact the beginning of it. There. Repeat there.

PC: (aloud)There.

LRH: There. Contact the somatic with it.

PC: There.

LRH: Continue.

PC: (painfully) There. There. No. Do it.

LRH: Continue.

PC: There. It hurts. (pant) I don't want it to blow up. (groan, seems to be breathing with difficulty)

LRH: Continue.

PC: (groan; pause)

LRH: Continue.

PC: (groan)

LRH: Continue. What's she saying? What are the noises?

PC: (exhales, breathes heavily) I don't know.

LRH: All right. Let's contact the beginning of it again. Contact the beginning of it. First moment of that pain in your stomach.

PC: (groan) It hurts.

LRH: Contact it.

PC: (groans, inarticulate sounds)

LRH: Continue.

PC: (groans, inarticulate sounds, breathes deeply) It hurts. I want to make it better.

LRH: Continue.

PC: (moans out inarticulate words; sounds as if forcing words past a barrier)

LRH: Continue.

PC: (groans, breathes deeply) Whooh.

LRH: Contact the beginning of that again.

PC: (exhales)

LRH: The first moment that you were disturbed in there. Pick up the first instant you were disturbed. The first instant you were disturbed. What do you get with that, before the poke? First instant you're disturbed. First instant you're disturbed.

PC: (cough)

LRH: The cough?

PC: No. (whispers a few words)

LRH: All right. Contact the first instant of disturbance.

PC: (writhing around)

LRH: Contact the first instant of disturbance there. What's happening at the beginning? You're lying there comfortably, fairly comfortably? Are you or aren't you?

PC: No, I'm not. I'm a little twisted around.

LRH: All right. Let's get back a few minutes before this when you're comfortable, if there is a period here just before this.

PC: (exhales)

LRH: The somatic strip can go to the comfortable moment just prior to this. A nice comfortable moment before this sequence. The somatic strip's there now. How do you feel?

PC: I don't know.

LRH: Feel twisted?

PC: No, the pain

LRH: What?

PC: Pain.

LRH: Where's the pain?

PC: Here. It's in my chest right now.

LRH: All right, now tell me something. Was there a stomach pain on the other one?

PC: Yeah.

LRH: Are there two distinct pains there or just one?

PC: I don't know.

LRH: First one and then the other?

PC: It's hard to tell. My stomach's all right now.

LRH: All right. Now give me a flash reply. Which is first? Chest or stomach?

PC: Chest.

LRH: All right, chest was first. All right, let's contact the chest. What are the words that come with the first instant of chest pain? When I count to five you'll give me the words that come with it. One-two-three-four-five (snap!).

PC: Oh, I don't know.

LRH: Hm?

PC: My chest.

LRH: I don't know?

PC: I don't know, but that is mine.

LRH: That's yours. Okay. Now what's hers? (pause) Come on, chest pain.

PC: (sigh)

LRH: Chest pain. The first instant there you receive that chest pain. Your somatic strip can locate it now.

PC: I've got an idea what the trouble is.

LRH: What?

PC: It's hurting now.

LRH: It's hurting now. Go over that.

PC: It's hurting now.

LRH: Go over it again.

PC: It's hurting now.

LRH: Go over it again.

PC: It's hurting now. It's hurting now.

LRH: All right. Give me a flash phrase. Any flash phrase. One-two-three-four-five (snap!).

PC: Yes, it s hurting now. That's what she says.

LRH: Okay. Go over it again.

PC: Yes, it s hurting now

LRH: Next line.

PC: Yes, its hurting. Yes, it's hurting.

LRH: Next line through this.

PC: Chest pain. Chest. Oh, my chest.

LRH: Okay.

PC: (groaning words) Oh, my chest.

LRH: Continue.

PC: (few groans)

LRH: Let's get back to the first moment of discomfort, now, of this sequence.

PC: Okay.

LRH: First moment of discomfort of this sequence. Contact it in your own valence and roll it.

PC: (pause; exhales, groans words) Where does it hurt? Oh, it hurts right there.

LRH: Continue.

PC: (groans) It's right where it always hurts.

LRH: Continue.

PC: It hurts so much I get tired of it.

LRH: Continue.

PC: That's what she's saying. Now I really feel a little better.

LRH: Continue.

PC: It hurts.

LRH: Continue.

PC: (pause) Oh, no place.

LRH: Let's contact the somatic on that chest pain now.

PC: Mine?

LRH: Your somatic on the chest pain. What do you get?

PC: The chest pain, I guess.

LRH: Well, contact it to its fullest intensity now. The instant of receipt.

PC: I got that before. First time.

LRH: All right. The instant of its receipt. Now what have you got with it?

PC: (mutters)

LRH: Continue.

PC: I don't know what she said after that. Something like, It hurts so much that sometimes I can't stand it.

LRH: Continue.

PC: (murmur)

LRH: Continue.

PC: Oh gosh, I forgot about that. (mutters a few phrases disjointedly)

LRH: Continue.

PC: Who's she talking to? (whispers) Who's she talking to? (mutters) I can't hear her say anything. The pain of the thing will always come back.

LRH: What's that?

PC: She's saying, The pain will always come back.

LRH: Go on over that again.

PC: It was a lot better for a while but the pain always comes back.

LRH: Continue.

PC: It always comes back, but it's worse.

LRH: Continue.

PC: I don't know how I can stand it. I don't know how I can stand it. I don't know how I can stand all that pain.

LRH: All right. Let's contact that other one. Right there. There. Right there.

PC: (dragging out the words) Where does it hurt? Oh, there, there, right there.

LRH: Come on, let's get this moment there where you're being poked. Your pain. Your pain.

PC: (mutters)

LRH: All right. Let's contact the moment when you got a pain.

PC: (murmur)

LRH: Personally now, do you feel that poke?

PC: (exhales)

LRH: Poke.

PC: Oh no, I just can't stand it. It really hurts but it's not as strong as it was. It's out there. (sigh)

LRH: Go over it again.

PC: Where does it hurt? Oh, I can just feel it, over there.

LRH: Hm?

PC: I can just feel it over there. The poor man doesn't know what to say so he says, Just where does it hurt? She says, Where does it hurt? There, there, that's where it hurts. I've told you a million times.

LRH: Let's go over that again.

PC: Where does it hurt? There, there, that's where it hurts. I've told you a million times. Right there. It hurts so much sometimes I feel like dying.

LRH: Continue.

PC: (pause; sound of breathing) It always comes back to me. When it comes back it feels worse than ever. When it comes back it feels worse than ever.

LRH: Go on over that again.

PC: When it comes back it feels worse than ever.

LRH: All right. Now let's contact your own personal pain. A pain in your stomach.

PC: All right. It's a pain in my chest that was my own personal pain, it wasn't yours or anybody else's.

LRH: Okay.

PC: But it was in my chest.

LRH: All right. Now let's get the one in your stomach. Let's get the one in your stomach.

PC: Yeah.

LRH: Contact that one in your stomach. The first moment you receive it. Contact the one in your stomach.

PC: (breathing audibly) There, that ought to do it.

LRH: Go over that again.

PC: That ought to do it I

LRH: Continue.

PC: It hurts, but it ought to make it better.

LRH: Continue. The next line.

PC: It hurts, but it ought to make it better.

LRH: Continue. The next line.

PC: (says with a sigh) Oh.

LRH: Continue. The next line.

PC: It hurts, but it ought to make it better.

LRH: Continue. Next line.

PC: Had to do something to make it better.

LRH: Run over that again.

PC: Had to do something to make it better.

LRH: Go over it again.

PC: (sigh) I had to do something to make it better.

LRH: Next line.

PC: Oh, it hurts in my stomach. Do something to make it better.

LRH: Next line.

PC: Can't get it. Had to do something to make it get better.

LRH: All right. Give me a bouncer. (pause) Give me a bouncer. (pause) What kind of a bouncer? Got to get it out?

PC: No.

LRH: What is the bouncer? (pause) Now go over the sequence again and let's see if we can locate it. Get that stomach pain there the first instant you receive it, the stomach pain at the first instant you receive it, the stomach pain at the first instant you receive it, the first instant there.

PC: Yes.

LRH: All right. Now roll it.

PC: (breathing audibly)

LRH: There.

PC: There, that's that.

LRH: Continue.

PC: There, that ought to do it. I locked the door.

LRH: Continue.

PC: It hurts. It ought to make it better. (sigh) It hurts, but it ought to make it better. (sighs, mutters some sentences) Had to try something anyway. (pause) I can't stand the pain. Had to try something anyway, couldn't stand the pain. Don't know if I feel better or not.

LRH: All right, let's contact that stomach pain the first instant you receive it.

PC: Get out of there.

LRH: Contact the somatic with it. Go over it again.

PC: Get out of there.

LRH: Contact the somatic with it. If it exists, there might be another phrase.

PC: Get out of there.

LRH: Is that it?

PC: No, Get out of there doesn't fit.

LRH: Get out.

PC: Get out. Get out. (mutters)

LRH: Go away. This will make it stop?

PC: Go away.

LRH: Go away.

PC: Go away. Go away.

LRH: All right. What are the first sentences of that poke in the stomach?

PC: There, that ought to do it. That ought to do it.

LRH: Continue.

PC: It hurts.

LRH: Continue.

PC: But I have to try something.

LRH: Go over that again.

PC: It hurts but I have to try to do something.

LRH: Go over it again.

PC: It hurts but I have to try to do something.

LRH: Go over it again.

PC: It hurts but I have to try to do something.

LRH: Next line there.

PC: The pain was so bad.

LRH: What's that?

PC: The pain was so bad.

LRH: Go over that again.

PC: The pain was so bad.

LRH: Go over it again.

PC: The pain was so bad. It hurts. It was so bad.

LRH: Let's contact the somatic now on that sequence. The stomach somatic on that sequence. Did you contact it?

PC: Ooh, a little bit.

LRH: All right. Let's try and contact it.

PC: (pause) Oh, boy.

LRH: All right. Contact the initial pain.

PC: (sigh) First there's not so much pain, it's just pressure.

LRH: Yah, then what occurred?

PC: It hurts but maybe it'll feel better. It hurts but maybe it'll make it feel better.

LRH: Continue.

PC: I had to try to do something. The pain is so bad.

LRH: Continue.

PC: The pain is so bad. I had to try and do something, the pain is so bad. It hurts, couldn't get any relief.

LRH: Continue.

PC: I know, but this is really something else.

LRH: Continue.

PC: But they couldn't make it any worse anyway.

LRH: Hm-hm.

PC: Im not getting any worse.

LRH: What other phrase is there? Does the word come appear there, or come out?

PC: Come ? No I wish all that stuff would come out.

LRH: Go over that again.

PC: I wish all that stuff would come out.

LRH: Go over it again.

PC: I wish all that stuff would come out.

LRH: Continue.

PC: I wish all that stuff would come out.

LRH: Continue.

PC: (muttering)

LRH: Continue.

PC: (mutters several disjointed phrases)

LRH: All right. Lets go back to the original stomach pain now.

PC: Yeah.

LRH: Okay. Contact the beginning of it, now. What's your tactile there at the beginning?

PC: (exhales) Chestpain.

LRH: All right. Let's go over what that chest pain's all about. Let's regress back to the first moment you received the chest pain.

PC: Yes.

LRH: Got that?

PC: Yes.

LRH: All right. What does he say?

PC: He's saying, Where's the pain? She says, There, there. Right there, I've told you a million times, there. It hurts so much sometimes I feel like pounding it, and sometimes it even makes it feel a little better.

LRH: Continue.

PC: But that pain always comes back. It always comes back worse than ever. [LRH turns the session over to another auditor who completes it.]

Session, 16 June 1950

LRH: Okay, Alan, tell me something. Do you remember the time when this feeling first kicked in on you?

PC: The first somatic? It happened many times, sure. The earliest one I remember is when I took my wife to the hospital.

LRH: All right. You think that's the first time it kicked in?

PC: The first pain of this sort, yes.

LRH: When you were taking your wife to the hospital?

PC: Hm-hm.

LRH: Okay. Close your eyes.

PC: Hm-hm.

LRH: Let's go back to the time when you put her in the car.

PC: Hm-hm.

LRH: Now what occurs?

PC: It's night, about 10:30. Pretty quiet out, summertime. The car was parked in the back of the apartment lot with the old Dodge next to it. We go to the car, I put the bag in. She says, This may be silly, the pains aren't very close together really. We may be going a little too early. And I say, No, let's go over to the hospital. It's better to be early than late. Then I shut the door.

LRH: Let's go over the words Better to be early than late.

PC: Better to be early than late.

LRH: Let's repeat it back to the earliest part of the bank that we can find it.

PC: Better to be early than late.

LRH: Better to be early than late.

PC: Better to be early than late.

LRH: Go over it again.

PC: Better to be early than late. It's better to be early than late. It's better to be early than late. Earlier than late.

LRH: Contact it again. Better to be early than late.

PC: It's better to be early than late. It's better to be early than late.

LRH: Let's see if we can contact anything early on. Better to be early than late.

PC: Better to be early than late. (coughs)

LRH: Hm-hm. Go over it again.

PC: Better to be early than late.

LRH: Let's contact it.

PC: Early than late. Early than late.

LRH: Better to be early than late.

PC: Better to be early than late.

LRH: Go over it again.

PC: Better to be early than late.

LRH: Contact the somatic in this.

PC: Early than late. Better to be early than late. Better to be early than late. Better to be early than late. I can't pick up a thing.

LRH: Okay. Let's see if we can contact the earliest moment of pain or unconsciousness now in existence. The earliest moment now in existence.

PC: (coughs)

LRH: What do we get with that cough?

PC: Um. (coughs) Coughing makes it hurt. Coughing makes it hurt. (coughs)

LRH: What do we get with that Coughing makes it hurt?

PC: Coughing makes it hurt. Coughing makes it hurt. Why did I have to get a cold now? Coughing makes it hurt. Why did I have to get a cold now? Coughing makes it hurt. Why did I have to get a cold now?

LRH: All right. The somatic strip can contact the first jolt of this incident. The first jolt.

PC: (long pause) Coughing makes it hurt. Why did I have to get a cold now ?

LRH: All right. Let's contact this again. Roll it through.

PC: (clears throat) Coughing makes it hurt. Why did I have to get a cold now ?

LRH: Let's go back to the cough. First moment of the cough.

PC: Yeah. I can hear it.

LRH: All right.

PC: It's my mother.

LRH: Okay. How does it feel on you when she coughs?

PC: I don't feel much of anything.

LRH: All right. Let's just contact the first moment of it.

PC: She's talking to my father. It's funny. His cough sounds entirely different. Oh, he coughs then, just when she's talking about it to him. This is more like a clearing of the throat than a cough, I would say, both together.

LRH: Continue.

PC: He keeps saying something, about hearing her cough makes his throat tickle and makes him cough too. Yes, you ought to have that operation on your nose the doctor told you about to fix that. Why don't you go and have that fixed? He said it wasn't much of an operation and it would stop all that coughing you do every morning.

LRH: All right. Let's contact the first part of this and see if we can put some tactile on it now as we go through it.

PC: Yeah. I hear her cough. It's a tight cough. I get a little feeling across the back mainly. Then she says, Coughing makes it hurt. Why did I have to get a cold now? I should probably have some cough medicine. Well, then you do it.

LRH: Continue.

PC: There's more. Then my dad says, Hearing you cough makes my throat tickle. But I have to cough. And she coughs again and it hurts right in the back of my neck. Then my dad says, Why don't you go ahead and get that operation the doctor said you ought to have? She coughs again and says, Oh, damn. Then he says, Do you hear me? Yes. The doctor said it wasn't much of an operation. You ought to have it done. Then you won't cough so much every morning. Then she coughs again. Oh, dear. That will do

it. That will stop this coughing. I don't mind the cough so much but it hurts my tummy every time I do it.

LRH: Okay, let's go back through this thing again. Pick up the first cough. And see if we can get some tactile there. What's your sensation of visio, any sensation of visio there as you go through this?

PC: No, not really. What I see when I speak of my mother and father saying anything, it's only as I know they looked during the last few years. I don't see them as they were then.

LRH: Okay, let's go through it again and see if we can get a visio sensation at the moment these words are being said.

PC: Hm-hm.

LRH: The visio sensation you had the moment these words were being said.

PC: Hm-hm. There's a cough, Coughing makes it hurt. Why did I have to get a cold now? It hurts.

LRH: Continue.

PC: It hurts so much when I cough.

LRH: Okay. How do you feel through this incident?

PC: Okay.

LRH: Now let's go to a much earlier incident, a much, much earlier incident. The somatic strip can go to a much earlier incident than this.

PC: (pause; coughs)

LRH: Make contact with that one.

PC: (mutters)

LRH: Hm? Contact that first cough.

PC: (long pause) Hm-hm.

LRH: Can you contact it?

PC: No.

LRH: All right. Give me the first phrase that flashes into your mind. One-two-three-four-five (snap./).

PC: Don't kiss me, I've got a cold.

LRH: Okay.

PC: (coughs) Don't kiss me, I've got a cold.

LRH: Let's go over that again. Let's contact the cough.

PC: Don't kiss me, I've got a cold. .

LRH: Let's re-experience that cough, how does it feel?

PC: I don't feel it, I just hear it.

LRH: Let's see if you can shift over into your own valence now thoroughly and contact it. You're doing just fine. Let's see if we can feel this now.

PC: No. (coughs)

LRH: What are we getting with that?

PC: I don't get any feeling except at the moment of the cough.

LRH: All right. What are the words that follow the cough?

PC: Don't kiss me, I've got a cold.

LRH: What does your father say?

PC: That doesn't make any difference to me.

LRH: Hm?

PC: That doesn't make any difference to me.

LRH: Go over that again.

PC: That doesn't make any difference to me.

LRH: What's the next line? Continue.

PC: My cold never got well.

LRH: Continue.

PC: Then Mother says something and Dad says, To hell with the cold.

LRH: Let's roll it again.

PC: (coughs)

LRH: What words go with it?

PC: Don't kiss me, I've got a cold. That doesn't make any difference to me. (pause)

LRH: Let's go over the cough again.

PC: Yeah. (pause; muttering) I feel pushed down there.

LRH: Go over that again.

PC: I feel kind of like pushed down.

LRH: Okay. Let's go over what we get there.

PC: (pause) She says, Don't kiss me, I've got a cold. It doesn't make any difference to me. I'll never let a cold stand in my way. Oh, my back hurts. I just don't want to give it to you. Then she coughs. To hell with the cold, to hell with the cold, he said.

LRH: Continue.

PC: Hm ?

LRH: What do you get with it now?

PC: Nothing.

LRH: All right. Let's go over it again.

PC: She coughs and says, Don't kiss me, I've got a cold. That doesn't make any difference to me. I'll never let a cold stand in my way. I just don't want to give it to you. To hell with the cold.

LRH: All right. Let's go over it again. And let's see if we can contact it a little more closely this time. Let's see if we can feel that push.

PC: Don't kiss me, I've got a cold. That makes no difference to me. I'll never let a cold stand in my way. (brief mutter)

LRH: Let's get the cough again. Let's contact the cough again. Roll it on through.

PC: Don't kiss me, I've got a cold. That doesn't make any difference to me. I'll never let a cold stand in my way. I don't care about that. I just don't want to give it to you.

LRH: Continue.

PC: To hell with the cold.

LRH: All right. Now let's go to the earliest time there when your father wants to do it and your mother can't do it because she's got a pain in her stomach. He's trying to persuade her. He can't do it because she's got a pain in her stomach. The first time this occurs.

PC: Well, she says, No, not tonight.

LRH: Continue.

PC: I've got a pain. My stomach hurts. (grunts)

LRH: Continue, you're doing fine. Let's repeat those first words again.

PC: No, not tonight.

LRH: Let's go over it again.

PC: No, not tonight.

LRH: Now what does your father say?

PC: (few muttered sounds)

LRH: Continue.

PC: (muttering) I can't get the rest of what he says.

LRH: Continue.

PC: It's not how careful you are, it's that I've got a terrible pain without anything being done.

LRH: Continue.

PC: No, please. (pause)

LRH: Hm-hm. Continue. (pause) Let's go over that last line again.

PC: (mutters) No ... please....

LRH: All right. The somatic strip can contact the first part of this now. Let's see if we can contact the somatic right at the first part of this and roll it on through. (pause) What are the first words?

PC: No, not tonight.

LRH: Continue.

PC: I've got a pain in my tummy.

LRH: Continue.

PC: The thing is I couldn't possibly do it.

LRH: Continue.

PC: Sort of jerks on my shoulder.

LRH: Continue.

PC: (snorts) Please don't, that hurt. Please!

LRH: Continue.

PC: (words muttered slowly)

LRH: Continue.

PC: Oh, hell. That's what he said. Huh!

LRH: Continue.

PC: I can't feel.

LRH: Hm?

PC: I can't feel it anymore.

LRH: All right. Let's go back to the beginning of that and roll it again. Bert will take you on through this. Okay?

PC: Okay.

LRH: All right. Back to the beginning. Roll it again.

[The session is handed over to another auditor who completes it.]