DIANETICS: FIRST LECTURE OF SATURDAY COURSE

A lecture given on
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Techniques

Two people got into an argument—one was for Dianetics and one was against Dianetics and neither one of them knew anything about Dianetics. The argument had something to do with the fact that one of them maintained that if a spinal cord was severed and Dianetic therapy was thereafter immediately applied, the spinal cord would go back together again. Well, this doesn't take place in Dianetics.

So in order to clarify some of these minor points, we were forced into the publication of a textbook before Dianetics was completely and utterly developed. Perhaps in another two or three thousand years Dianetics will be developed, but at the present time this is not the case. This is true of any live, young science.

The Dianetic techniques in the Handbook work, but since that book was written there have been about four major developments in the Seld, all of which tend to shorten a case and make it possible to achieve our results even more swiftly. As a result, I expect next week there will probably be a fifth one, and so on.

For instance, what is the push button between sanity and insanity? What is the difference between a neurosis and a psychosis? It does not appear to be a graduated scale, yet there is some definite difference.

The same techniques apply to the psychotic but we have trouble attracting his attention, and we have spent quite a few hours with the psychotic tapping away at the case, trying to get his attention. So there is a difference, which led to the fact that there must be a push button.

We have talked for some time about a one-shot clear. That is to say a person walks into the office and gets a shot of something in the gluteus maximus, rises two feet off the floor, settles back gradually, lets out a couple of pale screams and suddenly gets up and is cleared!

That may be almost a ridiculous goal, but it has been postulated for some time; and last night we saw the first inklings of the fact that it might be possible. In view of the number of biochemists who are working with us, we will probably have something approximating this shortly, at least to the degree that we could give somebody a pill and spill all the painful emotion on a case, which would be very valuable.

The difference between a psychotic and a neurotic (as far as we know now) concerns the concentration of painful emotion upon a case. Therefore, the object is to get rid of the painful emotion. There is also unconsciousness on a case, but what is unconsciousness? Well, that might be related to painful emotion. So, if you could convert unconsciousness into painful emotion artificially (there is a tears reaction between painful emotion and a release of affect, and because of that there is some kind of a chemical reaction taking place), there would be the push button. ,

But how do you get the push button? Exactly what chemical compound would be required? This may sound way up in the air, but you can expect Dianetics to go on advancing. Just how far it advances is in a large measure due to those people who know about Dianetics. I am making that very plain right here at the beginning that although the techniques of Dianetics work, do they work as well and as fast as they could be made to work? Where are the holes in the techniques which are slowing up cases?

It is no fun to sit down and slug away at a non-sonic, non-visio, dub-in case for four or five hundred hours. It's no fun listening to large quantities of delusion over and over, knowing very well it is delusion and yet unable to inform the patient of the fact. One would merely try to move him onto something else and find his lie factory. But if we could simply short-circuit this so that he would go straight on through and not give us the delusion, and if we could turn on sonic and visio in everybody, that would be a big advance!

The subject of this lecture concerns the study of cases and a method which is under very cursory examination (and not yet ready for public release) but which is giving results in the vicinity of about 60 percent of the cases.

However, we only have a series of 30, which is not good enough in Dianetics. I have had series of 2 and 3 that have looked wonderful and then on 4, 5 and 6 it was a complete flop.

In running a series of cases in Dianetics we have very carefully tried to keep away from the tendency to be optimistic. The Handbook reads as though a wild-eyed utopia is now opening up for all. That may be true, but the work that went in behind that is very carefully not optimistic.

In this current series of cases there will be several people on whom this new method of turning on sonic will be tried, and we will have more information. So you are not a spectator. You are a fellow conspirator on the attack on aberration.

There is no closed shop in Dianetics. It is so far out of our control at the present time that if somebody wants to set up an office someplace in San Francisco after reading the last two chapters of the Handbook, unfortunately he can do so and unfortunately he will do so.

For instance, I received a letter from two people in New York stating, "We are setting up an office in midtown Manhattan to practice Dianetic therapy." I have never heard of them. Who are they? Lay analysts? Psychiatrists? But to stop them? It is not likely that it could be done.

The sole danger in Dianetics was that it remained underground and was known to only a few. If a person knows what is being done to him, and that he is feeling badly because Jinks is busy pushing his buttons, then the ability of Jinks to push those buttons is vastly decreased. Whereas, if we only put this out to a very few Jinkses who then go around pushing everybody's buttons, and the general technique and theory is not known, that would be far more dangerous than releasing it widely.

The most dangerous thing in the world is to suppress science. It takes it out of general circulation where it definitely belongs and gives it into the hands of small power groups where it does not advance with the rapidity it should, and in addition is used to wreak harm against mankind. Things known to everybody are relatively safe, whereas things known to one or two become just that much less safe.

In a science you have first the axioms. Now you have cause; now you have effect; now you have application, and application is always an art. One cannot practice medicine with penicillin alone. You have to know a little bit more about it. There has got to be personal experience involved. For instance, you will know more having opened three or four cases than you could ever hope to know by reading. That is application. That is an art. So we have the art of Dianetics.

Book Three of the Handbook is mostly art. Therefore, erected on the axioms, erected on the cause, we now have the art of application, and that is a shifting theory. It says in the Handbook that we know nothing very much about painful emotion, which is absolutely true, but we can do things with it. We want to do better things. Why sonic was turned off we didn't know, but we now have a good inkling of it; and having that, if we know it thoroughly, we can turn it on—and we should be able to turn it on euery time.

For instance, we have a gentleman who very recently had been a nonsonic, non-visio case, except for a few little moments in his life, now running in the basic prenatal area with sonic, tactile and visio.

So there is a brand-new way of opening a case now in existence which we will be using until we have figured it out even better. An advancing live science will do this. Dianetics doesn't depend on faith.

To start this indoctrination, let me first stress two or three points of the Auditor's Code.l The Auditor's Code isn't there because it reads well. That code is there so that Dianetics won't hurt people. Any time one has the cause for insanity, one can also create insane people. For instance, a Colt .45 in the hands of a 2 year old child loaded and cocked is dangerous! So is Dianetics to that degree.

We recently received a letter in which somebody decided he didn't like his uncle. So he invited him up to his house, hit him over the head with a lead pipe, read a lot of material over him, kicked him a few times and then keyed it in to "Music, Music, Music" and sent him on his way!

The uncle wound up in the local asylum and the person who did it was wondering whether or not he should really have any conscience about it. He had thought it over carefully and wanted some information as to how to undo the deed. Unfortunately he gave us no name and address. But that sort of thing is going to happen, as it has in the field of hypnotism.

Enter the field of the human mind with Dianetics and one starts to get behind the scenes of the great sacred American home. One gets behind the myth of mother, dear mother. One also finds out that hypnotism is very common in this society. I never realized it was that common before. I have taken enough pervert hypnotism out of banks now to discover that about half a percent of all cases run have had pervert hypnotism in the bank—a very large percentage. "You will forget all about this now, you will forget all about this and no one will believe you if you ever tell them, and you couldn't believe it yourself if you thought you would remember it, and besides if you did tell anybody and if it was discovered, then your father and mother would throw you out." I found this in three banks of people when they were about 13 or 14.

So the axioms of Dianetics (not Dianetic therapy) can be used by a sadist to implant insanity. Fortunately when insanity is implanted by Dianetics, it can be undone by Dianetics, but that it is going to be implanted you can be absolutely certain.

What I am discussing here, however, is an accidental upset of a case. There is only one way that therapy can be thoroughly, completely upset and that is by a deviation from the Auditor's Code. I want to make the Code even clearer than it is in the Handbook. One case, which was up to a good release, deteriorated because of a break in the Auditor's Code, and one case was driven into psychosis by a break in the Auditor's Code. The extent of the deterioration on this one case that had attained a release is minor and can be mended easily, but in the other one, although the Auditor's Code break was only a very small part of it, it was very definitely a part. The husband screamed and hammered his wife around (she was an incipient manicdepressive with a history of breaks) and forgot himself so far in his paranoia as to give her all manner of irrational commands.

She is now in his valence.

The break in the Auditor's Code occurred because they had previously done some co-auditing and then some man had walked into the picture and she, being a nymphomaniac, did what she had always done before Dianetics—she went after this other man. The husband then became insanely jealous and knocked her around.

Furthermore, he then started screaming such phrases at her as: "Go to sleep" and "Open up your analyzer" and "All that's the matter with you is engrams, engrams, engrams, that's all

you've got. God damn you, get out of here. I don't ever want to see you again. Don't ever come back, don't ever come back. You're dead as far as I'm concerned, absolutely dead!"

He evidently did this in such a way as to slap her into unconsciousness and then he implanted these things.

That was a very violent break of the Auditor's Code, but it could be broken and might be broken accidentally and unknowingly by anyone unless I make these points clear.

The Auditor's Code says the auditor is uncommunicative. That should be better evaluated to say that the auditor does not evaluate, which takes in a large sum of information. All due respect to Sigmund Freud and the splendid work he did in the field of the mind, the introduction of his 1911 theory of delusion did an enormous amount to fill up institutions! Because by going out and using that principle on people, I could put people in institutions too.

The theory of delusion: Insanity starts by delusion. Childhood delusions become insanity and therefore what one remembers as having done is delusion. We pick up a college textbook on psychiatry and we can look up cases where the patient was informed that what she thought she was experiencing while in her mother's womb was only a product of her imagination.

Freud overlooked the fact that the mind is well aligned only as long as it can assert its working principle to be right. The mind is right. It has got to think it is right. Even though it is working on engrams it has still got to think it is right. So it will justify engrams.

Take a person who has an overloaded engram bank, and for analogy let's say that he has 10 monitor units left out of a total of 900 monitor units, yet he is still percolating, he is still sane. These remaining 10 monitor units are able to direct the organism and they are being informed of what the organism is doing. Therefore they can correlate themselves to existence. If anything happens to trip off these units and demonstrate to them absolutely and completely that they were wrong and had placed the organism in danger of death, you would probably have a psychotic on your hands. I haven't tried it. I don't intend to.

But it does work out that when a person is trying to recall incidents in the vicinity of people who know those incidents and he is challenged as to his information and somebody says, "Oh, no, that was Joe Ceppos that was there and the doctor's name was Mule Baxter. Oh, you're wrong," the patient is in an undefended state at that moment. He is depending on the auditor as a watchdog between him and life.

The auditor is supposed to get him to attack the engrams. Suddenly the auditor is apparently attacking him, particularly if the person is regressed. There he is with his hands full of doctor and birth, let us say, and suddenly the auditor chips in and says, "Oh, well, look, you weren't born at home. I know. I asked your mother. You were born in hospital. Now come on, run this in a hospital."

All of a sudden the patient, who has been struggling with what is left of his analyzer while he is in this regressed state, is faced with a new problem of having to fight the auditor. So, you can count on him coming up out of it yelling, but much more importantly, the auditor's ability then to audit that patient is very badly injured and the patient's ability to run the engram has been undermined and is not easily restored.

One could say, "Well, all we're going to do now is to go back to the moment when the Auditor's Code was violated and we'll run that violation as an engram," but it does not work too well because that violation may have restimulated an engram which might not be ready to pull. It might be one which is halfway up the bank and is very well set. Therefore, you are facing a problem of having to audit the patient into the prenatal area who doesn't want anything more to do with it.

So there is the Auditor's Code. Just the plain remark, "I think you're imagining things, I don't think your mother would do that to you," would do it. Hitting him in the head with a brick would be kinder. You will realize this if it ever happens to you, and you have my full permission to get up and slug the auditor who does this. It is very destructive. So the Auditor's Code is not something that we can take lightly.

If the patient says, "So, there I was in the prenatal areal sitting on this chimney . . ." or as a homosexual said to me one day, "Why, here I am sitting here, and there is Mother," (this was about two or three months after conception) "and all of a sudden Papa comes in and hits Mother in the stomach with the full force of his fist and I go up out of the womb, hit the ceiling, open a parachute, float down, and go back into the womb again and curl up. That's an amazing thing! Maybe she called him a homosexual?" Well, you don't buy it, but you don't tell him you are not buying it. An auditor knows very, very quickly what is imaginary and what isn't in a case. It doesn't have to be a flagrant fact.

One patient, whenever he starts to run what we in Dianetics call "garbage," runs off into a monotone. Anybody who audits him knows instantly when he goes off into that monotone and can say, "Now, let's get back into the engram," and he quite obligingly does so. He could go on for two hours running this delusion, straight off. (However, since the lie factory was knocked out he doesn't do that anymore.) But one can recognize it, and there are tests for it in the Handbook by which the auditor can tell whether or not a person is running delusion. That test however is not some aberree's say-so.

I took one little boy one time whom I saw sitting on a stone wall lookin very contemplative, and he was so pathetically emaciated that I thought I would try to do something for him. So I kidnapped him every day when he came home from school for a while and gave him a release,l at which point his mother, seeing a strange change in the child, finally extracted the information from him that he was coming over to see me. Well, what was I doing? I was perfectly willing to inform her. So she came over because she just had to have something done about her donkeyextomy or something, and I ran her back down.

She had been going around with the happiest little tale about having given birth to this child you ever heard, and he had had this tale told him but it was very far from the truth. Mama thought this was true. So this little boy could have gone home and said birth was a certain way, and Mama could then have said, "Oh, no. That wasn't true. You were born in a buggy," and so on, which would have upset him.

We took Mama back in this case and found out that this beautiful little tale about birth was told to her immediately after she was in labor, while she was still in a shaky state of mind, and it had gone into the conscious mind, but in actual fact was not what had happened to her at all.

The doctor in birth in this particular case was a very nice guy and he did not carry the child by the heels out into the hall to go locking for Papa to get a cigar because Mama had been delivered. This tale was at the end of the birth delivery and Mama was completely deluded about it.

The birth actually was a very quiet affair. Mama was fond of saying how she had screamed for 50 solid hours whereas the delivery had taken 10. There was an interesting variation of data. .

So the Auditor's Code has to put up with this sort of thing. It is bad enough when some aberree in the vicinity of a patient suddenly calls him on his data. He can fight that back. "Aw, you couldn't remember what happened to you when you were in the womb. This is a lot of bunk," and so forth. He will get up and fight because he has gotten rid of it.

But the auditor is the sentry. He is up there bucking the world while helping the person buck the engrams. It's a team effort, and everything will go along smoothly unless the auditor violates some clause of the Auditor's Code, whereupon the poor patient is instantly thrown underneath the engram, fighting the auditor. The analytical mind of the auditor plus the impact

of the engram is now impinged upon an analytical mind which is reduced. This is extremely important and cannot be overstressed, because you can just stop a case in its tracks if it is violated.

The question has been raised whether telling the patient who starts giving “garbage” to get back on the engram may intimate to him that you don’t believe him. This is true; however, his amount of analytical shutdown while he is in an engramic area is usually quite marked. If the patient is giving “garbage,” you get him back on the engram with smooth tact without inferring that you don’t believe it. You can say, “Let’s go back to when you had a somatic,” or, “Let’s go back to that somatic now,” and just try to get him back, and you will generally get chunks out of the engram that you are working in dub-in.

Regarding getting flash answersl from the file clerk, I won’t guarantee anybody’s file clerk. However, except in a case which was operating under almost 100 percent delusion, most file clerks generally come up with correct material, even though the aberrated personality very often denies it. One asks the file clerk for a date by saying, “Give me a date. The first date that comes into your mind.”

And he says, “Well, it’s a funny thing, it was December 31, 1931.”

“Give me a time of day.”

“Two o’clock,” the file clerk will say.

“Well, what happened on this day?”

“Nothing.” And that was the day he was run over by an automobile and was put in hospital for two months!

A patient gave this to me just a few days ago: “Nothing ever happened to me when I was 16. I wasn’t sick. Nothing happened.” Yet the flash answers gave 16. That is the file clerk handing out data.

So I said, “All right, now just close your eyes and give me the first words that flash into your mind.”

“Wait.”

That’s a good holder, so we ran out the doctor saying, “Wait,” and somebody else saying, “Wait,” over on one side of the engram. Then all of a sudden he said, “You know, I was lying out in the park and the sun was shining and the birds were singing in the trees and the nurse was saying to me, ‘Now, you wait here for a moment, honey,’ while she went off to get a policeman.” This was very interesting information, because the person was supposed to be 16 years old.

It is an interesting fact that people very often have sonic on the exact instant on the track where they are held. They very often have sonic at that slight moment and at no other moment. So-if you pick up a person who is held on the track and ask him for it, you will get a sonic if you are patient. It may be something like “Stay here, you bastard!” and he will be very amazed and surprised at the insulting language that he has been hearing around the womb. Several times recently I have found sonic on that point, and investigation is being carried forward.

The nurse in the 16 year old incident of the above case was an associative restimulator for his nurse when he was a small kid. So the doctor says, “You’ll have to wait here for 24 hours until we find out if you have appendicitis.” That, you figure, is the holder, but that isn’t the holder. The nurse walks in right after the doctor has just been pounding all the way up and down his spine, examining him for appendicitis (why doctors check the spine in such a case, I have never been able to figure out), and while he is lying there all bruised up she says, “Well, you

will have to wait here for another 24 hours while the doctor checks this over." So he waited, and he had been there for three and a half years! The same engramic commands was latched on to an incident way down the track.

A gentleman and his wife were here recently and I said to the husband, "Now let's go down to a couple of pleasure moments," followed by, "Now give me what is causing your discomfort," and he was in the middle of birth.

His wife was sitting there very happy about everything and she said, "You know, that's a very funny thing, but every time he gets an ulcer attack he rocks back and forth and then he rolls from side to side, and says, 'My God, if I could only have a baby I'd be cured.'"

Then she lay down on the couch for a diagnostic run to test her sonic and emotions and I said, "How did you like your mother?"

"Well, she's all right."

Then I said, "Now let's pick up the moment she gives you a smack," to see what chain could exist for that. So she picked up a moment.

But this girl had sonic, and "Ooh," she said, "that's awfully loud."

And I said, "Well, come on up to present time."

"I can't move."

I figured out that her mother had told her to sit down in the chair and not move. But that's what I figured wrong. The husband in running his birth had said, "If he can't move, I can't move, I can't move, it's not moving, I'm going to die," and her birth engram and her husband's birth engram were in chronic restimulation. Both of these cases newly opened were in engrams which would not deintensify and had to have hours spent going early on the track and so forth.

It is different with students on a course. They have lots of time to work these things out. But these people had merely called one afternoon wanting to know about Dianetics and then wham! they were in birth, which was not a hostly thing to do, because I couldn't run out much of it. She went home feeling fine, but she was in a manic at the end of birth. A manic on birth will last for 24, 48 hours, sometimes up to 60 hours.

Then there was a lady that thought Dianetics was absolutely wonderful because after her case was open for about 15 minutes she went into a wonderful, beautiful feeling. Of course 3 days later it disappeared, because she was on the manic on the end of birth with Mama lying there, and Papa saying, "Oh, what a beautiful little girl, what a beautiful girl."

Now I want to get on with something more vital than these minor anecdotes of Dianetics. If anybody's case goes into a flat spin, we, of course, are perfectly able to take care of the situation. I expect some cases are going to have to flat spin for the first couple of months.

It almost never happens that the first couple of weeks in therapy are 100 percent comfortable. Very often the person does beautifully, and feels fine and everything goes along well. But the usual procedure is that in the first couple of weeks he races down the time track to the bottom where it says, for example, "Get out," so he gets out, but there's one right after it which says, "Come back." So he comes down the bank and he stops halfway, and all of a sudden he has got a headache and he says, "Oh, my God, I've got a headache," which takes him low in the bank, and so on.

The only friend you have got in a case sometimes is the file clerk. You never have to make friends with a file clerk. As a matter of fact the file clerk will run the auditor very often. But if you clamp down on your case too much it will restimulates an engram.

Sometimes in entering a psychotic or an incipient psychotic case Mr. File Clerk has just been sitting there with the patient saying, "Now I've got a new somatic," or, "I keep thinking of these words and there just must be something in here that says ...." The file clerk has gone mad. But you don't have to coax the file clerk. It is an operating mechanism which works or doesn't work. In a neglect case the file clerk quite often will not work, but it will do absolutely no good to try to persuade him to work.

It is unnecessary to harass a file clerk, because the file clerk will operate with you 100 percent of the time if he can operate at all.

A case can become very agitated and very disturbed and nervous sometimes, and he starts haunting you saying, "I'm sure that my mother and father must have had a terrible fight and I'm absolutely certain that I have five AAs in the bank and I know that if I can just do so-and-so and so-and-so, we could get at this stuff and we could do this." And he is extremely agitated.

All of a sudden, by some happy piece of brainwork on your own part, you suddenly decide to send the file clerk to the incident which is holding up the case. You just say, "The file clerk will now go to the incident that is holding up the case," and quite often the file clerk will hand out the engram that has everything mechanically drawn into it.

That is a grouper. A mechanical grouper such as a nitrous oxide incident is one in which the bank is right up there all in one piece.

Groupers are very hard things to find in a case. Denyers, bouncers and the rest of them are easy, but groupers are tough. One says, "When I count from one to five and snap my fingers a phrase that groups things together will appear in your mind. One-two-three-four-five (snap!)," and all of a sudden it will appear.

The file clerk starts to run this incident off, he gives you a few phrases, and suddenly this person is perfectly content, he will go to work and will live his life and so forth. He will lie down and run it out, the file clerk is now happy and the case will rlm.

But whenever a person gets agitated about it, you can be absolutely content that you have not hit the situation. In the case of a psychotic who begins to get abusive, and continues to get more and more abusive the longer you work on him, be assured that that file clerk is not satisfied with the way you are handling his case. I sometimes wonder why these file clerks, who had such a tremendous command of Dianetics, didn't bother to let me know before!

The question often arises of how familiar should the patient be with the terminology of Dianetics. The answer to that is in the back of the Handbook where there are several pages devoted to advice to a preclean That is all there is to it. I have discovered that since Dianetics has been known to patients, and they have a good idea of the working principles, they do not work as easily as the people I used to work on that knew nothing about Dianetics. As a matter of fact, in order to keep the work very quiet and so forth, I have even told people that this is what they do in the Woodoo temple of ancient Egypt, and they have been satisfied. You tell them, "Well, we don't care about the subjective reality of this material, just tell me your troubles now. If we just go back to a time when the spirit first entered the body ...."

"Ouch!"

Dianetics works a lot better on a person who is completely ignorant. But for someone who knows about Dianetics, or who has heard about Dianetics and doesn't know what to expect, that so simple section on "Advice to the Preclear" is in the Handbook to save the auditor his vocal cords.

Of course, one couldn't tell the file clerk to go somewhere if the patient had no idea what the file clerk was, and his own file clerk didn't yet know its name. However, he finds out pretty fast. You can't say, "Give me a holder," if the person doesn't know what a holder is. Put it differently. One can say, "Give me a phrase that would make someone stay in one place." Or you could give an example of a holder, and then say, "Now, give me something like that. When I count to five I want you to give it to me. One-two-three-four-five (snap!), " and the person very often will.

One can envision the time track from conception to present time as a strip, composed of all the perceptics. It is a bundle of perceptics, not just one line, and it runs up to present time. If he is running properly on his time track, he can then connect with most of his perception He should be able to connect up all of them, plus the thought he was thinking at that moment, plus the imaginary things that he was seeing at the time and so on. Everything including kinesthesia and tactile ought to be there.

But it doesn't work out easily that people who have engrams have these things available. There are two reasons why this occurs. One is computational. The computational reason says, "I can't see, I can't feel, I can't hear, I can't do anything. I am blind, I follow you till I am blind, deaf and dumb." Or, "I am tired, I'm going to sit right here until you make up your mind." This is a computational shut-off. Any mind contains some of these.

Then there is the mechanical computational shut-off which is on the borderline, whereby it is computational but it has a mechanical action. Here is the engram running on a certain plane and it has below it in the basic area a bouncer or sometimes lots of bouncers, which is why people can't get back there ordinarily. If they can't get back fast, there is a bouncer in that area and you have to depend on your guesses because there is so little energy, and the file clerk very often can't push back that far. You have to rely on repeater technique to get him down there.

If one goes down into the basic area of the track, one finds such phrases as, "Stay away from me, don't touch me, stay away, don't touch me, now get out, get out of here, don't touch me." All the way up the bank one is liable to find this person running the engram, only he is stabbing at it from much further up the track. He breaks the engram this way: He will repeat himself down into the engram and out of the engram and for just an instant his sonic will turn on. But he isn't there long enough to really get a sonic, so there is apparently a sonic shut-off on it.

For instance, the patient will dive into the engram with the words "I hate you, I hate you, I hate you, I hate you, I hate you." That is caused by something which holds the person above the moment when something is happening and, although it is computational, it has a mechanical aspect. It is holding off something.

Then there is the one where you knock out the basic areal line and go on, and all of a sudden the person settles down and runs right straight on through the engram, which happens in lots of cases.

One could envision the time track running up the line with what look like leaves attached to it, on which lie engrams containing valences, together with a chute up the side of the track which holds boxes. Then there is the trinity of Papa, Mama and Baby, which has been in existence for many, many thousands of years.

Baby is on the time track, but Papa is on the side of the time track and Mama is also on the side of the time track, which gives us two boxes and the track.

At this point Baby still has some contact with reality and existence, so he can scan this track up the line. If, for instance, all Mama's valences are over on the side of the time track, he doesn't get sonic when he is running in Mama's valences. Very commonly you find this amusing circumstance where the patient can hear everybody but Mama. Of course he is being Mama, so naturally he can't hear himself think, or some such thing; he is over in the series of boxes which are just off the time track.

If he gets into one of these boxes in a valence, and this engram has a holder in it such as "Stay here" or "Go downstairs now and stay there," "Go upstairs" or "Stay here and then go upstairs," you will have the illusion of the whole engram moving up to present time in one of these boxes. An engram can be slid up and down the track. That is a horrible and grievous fact. I wish it were not so. It is your worst enemy. These boxes are not solid on the track. They can be slid up and down it. If you want proof of this, and if you want to drive somebody utterly mad, slug him over the head with a piece of lead pipe and say, "You can remember everything you have ever heard, seen or felt, in present time at the same time." The Dianeticist that could untangle that case would be a real genius if he just walked in on it cold, because this incident would be in present time with everything else on top of it. So the Dianeticist would have to start trimming around the edges not knowing quite what had happened to the person. Although it would be rough, it could nevertheless be undone.

Several years ago when research was very intense, I learned this the hard way on a young man who maintained that he could run his own engrams. He kept insisting on it. He wanted all his engrams up in present time where he could run them himself.

So finally I swamied him into a deep trance and said, "You can remember everything you've ever felt, heard or seen in present time. You can remember all these things in present time." That's it, just you can remember—permission. There was enough material in the bank to pick up the whole bank and sweep it up just as one might take leaves and brush them into a pile.

That fellow was in misery, he was in agony. It took me about a week's work to straighten his case out to the point where he could breathe, because naturally that positive suggestion went down the track, and latched on to whatever was there. The reason he wanted me to do this was an engramic reason which approximated in its wording what he wanted to be told. I was very obliging. I told him. Up it came to present time. Headaches, knitting needles through him, both legs broken, he was in very bad shape. He didn't run any of it in present time either.

Although that was very valuable from an experimental standpoint, I wouldn't have done it if I hadn't known about what was going to happen to him and about how I could untangle it. However, I didn't think it would be that hard to untangle. But to find the light locksl that I gave him with hypnosis, and try to pull it off and discover at the same time that the incident which should have been underneath it was now lying parallel with it was very, very rough.

However, let me assure you that in all the researches of Dianetics there hasn't been a single human being who has been permanently disabled in any way. There have been a lot of people who have been very, very uncomfortable for a couple of weeks or a couple of months, but you are benefiting from what they went through. I have always patted them on the back too and told them they gave a great boost to science.

Positive suggestion in hypnosis works very interestingly, but this is not a lecture on hypnosis. If you are interested in hypnosis I advise you to read up on it. There are books by such people as Bernheim and Charcot on the subject. There are quite a lot of them available in public libraries. It is valuable to know but not essential.

For instance, if one put in a hypnotic suggestion on the time track which says, "You can write," and the next day put another positive suggestion on the time track saying, "You can't write," the person will go on writing. The first one in the bank has priority. This is also true in running individual engrams. The first one has priority. If the first engram in the bank says, in a Junior case, "George was a skunk," George will go on smelling very badly for a long time, even though the next engram says, "George is a beautiful wolf." The priority is number one.

Therefore, engramic commands are not reversible by hypnosis, hypnotism to the contrary.

There are hypnotists who have studied Dianetics who no longer practice hypnotism, and they are very happy to have a theory which explains a lot of what hypnotism is doing.

One can have a case of the engram staying in one place, nailed down on the track in an orderly fashion, and one can have a case with a grouper in it which has pulled all the incidents up to present time. That person is generally psychotic.

There are these various compartments. For example, a person is stuck at the age of 5 months after birth in a scarlet fever engram or some such thing. The nurse was very nice and mother was very nice and father was very mean and so on, and these compartmented boxes sit just off the track. Now the person takes the winning valence. The boss around there happened to be the nurse. Papa and Mama had always been mean to him, but the nurse won and so he is back there in the nurse's box. Now you can run this thing all the way up and down the track. He is in the engram, but he will actually move on the track. But because the nurse wasn't anyplace else, he isn't going to get sonic anywhere else. That is the current theory we are working on which accounts for this strange fact of sonic shut-off.

As soon as you take somebody down the track and find out who he can hear and see, and who he can't see, you can bet your bottom dollar that he is in this situation. To complicate the picture, he can be in five or six of these boxes on the track simultaneously, and any given situation may throw him into another one. And he will shift valence back and forth. When one tries to run him in therapy, he gets off into one of these sonic blocks and he will go up and down the track picking up the information which is over to one side. But although he is getting this impression of the information, he is not getting a somatic.

All this is mechanical, it merely has a holder in it, that's all, and there will be a shut-off in every engram except that one because he is not on his track. He is into valences.

This is very simple. One only has to run somebody to find that because Mama says, "My back hurts so badly," this person has been going around most of his life with backaches. It isn't his backache. He may have a backache in the bank someplace, but at the same time he has been going around with Mama's backache.

There are a great number of men, for instance, in Dianetics with bad cases of morning sickness, who are, of course, suffering from Mama's morning sickness. They are in Mama's valence and get Mama's somatics. Somebody else may be skewed around in the bank in Grandma's valence and Grandma died of skin cancer. He has got Grandma's somatics, but they are manifested somatics, so he contracts some weird kind of dermatitis. He is that person to that degree, and to that degree he has lost his own identity. The thing to do is to get him out of the false identity which he is in.

You will find somebody who is so thoroughly shut off sometimes that he not only can't see or hear anybody but he is everybody.

When we start moving a person out of these slots onto his own time track, this action alone very often scares into view the fear, terror, pain, or other reason why he mustn't go on with something. He has got to be the winning valences in this case.

For example, Grandma was wonderful. But Mama was Papa's boss, so if he were driven out of Grandma's valence he was the third character down the line and if he were really hard up and the dramatization of Mama and Grandma had both been broken, then there would only be one thing left for the fellow to do and that would be to be himself, and what was himself in this case was that he had scarlet fever. We break this dramatizations and the person breaks out with a rash which they call allergy.

There are two things involved, the computational and the mechanical. The rest follows in this fashion: Up the track the person goes flitting along in Grandma's valence. Grandma is an ally, Grandma is the person to be, Grandma is the boss of the family; and the child is doing just fine as Grandma, with the analytical mind having made in its basic region this computation, and the reactive mind having definitely decided that this is the thing to be, all hands in agreement: the

way to live is to be Grandma. But when he is 7 years of age Grandma dies. That seals the valence and charges the whole bank. Grandma is dead. Well, he was Grandma. So we get repercussions on the death of an ally. This is an explanation and this theory is predicting new data.

The intention then is to shake the person out of these boxes on the time track. This can be done in several ways. We can knock out the painful emotion. And the person won't be able to get out of those areas very easily unless we do take some of the painful emotion out of the case, such as the death of an ally. Discharge that and we have the bank fairly clear. Now, he will start swinging back onto the track, but as he tries to come onto the track, and hear, see, feel and so forth, there is some reason why he can't feel. And this incident sometimes suddenly springs up into view.

In other words, he skids under the track and goes into an incident where he is being very badly beaten around, or something has happened to him. So, we are cleaning up then the reasons why he cannot be on the track. Therapy is devoted whenever possible to just getting the person on the track, in the knowledge that any time you start to run a case that has non-sonic, nonvisio, and the case keeps on running without somatics, without this, without that, out of its own valence, picking up words out of thin air, that case sooner or later is going to jam. This has been the big trouble in the past and one that occasions many hours of therapy.

Even well after release the patient can still be in possession of a couple of terror engrams, for instance. So he is still tricky, he is not up in present time, he is really not moving on the track, and although you have the illusion that he is moving, in actual fact he is over on the side of the track, moving up and down in an engram.

So you pick up an engram, but then you find that you can't run it because it has a holder. The next one has a holder in it too, so now you have got two engrams together. Then you find that you can't run the next engram out because it has got a bouncer in it and so forth. You are just putting everything on one point. Now you keep telling him it is time to come up to present time, but you won't be able to bring him up to present time with any great degree of precision. You can move him on the track, and he will feel better and so on, but we are not doing a good clean job of it. Therefore the thing to do is to try to get the person on the track. The way you do that is find the moments when he was winning, when his own valence was safe.

But remember he really has to be in his own valence at that moment he is winning, and you try to persuade him to be there by gently putting him back to pleasurable moments when he is winning. Keep on trying to pick these up. He may be in somebody else's valence at the time he is winning, and that win may be no good to him. He may not think he deserves it, so it depends on what he wants.

We pick him up at a moment when Grandpa is proud of him. So he can be himself. He likes Grandpa anyway, and he is probably not in Grandpa's valence. Now we take him and we crowd him out of Grandma's valence, where he sits, and sooner or later as we try to pull him out of one of these valences something is going to come up.

Returning the patient then to pleasurable incidents involves a little bit more than it says in the Handbook. The case is usually opened this way by taking the patient to times when he was a particular valence, which can take you into the prenatal area.

So you can run it out as Mama, for instance, but because it appears to run out as Mama and apparently deintensifies is not good reason to leave it. There is usually somebody else there and certainly he himself is there. You can run him into the basic area by hook or by crook, and very accurately run him out of Mother's valence, and get him into his own valence and feeling his own somatics. Work him on this. Get him to pick up the tactile, persuade him to pick up the various perceptics, and more and more he will come onto the track. Eventually he will again run his own somatics. But realize, too, that a patient can suddenly stop running his own somatics and start having somebody else's somatics, likely enough; or if he is getting no

somatics at all, according to current practice on this, the case had better be carefully moved out of the engram in which the person is and back onto the track again before it bundles. If carefully resolved there is no great danger in this, but at the same time it had better be done right.

Today I was running someone who had nothing but Mother's valence. There was even painful emotion on Mother's death, but it was unrecoverable. However, by running some very violent somatics of Mama's out of him, I deintensified the case in several spots. The holder in this case was birth.

By shaking the birth just a little bit loose, I was able to take him into the basic area, and suddenly had him shaken out of his Mama's valence by finding the first time he went into it, and then shaking him out of it right there. He came out this afternoon, and now he is on the track and (with the tactile of amniotic fluid and so on) is running things off very quietly, where he had not been before.

This was done by coaxing him out of it by telling him, "Now let's go through it again, now what does Papa say?" and so on.

How one gets someone out of another's valence is a simple procedure which right now is in the status of, if it works on the case, hurrah. If it doesn't work, work the case. It works like repeater.

The demonstration run which follows is current technique. If there isn't a faster technique than that within two or three weeks I'm going to be very disappointed in Dianetics. I measure the value of this business with the ease and speed with which it can be started and executed, its liveness and approximation in actual laws, and by the way it predicts new, better techniques for itself.

This is the science of thought, about which one thinks. Therefore the basic principles of what we are trying to do are what are important. Any student should be able to, with a little experience, build up and improve any of these principles of how one gets someone moving on the time track. In this demonstration I am going to get the patient, if possible, to have some sonic. This is the mechanism of how it is done.

One does this procedure on a case time after time until he has the case moving nicely. If he doesn't have the case moving, and if he can't get the person to pick up material, he has the next recourse of blowing painful emotion if it can be reached.

Your chances of entering a psychotic case and getting away with any smooth procedure is almost zero. A psychotic can sometimes be so disturbed that you will have to do something desperate like narcosynthesis or using mirrors to attract or fix his attention on something, but this would be Institutional Dianetics.

However, a lot of psychotics will cooperate and those who will, very often bleed quickly. Then you just take anything you can get on them. In any case that starts to give you information the moment you put your hands on it, and starts to run, for heaven's sake don't fall back on rote. Just run.

Very often you enter the case and it falls down the line with you and starts running painful emotion engrams, and this and that. But try to get a pleasurable moment, and the first thing you know the case is in full swing and is open. The majority of cases that you will have diffculty with are those who don't seem to have anything to run, and who maintain a rather apathetic point of view, and can't see, can't feel, can't hear, can't move, and are not alive.

This is the demonstration.

LRH: Now, I'm not going to do anything very dramatic. I'm sure that your partner will get to your case and really open it formally. Right now it's just a little bit of a run here just for show. Okay? This is more of an act than actual therapy.

All right, then, just close your eyes. (Scratch out counting. No counting on it.) Close your eyes. Now, let's return to dinner last night. Let's return to last night's dinner. Dinner last night. Dinner last night.

PC: (sort of grunts) I've got a somatic in my chest.

LRH: Okay. What are the words that go with it?

PC: I don't know, but this is an engram I've been running for some time now.

LRH: Are you still running on one engram?

PC: Well, no. It left for a couple of weeks, but now it's back.

LRH: It just came back?

PC: Yes.

LRH: All right. How old are you?

PC: I think it 's 4.

LRH: Okay. Give me a holder. When I count to five, one will flash into your mind. One-two-three-four-five (snap!).

PC: (clears throat) The holder is now.

LRH: Now. All right, let's see if we can get what it is. What sounds valid to you? Stay here? Hold on? I'll hold you? Can't move? Wait? What is it? (pause) Wait. Wait?

PC: (coughs) I think it's can't move.

LRH: Can't move? Can't move. Can't move. Wait. Wait. Wait. Wait.

PC: Shall I say it?

LRH: No. It doesn't matter whether the auditor repeats it or the patient. Let's see if we can pick up this holder now. Let's move to the exact moment now, the exact moment of the holder. Now let's give me the sonic on the exact moment of the holder. Now what do you hear? (pause) What do you find? What do you think? (brief pause) Okay. Now give me a yes on any one of the following: Hospital. Hospital? Is that a no or a yes? Yes or no on any one of the following: Hospital. (brief pause) Hospital. Tonsillectomy. Tonsillectomy. Tonsillectomy?

PC: Um.

LRH: Tonsillectomy?

PC: (murmur)

LRH: Hm?

PC: It doesn't come out.

LRH: All right. Give me that line. It doesn't come out.

PC: It doesn't come out. It doesn't come out.

LRH: Now, contact the incident. It doesn't come out. (pause) Go over it. Go over the line. Contact it, somebody who'd say it. Don't use repeater technique back. You destroy it.

PC: It doesn't come out. It doesn't come out. It doesn't come out. (voice down to a whisper)

LRH: Go over it.

PC: It doesn't come out. It doesn't come out. It doesn't come out.

LRH: All right.

PC: (coughs) I thought I was whispering.

LRH: Hm?

PC: I thought I was whispering.

LRH: All right. Go over the line. It doesn't come out.

PC: It doesn't come out. It doesn't come out. It doesn't come out.

LRH: Contact any sonic there might be with this. Go over it again.

PC: (very low voice) It doesn't come out. It doesn't come out. It doesn't come out. It doesn't come out. It doesn't come out.

LRH: Next consecutive line.

PC: Pardon?

LRH: Next line. It doesn't come out.

PC: It doesn't come out.

LRH: Next line. (pause) Any next line. Any one.

PC: (clears throat) I'm trying to get something. It doesn't come out.

LRH: When I count to five it will flash into your mind. One-two-three-four-five.

PC: If it doesn't come out, it's out.

LRH: Go over it again.

PC: The whole thing?

LRH: Yah.

PC: It doesn't come out. It's out. It doesn't come out. It's out.

LRH: Go over it again now.

PC: It doesn't come out. It's out.

LRH: All right. Give me a doctor's voice. Would you rather be a doctor or a nurse at this moment?

PC: Doctor.

LRH: You'd rather be a doctor. Now what would you be saying at this moment? (pause) What would you be saying at this moment?

PC: I don't know.

LRH: Well, let's just use your imagination, what would you be doing? If you were going to play being a doctor at this moment, how would you set it up? Would there be a boy on an operating table?

PC: Hm-hm. I guess.

LRH: All right, and what would you be saying to this boy on the operating table? Or what would you be saying to somebody else? Would there be somebody else involved in it?

PC: (pause) Yeah.

LRH: All right. What would you be saying to somebody else? (pause) Let's just be the doctor for a moment, what are you saying to this other person?

PC: (pause) I'd say, He's unconscious.

LRH: Okay. Let's go over that.

PC: (brief pause; clears throat) He's unconscious.

LRH: What else now? What else would you say to this person? (pause) He's unconscious. What else? (pause) It doesn't matter.

PC: He s ready—he's ready, and so on.

LRH: Look, you're the doctor, how would you be saying it? (brief pause) Deep voice or just anything. How's he saying it?

PC: (pause)

LRH: Go ahead. Just roll. What is he saying?

PC: (murmur; pause)

LRH: He's unconscious. What else?

PC: Well, there's something about stop.

LRH: All right. Continue.

PC: It never works.

LRH: Well, that's fine! Go ahead.

PC: And he starts an operation.

LRH: Continue.

PC: You got everything?

LRH: Continue. Have you got everything?

PC: What time is it?

LRH: Continue. (pause) Continue. (pause) What time is it? Continue.

PC: (murmur)

LRH: Good, fine!

PC: (murmur)

LRH: Continue. (pause) Now come on, be the doctor and tell this character off. Who are you talking to? (pause) The nurse?

PC: It wasn't the nurse.

LRH: How about the janitor? Was it the janitor or the nurse? Come on here.

PC: I think he's there.

LRH: Hm?

PC: I think he's there.

LRH: All right. What would you be saying?

PC: (pause; muttering)

LRH: Oh. Well, be the doctor. You know what a doctor does.

PC: He's not saying anything.

LRH: Okay. Go over that again.

PC: He's not saying anything.

LRH: Is that what you'd be saying as the doctor?

PC: He can have his medicine.

LRH: Okay. Go on, what else would the doctor be saying? Just chatter it off. Now, doctors talk faster than that, I know that.

PC: He is, but he wouldn't have to talk about anything, really.

LRH: Okay. And then he would have gotten to work?

PC: Yes.

LRH: And then what would he have said the next time he-said anything? (pause) What would he have said the next time he said anything?

PC: Well, I'm afraid to (voice fades into mutter)

LRH: Go on. What are they saying? It doesn't matter. Give the nurse a lecture on the Hippocratic oath. Would you be jocular as the doctor?

PC: . don't think so, my guess is not.

LRH: Maybe impatient. What would you be impatient about?

PC: (small pause; cough) Maybe the nurse wasn't doing it right.

LRH: Okay. (pause) Continue.

PC: Keep him still.

LRH: Continue. (pause) All right. Keep him still. Go over that.

PC: Keep him still. Keep him still.

LRH: Go over it again. Contact somebody saying it. Keep him still.

PC: Keep him still.

LRH: Hold him.

PC: Hold him. Hold him. Hold him.

LRH: Contact somebody saying it.Hold him. Hold him.

PC: Hold him.

LRH: Hold him.

PC: Hold him.

LRH: Hold him.

PC: Hold him. Hold him.

LRH: Hold him.

PC: Hold him.

LRH: Hold him. Hold him. Hold him. Hold him.

PC: Hold him.

LRH: Contact it. Hold him.

PC: I think it's gone right now, you know.

LRH: Hold him.

PC: Hold him. Hold him. Hold him. Hold him. Hold him. Hold him.

LRH: Hold him.

PC: Hold him. Hold him.

LRH: Hold him still.

PC: Hold him still. Hold him still. Hold him still. Hold him still. Hold him.

LRH: Hold him still.

PC: Hold him still. Hold him still.

LRH: Hold him still.

PC: Hold him still. Hold him still. Hold him still. Hold him still.

LRH: Okay. Come up to present time. All the way up. How old are you?

PC: I think I'm 20.

LRH: Okay. Well, thanks for the demonstration. We'll rip that out later if it's all right with you.

PC: Okay with me. (laughter)

Although that was a demonstration of about lecture No. 5 of this series, the interesting angle on it is that the patient was getting an impression that maybe there was a slight sonic there. But diagnostically this is also demonstrative of a person who is afraid of making something up. If someone is afraid of making something up, that holds a person down the time track.

For instance, "beat it" means thump, thump, not "run away" to the reactive mind." I can't make it out " does not mean "I am unable to understand it," but "I can't get out of here." So "I'm afraid to make it up," or "I'm afraid I'm making it up," will have an automatic suppression on a case.

The above demonstrated a patient who is stuck on the track, and anybody trying to work him up and down the track is, of course, trying to work him in and out of a doctor's and nurse's valence.

Perhaps you don't have to have a computation of a hospital although it certainly looked like it. But he is off to the side of the track. We can work him up and down the track, but in doing so we are just working parallel with the track. Therefore we are getting an impression of something which is completely aside from the fact that there is a computation around that says, "I feel beside myself," or "I'm just beside myself," which is a wonderful way to make a schizophrenic.

Another interesting thing that occurred in the above demonstration with which you should be acquainted is the agitation of an individual when he is in an engram. His feet will wiggle. I usually ask the person to take their shoes off so I can watch their toes (they think it's because they want to be comfortable), but they will scrunch up their toes and so forth. The toes can be lying there perfectly quietly and all of a sudden there is repeater technique that says, "Run." So the patient says, "Run, run, run, run, run, run, run, run, run, run, run, run." He's perfectly happy about it, except that he is not concentrating on the engram bank.

One doesn't then say, "Now, let's pay attention to it." That's the wrong way to run repeater. One says, "Now let's see if we can't pick up 'run.' The somatic strip will return to the moment the word 'run' is uttered. Now repeat it. "

"Run, run, run. RUN." And the toes start to wiggle. That is a clue.

There is another type of clue. There was something in the engram about his chest sinking in, and there was also some computation to the effect that one must have the proper words that are in that engram, or at least one of those words and usually the whole phrase in the engram.

The engram was displaying itself on the chest but not in his speech. So it must have said, “Hold him still.” So we get this patient lying there in this beautiful orderly pattern. He is demonstrating a somatic, but he is getting no emotional reaction worth a hoot.

As one goes down the line, the blackness and heaviness of the engrams toward conception do not mean that they are less aberrative, since they grow more aberrative the closer you get to conception. But, it would mean that these can be reached and these can be erased, and will respond. Certainly those things immediately above it can be reduced to a point where you get yawns instead of the words, but they are no longer aberrative. If you are getting an agitation further up the track, you can go earlier if you haven’t stirred that engram up too much; and if the somatic isn’t turning on too strongly in that engram, you should definitely go earlier.

But in the above case how can you go earlier? He is there at 4 years of age. So, come hell or high water, we have got to slug this one out, which has to do with stripping an engram phrase by phrase, and which will be covered in a separate lecture.

But note the presence of engrams when you get wriggles. Painful emotion generally appears in breathing. It might not be very marked, but it will show up as such. Some people when regressed even ten minutes start to wiggle their feet.

The best way to begin a case is to talk to the patient for a moment and then start him in on his therapy.

LRH: Whatever you get into when you first start off, I’m not going to try to exercise control over you. You know what is in the engram bank.

PC: Yes.

LRH: How old are you?

PC: The first thing that flashed into my mind was 12, my God!

LRH: Okay. Shut your eyes. Give me a holder. (pause) When I count tofive, one will flash in. One-two-three-four-five (snap!) .

PC: Stay.

LRH: What?

PC: Stay.

LRH: Go over that line.

PC: Stay.

LRH: Go over the line.

PC: Stay.

LRH: Stay what?

PC: Stay still.

LRH: Go over it again.

PC: Stay still.

LRH: Okay. Go over it again.

PC: Stay still.

LRH: Go over it again.

PC: Don t move.

LRH: Go on over the line.

PC: Stay still. Don’t move.

LRH: Go over it again.

PC: Stay still. Don’t move too much.

LRH: Go over it again.Stay still.

PC: Stay still. Don’t move too much. Stay still.

LRH: (loudly and suddenly) One-two-three-four-five (snap!). What is it?

PC: Uh— Stay still, he—he’s....

LRH: Go on over it again. (pause) It doesn’t matter.

PC: (mutters a few sentences)

LRH: How about listening to it?

PC: It was Stay still.

LRH: Let’s get a sonic on that.

PC: (pause; mutter) Go to sleep.

LRH: Go over the word sleep.

PC: Stay still, go to sleep. I know, I have the feeling that I know what it was. There’s the word stick. That was the first thing that flashed into my mind.

LRH: And what is it? What is he saying?

PC: The doctor was turning around and saying something as he walked out the door.

LRH: Does he say, Don’t move about ?

PC: (murmurs)

LRH: What else does the doctor say?

PC: (mutter)

LRH: Go over it again.

PC: (mutter)

LRH: I don’t care what you give me.

PC: No, you stay in bed.

LRH: All right. Go over it again.

PC: No, you stay in bed.

LRH: Okay. Go over it again. Pick up this doctor. What does he look like when he is saying this?

PC: I don't get anything.

LRH: Well, let's look at him.

PC: No, you stay in bed. I'll tell you when you can get up.

LRH: He got whiskers?

PC: No.

LRH: What has he got?

PC: He has a doctor's black bag.

LRH: What's the color of his hat like?

PC: It's blue.

LRH: Take a look at him.

PC: I don't know, I can't actually see this guy but I imagine what he looked like.

LRH: Okay. Come up to present time. (pause) How old are you?

PC: (murmuring)

LRH: All right. Now the somatic strip will go to the exact moment when the holder is uttered. The somatic strip will go to the exact moment when the holder is uttered. When I count from one to five, you'll give me the holder. One, two, three, four, five.

PC: I don't get anything. (pause)

LRH: Well....Don't move. Don't move. How long were you sick?

PC: I don't remember.

LRH: How long were you sick? Give me a flash answer. How long?

PC: A week.

LRH: Give me a flash answer. Disease? (pause) What kind of disease?

PC: Strep. Strep throat maybe.

LRH: Okay. Were you unconscious?

PC: I've got some disease.

LRH: You're in some disease?

PC: Yes.

LRH: Who is in attendance, your mother?

PC: Yes.

LRH: Nurse?

PC: No.

LRH: Father?

PC: No.

LRH: Doctor?

PC: No, it wasn't a serious disease.

LRH: Doctor?

PC: No.

LRH: He was in attendance?

PC: Oh, yeah, he was there.

LRH: All right. Who said this? Who said the holder? Mother? Doctor? Father? Grandma? (lowers voice) Was Grandma there?

PC: No.

LRH: (low voice) Well, all right.

PC: (murmur)

LRH: (low voice) Okay. (louder) Okay. How unconscious were you when this holder was said, if you were unconscious?

PC: Probably wasn't.

LRH: You probably weren't.

PC: I was probably just asleep.

LRH: And what's he saying?

PC: All right, you stay in bed.

LRH: Well, let's go over that again.

PC: He was probably saying it.

LRH: Okay. Let's go over the words.

PC: All right, you stay in bed until I tell you you can get out.

LRH: All right. Go over it again.

PC: Don t move. Don't....

LRH: Go over it again.

PC: Don't—don't move until I tell you you can. I don't want you to get up.

LRH: Thataboy. Let's roll' it now.I don't want you to get up.

PC: I don't want you to get up until your throat is better.

LRH: Go on over it again.

PC: I don't want you to get up until your throat is better.

LRH: Go over it again.

PC: I don't want you to——.

LRH: Take a look at him.

PC: I don't want you to get up until your throat is better.

LRH: Take a look at him.

PC: I don't want you to get up until your throat is better.

LRH: Mean? Kind? How is he?

PC: I——.

LRH: Give me his voice tones as you go through it this next time. Go over it again.

PC: I don't want you to get up until your throat is better.

LRH: Run over it again.

PC: I don't want you to get up until your throat is better.

LRH: Go over it again.

PC: (coughs) I don't want you to get up until your throat is better.

LRH: Come up to present time.

PC: Okay.

LRH: How old are you?

PC: (mutter)

LRH: That's okay, that's okay. Come up to present time now. How old are you?

PC: 19.

LRH: Come up to present time. How old are you really?

PC: 19.

LRH: Oh! Well, I wouldn't want to put you in 1965. (laughs) Okay. How do you feel here?

PC: Okay.

LRH: You feel pretty good? All right. Let's go back to last.... Now wait a minute, are you at present time?

PC: (sneezes)

LRH: How old are you?

PC: (pause) 19.

LRH: (He's being agreeable.)

PC: Uh—like I'm trying to get through— ah—the first——.

LRH: That's a boy, that's a boy. That's all I want. All right. Get a sonic. Contact the sonic there, the holder. Contact the sonic.

PC: I can't get quite what you mean.

LRH: Huh? Hear something?

PC: I hear the noises in the room.

LRH: All right. See if you can give us the noises in your head. (pause) What do you hear? (pause) Are you getting an airplane outside—the car?

PC: Cars some distance away.

LRH: Yeah?

PC: Yeah.

LRH: All right. Give me a holder.

PC: Go, stay.

LRH: All right. Go on over it.Go, stay.

PC: Go. Stay.

LRH: Go over it again.

PC: Go. Stay.

LRH: Go over it again.

PC: Go——.

LRH: Go what?

PC: It 's Go back.

LRH: Go over it again.

PC: Go back. Stay.

LRH: Go on over it again.

PC: Go back. (chuckle)

LRH: Go over it again.

PC: Go back there.

LRH: Go over it again.

PC: Go back there.

LRH: Go over it - - .

PC: I think a teacher once said that to me. She said, That's up to you. She said, Go back there.

LRH: Okay - - .

PC: It was a teacher.

LRH: What does the teacher look like?

PC: I don't know, but her name is Greene.

LRH: Let's take a look at the teacher.

PC: Fifth grade.

LRH: Go over it again.

PC: Her name.... (pause)

LRH: Go over it again.

PC: I keep thinking of my third grade teacher.

LRH: All right. Go over it again.

PC: (laughing quietly)

LRH: You're thinking of your what grade teacher?

PC: I've got them all occluded.

LRH: When did she say, Go back ?

PC: (pause) Oh, I remember that she said go back to my seat. I remember the whole incident now. I wasn't unconscious or anything.

LRH: All right. What does she say?

PC: She said, Go back, go back, you'll get over it when you're over it, go back and you'll change, or you'll get over it when you're older.

LRH: What's the incident about?

PC: This is an incident which has always stuck in my mind. I don't remember exactly where or everything that happened, but I mean it's pure memory, it's not buried anywhere. I wasn't at all unconscious.

LRH: Go over it again. (pause) Go over it again.

PC: Well, she said, Go back and take your seat. You'll get over all this. One of my classmates said that I suggested that there wasn't any God and the teacher was very shocked at this. This was in fourth grade and the teacher's name was Delaney in PS. 26.

LRH: Hm-hm.

PC: I can remember everything. I can see the corridor I was walking down.

LRH: All right. Come up to present time.

PC: Come up to present time?

LRH: Yes.

PC: Okay.

LRH: How old are you?

PC: (pause) 19.

LRH: Come on, what was the flash?

PC: 19. (laughter)

LRH: Okay, well, I'll take you on the track when we have a little more time. Now if your teammates take a note of this, we're not trying to charge you around into a thousand incidents. Come up to present time. (snaps fingers)

There is another way to get a person up to present time I would hate to use and that is to take a policeman's nightstick and hit the person across the soles of their feet as hard as you can slam them. It generally produces a nerve shock.

If you get somebody stuck in a prenatal area; particularly a psychotic, and he is all curled up asleep, doing the above would throw him up to present time. Because he has a call-back in it he would go right back to the incident again, but you would at least have him in present time for a minute.

It is a very funny thing when people come up to present time, they always expect to be greeted.

In a non-sonic, non-visio case, if that case were to become shut off by computational commands, the person would get stuck on the time track. It is certain that the person would have confusion in that area, and that there would be valences which would probably be present because of earlier unconscious incidents as well as being stuck by locks. The trick is to get him free and bring him on up to present time if you possibly can and then work on him. But don't try to chase him around on the track when he is regressed at any place, because a man who hasn't got sonic and visio and so forth is stuck on the time track and in a valence. That is well worth knowing.

It isn’t any use talking to or worrying about somebody who is stuck on the track. You can’t deliver any positive suggestions to a person when he is regressed and have it stick very hard. The person is regressed, he is wide awake, he is as wide awake as he can possibly be. There is a misprint in the Handbook which says that the cancelers is delivered to a patient before he is brought up to present time. I don’t know how that got into the book, because it is always done in present time, always. Fortunately it’s later in the Handbook stated correctly.

So, when a person is stuck on the track, one does not work him formally. All one tries to do is get that person unstuck.

He is wide awake. We have merely told him to close his eyes. We are not going to give him a lot of positive suggestions. We never give positive suggestions. This doesn’t mean that we don’t have the right to tell a person to go places and do things. You could say most anything to a patient that you want to, as long as you don’t start using denyers, holders, bouncers and so on.

Using the word continue is better than go on, and using the word return is superior to go back. Try not to use material in your patter which is engramic. But don’t strain your brains, because if you feel at the moment it is necessary to quote to the patient to improve his therapy, by all means do so.

There has been a lot of upset on the question of positive suggestion. That is because the positive suggestion definition is very technical. It was overlooked by Reich that positive suggestion means in hypnosis a suggestion which is given to a hypnotized subject which will result in some change in the manifestations and actions of that patient. That is a positive suggestion. The wording of a positive suggestion has the intention of producing an effect upon the patient by telling him something, and is not used in Dianetics.

But chatter doesn’t do very much harm unless the patient is hypnotized. The canceler very neatly scoops up the material as you say it to a patient, even if he is hypnotized.

Narcosynthesis and sodium amytal analysis and so on are complicated by the fact that no canceler is given to the patient, and too much idle chatter has gone on around him. So when you have a patient who has been treated with these things, if you go back there you will find everything that was said in place.

A psychotic, for example, can often look just the same as a normal person, and he will often start to talk quite rationally. The person treating him may be deluded at that moment into thinking, “Ah, this man has returned to rationality, I want to talk to him,” realizing that he is talking to basic personality, but unfortunately aberrated personality will close in over the top of it. But as long as he is lying there he will go right on talking to you, and he seems to be quite rational. He looks so rational and so reasonable sometimes that one engages in conversation with him.

If you ever have to use drugs, this is something to remember, because you may find yourself having to go back and run out all the items in the conversation with the patient, which is an ungodly proceeding. Hypnotists practically faint the first time they take some patient on whom they have worked with hypnosis and go back to their hypnosis, and then they have to sit there and listen to “Go to sleep,” and so on. Here is another demonstration.

LRH: Okay. Close your eyes. How old are you?

PC: I’m 29.

LRH: Okay. Any time in the future that I utter to you the word canceled, it will cancel what I have said to you while you were lying here with your eyes closed and render it nonaberrative. Okay?

PC: Yes.

LRH: Now I want you to go back to dinner last night. (pause) Let's return to dinner last night. (pause) Take a taste of the food that's being served to you.

PC: Dinner for all the rest of them.

LRH: What?

PC: Dinner for all the rest of them.

LRH: Oh, well, now who was there?

PC: (murmurs)

LRH: What's she got on?

PC: Huh ?

LRH: Let's take a look at her. (pause) What are you eating? (pause) All right. Now let's go back to a time when someone was mean to you.

PC: I can't think of one.

LRH: Aw, come on, you've had somebody in your life.

PC: (mutter)

LRH: Oh, dear. (pause) All right. What do you do when he beats you up?

PC: (murmur)

LRH: Go on, what's he doing to you?

PC: Pushes me underwater.

LRH: Okay. And what do you feel about this? What's he saying to you as he's pushing you underwater?

PC: (mutter)

LRH: How do you feel when you're going underwater?

PC: (murmur)

LRH: How does it sound?

PC: (murmur)

LRH: Okay. How does his hand feel pushing you?

PC: (mutter)

LRH: Hm-hm. And how does the water taste?

PC: Fresh water.

LRH: How's it in your nose?

PC: (mutter)

LRH: Well, when he pulls you up again, what does he say to you?

PC: He doesn't pull me up. (coughs)

LRH: What does he say to you as soon as you're up?

PC: (murmur)

LRH: Now let us go to a moment immediately after this, let's go to a moment immediately after this when you feel very calm and cheerful. (pause) A subsequent moment. (pause) Find a moment right after that when you feel calm and cheerful.

PC: I'm in a boat without any oars.

LRH: Hm-hm.

PC: (laughs)

LRH: Okay. How's the boat look?

PC: (croaks) Rowboat.

LRH: How's the light?

PC: It's night. (coughing)

LRH: It's night, huh? How are the stars?

PC: I don't know.

LRH: Come on. You're right there in the rowboat, let's go over it. Go on, paddle it. How's the water feel on your hands?

PC: Cool.

LRH: Hm? You cool? Let's feel the water on your hand. Are there any noises around there?

PC: Sure. I hear some.

LRH: Uh-huh. And now, how about the boat. Is it making any noise?

PC: Yeah.

LRH: Yeah? Okay. And do you feel cheerful about this? What's your emotion?

PC: Good. But I'm worried about swimming ashore.

LRH: Hm?

PC: I'm worried about getting a ride to the shore.

LRH: Can you feel that worry now?

PC: Can't remember how I went in in the boat.

LRH: Well, let's go to the moment when it's in the dock. What do you do with the boat?

PC: I'm pulling it in to the shore.

LRH: Well, let's pull it in. What kind of sound does it make?

PC: I'm not sure I hear this.

LRH: That's okay, that's okay. So what occurs. (crashing sound in room, PC lets out a startled grunt) That's all right. Let's go back over the sound you just heard.

PC: (mutter)

LRH: Let's hear the sound you just heard this moment.

PC: What? That thing dropping?

LRH: Uh-huh. Let's go over that.

PC: That's all right.

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

PC: No. (seems to sob)

LRH: Let's go over it again. Let's go over it again.

PC: (grunt)

LRH: Go on, once more. Let's hear that thing dropping again. Okay. Let's hear it dropping again. Let's hear it dropping again.

PC: (protestingly) I've been through the damn war.

LRH: Uh-huh. Let's hear it dropping again. (brief pause) Hey, what makes you jump over that? Are you listening to it drop? Can you hear it drop?

PC: No.

LRH: Let's go over it again.

PC: (mutter)

LRH: Okay.

PC: (coughs; pause) I don't get anything on it.

LRH: Okay. Let's go back to the moment when you hear the drop.

PC: (laughing)

LRH: Okay. Now let's come to the time when you really bawled this guy out.

PC: Okay.

LRH: Hm-hm. PC: (murmur)

LRH: Okay. You like your mother?

PC: Like her?

LRH: Hm-hm.

PC: She's okay.

LRH: Did you?

PC: (mutter)

LRH: How old are you?

PC: 21.

LRH: Like your mother? (pause) Like your father?

PC: (murmur)

LRH: Hm?

PC: I should like him, I suppose.

LRH: Let's go to basic-basic.

PC: (coughs, then suddenly is crying and howling like a baby)

LRH: Continue.

PC: (more howling)

LRH: Continue.

PC: (howling)

LRH: What's being said?

PC: (howling)

LRH: What's being said?

PC: (howling stops)

LRH: What's being said? When I count from one to five the words will flash into your mind. One-two-three-four-five.

PC: Ugh. (grunt, murmur)

LRH: What?

PC: Ugh.

LRH: All right. Go over that again.Ugh.

PC: Ugh.

LRH: Now what else do you get?

PC: (coughs)

LRH: Ugh and what else?

PC: (blowing sound)

LRH: Let's go back over it again.

PC: I (coughs loudly)

LRH: Who's coughing?

PC: (short howled sounds) Must be Mother.

LRH: All right. Let's go back to the moment the cough turns on.

PC: (coughs)

LRH: Okay. Then what occurs?

PC: (chokes)

LRH: Then what does she say?

PC: (breathes)

LRH: What are the words that follow that?

PC: (sob, howl)

LRH: All right. Let's go back over the cough again.

PC: (pants)

LRH: Let's go back over the cough again.

PC: (coughs)

LRH: All right.

PC: (sob)

LRH: Contact the cough again. Let's go through it once more.

PC: (coughs, sob, whimper)

LRH: Contact the cough again.

PC: (cough, sigh)

LRH: Any words follow this cough? Yes or no?

PC: No.

LRH: Okay. What does follow?

PC: (racking sobs)

LRH: Is she crying?

PC: (weep) I think so.

LRH: Okay. What else occurs?

PC: (howls loudly)

LRH: What is occurring?

PC: (howls, cough, howls and weeps)

LRH: Okay. Let's go back to the beginning of it.

PC: (brief exclamation)

LRH: Let's go back to the beginning of the cough.

PC: (howls out a sentence)

LRH: Let's go to the beginning of the cough.

PC: (howl stops)

LRH: All right. Let's run it.

PC: Don t want to come. Don't want to come. Doesn't want to come.

LRH: Go over that again.

PC: Doesn t want to come.

LRH: Go over that again.

PC: (howling, vague words)

LRH: Doesn't want to come. What's next?

PC: I don't know. Doesn't want to come.

LRH: Go over that again.

PC: (lets out a loud howl then stops abruptly)

LRH: Okay. Let's go over it, let's run it from the very start of it.

PC: (howls, sobs)

LRH: Continue.

PC: (coughs)

LRH: Contact the cough there.

PC: (starts to cough, sighs)

LRH: Contact it.

PC: (breathlessly) Yeah. (pants, coughs)

LRH: Thataboy. Now what does she say?

PC: Doesn t want to come. (sobs)

LRH: Continue.

PC: (more words and sobs)

LRH: All right. Let's shift into our own valence and go through this. (PC starts to cough) Come on, let's listen to her. Let's listen to her coughing.

PC: (pants)

LRH: Let's listen to her coughing.

PC: Can't hear her.

LRH: All right. Let's listen to her coughing through that.

PC: (seems to be trying not to cough)

LRH: Okay.

PC: (coughing, panting)

LRH: Continue.

PC: (howls, vague words)

LRH: Continue.

PC: Yes. (sobs, sobs out words) . . . I can't do the first thing.

LRH: What?

PC: (sobs out words) . . . I can't do the first thing.

LRH: Okay. Let's roll it through again.

PC: (coughs)

LRH: Now shift into your mother's valence and do what she's doing.

PC: (panting)

LRH: What's she doing?

PC: (sigh)

LRH: What's she saying?

PC: (exhales, sigh)

LRH: Now let's pretend you're Mama for the moment here. And what's Mama doing and saying?

PC: I can’t find it. (exhales)

LRH: I can’t find it.

PC: Can’t find it.

LRH: Go over it again.

PC: worse.

LRH: Go over it again.

PC: Can’t find it.

LRH: Go over it again.

PC: can’t find it. (starts crying) Can’t find it. (sobbing out words) I don’t know where I am.

LRH: Evidently she doesn’t either.

PC: (loud sobs)

LRH: What’s she saying?

PC: (panting)

LRH: Let’s go over it again.

PC: (coughs) I can’t find it.

LRH: Continue.

PC: I can’t find it. I can’t find it.

LRH: Continue. Next line.

PC: I can’t find it.

LRH: Next line.

PC: Don t know where.

LRH: What?

PC: Don t know where.

LRH: Go over it again.

PC: Don t know where it is.

LRH: Go on.

PC: Keep through it ?

LRH: Okay.

PC: (starts to sob loudly)

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

PC: (loud sobs turning to howls) LRH: Okay. Okay. Let's turn into your own valence there. Let's roll into your own valence. The somatic strip.

PC: (high frantic voice) I don't like this. (mild scream and sobs)

LRH: All right. Now let's turn into your mother's valence.

PC: (gasping, loud sobs, vague words)

LRH: What? What did you say?

PC: (gasping out words, pants)

LRH: Now, what did you——.

PC: (tearfully) How can I see what she feels? (pants, then despairingly in high voice) I don't know.

LRH: What's she saying?

PC: I don't know.

LRH: Come on, you do too.

PC: I don't know. (sobs)

LRH: Is she upset?

PC: (sob) Yes.

LRH: Okay.

PC: (exhales)

LRH: Now let's contact the beginning of the incident. Now let's feel all that pressure you're running. Let's get a tactile on it. How does it feel there?

PC: (sobs) It hurts here.

LRH: Aw, come on. That's not her space. How does it feel on her skin?

PC: (grunts) I'm cold. (yells) I'm cold.

LRH: Hm? You're what? Cold?

PC: Cool.

LRH: Cool?

PC: Cool.

LRH: Cool. Good. How does it feel on your skin, now? (pause) Are there any sounds around there? Just give me the impression of any sounds you might hear.

PC: (pause) Put on the music.

LRH: Okay. Continue.

PC: I don’t hear it.

LRH: That’s all right.

PC: Just that. (sob)

LRH: Now what else happens there?

PC: Please let’s get rid of this thing.

LRH: Okay.

PC: (tearfully) Let’s get rid of this thing tomorrow.

LRH: All right. Let’s roll that line.

PC: (sobs words, weeps loudly) Get rid of this thing.

LRH: Let’s go over this thing.

PC: (continues to weep loudly)

LRH: Go on over Let’s get rid of this thing.

PC: (continues to weep)

LRH: Go on over that line.

PC: (high voice) No

LRH: Go on over the line Let’s get rid of this thing. (pause) Go on over it——.

PC: (coughs)

LRH: Let’s go into your own valence.

PC: (more normal voice) Oh, that’s all there is there.

LRH: Okay. Now let’s go into your mother’s valence.

PC: (coughs)

LRH: All right. Now let’s return to your own valence.

PC: All right.

LRH: All right. Now what happens there at the beginning with your own valence?

PC: (more normal voice) This is what happened, I don’t want to do it anymore.

LRH: Well, continue.

PC: (panting) It hurts.

LRH: Have you got the word hurts in there?

PC: I don't think so.

LRH: All right. Continue.

PC: (whispers)

LRH: What's she saying? (pause) Go on, you can contact it.

PC: (starts to weep)

LRH: Continue.

PC: This can't be all one.

LRH: Continue.

PC: (sigh)

LRH: What's she saying?

PC: (crying or laughing sound)

LRH: Is she crying or laughing?

PC: (mutters)

LRH: Crying?

PC: Moaning, maybe.

LRH: Moaning. What happens to her?

PC: (coughs, loud noises to howls)

LRH: Is she moaning?

PC: (higher voice again) Yes.

LRH: Okay. (brief pause) Okay.

PC: (cough)

LRH: Then what occurs?

PC: (starts gushing words tearfully)

LRH: Now what's she doing?

PC: (brief cry)

LRH: Return to the beginning of this thing and shift into your own valence.

PC: (high voice) Oh.

LRH: Go to the beginning, thataboy.

PC: (high voice) Oh.

LRH: All right. What's she doing?

PC: (cough)

LRH: Now you know what she's doing.

PC: (words in high voice) She must be vomiting, I guess.

LRH: Okay.

PC: Whoosh! Ooh.

LRH: Continue.

PC: Whoosh! Ooh.

LRH: Continue.

PC: (murmuring)

LRH: What noise does she make when she's vomiting?

PC: (makes loud whoosh noise, laughs)

LRH: Okay. Continue. Now what kind of noise is she making?

PC: (howls a whoosh noise)

LRH: What's she complaining about?

PC: (with difficulty) Damn kid.

LRH: Okay. Continue.

PC: Ah, he's just a kid. Take it easy. (panting)

LRH: What's she saying? Does she say anything about him coming out or getting out or anything?

PC: I don't know.

LRH: Come on. Let's return to the beginning.

PC: (sob becoming a laugh)

LRH: Come on, roll it. What's she doing?

PC: (wailing) No.

LRH: What's she doing?

PC: Oh, I don 't know.

LRH: How does it sound?

PC: (makes loud sound)

LRH: Okay. Continue. Continue.

PC: (sobbing words, shivering)

LRH: Run over it again.

PC: Damn joke. (sob)

LRH: Go over it again.

PC: A damn joke.

LRH: Go over it again.

PC: (glee)

LRH: Go over that line.

PC: (sob) A damn joke, it is.

LRH: Okay. Go over it again.

PC: Damn joke.

LRH: But what?

PC: I didn't say but.

LRH: I know. But is there a but ?

PC: No.

LRH: All right. Go to this thing. (pause) Get rid of it.

PC: (more normal voice) Get rid of this thing.

LRH: Get rid of it.

PC: Get rid of it. (mutter)

LRH: Get rid of it.

PC: (small sound)

LRH: Go on, go over that line.Get rid of it.

PC: (gasping) I can't.

LRH: I can't what?

PC: can't get rid of it.

LRH: Okay.

PC: (laughs) That isn't really worth it enough.

LRH: Okay. Go on, what's she saying?

PC: I don't know. I don't hear anything.

LRH: Okay. Just make a guess at what she might be saying.

PC: Oh. (high voice gushing words)

LRH: Continue.

PC: (more gushing words)

LRH: What have we got?

PC: It continues all the time too. (sigh)

LRH: Yeah? Now is your sister present?

PC: No, no, no, I don't know where she is.

LRH: Oh, I see.

PC: (pants)

LRH: All right. Let's go through it again.

PC: (voice rises) Why do you do this to me? (voice rises to wail and falls slowly, vague words)

LRH: Roll it.

PC: (more wailing)

LRH: Roll it.

PC: (wails some more)

LRH: All right. Let's shift into your own valence.

PC: (grunt)

LRH: Now, how does it feel when somebody tries to vomit on you?

PC: (low voice) Oh, no!

LRH: Let's roll it.

PC: (pants)

LRH: Continue.

PC: (pants)

LRH: What would they be saying at that time?

PC: What?

LRH: What would they be saying?

PC: Uh….

LRH: How would it sound, the vomiting?

PC: (imitates noise)

LRH: All right. Let's shift into your own valence, and pick it up from the beginning again. (pause) Now what do you get?

PC: (pants)

LRH: Continue on through with it.

PC: (sigh)

LRH: Continue on through with it. (pause) Continue on through with it.

PC: (silently then noisily weeping some words)

LRH: Then what does she say?

PC: (mutters) I don't know.

LRH: How do you feel now?

PC: (sigh, then laughs)

LRH: Okay. Let's pick it up from the beginning and roll it through.

PC: (sneezes then yells in high voice) It's so damn bad, get rid of it.

LRH: All right, let's contact it.

PC: (cough)

LRH: Continue. Shift into your own valence on this.

PC: (hiccup)

LRH: Okay. Continue.

PC: (hiccup)

LRH: Continue.

PC: (hiccup)

LRH: Okay. Go on through.

PC: (cough)

LRH: In your own valence.

PC: (muffled noises, hiccups)

LRH: Continue. Let's sail on through.

PC: (sigh, murmur)

LRH: Okay.

PC: (breathes, coughs)

LRH: Continue on down.

PC: (muffled noises, sigh) Okay.

LRH: Okay. How you feel about this?

PC: (mutters)

LRH: Feeling better about this?

PC: (muttering)

LRH: Okay. Do you think this one can safely be parked on the time track?

PC: (gasping noise) No.

LRH: Huh?

PC: No.

LRH: Be left on the time track?

PC: No.

LRH: Huh?

PC: No.

LRH: What do you think is going to happen?

PC: (agonized voice) Do it again.

LRH: Let's roll it from the beginning.

PC: (coughing, inarticulate words)

LRH: Continue. Right straight on through with it. Right straight on through with it.

PC: (coughs)

LRH: Okay. Straight on through with it.

PC: (sighs out a word)

LRH: All right. Let's get back to the beginning of it. Go on through it again. Are there any words in this incident, yes or no?

PC: (breathily with relief) No.

LRH: Oh, good. Let's contact the beginning of it.

PC: (normal tone) Oh, sure, why not.

LRH: Well, all right. Let's contact the beginning of it.

PC: (murmurs)

LRH: Now, do you think this could be left on the time track?

PC: (inhales)

LRH: Could be now, couldn't it?

PC: (whispers) I suppose.

LRH: All right. You can leave this incident on the time track. Come up to the time you were a little baby and——.

PC: (babyish noise)

LRH: All right, little baby and somebody's admiring you.

PC: (baby noises)

LRH: Okay. What do they look like?

PC: (more noise)

LRH: What does the person look like?

PC: My daddy.

LRH: Okay. What's he doing?

PC: He's cooing. (more noise, sobs, laughs)

LRH: Come up to present time. All the way up.

PC: (grunt, sigh)

LRH: Present time.

PC: I'm there.

LRH: Open your eyes.

PC: (exhales sharply) Okay.

LRH: Okay. Canceled, five-four-three-two-one (snap! snap!).

PC: What happened?

LRH: All right. Let's take a little breather here.

PC: Is there any possibility that what you were telling me to do there was suggestive and I did what I thought should have been done there instead of actually recounting an engram?

LRH: My poor boy, may I feel your pulse?

PC: Yah.

LRH: If you'll come back and lie down on the couch, I'll demonstrate something.

PC: Okay.

LRH: Close your eyes. Any time in the future that I say the word canceled to you while you're lying here with your eyes closed in the auditing room, anything I have said to you will be canceled and become nonaberrative.

PC: (grunt)

LRH: Okay?

PC: Yes.

LRH: All right. Jump up and down on the couch and go into a convulsion.

PC: (pause; laughs a little)

LRH: Scream. (pause) You will now scream. You can't help but scream. It's absolutely impossible to keep you from screaming. (pause; PC is silent) Come up to present time. Canceled. Open your eyes. (snaps fingers four times)

PC: (laughs)

That is something that is very interesting about engrams discovered after an examination of a long Dianetic series of patients, not a medical profession's series of two. In physics and engineering and so on, these things are done by each person who is the least bit qualified to be able to repeat the experiment. I was amazed in researching a lot of work done at Johns Hopkins;2 I would read the reports assiduously about "beyond doubt and absolutely " and so forth and I would look up at the top and there would be two cases! So when I say a long series in Dianetics, I am not referring to the medical profession's idea of a series. (This is nothing against the medical profession. I was interested in some of the work being done at Johns Hopkins, particularly the work with histamine.) But, on checking patients, I discovered that a person's imagination is all the perceptics minus one: pain. The person can't imagine how a pain might feel, unless they have got an engramic command level pain, and even the engramic command level pain has to have an actual pain to sit on.

You don't find Mama's somatics being manifested unless the person himself has some somatics. For instance, I have recently been running one patient with terrible stomach pains. He has been going around doubled up all the time. In this case we find Mama is talking continually about,"My stomach hurts, my tummy hurts, it hurts so terribly, I can't stand it, I can't stand it, I have to hold it. I even have to hold it all the time."

But it hurt him. Everything was just fine on this case except that the more of Mama's somatics we cleared up, the more his stomach seemed to hurt him. Until we finally closed in on it and ran out the end of the incident where he was actually hit in the stomach during delivery when Mama was trying to calm her delivery pain by pounding herself on the abdomen.

Now there we have an actual injury to the child. He has command somatics, l but those command somatics are sitting on an actual injury. The injury, evidently, has to be actual before it can be imaginary or an engramic command.

In a severe case the production of convulsions and so forth can be accomplished if the convulsions are present. It is very simple to do so.

I was talking to a psychiatrist about it and he said,"As a matter of fact, there's nothing to producing one, particularly." He wanted to go into therapy, and take a run up and down the track. So I took him back into the basic area. Nothing was happening, but as he came back up

the line again, a phrase flashed into his mind. So I told him to repeat it to see if he had contacted anything, and he went into an epileptiform seizure. He really stood on his heels and the back of his neck. Every time he repeated this phrase he would go right straight back into the seizure. When I brought him up to present time he said,”Yes, that’s the sort of thing I mean.” And he said it was a strange fact that just repeating any word like that would put one into a convulsion.

So I said, “All right. Repeat ‘bananas.”’ So he repeated “bananas “ and lay there quietly.

“All right, repeat ‘I hate you.”’ So he repeated it several times and lay there quietly. Finally I said,”Now say, ‘My poor little boy.”’ Wham! He went right into the convulsion again. That phrase was the key to the button. There was an incident in his case of a time when he was 4 years of age when he went over to the stove and pulled a whole pot of scalding water down onto himself that went all over his head and so on, and he evidently developed a convulsion at that moment.

But there are various kinds of seizures. The seizure may be well up the bank around 1 month old, and it won’t release at that point because it is a dramatization of something earlier. And a patient can be put into it and out of it, and into it and out of it, and into it and out of it, and it seems to push-button forever. Whereas if you get the earlier manifestation of convulsion, and put him into it a few times, you will get an erasure.

There are times when we have found a manifestation even though someone thought very sincerely that he was lying to us. I have asked a patient,”What did you used to tell your parents to keep from going to school? “

“Well, I used to tell them I had a sore throat.”

“Is that all you ever told them? “

“Oh, I used to say I had a sore throat and a headache.”

“And what did they do with you? “

“Pushed me into school. But of course I was lying.”

And I said,”Let’s go back to the time when you had a sore throat and a headache.” We started running it and tapped the central sympathy engram of his case. His case was very sticky because with it was a manic.

He went back into the engram with both parents feeling terribly sorry for him, because he is just a little baby, and they are afraid they are going to lose him, and he might grow up to be a strong, handsome man. (He wouldn’t admit that, although he was demonstrating it continually.)

You will sometimes find some person who has been through the war and who has come home with a dishonorable discharge with a fancy tale to tell the folks about how he was “wounded in the head, right there; that’s all healed up now,” but for that reason they had to discharge him.

He will tell the folks all about this. In therapy he is very reluctant, but finally says,”If I tell you something about this, it won’t get back to my wife, will it? See, I can’t audit with my wife because she doesn’t know about it.”

You say,”Well, what’s the matter? “ and he will tell you about this wound that he faked. Send him back down the time track and get it, because it is there. You will very often find that it is a simple computation in a sympathy engram, l and those are the most vicious ones to hold up the case, but those are the ones you want.

He doesn’t feel any pain there, he knows he’s lying, but he is dramatizing an injury he has. And you have got to get him prior to this period. Children’s lies and so forth are not necessarily all based on fact, but an enormous amount of truth is scattered through them together with odd engramic computations.

For instance, in my own case, when I was 5 years of age, I ran down the street one day and told the grocer that my mother never fed me, and that I was left home abandoned all alone and so on. And he gave me some bananas.

I never dramatized it again, but during therapy we stumbled across this incident. I was feeling very bad about it because of course I had lied. Then we discovered that exactly two years before that time, completely out of recall, an older boy of about 7 or 8 had taken a hockey stick which was cut down so he could roll hoops with it, and he had beaten me to a point it had cracked the skull and given me brain concussion.

I had then been laid out on a couch about three-quarters unconscious for about two weeks.

The only thing left of it was just this odd dramatization later, but the earlier one was down the track completely closed. The first time we ticked it, it seemed like I had tripped the boy with the hoopstick and I was very sorry that I had hurt him (propitiation). But then we ran it a little further and found that my dear mother, in trying to amuse me, read me Oliver Twist from cover to cover during that period. So I accumulated it as an engram! And later when I was running down the street looking very, very pathetic, I was Oliver Twist running after carriages and so forth. Once we had the initial moment of concussion out of the thing and had gotten the rest of it into recall, the general words and maybe a page or so of the book, the rest of it erased easily. But it must have made the case very perplexing for a couple of weeks. A manifestation of the last case demonstrated in this lecture showed someone who was apparently out of control, but who was actually in the auditor’s control.

That is something that you will see many times in Dianetics, although in the usual run, a patient does not do this. But you find one every once in a while that does, particularly if there are AAs in the case. You find this enormous emotion being manifested. The person seems irrational.

That is why in the Auditor’s Code it says the auditor must be brave. He has to sit there quietly and run the patient on through the incident, and not try to match up any hysteria with his own. If at the moment the patient went into the incident one suddenly said,”Come up to present time,” he would have a picnic on his hands. Just as one would if he suddenly lost his nerve when the patient was in an engram.

So no matter what the patient is doing, or how horrible it may seem, or how he begs you to take him out of it, or how he writhes and weeps and cries and thrashes around and crashes from the couch onto the floor (which seldom happens) with these horrible convulsions and so on, he isn’t going to hurt himself.

So just ride it like the Chinese who got on the tiger, and had a good fast ride, but had quite a time getting off. Keep running it through. Any case which has that much tension on it generally will deintensifyl if you keep running it through and will continue to deintensify all the way down. It is charged all the way up and down the bank. It isn’t charged up just out of that one engram. So deintensifying a few of these things will quiet down the whole manifestation, and no matter how frightening they may seem to an auditor when he first faces them, there is no reason for it whatsoever. Nobody is going to hurt himself.

One is going for basic-basic in a case. Either dope-off2 or yawns will appear in basic-basic. That is what you want to get off the case.

A boil-off is quite variable. When you see your first boil-off it is unmistakable. It is not a person going to sleep; it’s a person muttering, dreaming, who is rather restless, rather dopey

and so on. Then gradually a somatic may appear and you will run the engram and get off some yawns. It is a supercovering of the whole incident.

If you return a person bluntly to present time from a painful engram, even though you have apparently erased3 the incident, you are actually unstabilizing the time track to some slight degree. And it should be avoided, if possible, by returning the patient to an interesting intermediate moment earlier in his life, then if any somatic starts up the line, it cuts out at that moment. It's just a point of comfort for the patient.

In the last demonstration I didn't get much of a chance to demonstrate this valence proposition. But notice that in the beginning we weren't getting much of a visio, and when we got down into the basic area we could turn him from one valence into the other and take him back and forth.

Notice, too, he was coughing. I call it to your attention that a zygote doesn't cough, and as a result we had to flip him over into his own valence, at which moment we got the crushed effect. Now that is in the basic area probably. A zygote is unimaginably small, and any somatic which it gets in the basic area is an all-over somatic.

Any time somebody tells you that he is in the basic area, with a pain in his stomach, you can be sure that he is either in his mother's valence running mother's somatic, which you can check by trying to drop him over into his own, or let him run out mother's comments instead of going into his own valence. If he has a pain in his stomach when he is in his own valence, and obviously so, you are well up the bank, you are not in basic area.

Any AA is very far from the basic area. There is a couple of weeks of life before Mama discovers it. Then she usually waits a few days in an AA case to find out if she is going to get sick, and then she decides,"I'm caught." So, if it's going to be an AA, it takes place very late in the bank. Those first three weeks are highly aberrative, because there is usually lots of material in them, the child is very tender, and so forth.

If anybody is getting visio in the interuterine life, the auditor has been working a patient with dub-in.

One patient was enormously excited to find, for instance, this strange phenomenon of being able to see out of the womb. This was very interesting, but it blew up on clearing because the patient, when he was taken right up the track on the final clearing, having lost the lie factory, and now being firmly established in his own valence, found it to be all black.

Sometimes there will be a flash of light at a blow in the prenatal area. But when you really run out a basic engram, it should start appearing in squares of white, because the visio (his sense of blackness) is real visio and that blackness is going out as part of the engram, leaving a blank. The person who sees colors in the lower part of the prenatal area is doing a certain amount of dub-in, but it is not serious. However, that color is definitely illusion. Then you will very often discover somebody saying,"You know, I see a red light between my feet." At this moment you sit there quietly and say,"Continue." And POW! the patient is into an AA.

In this lecture I have covered the initial study of cases and some methods of case opening. A lot more case analysis will be done in this series of lectures.