ADDRESS OF AUDITOR TO PRECLEAR - SATURDAY EVENING COURSE

A lecture given on
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Confidence and Cooperation

I would like to cover the address of the auditor to the preclear.

There is a matter of mood involved—a matter of affinity with the preclear—which must not be overlooked. One must not treat the task as a mechanical process. By treating it as such the preclear is not convinced that the auditor is interested in what he has to say. And if he doesn't think the auditor is interested in his engrams, he isn't going to give any engrams. It is a matter of sad comment on some cases that they are run by a disinterested auditor who gets the preclear into an incident and then decides, "Well, there's not much there," and goes off to another incident, based upon the fact that he doesn't really care whether the preclear gets rid of engrams or not.

One may not think that this is important because most auditors are very interested in the preclear on whom they are working. But when this is violated the somatic strip and the file clerk can decide suddenly that this auditor isn't going to work with them and quit.

You will have many a preclear before you are through who has been stopped by the inefficiency of some auditor. So it becomes important, not because you are disinterested or you feel antagonistic toward the people on whom you are working, but because you are going to get patients who have been mishandled by somebody else.

There are two or three ways in which this can be done, all of them stem more or less from disinterest. One situation is that the auditor is not sufficiently interested in the preclear to raise his own necessity level above his own engram computations. If he is really interested in the preclear, his own engrams do not become directed at the preclear. He is not being intensely reactivated. His necessity level goes up, he wants this person to get well, he wants him to get rid of engrams; so we get a condition whereby the auditor is not himself restimulated He is too interested in his patient.

Now it happens occasionally that although he is interested, the preclear is running an engram which is so much like the auditor's that the auditor does get restimulated, and he might even feel angry or upset by this. But if he really has the preclear's interest at heart he is not going to make it difficult and stall the preclearb case, because once he does this he will practically finish that preclear as far as he as the auditor is concerned.

I have in the last few years contacted many people that I had been working on, whom I had turned over to somebody else with a little sketch of what they were supposed to do. I didn't try to train anybody, I simply asked them to carry on with the case. And the person, not knowing what he was doing, would get restimulated at some point or would suddenly say, "Yeah! That's the reason you fight with me all the time! You see, it was your mother saying it!" while the patient was in reveries About that time the somatic strip and the file clerk would say, "Whoa," and quit, and after that not only would the person get no analytical cooperation but no cooperation on anything.

So, we take such a case and start it into therapy again. One might think that-it would only be necessary to pick up the breach of the Code. But that is not entirely the case, because if this preclear has been too badly mauled, everything in the bank including the somatics may be in restimulation, and the somatic strip stops, the cooperation of basic personality4 stops, he doesn't want anything more to do with it, and to try to enter this case now becomes very difficult. Start in after engrams and the person will say, "No, I don't contact anything," and so on. You may even get this on someone who is close to normal.

One of the best ways to kick it out is on a direct memory circuit. Get the person to tell you all about the breach of the Code while he is wide awake. Don't make him go through any of the routine. Just get him talking about it casually, and finally discuss it out. By just remembering it some of the charge can be taken off it, and by asking him and being solicitous about it we begin to establish a new affinity.

It may take you some time. Don't be surprised, if a case has been badly mauled in therapy, to have to spend 20 hours getting the case to the state it was in before some would-be auditor messed it up. The person's sense of reality may be upset. It might have been a reactive minds partners who did it. Engrams which had not heretofore been restimulated and were not yet ready to reducer might have been picked up. It makes a nasty situation.

One possible way for this to happen is by the auditor becoming angry at the preclear because the preclear is not getting the engram which he thinks the preclear ought to get; or by the auditor challenging the preclear. saying, "You're resisting me," or making statements to the effect that the preclear has used any of this material in his present time life.

But the worst one is knocking apart the preclear's concept of reality. That is deadly. "You know that didn't happen to you and you know all this is just dub-in,"8 or, "This doesn't fit in there; you know that when we were having dinner at the Gloopspotters, Binny Barnes sat on the right, not the left."

The auditor must audit in the recognition that his own recall might be entirely incorrect. After all, he does have the person back on the tracks in the incident.

Those are the ways one can stall down a case and fix it up so that the somatic strip won't cooperate and the file clerk won't give you any further information.

It is as though one has invited confidence by starting Dianetic therapy, and then by having broken the confidence has established a condition wherein no further cooperation is going to be offered. But it will work out. You will have to undo cases like that so you had better recognize how to locate and troubleshoot such things.

One of the ways you can recognize this symptom is just by asking the auditor what happened, how long this person was in therapy, what they contacted, what they did. They are liable to tell you all sorts of things that did happen, which is a catharsis in itself, just telling you about things that were bad.

For instance, a husband and wife have been auditing each other and he has audited her for 60 hours. He has not contacted any engrams and has become rather angry at her, and finally told her he doesn't think Dianetics works. He says, "Oh well, you wanted me to do this for you and I just did it for your sake, but actually I think the reason you act this way toward me is just because you're mean and nasty anyway, so to hell with you."

Now take this case that has been run hour in and hour out. Certainly that case contacted something; it must have. It's impossible not to. But the case has just been thoroughly shaken up. You will hear comments like, "Oh, yes, I contacted an engram but I didn't get any convulsion out of the patient, she didn't curl up in a ball or anything. I heard from Bill the other night, and he told me that every time he would contact one of these engrams in Ezra, why, Ezra would roll up in a ball! My wife didn't do that so of course it couldn't have been an engram. I even took her back to birth and it didn't affect her any. I took her all the way through it one whole time but she didn't get any effect out of it at all. She just got a little headache. And the next day she got a cold and so I couldn't work on her for a while."

You are going to hear some strange things when you start putting together cases, including somebody destroying somebody else's sense of reality, or knocking somebody off as far as Dianetics is concerned. Let's say we have a patient who was under some sort of treatment for

10 years for an asthmatic condition. Then somebody finally says it is all in the mind and there is a big rnw between husband and wife and he says, “I’m going to take you to see a psychiatrist.”

To which she replies, “No, you’re not.”

So he says, “Yes, I am, because you’re crazy.”

Then there is a lot of talk in the family about the fact that it is all in her head. This sort of thing goes on, “It’s all in your head, it’s all in your imagination.” For years this person may have gotten the statement “Well, that isn’t a real illness, it’s all in your head. I mean it’s just in your imagination. There is nothing to it, it’s not real.” Meanwhile the person’s sinuses are running and he feels terrible.

A person is not very stable in his sense of reality. Now he starts contacting an engram and the engram is the one that contains the asthma or the sinusitus. But it isn’t real, it’s all in his head because it has been salted, every time he gets a bad attack, by somebody arguing him out of it on the basis of, “Now you know all this is just imaginary. If you had sufficient strength of character you could snap out of it. You know that you could. You’re just imagining things are happening to you. The thing for you to do is just to snap out of this depressed condition which you’re in and your sinuses will clear up.”

The auditor can have a hard time with this sometimes, because he gets the case started and sends the preclear back into the same dramatization, over and over. It may have been that very dramatization which kept it going, the fact that somebody was always telling this patient that it was imaginary and delusion and so on, and the auditor i8 going to have to patch up such things.

The antidote for this piece of poison is to give the best possible sense of reality back to the patient on a straight memory circuit.

The straight memory circuit is the standard bankl circuit of staying in present time and remembering. It is a validating circuit. What a person can remember he seldom questions.

For instance, I remember that I was eating dinner a few minutes ago and if anybody comes up to me and says, “No, you weren’t eating dinner a few minutes ago,” I would say, “You’re crazy, I was!” Therefore, just challenging that, actually, in even a fairly balanced mind rather serves to strengthen up the sense of reality. It makes a combative “It is true.”

Now we start working the case and ask the patient, “What school did you go to?”

“I went to school in such-and-such, I guess.”

“Well, where did you go to kindergarten?”

“Oh, a funny looking place, don’t quite remember, think the name of it was Mann’s, Mann’s Kindergarten. I don’t know.”

“Now come on, you can remember what it was. What did your teacher look like? When did you get sent home for wetting your pants?”

“Oh, that. Yeah, I got sent home the first grade too.” Right away we have gotten the scene opened up. That is a validating circuit. And all of a sudden the patient is in contact with reality back to 5 years of age.

Somebody will say sometimes, “Oh, all of my grandparents are occluded. I can’t remember people anyway. I just don’t remember people. I have a bad memory.”

I merely reply to him, “Well, you remember me, don’t you?”

And the person says, “That’s silly.”

“Well, I’m a person. You remember me, don’t you?”

“Well, yes, yes.”

“All right. Now let’s remember your wife. You have a wife?”

“Yes. Sure I remember my wife, that’s silly.”

“Well, now there’s two people you’re remembering. Now let’s remember your boss.”

“What are you trying to do to me? Of course I remember my boss.”

“Let’s remember all the people in the office.”

“Well, sure, sure.” The person is going out wider and wider.

Suddenly he is remembering the next-door neighbors and old teachers, and the girl that used to babysit with him. He’s remembering back along the line. One could then ask something like, “What did you say about not being able to remember people?”

“Well, I don’t remember people very well. I don’t remember their names.”

“Do you know my name?”

“Yes.”

“Well, now you’ve remembered my name.” So, the theory works on an expanding basis. The standard bank circuits validate the recall.

You may have run a patient who says, “Yes, I just contacted that feeling in my throat and these words did come to me, but I don’t believe it’s real, I’m all out of touch with it.”

And you say, “Well, when did it happen?”

“I don’t know.”
“Come on, you can tell me when it happened. When did you have the last sore throat?”

“Oh well, that was last month.”

Get something very close in to the person’s knowledge, something that the person couldn’t possibly not know.

Of course this doesn’t apply in the field of severe or chronic psychosis. You can’t ask a psychotic to remember anything and validate it very well (although you occasionally will be surprised at how much a psychotic does locate in his immediate vicinity). But with the normal patient we are trying to validate what he knows.

He has to face, in order to be completely sane, the reality of now. But now is interpreted in the reality of then. So, his awareness of now has to be to some degree validated and interpreted through his awareness of then. It isn’t good enough just to face reality here, you have got to face reality yesterday and the day before and when you were 5 years of age too. Unless all of those things are equally real, now is not quite as real.

If yesterday isn't real, today isn't going to be so real, and tomorrow will be hard to compute in terms of reality, so one gets deluded concepts of tomorrow.

If one didn't have an imagination and if one didn't have computative or predictive ability, he would never know what was going to happen to him in the next five minutes. And it is surprising how many people in the world it isn't very real to.

There are good computational reasons why a person can't remember. But do not underestimate the power of the analytical mind. It is a pretty strong mechanism. If the mechanisms of the analytical mind were not there, there would be nothing for these reactive records to impinge upon and throw out of line. In other words, if a man has a manic that he is going to build a great bridge, it's because his analytical mind can build a great bridge. But the reactive bank can run up against it and hold it so that he has now got to build a great bridge. And the sad part of it is that sometimes he can't do so. There's no ability to throw out of line. This is where a person's profession goes out of gear. So don't underestimate the analytical mind. It is good and it is strong.

We can go back down the standard memory circuits in the analytical mind. You as an auditor can persuade people to do this on the basis of opening up spheres a little wider and a little wider with questions like, "You remember me, don't you?" and all of a sudden, as the circuits and occluded areas open up, as the channels get wider, more and more will spring into view in the person's past life.

It is a highly important order of business when you have a person who has been invalidated, let us say, by the wife, who has been mixed up in auditing by a bad auditor, who has had a pretty bad life in general, not to simply take the person back into therapy and slug at it. You start in on a
standard memory circuit. You get the person to remembering this and remembering that, because standard memory is strong enough to kick out locks.

I had to investigate this very thoroughly a few years ago because it was necessary to discover why certain types of mental healing were capable of producing a catharsis. If we knew the answers to these things then it should be theoretically fairly simple with Dianetics to set up a straight memory type therapy. And if we could do that with what we knew in Dianetics, if what we knew was effective, then that straight memory type therapy would be much more effective than it had been in the past. I set it up that way and found out that it followed certain definite actions and equations.

A person believes about himself what he has been told about himself, and if he has an aberrated belief about himself it's what he has been told about himself, so you want to find out who held this kind of an opinion in his life. Trace it down and get him to remembering straight through on the subject of whether it was his father, his mother or his grandfather who was like this, or who might have criticized somebody this way, who would have had this kind of an opinion toward a child, or toward another human being. The person starts thinking it over and suddenly says, "Heh-heh, my grandfather." You get a little false four' off, and he says, "That's funny, I feel better." That is about all there is to it.

Sometimes you can even turn off such things as Parkinson's disease this way. Just ask the person to go back and remember when the attacks started.

"Oh, yes, it's because it's so-and-so, and I had such business worries."

"Well, who was worrying you at that time?"

"Oh, I don't know."

"Oh, yes, you can remember, you can remember who was worrying you."

“Well, my partner was in pretty bad shape. I didn’t trust him.”

“Did your father ever have any partners?” And by going back on one particular line you finally achieve this association of people, and by making the analytical mind face that association, all of a sudden it becomes a differentiation.

Insanity is total identification of fact with fact with fact. Everything is the same, everything is very closely associated. Now, as we go up the line into better lines of thinking we finally get to differentiative-type thinking. The higher spheres of the analytical mind differentiate very clearly. They do not make the mistake of thinking that because Joyce’s voice is like Emma’s, that Joyce is Emma. They will also differentiate very rapidly. Joyce’s voice is not Emma’s voice, although reactively they have had this computation right along and therefore they didn’t like Joyce.

By suddenly clipping the mind in, in 20 to 30 percent of the cases you will get a sudden reaction, and it will false-four. You ask the person, “Now, you can remember this. Whose voice was like Joyce’s? You know somebody whose voice was like Joyce’s, who was it? Now stay right here in present time
and tell me. You can remember. Was she a blonde girl?”

“Oh no, no. She was a brunette.” And he has told you a fact right there.

“Well now, you can remember this fat girl.”

“She was a slim girl. What are you talking about?”

“Okay. What was her name?”

Sometimes the person will try to dodge the whole issue by getting flash answers, but this flash answer mechanism is going straight down to the standard banks anyhow. We want that flash answer mechanism up front connected with “I” as much as we can get it, so we bring it up there. And the person says, “Heh-heh, that’s silly. How could I have ever thought that that was fact?”

“Well, how do you feel?”

“I feel fine. Yup.”

This 15-minute technique can be used on people you don’t want to start into therapy. Just tell them to sit down in the chair and ask, “Now what’s worrying you these days?”

“Well, lifeb been worrying me these days because I don’t like my wife.”

“Oh, yah? Is that a fact? Now what did your wife do that you don’t like?”

“Oh, just about everything. She’s terrible. She’s extremely bossy.”

“What did she tell you to do?”

“Well, it’s about my clothes mostly.”

“Who used to raise hell about your clothes?”

“Oh, my mother.”

“What’s similar about your wife and your mother?”

And 20 or 30 percent of the time the person may suddenly say, “I don’t know.... Oh, wow! She sure did give me a lot of lickings about getting my clothes dirty! You know, that’s a funny thing!”

“Okay. How do you feel about your wife now?”

“Oh, she’s not bad.”

With this technique, instead of coming up from the bottom and releasing the computation, you just drive in from the top with a wedge and pry these two closely associated late life facts apart. By late life, I mean postspeech. There are lots of locks up the line, and you can make the standard memory circuits go back into those locks and pry them apart.

Make a test on a few of the people around you at work or someplace just to find out how this works, and you will be amazed to find that somebody has a headache and you say, “Well, what have you been thinking about lately?”

“I don’t know. I have just got this awful headache.”

“Well, go on, what have you been worrying about? What’s worrying you?”

“Well, come to think about it, my mother-in-law has been staying with us for about three weeks.”

“You’ve had a headache for all three weeks?”

“Come to think about it, yes. I have. Ha-ha, that’s silly. That’s silly.”

“How’s your headache?”

“It’s gone.”

You can cure a headache this way quite often. You can also cure a headache sometimes merely by taking a person back to a pleasurable moment, settling him in it, making him go through it very solidly, then bringing him up to present time and something will have happened that has kicked the headache out.

There is not much use running engrams out of a person who doesn’t believe that there are such things as engrams and doesn’t believe he has contacted anything. There is no reason to try to tell him or evaluate for him the fact that he has been running out engrams. He had better know that himself, and if he doesn’t know it then there is something very wrong with his case.

You can take a psychotic and tap the holders and denyers in his case. He is dramatizing in front of you and you just list the holders and denyers and persuade him to repeat these and you will quite often get him back up into present time. It may take you six months of work and it may only take you an hour.

The case which is badly deranged by somebody else’s bad auditing is best opened up by this method because this person is not going to respond to auditing, as the somatic strip and the file clerk are stalled down and they are not going to cooperate with you. But if you, by some other method that hasn’t been tried on them yet particularly, can suddenly clip in and say, “Do so-and-so,” and give them a little bit of relief one way or the other, the somatic strip and the file clerk say, “Hey, this guy’s sharp! Let’s go to work.” The next thing you know you are getting engrams, lots of them.

There’s a new pinpoint bombing technique which has been brought up lately whereby one takes the person and settles him very solidly into one of his own dramatizations, and then lets him get madder than the devil at whoever he’s mad at during that incident, and then moves him

back by telling him, “Now let’s go back to the earliest time that somebody got mad at somebody else around you.” And if you have settled him well enough, he will sometimes shoot right back to the beginning of the fight chain. It works the same way on other dramatizations. You may be able to get the basis of the chain. That technique is now under test and is proving workable.

The question has been raised that one may become an ally4 of the preclear. Go ahead and become an ally. It won’t last long. His selfdeterminism will come up to a point where one day you say, “You know all that advice I’ve been giving you about the car, I do think you ought to buy a Ford.”

And he will say, “Nuts, I’m buying a Chevrolet.”

Or, maybe you have been nursing somebody along saying, “Now you’ve got to work with your wife. A lot of you will be starting teams and there is nobody else around,” and he will go along with you. The person is in pretty bad shape and you have been patching him up here and there and somebody else has been working him and then suddenly one day you say, “Well, how are you getting along with your wife?”

And he says, “I haven’t been working with my wife for two weeks. I went out and found someone over at Millboro, and I’ve been working with him, I’ve got him trained up pretty well.” Pat yourself on the back. He has come up above the transference level.

Patching up cases or taking a case which has never been in Dianetic therapy but which has become very distrustful of his fellow humans is at first a rather thankless proceeding. It’s in such a case that an auditor has to exercise an enormous amount of self-control and persuasion. Such a person is liable to be very insulting. They are likely to have very bad habits.

If you are dealing very much with people who are neurotic, they may appear nice people, but just keep the family jewels locked up and fully expect sooner or later to have one of them run off the rails on you. That doesn’t mean that it should break your faith in humanity.

To date, I think I’ve lost something in the neighborhood of four or five hundred dollars treating patients, by accidentally leaving change around while treating somebody I didn’t know was a kleptomaniac—it wasn’t part of the diagnosis. And I’ve had people halfway through to clear all of a sudden put the money back in the drawer again. That was about the first time I learned about how, as people come up the line, their honesty level comes up too.

When you are doing a lot of diagnosis and people are being sent to you from clinics, or you are working around, you may very well expect to find your cuff links missing, or you may even find your reputation being ruined in the neighborhood by this person whom you started into therapy and then dropped. The case is then trying to do everything possible including ruin your good name to get back into therapy again.

None of these are good enough reasons to become angry with a patient. You start doing that and somebody else in Dianetics is going to get a patient on his hands.

The sense of reality is important, the cooperation of the person is important, and it is pretty well up to you, not the patient, whether you get cooperation or not. Because you can get cooperation. However, there may be cases where somebody so violently hates men that they have to be worked by a woman, and vice versa.

We even set up a situation one time where we worked a patient with a mechanical contrivance, a psychometric box which talked and got the answers back. The person was psychotic and hated men and women. All we did was to take an interoffice phone circuit and audit him with it, and it worked all right. One could, with a psychotic or the person who gets messages from the angels, put a nice white gown on some girl sometime and have her walk into the room with

moonlight-type lighting and start auditing. Those things sound silly, but some inventiveness along this line could produce some results.

I had a dear old lady one time who was perfectly willing to be treated by me up to the moment when she found out I wasn't a chiropractor. And at that moment I was a dog because I had misrepresented myself. Nobody had ever said I was a chiropractor as far as I could find out. So I sold her on the idea that I wasn't a chiropractor, I was a swami, and she bought this okay. She would be treated by a swami. I don't think she had any idea what a swami was, but it was something mysterious.

Her engram bank had gotten set up in a certain way so that she was talking to the dead spirits of her father and mother. She was trying to keep them from quarreling with each other as angels now in the Great Beyond, and because the engrams were in full sonic she could hear them quarreling. She had a command which said, "Go back to sleep." In the middle of an operation some doctor had pushed her in the chest and said, "Go back to sleep," so she was drifting up and down the time track as she slept. In a half-waking state, she would hear these voices quarreling and she was sure that it was her parents quarreling over her, and whether or not she should cross the Great Divide and dwell with them forevermore in eternal bliss and peace. This was the exact content of the engrams she was running, but trying to get her to contact those engrams was very difficult. So, as a swami I told her that it was very easy for anyone to put a person into a certain state whereby they could communicate with the dear dead and departed, and we ran that thoroughly out of her case, listening to the Great Beyond.

The inventiveness which one can use in reaching a psychotic or a severely neurotic person is very great. Don't put it under the heading of charlatanism. It is absolutely necessary to try to match up some part of yourself with what such a person considers reality, even though their reality may be quite illusionary.

Reality is something which we have under very hard study. I notice back over the last two or three thousand years a lot of philosophers have argued as to what is reality. All you have to do is read two or three books on the subject and things get so unreal that you are rocking on your fins for days. But I am sure and I am sure that you are sure that there is such a thing as reality which we perceive by our senses and which then as we look at it, remember it and compare it, we consider to be the real world, the finite universe.

But just think for a moment. That is quite an observation, quite a mechanical trick. We observe, with our perceptics,l color, depth, space, forms, various energies, and by some means or other get them translated, and then they go into the bank and they have a label on them: reality.

Now, if some part of that environment says, "That is not reality, you are not doing anything that is real," the whole bank seems to do a recession. So it's up to us to put the person into contact with it again. You will find your hardest cases are those cases which have been sufficiently abused to destroy their sense of reality.

Your own inventiveness could be called upon very definitely in-establishing the bond of affinity, if we just had a little firmer grip on what affinity actually is. It would be interesting to be able to both establish or break the bond.

The law of affinity becomes very embarrassing to a male hypnotist, for instance, who is foolish enough—and many of them are—to hypnotize a nymphomaniac, or for a woman hypnotist to hypnotize a satyr.

I was working with a hypnotist who had as one of his patients a nymphomaniac. And he said, "Now none of your tricks, Ron. This woman is coming up here. Don't you tell her anything about me, and don't you direct her attention toward me. I'm trying desperately to keep from treating her in any way. I don't want to have anything to do with her, but she keeps hanging around all the time."

So I said, “All right,” and I was immediately very interested. He was so afraid of something. Was he afraid of something because he was just afraid, or would it actually take place? It became immediately a scientific experiment. He had to leave the room for a moment after the girl came in, so I handed her a Hindu hypnoscope. She was quite suggestible. And I said, “You know, it’s the funniest thing, but as you gaze at this a little light like a neon light rolls around in it.”

She looked at it for a moment and said, “I don’t see that.”

And I said, “Well, look more closely at that spot in the center.”

So she did, and her eyes went pop. I didn’t say a word after that. The hypnotist came back in and started to work her, so of course we got immediate cross-hypnosis. He started speaking to her and he went on speaking to her for a few minutes, and then he left the room and I woke her up. Hypnotism’s very interesting. Nor about a week this woman was on the telephone any hour of the day or night trying to talk to him!

An auditor would do well to find out about hypnosis since he is going to have to undo hypnotism in many cases. And he will get this phenomenon of cross-hypnotism, where an operator has a person hypnotized and someone else just drifts by and says a word, not even to the person, and then the operator tries to do something and the patient won’t wake up. So the hypnotist has to ask the other person to wake her up. That person does so and the patient wakes up.

He has sort of walked through the affinity and carried some of it away with him leaving the operator no longer operating. Well, that was what happened to this hypnotist.

A good book on the subject is Hypnotism Comes of Age, but there is an old-timer published about 1900 called Twenty-five Lessons in Hypnotism and you can get it in secondhand bookstores for 35 cents. It is published by I. N. Ottenheimer Publishing Company, Baltimore, Maryland, and is by M. Young. That contains in it far more information than you will find in any modern book in the library. It is very fascinating and is in a very brief form. It could be scanned over in an evening. He covers in there clairvoyance and other things. Don’t take him too literally on some of these things. I’m sure that he was certain that he could levitate people merely by hypnotizing them and so on. But nearly everything in that book is possible by hypnotism and can be done, and almost anything in that book can be found in somebody’s reactive mind.

For instance, in the last four days I have had three hypnotisms. Of course I work on a lot of people at random. But that is still a very high percentage since there couldn’t have been more than 20 people that I worked on during that period. I even came across a hypnotic technique used in the beginning of an operation, with a complete blank-out under ether, with the command “You won’t remember this.”

So in order to break up a hypnotism you had better know what hypnotists do. You had better know that the forgetter mechanism is the first thing you hit in a hypnotism. You had better know that they use terms of regression. They get a person in deep trance and send him back down the time track. They think they are making the person smaller or it is his imagination or something else at work. They will try to go back and find, for instance, the cause of stuttering and will tell a person, “Stay there.”

Using hypnosis in therapy would work except for one thing. Trying to hypnotize people you learn quite rapidly that the percentage of people who are hypnotizable is relatively low. Further, if a person is stuck somewhere on the track, efforts to hypnotize him or give him narcosynthesis are met with a complete blank wall.

A hypnotized person seems to possess less force to buck into his engrams.

It would be fortunate for us if hypnotism would result in reaching a sees-all-knows-all mechanism in the mind. But you start asking a patient when he is hypnotized for positive and definite answers about this and that and it is pretty blank or fuzzy.

If one is trying to run an operation out of someone with a bad holder, and one tells him bluntly that one is going to hypnotize him, and then starts trying to hypnotize him, he may start to laugh. It is a rejection mechanism. He feels himself going under but he can't go under, and he will begin to exhibit the manifestation of a hebephrenic. And just like pushing against a spring mattress, the more one tries to force him down, the more he comes back.

If you take what is known as the Charcot mirrors or more modern methods of spinning discs, and make the person face it, he will occasionally become terrified or exhibit the emotion of the engram which he is dropping back into and you can get data that way. You won't break it very thoroughly but you will get data. In a few cases I have actually broken an engram and have gotten off a considerable fear charge by an effort to hypnotize a person who is severely held on the track.

One notable case was held in a nitrous oxide incident at 3 years of age. He had had some accident to his mouth and something had to be done to a tooth, so they gave him nitrous oxide. Mama was there and she kept telling him to lie still and stay there. She also said, "Don't let him up," and, "Don't let him wake up." A Charcot mirror used on that patient in a dark room caused him to let out three or four piercing shrieks and start to chatter madly about "He's going down again, he's going down again." This was Mama becoming alarmed because the child got so limp. After he dramatized Mama, suddenly we had the anesthetist and then we had some more of the patter.

We would get a good run on it, with the patient screaming out a phrase or two. Then he would struggle out of it again, and 15 or 20 minutes later all of a sudden he would become fascinated and pulled back into it again and we would get another phrase out. Then about half an hour later the same sort of thing would happen. We finally broke that engram during the person's fifth hour in therapy. He was one of these can't see, can't hear, can't feel, aren't alive, don't know cases.

The patient was pretty suggestible and would drop into amnesia trancel as soon as he was told to close his eyes. When I was first working it and knew that was undesirable, I was using smelling salts on the patient which was not too workable. So the patient would go into an amnesia trance, and I would run him back to an engram and run the engram. Then I would wake the patient up and tell him to remember the engram and start feeding him phrases while he was wide awake, and have him crawl through it then in a more or less wide-awake state, being very careful to keep him jogged up all the time so he wouldn't sink into an amnesia trance again, getting it up to a second tone. I have worked that Method on some patients. It is workable where you have a patient who goes immediately into amnesia trance.

I didn't tell the patient anything. I just started feeding him repeater techniques wide awake, making him keep his eyes open, holding his eyes open if possible, and chucking him in the ribs if he started to slide off, and just got him repeating. And he slid down and started to contact the incident and suddenly the whole thing more or less flashed into view.

Benzedrine works somewhat, but some patients under Benzedrine hypnotize just as rapidly as ever. Hypnotism, by the way, is not sleep.

The value of Benzedrine is unfortunately not as good as it might be. In some patients the administration of Benzedrine assists markedly the contact and deintensification of emotional charges. Yet I've had patients that were quite null. In fact, one of the smoothest, easiest things an engram does if it has that as its content is to nullify or deepen the effect of drugs. I have had patients that I fed blanks to (probably made out of flour). I had one patient worked up on Benzedrine blanks to 100 milligrams a day, and this patient was going around quite high, feeling wonderful. If you get somebody who starts to demand Benzedrine runs of you and if

you have a bottle of blanks, why, feed him all the blanks you want to, you may get remarkably better results.

On the other hand, he may have the phrase "Pills send me right to sleep," or "One pill doesn't do me any good, it takes two to do any good." And you will actually find with such a patient that you feed him one of anything and it doesn't do him any good. But you take baby-size aspirin and feed him two of them and they do him good. They turn off his headache. But one full-sized aspirin which has more aspirin in it doesn't affect his headache because it isn't two pills.

On the administration of Benzedrine, after 10 to 20 milligrams you should expect a changed manifestation on the part of the patient in from half an hour to 45 minutes. It bites at about that time and it goes through then for the next two or three hours as very stimulative. It may only be stimulative in the muscles, and you may not be getting any better engrams at all, but it is definitely stimulative.

The next thing that you can expect from it is that at the expiration of from four to six hours it goes off in a slump. There is a short period of depression. You can work the patient on the upgrade or you can work him on the downgrade. Quite often that period of depression which follows produces a better state of mind for the release of painful emotion. If it has been administered at 2 or 3 o'clock in the afternoon, at about noon the next day you can expect the last side effects of it to wear off, and one could normally expect the patient to have a sleepless night after that.

When a patient is given Benzedrine, the Benzedrine effects can be nullified to permit the patient to sleep by the administration of some soporific such as scopolamine, which would produce a very remarkable manifestation. Benzedrine quite often makes people talk. If they are then fed "scope" they really turn into chatterboxes, and one can very often expect them to just talk and talk and talk and talk practically about nothing.

Nembutal will do the same thing, so don't be alarmed at the chattery, drunken aspect of somebody. Nevertheless, the effects of Benzedrine can be eliminated to a marked degree by the administration of a soporific afterwards.

The administration of drugs during therapy must bring about the following factor: Sooner or later you are going to get a patient who has no somatics and you are going to figure out that this is because his engrams say so. Then you are going to find out that he takes lots of Pyrobenzamine or some other drug which knocks off psychosomatic illnesses to some slight degree, perhaps by doing something to the histamine balance. Benedril and Pyrobenzamine in a patient will sometimes inhibit a solid manifestation of a somatic. For instance, if you are trying to find the source of a person's sinusitis and he is busily taking handfuls of Pyrobenzamine to turn it off, you are not going to locate it. I have had four patients to date that I had worked on for three or four hours realizing something was very wrong. The first one taught me that I'd better ask. Now I say, "Do you take cold drugs or anything like that?"

"Oh, yes, I take 150 milligrams of Pyrobenzamine every four hours."

Caffeine has a stimulative effect. It possibly comes closer to center than Benzedrine does, but the heart action can certainly be revved up with caffeine.

The most workable test of Benzedrine is in a psychotic where it makes the person more accessible. Half an hour after the administration of 20 milligrams of Benzedrine one starts to get cooperation, which continues for perhaps two hours and then no cooperation.

The theory that preceded the use of stimulants is that they have proven efficacious in some slight degree, and biochemically we may discover some stimulant or some something that turns on enough emotion so that we can discharge emotional engrams. That's a very serious problem and a tough one just on this basis. The theory behind it is very precise. We are trying to wake

up the analyzer from the first time it went to sleep to the last time it went to sleep, so we don't give the patient a depressant, we give him a stimulant. We found that in some patients it was quite workable, in others it was utterly inefficacious.

I wish the biochemists would get busy. We need that one-shot clear.

I have found that people heavily saturated with alcohol would very often contact material which heretofore had been blocked off, but would not have enough push to go through it. They would later sober up with the engram in restimulation, which was a nasty situation. Fortunately, knowing what the engram was, I could get them to repeat themselves back into it.

If you are treating alcoholics you have to keep them on alcohol while you are treating them, because you won't' be able to get them off.

The way to gain altitude as an auditor is to find somebody who is a setup, and whip this person into a block of engrams, get some convulsions and release the material. The person gets up and says, "I feel wonderful, I could go out and lick the world!" and the auditor will have altitude.

Your own belief in yourself and your ability to audit deteriorates the instant that you start up against a case which just plain won't give out anything. An auditor who is up against this is in a bad situation. He has not had a good, solid look at engrams in action. You learn about engrams by looking at them. You learn about the reactive mind by looking over what the reactive mind can do. There is where you get your practice, not just plugging away at somebody who can't give out anything.

As a consequence, one's training is held up. Any student who is having trouble with his co-audit partner is also being retarded in his training to some slight degree, in that his own aggressiveness on the subject is probably dropping.

The best remedy in the world for it is to look around and see somebody who needs help, tell them to close their eyes, and work on them a little bit. Simply test out a few people until you find a nice, easy case, then go into that case and knock out basic-basic, start an erasure and start coming up the line, plow, plow, plow, with good visio, sonic and everything else.

It doesn't matter how psychotic or how neurotic a person is, you will still find a lot of setups. The aberrative value has nothing to do with it.

Then suddenly you as an auditor will get an idea of how engrams look, and can say, "Well, they run out this way or they behave that way, and, gosh, look what happens to the guy when this happens," and so on. Don't keep on auditing wholly and only a patient that you can't Emd anything in. Because if you go and find a patient who is fairly wide open and Emd out what his engram bank looks like and you know what his track looks like, you can say, "This is the way these things work." And now you have gotten an insight into the situation and can tackle this case and very often it will fold up just like the one in the following demonstration is going to.

LRH: What's been worrying you lately?

PC: Nothing.

LRH: Oh, nothing worries you?

PC: Yes.

LRH: "Nothing worries me, I feel fine." Go over that line.

PC: Nothing worries me, I feel fine."

LRH: Go over it again.

PC: Nothing worries me, I feel fine."

LRH: Go over it again.

PC: Nothing worries me, I feel fine."

LRH: That's a swell manic to have. You know the swellest manic I ever had on my hands was a person who was "calm." And this person would go into a screaming fit if you inferred she was not calm, yet she was a terror to all beholders.

Go on, you feel fine. "Nothing is wrong with me, I feel fine." Who used to talk about how fine they felt around you?

PC: Nobody that I know of.

LRH: Come on. You can remember it. You can remember it. Did your mother ever complain about her health?

PC: She said it was a good thing how she felt. She felt pretty good most of the time.

LRH: She said what?

PC: (sounds cheerful) She said she felt good, yah.

LRH: All right. Was she sickly?

PC: No. She was fine.

LRH: How long did she used to keep this up? Was she very insistent on it or was she just a mild, nice woman?

PC: Yeah. Nice and easy.

LRH: You liked her, nice and easy going?

PC: Yeah.

LRH: How was the old man? Was he bad?

PC: He's all right.

LRH: "He's all right." Now wait a minute, that's not a very positive statement. You can remember what kind of a person this fellow was.

PC: Well, if everything was going smoothly.

LRH: Ah. But what happened when it went rough?

PC: He'd curse.

LRH: He'd curse? And who would he hit?

PC: Nobody.

LRH: You?

PC: No, he had pretty good control.

LRH: Did he ever hit you?

PC: Sure, he hit me.

LRH: All right.

PC: Yeah, he hit me.

LRH: Yeah. You can remember now a time he hit you.

PC: I can remember lots of times he hit me.

LRH: Lots of them.

PC: Sure.

LRH: How well do you remember these?

PC: Very good.

LRH: Pretty good? Where did he hit you? (small pause) Tell me.

PC: Oh, on the face.

LRH: Yah? What would he say?

PC: Well, one specific incident?

LRH: All right. One specific incident.

PC: All right. Well, he said, “I’ll teach you to treat your mother this way, “ or “to be a bad boy, “ or something like that.

LRH: You can remember this, what did he say? “I’ll teach you to” what?

PC: Now, I wonder if I’m making that up.

LRH: Who used to be afraid of that?

PC: Nobody was afraid of that. I might have heard somebody else say that.

LRH: Hm-hm? You interest me. Go on, what did the old man used to say about teaching you to be a bad boy? (pause) And where did he hit you? Over here? Hard?

PC: Yuh.

LRH: Pretty hard? Would you fall when he hit you or would you stand on your feet?

PC: Well, I’d just go down to sort of protect myself.

LRH: Hm-hm.

PC: I’d just go into a fall.

LRH: And after you went down to protect yourself, what would happen?

PC: He’d hit me a couple of more times.

LRH: Hit you while you were down?

PC: Well, he was in a pretty bad mood. He only did this once, really. No, twice.

LRH: All right. You can remember this.

PC: Yeah. I remember.

LRH: How did you feel about that? What did you want to do to him?

PC: It's a funny thing but at the time I didn't feel too sore, I felt more worried that my mother would be aggravated over it and I went in and calmed her. She had incited him by telling him that I was bad. But afterwards she realized that she had aroused him too much so I said, "That's all sighed you'll get over it. Don't worry about it."

LRH: "That's all right. You'll get over it. Don't worry about it." Okay. Shut your eyes. Right back down the track, prenatal. "That's all right. You'll get over it. Don't worry about it. That's all right. You'll get over it. Don't worry about it." Repeat it.

PC: Thats all right."

LRH: Your somatic strips contacting this, now let's go over it. "That's all right."

PC: Thats all right."

LRH: "Thatb all right."

PC: That s all right."

LRH: Continue.

PC: That s all right."

LRH: Next line. (pause) "That's all right." Go over it again.

PC: That s all right."

LRH: Next line. (pause) Next line.

PC: She'll be all right."

LRH: All right. Go over it again.

PC: Thats all right. She'll be all right."

LRH: Next line. (pause) Next line. (pause) When I count from one to five the next line will flash into your mind. One-two-three-four-five (snaps). What is it?

PC: I draw a solid blank.

LRH: Hm-hm?

PC: Just silence. Just absolute silence like in a broadcasting studio.

LRH: Silence.

PC: Yah.

LRH: Who said so?

PC: Nobody said so. Nobody said anything.

LRH: Yah? Nobody said anything. Who said “silence”? Whose word is that?

PC: The thought of mother flashed into my mind.

LRH: A thought of mother’s. What kind of a thought was it?

PC: It was just that you said, “Who said so?” and the word “mother” flashed into my mind.

LRH: All right. Let’s pick that up. When did your mother want silence?

PC: (pause) I’m trying to cooperate.

LRH: All right. When did your mother want silence? (pause) You know. When did she want silence? You remember this. Tell me about it. When did she want silence?

PC: (pause) When did she want silence? When does anybody want silence? When?

LRH: When what?

PC: When they’re disturbed, I suppose.

LRH: When they’re disturbed they want silence? You remember your mother asking for silence when you were disturbed?

PC: When somebody’s sleeping in the house.

LRH: Somebody sleeping in the house. Are you sleeping?

PC: No.

LRH: Who used to sleep in the house? Your old man ever work at night?

PC: No. But he wanted to sleep in the morning.

LRH: How late did he sleep in the morning?

PC: Oh, sometimes my father told me that.

LRH: About what?

PC: Making things up.

LRH: When did he punish you for it?

PC: Never punished me for it.

LRH: Never did?

PC: No.

LRH: “I’ll teach you to make things up.” Could that have been it?

PC: No.

LRH: "I'll teach you to be a bad boy"? That it?

PC: No.

LRH: That never was it?

PC: Not that I can recall. I can't think of it at the moment. Maybe it was.

LRH: Was it ever said?

PC: I'll teach you to be a bad boy"?

LRH: "I'll teach you to do that wrong."

PC: I'll teach you to do that wrong. " Nope, I don't think he said that. My mother might have said that.

LRH: Your mother might have said that—"I'll teach you to do that wrong"?

PC: Or, "I'll teach you to be naughty, " or "I'll teach you"—yes, she might have used that expression.

LRH: "I'll teach you to be naughty"? How about your grandmother? Do you like your grandmother?

PC: Yeah.

LRH: Yeah?

PC: I guess so. As well as a person likes her.

LRH: All right. Who invalidated your sense of reality? You know. You not only know the persons, you know the incident. (pause) Now tell me. (pause) Who invalidated you?

PC: In other words, "You don't know what you're talking about" idea?

LRH: Yes. That's right. (pause) Count five to one, the direct memory circuits by command, one-two-three-four-five (snaps Five-four-three-two-one (snap!).

PC: Maybe some kid said, "You don't know what you're talking about. " Kids usually do it.

LRH: Yeah? Kids usually do it. It's a bad incident, isn't it?

PC: (pause) Well, I get the memory now of playing, when I used to live in New York, playing with a bunch of kids. I was a small fry at the time.

LRH: Yah. What did they used to tell you?

PC: You didn't know what you were talking about.

LRH: Who said, "Making things up"?

PC: They didn't say, "Making things up."

LRH: Which one of your family would say, "Making things up"?

PC: Sometimes my father would tell me I don't know what I'm talking about. But that's all the time, not in any incident.

LRH: That's all of the time?

PC: Well, any time that he was skeptical over something I'd say.

LRH: Oh, you mean your father's skeptical?

PC: That's right.

LRH: And how have you felt about these incidents?

PC: Skeptical.

LRH: What a remarkable coincidence. You know, he couldn't possibly be in your engram bank, could he?

PC: He might.

LRH: With what words would he be in there?

PC: (pause) Well, I don't contact anything.

LRH: Aha. But you know. You can remember. Go over and sit down. And later you can come by and tell me the exact knock-down-drag-out, blood-in-the-gutter incident that fixed up your sense of reality. Okay?

PC: That's fine.

LRH: Okay.

The auditor who takes on the above case will have to pay attention to the fact that here is a family that talks backwards. "This is a fine family I've got. I'll teach you to be a naughty boy." Of course it sits literally in the bank as, "I'll teach you to be a naughty boy." This backwards sarcastic method of talking makes some of the most remarkable engrams. "All right, I'm wrong, I'm always wrong. So I'm wrong. Now are you satisfied that I am wrong?" (I pulled that one up out of a bank recently.)

Differences in language also affect cases differently. For instance, in Ylddish an AAl is a phrase which says, "Got to take a cleaning," or, "Got to be cleaned out." There are strange colloquialisms, idioms, cliches from language to language. In French the word for pain is man meaning "an evil"—"I have an evil in my head"—and this word evil goes straight across the language, which would install demons and devils in a person and so forth.

Working a bilingual case is not difficult. All you have got to do is to take the patient down into the area and ask for flash phrases. If that language is in there engramically, you will get phrases off it. I had a person who hadn't heard Ylddish since about two and a half years of age and suddenly he was practically talking Ylddish after about ten hours of therapy.

It is quite ordinary to start running off an engram which is lying on top of the boil-off2 area, then boil off, and then run another engram under it. Or run five or six engrams off the top of the boil-off and then boil off another one. Don't expect this material to be filed well.

Here is a demonstration of working a case whose auditor is having trouble locating incidents to run.

LRH: All right. You say you're perfectly happy?

PC: Yes.

LRH: Why does your husband want to work on you?

PC: I don't know. We're doing it mainly because he needs work.

LRH: You ever restimulated?

PC: Not so far, we've done about 15 hours.

LRH: How are your recalls?

PC: Well, I don't know. I mean, my recall on the whole is pretty good.

LRH: Pretty good?

PC: I mean in normal life, my recall is pretty good.

LRH: You get somatics?

PC: No, I don't have any recurring somatics to speak of.

LRH: Yeah, but in therapy do you ever get a somatic?

PC: No, I haven't felt one. I'd say we only worked about 15 hours.

LRH: How old are you? (snap!)

PC: 32.

LRH: You're set with that?

PC: No, but I'm 32. (laughs)

LRH: All right. Now give me a number (snap!).

PC: 7.

LRH: And give me a yes or no to any one of the following words I say to you. Yes or no, a flash reply, the first thing that comes into your mind now. Hospital (snap!).

PC: Yes.

LRH: Doctor (snaps).

PC: Yes, I mean I'm saying that on the basis . . .

LRH: Mother.

PC: of I've had experience with them. (laugh)

LRH: Mother (snap!).

PC: Yes.

LRH: Doyou how what I'm asking for? Are you getting those on a flash reply basis?

PC: Well, as I say, when you ask the question, what comes into my mind is “Yes, I’ve had experience with them, “ meaning I’ve been there or I’ve contacted them, you know.

LRH: Uh-huh. What severe illness did you have when you were a child?

PC: Well, the most severe illness in actual effect was polio, but we didn’t know it was polio until some time afterwards, in case that has any influence.

LRH: When was this?

PC: When I was 12.

LRH: When did you have measles?

PC: 8.

LRH: When you were 8. Did you have a hard time with it?

PC: I think so.

LRH: How did your mother look when she walked into the room and found out you had measles?

PC: Well, I’m not sure because I got measles in between mumps and whooping cough. How she looked with the measles, I’m not sure. (laughs)

LRH: Did they keep the room nice and bright when you had measles?

PC: No, as I recall it was dark. I was sicker with measles than with the others, and I don’t have as good a recall on that as I have on the mumps.

LRH: You have good recall on the mumps?

PC: Fair, comparatively.

LRH: Where did you live when you were a little tiny kid, 2 years of age?

PC: On Chestnut Street.

LRH: How long did you live there?

PC: Until I was 4.

LRH: Until you were 4? What did the house look like?

PC: It was a gray house, as I recall. I can’t picture it too well. I can picture the other house much better of course.

LRH: This one you lived in but you can’t get a picture of it?

PC: This one I lived in until I was 12. I can see the way the stairway went up and the wall telephone.

LRH: When did you fall off a tricycle?

PC: That was later, I didn’t have a tricycle till we moved to the other place. (laughs)

LRH: When did you get a bicycle?

PC: I never had one.

LRH: Never had one.

PC: No bicycle.

LRH: When did you fall off the rollycoaster wagon?

PC: Never been on a roller coaster either. (laughs)

LRH: Ever have a sled accident?

PC: Nothing serious enough to make an impression.

LRH: Doyou remember falling off a sled?

PC: Sure. I've fallen off them a lot of times.

LRH: Yeah? Shut your eyes. Let's go back to the first time you ever fell off a sled. There's nothing very special about this, let's just return to falling off a sled. What are you sliding down? Let's take a look at it now.

PC: Well, I haven't picked up any particular incident yet, but it must have been down Batey Hill playground because that's where we always go.

LRH: All right. Let's take a slide down Batey Hill anyhow, whether we fall off or not. Let's just take a slide down there.

PC: Yes.

LRH: You have a slide? How are you doing?

PC: Going down all right.

LRH: Going down all right? Hot day, cold day, what?

PC: It was a cold day, snow.

LRH: Look good?

PC: Looks good, feels good.

LRH: How's the smell?

PC: Oh, sort of crisp, you know.

LRH: Hm-hm. YQU like it?

PC: Hm-hm.

LRH: Good.

PC: And I can hear the snow under the runners, you know.

LRH: Right. Come up to present time.

PC: But surely, I ought to have something, oughtn't I? (laughs)

LRH: How about birth? Has your auditor taken you back in towards birth?

PC: No, we haven't hit birth yet.

LRH: Have you hit basic-basic?

PC: No. Not identifiably anyhow.

We haven't hit a single thing that acts or looks like an engram. I can't get somatics, although I have pretty near perfect recall on many things.

LRH: Do you want to find an engram?

PC: Yes.

LRH: You probably haven't got more than fifty or a hundred engrams in the bank at the outside. Fine. Shut your eyes. Let's go back to conception. Your own. Let's return back to conception. All the way back. Contact the first part of it. Now tell me what you're contacting. The somatic strip's right there, let's roll it.

PC: I don't see anything but blackness.

LRH: You see blackness?

PC: Yes. I have my eyes shut. Maybe that has something to do with it.

LRH: All right. Now, what are you doing there? (pause) How does it feel?

PC: Feels all right so far.

LRH: Did you get a muscular reaction?

PC: No.

LRH: All right. Let's repeat the words "I can't tell this early."

PC: "I can't tell this early."

LRH: Somatic strip will go to that.

PC: "I can't tell this early."

LRH: Go over it again.

PC: "I can't tell this early."

LRH: Go over it again.

PC: "I can't tell this early."

LRH: Go over it again.

PC: "I can't tell this early."

LRH: What are you contacting? Go over it again.

PC: "I can't tell this early."

LRH: Go over it again.

PC: “I can’t tell this early.”

LRH: Go over it again.

PC: “I can’t tell this early.”

LRH: Go over it again.

PC: “I can’t tell this early.”

LRH: What are you contacting?

PC: I don’t seem to pick up anything.

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

PC: “I can’t tell this early.”

LRH: All right. Now the somatic strip will go to the engram necessary to make the engrams in your case obtainable. The somatic strip will go straight to the one necessary to find in order to make it obtainable. Now when I count from five to one a phrase is going to flash into your mind. Five-four-three-two-one (snaps).

PC: (pause) “I “I don’t know.”

LRH: All right. Let’s go over that phrase.

PC: “I don’t know.”

LRH: Go over the phrase again.

PC: “I don’t know.”

LRH: Who might ever have said “I don’t know” around you?

PC: Well, both my parents have said it a number of times about a number of different things.

[gap in recording]

LRH: All right. Let’s contact the first contraction in birth. (pause) First contraction. (pause) Now let’s contact the second.

PC: I got a little twitch in a leg muscle here, if that’s worth anything.

LRH: All right. Third contraction. Fourth contraction. Fifth contraction. Sixth. Seventh. Eighth. Ninth contraction. Tenth contraction. Eleventh. Twelfth. Thirteenth. Let’s start down the birth canal. Down the birth canal. You’re halfway down the birth canal. Come on, what are you getting?

PC: Just a sensation of some slight pressure in my wrists.

LRH: Uh-huh.

PC: Slight pressure here.

LRH: Uh-huh. Let's continue on down the birth canal. (pause) All Aght. Let's continue to the moment your head's out. (pause) One shoulder's out. (pause) The other shoulder's out. (pause) All out. (pause) The cord's cut. (pause) Drops in the eyes. (pause) Okay, now up to the point where you go to sleep. (pause) Up to the point where you get your first bottle.

PC: I was nursed.

LRH: All right. First nursing. Let's contact it right there, the first nursing. (pause) How do you feel? Let's feel the arms around you.

PC: I can imagine that I do.

LRH: Okay. Go ahead and imagine it. Feel the arms around you. (pause) All right. How do things look to you?

PC: Can't see much of anything.

LRH: Can you see anything?

PC: (pause) I hare the sensation of light. I don't really see anything.

LRH: Okay. Now let's come up to the time you're ten days old. (pause) Now lets contact the scenery. (pause) Eight o'clock in the moming. Ten days old. (pause) What do things look like to you?

PC: Well, I don't know. I can imagine a hospital nursery, but I don't think it's genuine because I don't see it from the aspect that you'd see it if you were a baby.

LRH: All right.

PC: (laughs) I think it must be some other.

LRH: Let's see it from the aspect you would see it if you were a baby. Let's just imagine that. Where would you be lying?

PC: Well, there would be a ceiling and a light, that would be about all that would be visible.

LRH: Aha. Who said so?

PC: Well, that's just my own idea, as nearly as I can tell from what I know.

LRH: It's your own idea? All right. Let's come on up to the time you're crawling around on the floor. (pause) Crawling around on the floor. Let's do a good crawl around on the floor. (pause) Having a good time crawling on the floor. (pause) What do things look like?

PC: They look big.

LRH: Hm-hm. IEke a look at them. (pause) Now let's contact the moment when somebody comes toward you to pick you up. (pause) Somebody comes toward you to pick you up. Let's get picked up. How big's the person?

PC: Quite big, there.

LRH: All right. Now let's go a little bit earlier to a point where you have a bad bubble on the tummy. (pause) Bubble on the tummy, now. (pause) All right. Pick up the moment somebody throws you over the shoulder. Who is it?

PC: I keep picturing my father.

LRH: All right. Where is he?

PC: He's standing up.

LRH: And what's he doing?

PC: Puts me over his shoulder. (laughs)

LRH: How do you feel? Do you see him put you over his shoulder or do you see his shoulder?

PC: (pause) I think I see the floor.

LRH: You see the floor?

PC: Yes.

LRH: Okay. Where's he patting you? (pause) Is he patting you?

PC: I don't think s0.

LRH: All right. How does he get rid of the bubble?

PC: Well, he leans me over his shoulder....

LRH: Yah, and what does he do?

PC: Presses.

LRH: And what do you do?

PC: Well, I should burp, whether I do or not I'm not sure. (laughing)

LRH: All right. Lets contact the moment when you do burp. (pause) Precise instant there when you burp. (pause) Contact the moment you burp. Let's feel the bubble. (pause) Let's feel the bubble. (pause) Can you feel it coming up?

PC: No.

LRH: Letb contact the moment you do burp. How do things look to you at that moment?

PC: (clears throat) I don't haue a clear picture....

LRH: Hm-hm. How do things look to you?

PC: (pause) Wellj what I seem to picture is the room that was the living room which is a rather dark sort of room.

LRH: Hm-hm. Where are you, the moment you're picturing this?

PC: Well, I'm near the center of the room.

LRH: How does the room look? Small? Big? HOW?

PC: It’s rather small.

LRH: Does it look small to you? (pause) All right. What would your father say to you while he’s burping you? “Get it up”? (pause) Give me a flash reply. What would be his words? (snap!)

PC: Let s get rid of it.”

LRH: All right. Let’s go over that.

PC: Must get rid of it.”

LRH: Anything about getting it up?

PC: “Up it comes.”

LRH: All right. Let’s go over that. “Up it comes.”

PC: “Up it comes.”

LRH: Go over it again.

PC: “Up it comes.”

LRH: Go over it again.

PC: “Up it comes.”

LRH: Let’s return to the moment when it does come up.

PC: “Up it comes.”

LRH: “Up it comes.”

PC: “Up it comes.”

LRH: Go over it again.

PC: “Up it comes.”

LRH: Let’s contact his voice.

PC: UP it comes.”

LRH: Go over it again.

PC: “Up it comes.”

LRH: Go over it again.

PC: “Up it comes.”

LRH: Go over it again.

PC: “Up it comes.”

LRH: Go over it again.

PC: “Up it comes.”

LRH: Where are you?

PC: Up against his shoulder.

LRH: All right. How does the room look to you now?

PC: Still somewhat indistinct.

LRH: Indistinct.

PC: I mean I can’t figure out the sharp details as to where everything is, and so forth.

LRH: Uh-huh, because where are you?

PC: Ouer his shoulder. (laugh)

LRH: All right. Now let’s come on up to the time when you’re having an awful good time, just a terrifically good time. What are you doing?

PC: I’m hiking. I’m up on top of a mountain.

LRH: Okay. How does it feel to be up on top of the mountain?

PC: Wonderful.

LRH: Good. Let’s take a look at the countryside.

PC: Yes.

LRH: How does it look to you?

PC: It’s far down below, you can see the foothills and the valley down below.

LRH: Good and clear?

PC: Very clear.

LRH: Nice and clear?

PC: Yes.

LRH: How does it smell? (pause) How does it smell? Let’s take a look at it. How does it smell?

PC: It’s fall. The leases are turned....

LRH: Let’s feel the air.

PC: It smells very good.

LRH: All right.

PC: Fresh and a little bit smoky.

LRH: Let's take a sniff of it.

PC: Smoky.

LRH: Smoky.

PC: There's probably a forest fire over on the next range.

LRH: Okay. Now, let's feel your feet under you as you stand there. Are you sitting or standing?

PC: Standing.

LRH: Do you feel your feet under you as you're standing there? Let's feel your feet standing there.

PC: Hm-hm.

LRH: All right. How do your boots feel? Are you wearing boots?

PC: No, I was wearing shoes.

LRH: All right. Let's feel the shoes.

PC: Hm-hm.

LRH: Feel the shoes. Is the ground even or uneven under your feet?

PC: Fairly uneven. Some bare spots and some grassy.

LRH: Feel happy looking at that?

PC: Yes.

LRH: Countryside. Top of the world.

PC: Right.

LRH: All right. Come up to present time.

PC: I'm up.

LRH: Five-four-three-two-one (snap!).

Using the above technique one can send the somatic strip through almost any incident in a person's whole life. They will go through some sort of a sensation of it. They may tell you, "Oh, no, I don't feel anything," and yet you can run a time clock on an operation without the patient knowing anything about the operation.

The above case is open. There is a computation back down in the bank and there are bouncers.l For instance, she bounced on her papa's phrase about getting it up.

You have got to use your head about working Dianetics. The trouble with this case is it works too well.

Let's look over another case that is worrying his auditor.

LRH: What's been worrying you lately?

PC: Nothing comes to mind right away.

LRH: Nothing comes to mind?

PC: No.

LRH: Who had bad eyes in your family?

PC: Neither one. My father wore glasses, not very strong. That was all.

LRH: And your mother?

PC: No, she didn't wear glasses.

LRH: How about your grandparents?

PC: Don't remember them.

LRH: When did they die?

PC: My father's father was the only one I knew.

LRH: And when did he die?

PC: He died when I was about 2.

LRH: Did he wear glasses?

PC: Yes, he did.

LRH: Thick ones?

PC: No, not particularly.

LRH: He did wear glasses.

PC: He did wearglasses.

LRH: What were his mannerisms?

PC: I hare no distinct memory of him, I'ue been told he was very soft-spoken.

LRH: What did he do for a living?

PC: He was an actor.

LRH: What do you do for a living?

PC: Studying to be a teacher, I'm studying mathematics.

LRH: Was he a nice guy?

PC: I think so.

LRH: Did he like you?

PC: That I couldn't tell you.

LRH: Do you like your parents?

PC: Yes.

LRH: Both of them?

PC: Yes. (pause) I don't get along well at home.

LRH: Why not? When you're there you don't get along with them?

PC: No, I don't get along, as far as I'm concerned.

LRH: But you like them.

PC: Not Very well. Not as people.

LRH: All right. What did they do to you?

PC: Don't know. I've been told that I was very difficult as a young child.

LRH: You were a problem?

PC: I was a problem.

LRH: What were the words that were said to you?

PC: I don't have any memory of it at all.

LRH: Is that why you were a problem?

PC: No, I was supposed to be always getting into things I shouldn't.

LRH: Getting into things you shouldn't. Do you mean your auditory having trouble with you? (pause) Your auditor ought to be ashamed. (He's always getting into trouble getting into things. He's difficult.) Now who told you you were difficult?

PC: I guess my mother, not the nurse.

LRH: Yah? How about the nurse?

PC: Don't recall the nurse.

LRH: Who really thought you were difficult?

PC: I think my mother does.

LRH: Did she ever knock you around any on the subject?

PC: She's spoken to me about it.

LRH: She's spoken to you.

PC: Euen recently.

LRH: Even recently? What did she say recently?

PC: She runs me down.

LRH: Who used to run her down?

PC: I don't know. My father might have, but I don't ever remember it.

LRH: Did she ever talk about anybody ever running anybody down?

PC: No.

LRH: Who's phrase is that? "Running down people." (pause) Is that a bad thing to do, to run down people?

PC: I never like to see it done. I don't do it myself.

LRH: Let's go on back down the time track.

PC: My older brother comes to mind.

LRH: Yah? What did he do?

PC: He ran people down. The time comes to mind that he was frightened in a storm and they tell me he pointed to where I was sleeping and said, "There, he's too dumb to be afraid."

LRH: That come to you?

PC: The story has been told to me.

LRH: Do you remember this?

PC: No.

LRH: Are you supposed to believe what you're told?

PC: I've probably been told that.

LRH: Yeah? Who told you that?

PC: I suppose that would be my mother.

LRH: But that would be very easy to remember if you believe what you're told.

PC: The things I can remember are the things I have been told.

LRH: Aha. Now who told you this? To believe what you were told.

PC: I would say that was my mom.

LRH: Your mother? Remember her telling you?

PC: No. I think she would say, "Do what you're told."

LRH: How about "Believe what you're told"? Could it be somebody else that said, "Believe what you're told"?

PC: Could hare been the nurse too.

LRH: What might the nurse have said? What kind of a voice would she have used when she was saying this?

PC: She would be angry. But it wouldn't be the nurse, I don't know who the nurse was.

LRH: This voice would be angry that told you? Would it be your mother's voice?

PC: It could be.

LRH: Let's just imitate it.

PC: Uh….

LRH: Just imitate it. You can imitate your mother's voice.

PC: "You believe what you're told."

LRH: Aw, she said it tougher than that.

PC: Yah, she had a definite tone in her voice.

LRH: What's the tone?

PC: You can tell when she as angry by her tone.

LRH: Did your father leave her?

PC: No.

LRH: He stayed with her?

PC: Oh, yes.

LRH: Is he happy with her?

PC: Well, my father died .

LRH: Oh. When did your father die?

PC: He died in 1942.

LRH: Did you care when he died?

PC: I did, yes.

LRH: How have you felt since?

PC: Sometimes I regret not having known him better.

LRH: Okay. Who used to tell you that you should believe what you're told? (pause) You can remember.

PC: I still think it was my mom but I don't remember the incident.

LRH: Now you do remember the incident. Did she ever say, "You never remember anything"?

PC: As long as I can remember I'ue always had a poor memory.

LRH: Yah. But who said that as long as you can remember you always had a poor memory!

PC: Yes, my mom did.

LRH: Oh. Now do you ever recall your mother telling somebody else that another person had a poor memory?

PC: No.

LRH: Do you remember your brother commenting on somebody having a poor memory?

PC: No. I remember that I used to get in arguments with my younger brother.

LRH: About what?

PC: Oh, perhaps it would be about errands we were supposed to run, sometimes we had responsibility for doing things.

LRH: And?

PC: And I'd argue with him.

LRH: Yah.

PC: He always seemed to remember better than I did.

LRH: Hm-hm. Who went through a period of not having a good memory?

PC: I did.

LRH: When?

PC: Well, I haven't had a good memory....

LRH: What would be the first step one would have to take to rehabilitate your case?

PC: Probably restore my memory for names.

LRH: Restore your memory for names.

PC: That's what's giving me trouble.

LRH: Memory for names. Do you know my name?

PC: Well, I'ue never been introduced, but I gather you're Mr. Hubbard.

LRH: That's right. You remember my name then, don't you?

PC: Yes.

LRH: Remember your partner, your auditor's name?

PC: Yes.

LRH: Remember your teacher's name? The one you liked?

PC: I can remember some of them.

LRH: Aw, remember one that you liked real well.

PC: I can remember one that I admired a lot.

LRH: All right. What's the name?

PC: E R. Green, Doctor E R. Green.

LRH: Doctor F. R. Green. Did he wear glasses?

PC: No.

LRH: Didn't.

PC: This was in college.

LRH: Oh, that's in college. How about in grade school? What teacher do you know in grade school who wore glasses?

PC: The principal, Mrs. Davies.

LRH: Mrs. Davies. What kind of a person was Mrs. Davies?

PC: Small, with white hair.

LRH: Nice?

PC: She never seemed pleased by anything, but nice, yes.

LRH: Take care of you?

PC: No. She spanked me once, I remember.

LRH: What did she say?

PC: Don't be impertinent, " I think. It had something to do with something I had said which she didn't like.

LRH: Uh-huh. When was this, what grade?

PC: That would be sixth grade.

LRH: Sixth grade. Who's your kindergarten teacher?

PC: Mrs. Lewis.

LRH: Mrs. Lewis was your kindergarten teacher. How old were you when you started in kindergarten?

PC: Oh, I would be 4.

LRH: (Otherwise this gentleman has no memory for names. How many can remember just like that the name of their kindergarten teacher?)

PC: But, I'ue known her since then.

LRH: Oh, you've known her since. All right. What was the name of the doctor that brought you into the world?

PC: I'ue never been told. I gathered it was a family doctor, which would be Davenport.

LRH: You are operating on permission to remember. Is that right?

PC: (dejected tone of voice) I guess so.

LRH: Who gives this to you?

PC: I'd say my mother, she's told me several times that I couldn't remember that far back.

LRH: Aaah! A mama with a guilty conscience. Oho, oho! We pin her red-handed. Let's get interested. All right. What about her? When did she used to tell you you couldn't remember that far back?

PC: Well, several times I've said I can remember incidents, let's say, before 4.

LRH: Yeah?

PC: She wouldn't believe me.

LRH: What did she say?

PC: No, we must have told you about that," or "You're imagining that."

LRH: Do you remember a particular time?

PC: Yes, I remember one time that was rather turbulent.

LRH: Aha?

PC: And I may have imagined it because I can see it in the third person.

LRH: Ah. What did she say?

PC: And she said exactly that, just, "Oh, you're making it up, we must have told you...."

LRH: "Making it up."

PC: You re making it up

LRH: Do you remember this?

PC: No, not clearly.

LRH: What did she say? "Making it up"? Go over that. "You're making it up."

PC: I'm sure she said, "You were too young to remember that."

LRH: Go over that again.

PC: You re making it up from something we've told you. " Or "You're imagining it."

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

PC: You re imagining it

LRH: Hm-hm. How did she look when she was saying this to you?

PC: A little impatient.

LRH: All right. You can remember her saying this to you, can't you?

PC: I get a very dim impression of where it took place.

LRH: Aha. What would all this do to your memory?

PC: I should imagine it would pretty well tie it up.

LRH: Aha. And how do we bust through this cordon?

PC: By direct memory.

LRH: Uh-huh. You've got an assignment between now and next Saturday. Okay?

PC: Okay.

LRH: All right. You get the earliest time your mother told you you couldn't remember that young. You can remember it. You'll find out that in a couple of days your memory will be so thoroughly jogged up about this you will be remembering clear on back.

PC: Well, I've been remembering lots of things since the sessions started.

LRH: Uh-huh?

PC: Things hare come back to me.

LRH: Just now? Talking?

PC: No, after a session a lot of things will come back I hadn't thought about for a long time.

LRH: Oh, yah? Can you trust your memory?

PC: No.

LRH: Why not?

PC: Well, sometimes I'll go to introduce a person I know fairly well and I can't think of their name.

LRH: Who used to forget names?

PC: (pause) Again I would say it was Mother.

LRH: Whose valence are you in?

PC: Not my own.

LRH: Whose?

PC: (tentatively) Hers.

LRH: Probably. Okay. Thank you.

This person's auditor must track down Mama and deintensify these early incidents and pick up the earliest one he can get, particularly ones where the preclear is slapped around for telling tales at a ladies' party or something like that when he can remember something he shouldn't remember, and there is a nice, solid invalidation of memory. There are such incidents there. Mama had a guilty conscience.

You could run it by straight memory, and the preclear's confidence could very easily be restored to himself.

In breaking a late emotional engram, find the emotional shut-off if you are having difficulty breaking through on it. Get the person in his own valence early on the track some place and get the emotional shut-offs, such as, "Don't get excited," "Don't cry," and so forth.

There will be an engram there that says, "I only believe what I say myself." Or "I have to believe what I tell myself," or something of this sort. And that engram will then establish a long series of locks. But that is a highly specialized case. And it's again an engramic case.

A person is incapable of placing a single word in his own engram bank. A person is incapable, for instance, unless he has a good, solid engramic computation running in the reactive mind, of shutting off his emotions as such, because he wants to release that emotion. That shut-off will be early, probably in the prenatal area, and you should go back and find the shut-off, which the file clerk will generally hand up if you keep asking for the reason why emotion is shut off.