

## CONCEPTION

A lecture given on  
28 June 1950

### Getting to Basic-basic

A case that is running without its perceptics on is quite often long, tedious, and difficult in general. So, we can afford to spend a considerable amount of time on a case trying to get him into contact with his perceptics.

The way it is being done at the present time is to spend about 20 minutes on it at the beginning of every session and then go find engrams anyway, and gradually attempt to restore reality. That could be combined with straight circuits increasing the person's sense of reality by actual memory. This is worth a lot.

One of the ways you can get him to return and coax him into it is to take him back to pleasure moments, because the mind has a tendency to seek pleasure. That is one of its functions and if it can find pleasure by going back, it will do so.

If it doesn't find pleasure as it goes back you are dealing with a case which has some kind of line charge which will blow if you know where to look, and you should be able to adjudicate where to put your finger on it.

The charges will be all over the bank if there are no pleasure moments. There will also be a lot of fear in such a case, and probably a lot of emotional charge.

The next thing that you can do is try to get basic-basic out of the case after unburdening some painful emotion and making the patient feel better. In getting basic-basic out we have a new technique which has some workability, although it has not been tested to the degree that I would care to test it before releasing it, and that is to take the patient to a moment when he was enjoying sexual pleasure. Don't ask him to tell you anything about it. Just return him to a moment when he was enjoying pleasure and then tell him to go to his own conception. In some percentage of cases you will get it. Don't tell him to remember a pleasant incident, simply say, "The somatic strip will now go to a pleasant sexual incident. Now, run through this pleasant sexual incident. You don't have to tell me about it, but I want you to re-experience it."

The person may tell you, "Oh, there are just so many of these, I can't . . ." and not be able to settle down in anything, and this technique may not work. But you are going to find it working in a lot of cases.

So you put him into this moment of sexual pleasure, let him stabilize in that point without telling you what is going on, and then tell him to go to his own conception. Enough cases will do this to warrant this as a valid technique. He will go to his own conception and run out the sperm sequencer now as basic-basic.

You don't tell him to contact it, you say, "The somatic strip will go to conception" (after you see the smile begin to dawn upon his face). "Okay. The somatic strip is there, roll it," and the person will, at the same time wiggling his feet, which is very interesting.

This is research, but we have found it working on enough patients to warrant its use. It is a good way to try to get into the basic area fast. However, once there, you may find out there are 15 engrams piled up on conception. Trying to sort them out is the best thing you can do at that point. You may find all sorts of things in the area. Conception ordinarily in Dianetic erasure gets run out anyway. That is the way it has been done in the past and that is the way it will have to be done in the future.

You will find some fantastic stories accompanying this. You may find somebody back in the year 1575 or back in the year 1200 or back in the Roman Empire as far as he is concerned. Research the matter and you will find out it is not engramic. Let him go worrying about it, that's all right, but it is not anything, as far as I can tell at this time, that we need to consider.

But erase basic-basic. There actually may be pain on it, and if there is you will have to erase it. However, just in the normal course of erasure you will contact this, and usually if it is contacted the person may remark on the fact that there is some pain on it. In such a case you try to get back there as soon as possible and erase it, because you would have what is really basic in a case.

We had no method of contacting this so absolutely before, because very often when you take the patient down the time track and go to the earliest moment of pain or unconsciousness, he doesn't arrive at conception, he winds up at a piled up block at the beginning of track where there are 15 or 20 engrams bunched up. He appears to start talking about the sperm, but he is actually talking about five other engrams.

This technique seems to go over the top of the piled up engrams at the bottom of the track. It has not been incorporated yet into standard technique. It is still to be investigated. However, we do know that the female always gets the sperm, and I have had a male patient pick up the ovum. So it has nothing to do with the future sex of the individual.

In running a patient through this, you don't have to ask him to tell you anything. I have never had anybody embarrassed yet. I have even put some girls through this who belonged to the "Young Women's Christian Temperance Association," who knew all sorts of reasons why sex was nasty. Yet I never had any trouble.

However, the way the auditor approaches the subject has a great deal to do with it. There is no disgrace when a person finds himself being a sperm. If he finds himself being a sperm, he may lean back and say, "This can't be." Okay. It can't be, but there he goes down the channel and up the curves and around the corners and into the ovum. I picked up one recently where the moment of the division of the cell was engramic.

If the patient is embarrassed, bring him up to present time, put it on straightwire and try to get him to remember something. Knock the thing out as a lock so he won't have to be so embarrassed. If anybody is that embarrassed, you can bet your bottom sou that you are dealing with somebody who has much reason to be, in terms of locks and so forth.

On the subject of line charges, a line charge is a line charge is a line charge, as Gertrude Stein would probably say. There is hardly any other way to describe it. After entering the case, if one goes back a few days and doesn't get much charge, but the patient is quite agitated, and one goes a few days before that and notices the patient is more agitated, then one goes a few years earlier and the patient can discover no pleasure, realize that one has a worried person on one's hands.

But if one just says to the file clerk, "We will now go to the incident which is most aberrative," or, "Go to the source of all this, somatic strip," he will land in an incident that is going to explode. So one merely lets him explode, and keeps running it through.

You don't have to ask for a line charge. You may get no words with that incident. You are just running what might be termed the whole engram bank. You are simply pulling a charge off the engram. That is what is meant by a line charge. Sometimes you strike the fight chain and just at the mention of a fight—you get into any part of the fight chain—you will get an explosion on the part of the patient with weeping, terror, agitation, physical convulsion and so forth, which doesn't tie itself down to an incident. However, after that is gone it doesn't come back, and the patient will then proceed as usual.

You get into a whole chain of incidents sometimes that one right after the other as you come up them will be equally explosive; that is called incident charge. But line charge is the other thing. One runs it back and forth just as though one were getting him to recount an incident. Actually, he is probably recounting about 25 simultaneously. He may not even be getting words, merely racing up and down the line. In actual fact, any case a certain distance toward clear does a line charge release, and it is really a release. You suddenly get the person to a point where you have picked up enough engrams and now there are lots of locks on the case, lying all over the place, and the person will start to laugh.

I have seen patients laugh continuously for a couple of days! One says to them something out of the air like, "Repeat the word 'cat.'"

"Cat, cat, ha-ha-ha-ha-ha-ha-ha," and they are off again.

The first case I ever saw that line charged really worried me. I thought, "Boy, I've really made this guy blow his top. Now anything he does he laughs." I thought he was going to go on being that way, but he quieted down in about a day and a half. However, during that time he could pick up a newspaper and start reading, or look at a sign or at blades of grass or hear a bird sing, and that was a big joke. Or he would shut his eyes for a minute and all of a sudden pick up a whole chain of the word "the." It was simply a vast amount of relief coming off the whole surface of the case in a line form. You will notice that as you get into an incident and the analytical mind grabs hold of it and all of a sudden recognizes it as being silly, you get a laugh even though the person still feels that it is very silly to laugh that way.

Somebody may be stuck on the track and not working well, and you say, "Let's go over the words 'I don't know.'"

And so he starts to repeat "I don't know," and then all of a sudden breaks out laughing saying, "That's silly, what am I laughing about?"

And you say, "Well, go over the words again."

"I don't know, I don't know,' ha-ha-ha-ha-ha-ha-ha. That's silly, why am I laughing?"

Keep this up with a case for a while and you are converting whatever it is right into relief, and the case will work more smoothly.

There is such a thing as incident charge, which is charge off one incident. Now, imagine someone laughing off his whole life that way! I have seen somebody who was fed anything they could think up, like "death," and he would burst into laughter. Or, "I think he is dying," and he would hold his sides and just scream with laughter. Once you have gotten this thing going it snowballs up the line, and after that the person is never the same. He can't be badly frightened and his case no longer upsets him very much. There are some cases which go for a long time before that happens, and on some of them it happens fairly early in the case. You don't have to stimulate it. All of a sudden one day it will start to happen. You will break off some sort of a sorrow charge, and mop that up, and the person will start laughing, because it is false data. As he laughs it builds up in volume and the whole case will start to go.

Practically every case sooner or later will experience that. Run and reduce everything you can find trying to get earlier each time you reduce one. I have run the sperm as an engram and then run the ovum as an engram, turned around from the other way where the person says, "I'm in two pieces!" Then, after another run through it, all of a sudden he is only in one piece as the sperm. It doesn't do to neglect the other piece; there may be nothing as the ovum at all, but on the other hand there may be. So one should take him around on the other side, working it as an ovum, after you have gotten through running him as a sperm. A person who says in therapy, "I feel that I'm in two places at one time," is in the sperm sequence.

It could also be computational if it is far up the bank. I have never seen the conception sequence go up as late as 2 or 3 years old and cause that manifestation, but of course it is always possible that it could. That 2 or 3 year old incident could be lying right square on the other one.

What you want to get off the case very early is yawns. You want to get some unconsciousness off the case, particularly the first moment of unconsciousness, because unconsciousness is the common denominator of all engrams.

Get the first period of unconsciousness out, and it lightens all the way up the bank. Get the next period of unconsciousness out, and it lightens all the way up the bank more, until finally you will be about three quarters of the way through the prenatal area, and the unconsciousness should blow unless the case has been running in terms of extra valences. Then the yawns are quite heavy, and they keep on going that way. But eventually the man will straighten out and get into his own valence and won't do that anymore.

In getting rid of emotion, however, if it is going to come off the engram at all, you should have the person pretty well in his own valence. In fact you can sometimes achieve effect by putting a person in his own valence.

He will start recounting a painful emotional engram very often exteriorized. As he begins to recount it, he is more and more interiorized until he is finally himself, and then suddenly the emotion will come off it, if you run it long enough.

In painful emotion incidents the person might have been stunned and shut down instantly. What you want is the first moment of the news of, and then carry it through to each successive moment of more news about. You may have to run a week out of a person sometimes.

In a case that just lies there for hour after hour and simply boils off with no comment, you have someone who has about two feet of unconsciousness lying over the incidents which are bundled. Little by little and one by one these incidents will boil off and they will separate and come free, although it is quite a long process.

Here is a demonstration of this technique on a case on whom therapy has already been started.

[The recording of the first part of this session is missing.]

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

PC: It doesn't feel right. It doesn't feel right.

LRH: Go over it again.

PC: It doesn't feel right.

LRH: Go over it again.

PC: It doesn't feel right.

LRH: Next line.

PC: I think there's nothing there.

LRH: Okay. Go over It doesn't feel right.

PC: It doesn't feel right.

LRH: Go over it again.

PC: It doesn't feel right.

LRH: Go over it again.

PC: It doesn't feel right.

LRH: Go over it again.

PC: It doesn't feel right.

LRH: Go over it again.

PC: It doesn't feel right.

LRH: All right. Now the somatic strip will go to a holder in this incident. The somatic strip will go to a holder in this incident. When I count from one to five you will give me the holder. One-two-three-fourfive (snap!).

PC: (mutters)

LRH: All right. The somatic strip will now go to the denyer, denyer in this incident when I count from one to five.

PC: (murmur)

LRH: Hm-hm. What is the denyer?

PC: I don't know.

LRH: All right. The somatic strip will contact this denyer. When I count from one to five, the denyer will flash into your mind. One-two-three-four-five (snap!).

PC: Nothing there.

LRH: Go over that again.

PC: Nothing there.

LRH: Go over it again.

PC: Nothing there.

LRH: Go over it again.

PC: Nothing there.

LRH: Go over it again.

PC: Nothing there.

LRH: Go over it again.

PC: Nothing there.

LRH: Go over it again.

PC: Nothing there.

LRH: Go over it again.

PC: I'm sure there's nothing there.

LRH: Go over that again.

PC: I'm sure there's nothing there.

LRH: Go over it again.

PC: I'm sure there's nothing there.

LRH: All right. Is there any sequence now that attaches itself to that? Go over it again.

PC: I'm sure there's nothing there, but....

LRH: Go over that again. I'm sure there's nothing there, but....

PC: I'm sure there's nothing there, but....

LRH: Continue.

PC: (murmur)

LRH: All right. The rest of the phrase or the rest of the sequence there will flash into your mind when I count from one to five, just the next few words. One-two-three-four-five (snap!).

PC: It won't come to mind.

LRH: All right. I'm sure there's nothing there but it won't....

PC: I'm sure there's nothing there but it won't.

LRH: Go over that again.

PC: It won't be possible to know for a while.

LRH: Well, okay. Go over that again.

PC: It's uery, very vague.

LRH: Oh, sure. I'm not trying to tag you with this one.

PC: Oh.

LRH: Let's go over it again. I'm sure....

PC: I'm sure there's nothing there, but it won't be possible to know for a while.

LRH: Let's roll it again.

PC: I'm sure there's nothing there, but it won't be possible to know for a while.

LRH: Anything more on the end of this?

PC: I'm sure there's nothing there, but it won't be possible to know for a while.

LRH: Okay. Let's roll this again.

PC: I'm sure there's nothing there, but it won't be possible to tell for a while.

LRH: Okay. Let's roll it again.

PC: I'm sure there's nothing there but.... (pause; cough)

LRH: All right. A name is going to flash into your mind.

PC: It already flashed.

LRH: What is it?

PC: A guy named Dr. Heinz.

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

PC: But it doesn't fit into the sentence.

LRH: Okay. Where does it fit in?

PC: (mutters)

LRH: All right. If the name occurs here, when I count from one to five the whole phrase containing his name will flash into your mind. One-two-three-four-five (snap!).

PC: (mutters) The impression I get is that he's a jerk.

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

PC: (pause) The idea comes to mind that he's a jerk.

LRH: Hm-hm. Let's go over it.

PC: I'm sure there's nothing there.

LRH: Okay. Let's go over it again and see if we can contact it a little more solidly. Go over it again.

PC: I'm sure there's nothing there.

LRH: All right. Another name will flash into your mind.

PC: I don't know one.

LRH: All right. You know what it is. The blank phrases will flash into your mind when I count from one to five. One-twothree-four-five (snap!).

PC: I'm sure there's nothing there.

LRH: Okay. Now, give me a yes or no on this: Is there another denyer in this (snap!)?

PC: Yes and no.

LRH: Yes and no. Okay. Let's go to the yes-and-no denyer if it's there, whatever it is, close to the denyer. The somatic strip is there now.

PC: It's hidden from me.

LRH: All right. Let's go over that.

PC: It's hidden from me. It's hidden from me. I can't tell.

LRH: Go over it again.

PC: I can't tell.

LRH: All right. Let's go over that again.

PC: I can't tell.

LRH: All right. Let's go over that again.

PC: I can't tell.

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

PC: I can't tell.

LRH: Got a somatic?

PC: It's hard to say, I've had a headache off and on all day.

LRH: All right. Let's go now to the holder in this incident. The somatic strip can go to the holder in the incident. When I count from one to five the holder will flash into mind. One-two-three-four-five. (snap!)

PC: You can't get out of it.

LRH: All right. Let's go over that again.

PC: You can't get out of it.

LRH: Go over it again.

PC: You can't get out of it.

LRH: Go over it again.

PC: You can't get out of it.

LRH: Go over it again.

PC: You can't get out of it so easily.

LRH: All right. Let's go over that again.

PC: You can't get out of it so easily.

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

PC: You can't get out of this so easily. That's not quite right. You can't get out.... That's right! You can't get out of this so easily.

LRH: All right. Let's go over it again. (pause) Go over the phrase.



PC: That s right (cough) that's not right, that's not right. You can't get out of this so easily.

LRH: Let's go over it again.

PC: That s not right, you can't get out of this as easily as all that.

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

PC: That s not right, you can't get out of it so easily. It's your baby and you're stuck with it.

LRH: Hm-hm.

PC: That's a beauty.

LRH: All right. Let's go over that again.

PC: Is that a double entendre?

LRH: Let's go over it again.

PC: It's your baby and you re stuck with it.

LRH: All right. Go over that again.

PC: That's your baby and you re stuck with it.

LRH: Keep rolling, everything else that comes to mind.

PC: You're stuck with it...

LRH: Continue.

PC: (pause; breathes deeply)

LRH: All right. Go over that again.

PC: I can't tell you what to do.

LRH: Continue.

PC: (murmurs) I can't tell you what to do.

LRH: Continue.

PC: You wouldn't listen to me anyhow.

LRH: All right. (laugh in voice) Go over that again.

PC: (chuckles)

LRH: Go over it again.

PC: You wouldn't listen to me anyhow. You never have.

LRH: Go over it again.

PC: I don't like it.

LRH: All right. I don't like it. Go over I don't like it.

PC: Okay. I don't like it.

LRH: Go over it again.

PC: I don't like it.

LRH: Go over it again.

PC: I don't like it.

LRH: Go over it again.

PC: I don't like it at all, (whispers) I don't like it, I don't....

LRH: Go over it again.

PC: (brief pause) I'm in present time.

LRH: In present time? What jumped you into present time?

PC: A general feeling like you get when you see a sign that says Danger—High Voltage.

LRH: Danger—High Voltage. Give me a yes or no on the following: Is this a sympathy engram (snap!)?

PC: How the hell do I know?

LRH: Is somebody defending you there, yes or no (snap!)?

PC: I just don't know. I don't know what 's going on here.

LRH: Uh-huh. All right.

PC: It's possible of course.

LRH: Now somebody's name will flash into your mind.

PC: Mother/father.

LRH: Mother/father. All right. Give me the answer to this: Who's defending (snap!)?

PC: Something totally irrational came to mind.

LRH: What?

PC: United States Armed Forces in Korea.

LRH: (laughs) Okay. When were you born?

PC: May 14th, 1923.

LRH: Wasn't any war going on then.

PC: Unless it was the one that usually raged in our family.

LRH: All right. Now I'm not trying to hang any computation on you at all. But some of these might contact you.

PC: Go ahead.

LRH: Is your father defending you (snap!)?

PC: Sounds unlikely.

LRH: Sounds unlikely. Is your mother defending you (snap!)?

PC: I don't really know.

LRH: Is a relative defending you (snap!)?

PC: I don't know.

LRH: All right. See if you can give me a flash answer on it. Is a relative defending you?

PC: I seem to get no.

LRH: It's too dangerous to touch it. Go over that.

PC: Too dangerous to touch it.

LRH: Danger. Danger.

PC: That's the concept, not the word.

LRH: Don't you touch it.

PC: Don't you touch it. I don't think so, but I'll go over it if you want.

LRH: Well, Don't touch it.

PC: Don't touch it.

LRH: Let's go over that, just as a guess.

PC: That word is present in the bank plenty of times. I was usually raising hell and I was told that an enormous number of times. But it doesn't seem to fit here. Don't touch it, don't touch it.

LRH: All right. The somatic strip will now go to the beginning of this engram. The somatic strip will go to the beginning of this engram. And let's see if we can't make a run on it. Just make a roll through, whatever comes into your mind. All right. Let's try. The first phrase there will flash into your mind. One-two-three-four-five (snap!).

PC: (pause) I don't remember when. I don't remember when.

LRH: Okay. See if you can run the next one.

PC: I don't remember when all this started.

LRH: Continue. (brief pause) Continue.

PC: I don't remember when all this started.

LRH: Continue.

PC: I don't remember when all this started.

LRH: Continue.

PC: I have a feeling....

LRH: Continue. Don't remember when all this started.

PC: Don't remember when all this started. But I have the feeling that....

LRH: Continue. (brief pause) Continue.

PC: I have the feeling that—that—that—that—that . . .

LRH: Continue.

PC: (uncertainly) . . . that I'm caught.

LRH: All right. It's your baby and you're stuck with it. Is that in this sequence?

PC: It's your baby and you're stuck with it.

LRH: Go over it again.

PC: It's your baby and you're stuck with it.

LRH: Go over it again.

PC: It's your baby and you're stuck with it.

LRH: The somatic strip can contact this. Let's go over it again.

PC: It's your baby and you're stuck with it.

LRH: Let's go over it again. (brief pause) Let's go over it again. It's your baby and you're stuck with it.

PC: I refuse.

LRH: Let's go over it again. What's the matter?

PC: I refuse. This comment is not directed at you.

LRH: Oh. I refuse.

PC: I refuse.

LRH: I refuse. Go over it again.

PC: I refuse to. I won't do it and you can't make me.

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

PC: I won't do it.

LRH: Go over it again.

PC: I won't do it, and you can't make me.

LRH: Let's go over it again.

PC: (pause) I'm in present time.

LRH: All right. Let's go over the words present time.

PC: Present time.

LRH: Present time.

(gap in recording)

LRH: All right. Go over that phrase again.

PC: Sic gloria transit mundi.

LRH: Let's go over it again.

PC: Sic gloria transit mundi.

LRH: Let's go over it again.

PC: It means, So passes the glory of the earth.

LRH: When you say present time you get that?

PC: Got that before.

LRH: All right. Let's go over it.

PC: Sic gloria transit mundi.

LRH: Go over it again.

PC: Sic gloria transit mundi.

LRH: Let's go back to the phrase, It's your baby and....

PC: It's your baby and you're stuck with it.

LRH: Let's go over that again.

PC: Everything is mixed up, everything is all mixed up. (mutter)

LRH: All right. Are the words mixed up there?

PC: Maybe.

LRH: Let's try it.

PC: Everything is all mixed up. Everything happens at once.

LRH: Ah. Go over that line, Everything happens at once.

PC: Everything happens at once.

LRH: Let's go over it again.

PC: Everything happens at once.

LRH: Go over it again.

PC: Everything happens at once.

LRH: Go over it again.

PC: Everything happens at once.

LRH: Go over it again.

PC: Why does everything happen at once?

LRH: Next line.

PC: I get so confused about it.

LRH: Ah.

PC: (whispers, then mutters) It causes all this confusion.

LRH: Hm-hm. Go over that line again.

PC: (mutter)

LRH: Let's go over the line again.

PC: Everything happens at once, and causes all this confusion.

LRH: Continue.

PC: (whispers) It causes all this confusion.

LRH: Continue.

PC: (mutter)

LRH: Let's go over that again. It will come to you. Go over it again.

PC: (pause; mutters) Wouldn't you think....

LRH: Go over that again. Wouldn't you think.

PC: Wouldn't you think.

LRH: Let's go over it again. Go over it again. (small pause) Wouldn't you think. Go over it again. Wouldn't you think. Next line.

PC: Didn't you know better.

LRH: Let's go over that again.

PC: Didn't you know better.

LRH: Go over it again.

PC: Didn't you know better. (pause; mutters) Something's wrong.

LRH: Is something wrong with it?

PC: Yes.

LRH: All right. The phrase that is equivalent to that will flash in your mind. One-two-three-four-five (snap!).

PC: (mutters)

LRH: Okay. Let's run what we've got here. Let's run anything we've got here right from the beginning of it now. Right from the beginning of it now, let's run anything we've got.

PC: I don't have the feeling that there is a beginning to it. I have a feeling that if this stuff has any validity, I was picking it up from here and there.

LRH: Okay.

PC: It's so very vague.

LRH: Does the phrase I can't tell anything about it at the present time sound familiar to you?

PC: No, it doesn't.

LRH: All right. Let's go over the words present time.

PC: Present time. Then I immediately come back to Sic gloria transit mundi, perhaps by association.

LRH: Let's go over present time, again.

PC: Present time. Present time.

LRH: Go over it again.

PC: Present time is no time for you (chuckles)

LRH: All right. Let's go over that again.

PC: Present time is no time for you There's no time for you.

LRH: Let's go over that again.

PC: There s no time for you There's no time like the present.

LRH: Go over it again.

PC: Mama used to say that all the time. There's no time like the present.

LRH: Let's go over that again.

PC: There's no time like the present.

LRH: Let's go over it again.

PC: There's no time like the present. The road to hell is paved with good intentions.

LRH: All right. Let's go over that again.

PC: There's no time like the present. (pause)

LRH: Let's go over it again.

PC: The word procrastinate comes in there someplace.

LRH: Go on. No time like the present.

PC: No time like the present. No time like the present. (What an insidious phrase.) No time like the present.

LRH: Go over it again.

PC: No time like the present.

LRH: Go over it again.

PC: No time like the present.

LRH: Go over it again.

PC: No time like the present.

LRH: Go over it again.

PC: No time like the present.

LRH: Go over it again.

PC: No time like the present.

LRH: What's the rest of it? Go over it again.

PC: That is the rest of it. There's no time like the present for getting things done.

LRH: Let's go over it again.

PC: There s no time like the present for getting things done.

LRH: Let's go over it again.

PC: There s no time like the present for getting things done.

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

PC: There s no time like the present for getting things done. He who hesitates is lost.

LRH: Let's go over that again.

PC: (mutter) The saddest words of mice and men are these, 'It might have been.'

LRH: Oh, dear. (chuckles) Let's go over that again.



PC: Tonight is cliché night. The saddest words of mice and men.... No wonder that phrase has charge. My mother used to use it all the time.

LRH: All right. Let's go over it.

PC: The saddest words of mice and men are these, 'It might have been.'

LRH: Okay. (chuckles) Let's go over it again.

PC: The saddest words of mice and men are these, 'It might have been.'

LRH: (laugh in voice) Didn't even scan, but go over it again.

PC: What does scan mean?

LRH: It's a bad rhyme. (chuckles) Let's go over it again.

PC: The saddest words of mice and men are these, 'It might have been.' The saddest words of mice and men are these, 'It might have been.'

LRH: Let's go over it again. .

PC: The saddest words of mice and men are these....

LRH: All right. Go over it again.

PC: The saddest words....

LRH: Next line.

PC: There is no particular next line because it was repeated to the nth degree throughout my life.

LRH: Well, okay. Have you got a somatic at the present moment?

PC: No. I sure would like to have.

LRH: How do you feel?

PC: Petty good.

LRH: All right. Let's come forward now to June the 28th, 1950.

PC: You mean like right now, for instance?

LRH: Yes, like right now.

PC: I'm here.

LRH: June the 28th, 1950. Canceled, five, four, three, two, one (snap!). Okay.

PC: Thank you.

(End of demonstration)

Once upon a time I turned a patient over to a hypnotist. I showed the hypnotist how to work Dianetics. It was a long time ago and the patient had a very large amount of material and had to be worked in amnesia trance, which is very slow work, and I was quite tired of working it. So

I asked this hypnotist if he would go ahead with the case, seeing this person was a very good friend of his. I told him some of the rudiments of Dianetics and he was perfectly satisfied to take on the case and go ahead. He had no inkling that he was using anything more than maybe a little twist on hypnotherapy.

It was incredible to me how easily Dianetics could be masked when I was researching it. I have run it as psychoanalysis right in front of an analyst. I had the patient clear back in the basic area running through an engram, with the analyst sitting there and saying, "That's quite remarkable, that's quite remarkable. Very, very good recall, but what is he yawning about?"

I said, "Probably because it's late in the afternoon." (Meanwhile we were getting erasures and so forth.)

This often comes up when you demonstrate Dianetics to a psychoanalyst. He will say, "It is no different than psychoanalysis," because he doesn't recognize the mechanism of return. He thinks the patient is in present time associating. He thinks these phrases are just random phrases that are coming up. He doesn't have a grip on the situation. He thinks he is watching free association, and he is very quick to pronounce it as such.

But I was trying to transmit to this hypnotist exactly how we went about solving this person's case. His case was about half solved already, he was up to a fair release, but he had to be carried a long way further to clear. It just needed volume.

The hypnotist was very interested. He knew, of course, the hypnotic technique of regression, so he put the patient into amnesia trance. Twentysix days went by before I saw the patient again, and when I next saw him he had a headache and he didn't feel well at all.

So I said, "Well, let's find out what happened." I put him in a light trance, not amnesia, and started to run him back trying to find moments when the hypnotist had been working on him, and discovered that this man had been putting in positive suggestions. He had found the patient with a headache and he figured that the thing to do to nullify the somatic was to turn it off as a headache. So he would promptly bring the patient up to present time and give him a positive suggestion that he could not now feel the headache.

He had given him pain shut-off after pain shut-off after pain shut-off. He had been tapping everything. In the 26 days there had been about 15 sessions.

He would do such things as the patient would state that he had a somatic in his right leg, so he would transfer it over to the left leg, then transfer it to the left arm, then transfer it to the right arm and so on. His theory was that by this time it was so far removed that it would go away, and the person's head would not ache any longer. Of course he still had a headache, but that didn't matter—the hypnotist was having a good time.

This poor patient was a wreck. His memory was occluded, he didn't know what had happened to him, yesterday was invalid, and he didn't have any somatics; so I had to take this patient back. He had been given engram after engram.

The odd aspect of his case was that the hypnotist would get an engram and say, "Come up to present time," right out of the engram, so that engram would come out of place, then the next engram would come out of place, and the whole case was shaken into disorder by it. Additionally, the case had computations in it which assisted the malarrangement of files.

For approximately 30 hours I did nothing with this patient but run random phrases. They were in no particular moment, they were simply all over the track. There was a phrase here, there and someplace else. This one might have a little somatic on it and that one might have a little somatic on it, and this one was in place and that one wasn't in place, and so on. You could go up and down and around and around on this case in an effort to rehabilitate it, picking up random phrases on the track. There was also a lot of boil-off—the unconsciousness on it was

pretty deep. The case presented a very odd aspect for Dianetics. I recognized that sooner or later I would discover this in a bank. If it could happen to this patient then it could happen that we would run across this proposition in Dianetic therapy.

The case used in this demonstration is about the fifth patient I have run into that boils and gets off random phrases. It is probably going to go on for quite a while. I would hate to say how many hours. Maybe it will go along 30, 40, 50, 60 hours before all of a sudden all the material that has been knocked loose in the case by restimulation (the restimulation in this case is done by life) is available. One simply has to potshoot it.

The above case started strongly on repeater, then faded out and came back in very strongly on it once more; and sometimes there was a little smile on it, but the voice tone was varying, going down and coming up again, which occurs on knocking out a phrase. That phrase may or may not be associated with an engram. Somebody has really worked this case over on the line. There is definitely an approximation of hypnotherapy. There must have been down below this level someplace the “you’ve got to believe me” computation, or “you’ve got to mind me.”

If I were going to continue to work this case I would just keep on shooting the bank full of holes, not worrying about restimulation. Notice that I didn’t bother much to tell him to return, because the bank is full of such commands. Whatever he was told could possibly be a good approximation of a lot of hypnotic material.

What I wanted to show you in the above demonstration is that you can depend on the somatic strip. You are running a well-oiled, smooth-running chronometer. The surface manifestation of the case as you are working it may be complete occlusion. But remember that the somatic strip is in there pitching with you. You and the somatic strip and the file clerk are all working together very nicely and smoothly.

If you want to ruin a case, don’t believe that the somatic strip is tracking with you. Think that you are being resisted, and then start giving the patient three orders at once. Send him to four or five different parts of the bank without bothering to pick anything up. The somatic strip will go to these places, won’t pick up anything, and all of a sudden it will stop working with you.

So we get back to what was mentioned in an earlier lecture. You are not building a case, you are not building a computer, you are trouble-shooting one. It is in pretty good operating condition even though it may look messed up to you. Down underneath it is running just fine. All you are trying to do is pick up the monkey wrenches and so forth that people have thrown into it, and after that it is going to run very well.

Don’t make the mistake of assuming that you are not going to get cooperation out of a case. If any case suddenly stops working for you, there are two things that may have happened:

1. The auditor is doing a bad job.
2. The environment in which the preclear is living is intensely restimulative, and probably contains an element which is invalidating his recalls.

We have three valid therapies:

1. Picking up engrams.
2. Changing the person’s environment.
3. Education, whereby the person is getting an alignment toward goals and is picking up an interest in life.

You can actually educate a child into having an alignment of purpose to the point where the child can handle his own body. After that you can get the child to handle engrams. But if you

don't take pains to build the analyzer up to a point where it can handle the body, it would be almost impossible to work the child. Having good, solid goals, purposes, and something to drive toward, some hope, will take care of that. Goals and hope come pretty close together. There may be somebody around the patient who is saying, "There is no hope," and is killing him by telling him so or demonstrating it to him, or carping at him, or refusing to believe in him when he desperately wants confidence and belief, and you are working an uphill line.

About the only time the auditor has any right whatsoever to step in and influence the patient's self-determinism is when he runs into this combine. He can either find the restimulative person and put the fear of God in him or her, or he can ask the patient to remove himself from that environment and tell him that he won't get very well unless he does do something about changing it.

Further, on the matter of hope and alignment with life, it may take a lot of encouragement on the part of the auditor. Hold up something to him as a goal, although don't hold up being clear to him—that would be a mistake, because then he will put aside everything and say, "I'll wait until I am clear before I do anything." Then, because he has computations against doing something he must make it necessary to fix himself up so that he can't do anything, and he will stop himself from getting clear.

So just take an exterior computation and say, "Well, that's a good thing to head toward," and give him a hand.