

ILLNESS BREAKTHROUGH

A lecture given on
on 7 April 1972

I have been researching very, very hard. I have been researching very, very, very hard actually to find out why they kick in bad pictures and why they kick in pictures at all. And, well, it's been a very long time I've been looking at this, a long time. And I finally unraveled it. So it is one hell of a breakthrough.

I've been interested in it because we're working with Expanded Dianetics, and it is one hell of a breakthrough. It is actually why people get sick.

Pasteur came along in the last part of the 19th century and he invented germs, and it gave everyone and his brother an awful curve, because they do exist. But in the practice there is a thing called predisposition. Here's some marvelous words for you—predisposition. In other words, before the fact, the guy is disposed to get sick. And then there's precipitation and that means what precipitates this illness.

Now he's already predisposed; this guy's going to get sick. Now he's suddenly sick; that's precipitated. The illness precipitated. And then he doesn't get well and that's called prolongation. In other words, it's just continuously gone on with. There's these three factors: predisposition, precipitation, prolongation.

Now in most of these cases you were handling prolongation. But you also could be handling Preventive Dianetics—precipitation. Now those facts are merely academic, and they have been known to medical professions on this and other planets for a very long time. They've never known how anybody got sick.

Now why do you get sick? Well, actually a body is made sick or is given accidents by the being who is running it. Now a fellow can be standing in the wrong place at the wrong time and be hit by an artillery shell that is the only one fired in this century in Central Park. Well, that's not necessarily his fault. So barring that accident, which is sort of the thing that triggers it in the first place. He predisposes himself to a very marked degree to become ill. If he's going to become ill he predisposes himself to becoming ill.

How does he do that? Well, he misses the boat. He takes his finger off his number, other clichés of this character. He forgets to eat his Wheaties for two months, you know. Something like this you see. He does something. He knows this babe he's going with is out-ethics and yet he goes on going with her, that sort of thing. She knows this guy has already had 115 girlfriends but she thinks she's going to be permanent. In other words, she predisposes herself. You got the idea?

Now the precipitation is exactly at this point, EXACTLY at this point - the threat of loss. Any inkling or belief or idea that the person is going to be unsafe or insecure or is going to lose and go a little bit further south and a little less viable, if you want to use such a word. It would be innumerable, absolutely innumerable reasons why a person believes that this is going to occur. But that is what is going to occur. It's going to be some loss. His existence is threatened. His positions or possessions are threatened or somebody around him is threatened. It could be on the other two flows. It could also be on flow 0.

In other words, he's going to become less secure, because he's going to lose a body. Something happens to his friends, therefore, he's not going to have any friends. So, not going to have any friends, why that will make him stand alone. He knows he can't—quote, unquote—that he can't stand alone so therefore it is inevitable that then something will happen to him and then he won't be able to support the body and then . . . Do you get the chain, the chain think? And that will come down to his loss of a body. And that will come down to loss.

All right. Well we know people get sick when they're threatened with loss. We have known this for a long time. As a matter of fact, on TV, in front of half of San Francisco that was at their TV sets one time, I took the announcer or the girl who was showing this. She was on before the camera, she had a cold and she was before the camera with a cold. She went off the camera. I saw her in the waiting room. I had just given a talk, by the way, on TV. Saw her in the outside vestibule waiting to go on again, saw that she had a cold, just gave her a couple of commands of straightwire. Ping, ping and that was the end of her cold. I just asked her who she'd lost lately or something like this. And got the exact person and that was it. And she all of a sudden brightened up madly. Terrific, terrific PR. And she walks back in the room to announce her next product and instead of announcing what she's selling, she says, "You know that fellow who was just on here . . . You know I had a cold when I was talking to you before and he said a couple of things to me and it's gone." Very good PR.

I used to do this occasionally, almost a parlor trick. And I tried to teach the MOs to do it down here, and so on. They kept it up for a little while but because TRs are not, you know, just not, not being swift about the thing, they dropped it out. But it probably would be, bunged up anyway.

But there you have an interesting display on a minor recall basis of somebody getting well by having a threatened loss spotted or a loss spotted, see?

You can actually take somebody who looks about 49 or something, some girl maybe about 30 and she looks about 49. She's lost her husband. You erase it just as a narrative. It might take you hours and hours and hours and all of a sudden have her again looking good. And if you carried it up and did the whole chain and that sort of thing why you'd have somebody looking about 25, see.

Well, we've done that sort of thing. We know about that but what's the mechanism? Why does this exact thing happen? We know that it happens but why it happens? Now if you knew why it happened, boy could you do something with it.

Well, I'll tell you why it happens. The thetan promptly and immediately mocks up mass to substitute for the loss instantly. And that is exactly what he does. And if his acceptance level or he is feeling goof-goof, his acceptance level, you know, what he really could have - is low - that is, he couldn't have very much - he will mock up pretty bad things because nobody else wants those.

And now hold your hat. One of the basic uses of mock-ups was magic curing, curing by magic. Now the way the magician works in even primitive tribes, like in the Philippines, is a woman has a horrible pain in her stomach. And the magician, with sleight of hands, will lie clown and groan and so forth and produce a brightly red painted stone from his own stomach, at which moment she gets well and walks away.

Well, that would be very difficult to understand if you didn't know old time match terminaling. You can actually get two things to discharge, one against the other if they are the same or very similar. So she's got a pain in her stomach and she's told him that it just feels like a red hot stone is in there and she's chattered along. So he goes out and he gets his boy to paint a stone red in a hurry and he comes back in, he lies there and he got rid of it and so therefore she would get rid of it. And he's given her a matched terminal.

There's a lot of technical stuff that we used to have about this. This is all out of creative processing. But the way a thetan cured himself—quote, unquote—was if he, body got bashed in, he mocked up the incident so that the body would recover from it.

Let's say his face was bashed in. So if he mocked up a bashed in face—I'm really giving you stuff way the hell and gone out of levels to end off the thing - but if he got a bashed in face, the body got a bashed in face, then if he mocked up that bashed in face, then the bashed in-ness of

the body's face would of course discharge against his mock-up. And, theoretically the body's face would get all right. Well, what do you know? It works once in a while. What an idiot trick. And that's why he has mock-ups of all his accidents, and all of his illnesses. And because he did this urgently when loss is suddenly threatened and he urgently mocks up, he tricks the other mechanism. He tricks the cure mechanism. Curing by mocking up bashed in faces.

So he's about to lose the body, so the thing to do is to suddenly mock up. And his impulse to mock up will unfortunately trigger the fact that he has mocked up in the past - bashed in faces; gutted stomach, half eaten by a lion - but that was loss too. So it's a sympathetic note in it. You see, one incident's similar to the other incident. He didn't mock up a bashed in face except he's might going to lose his body. So his impulse to mock up is just (shout word) see. And he just hits. He doesn't say, "Now I'm going to mock up about 8 witches", nice, you see. He doesn't do that. It's pung!

So Bessie Ann standing there, you suddenly say, "Your father was just killed." And she goes, "Pow!" and she turns white and she does this or she does that and she has a horrible pain in her stomach, you got it? But because he's now lost, she will continue to mock that up and you'll get prolongation.

Now she either ceases to mock it up and she gets well or she continues to mock it up and will feel sick. And I don't care how many gallons of antibiotics you pour into this girl, if this happened to also result in a stomach somatic or an infectious type of wound or something, it's not going to recover. It's just not going to recover. You can pump the penicillin to him just left and right and any other antibiotic or drug that you can think of. And you could make them more comfortable but that's about all. And then they suddenly break out with it again and the trick is, it's just whether or not they cease to mock up.

Now when they first were working with penicillin, it, they thought, prevented inhibited, suppressed the reproduction of the disease cell. The disease couldn't breed anymore In other words, couldn't mock up. That was one of the first theories on it. I don't know what theory they're operating on now. But that was one of the first theories—that it prevented mockup. And I think it does just that, only I don't think it had anything to do with the bugs.

If you can restore circulation to an area, the body itself is perfectly capable of healing up almost anything except maybe having lost both legs. But there are some animals which even grow new tails. I remember a bunch of little lizards that I had terrible overts on in my teens. Because a lizard would be sitting there and so forth and you put your finger on his tail, and he'd walk off and separate from his tail That was it; he'd just leave his tail sitting right there and so forth and you watch him a few days later if he crawled around on screens and that sort of thing He'd just grow a new tail.

So Lord knows what bodies will or won't do because they are so considerably interfered with. I'm not saying that bodies will grow new bodies and all that sort of thing. So what is this cycle, see?

Threat of loss, mock up. Mock up what? Mock up having matched terminals, something to cure it. He'd double terminalled the thing. If I remember rightly, matched terminals was four. But he'd just "bang".

So you tell this fellow that he has lost all of his money in the bank. You can't say now that he will always get tuberculosis. You can't say he's going to get a cold. You can't say he's going to get pneumonia, you can't say he's going to come down with a nervous breakdown. You can't tell what the hell he's going to do. do you follow? Because it's only what he has in the past mocked up, to match what things have happened in the past. So the sky's the limit.

So you've got this terrific variation, see. You got almost infinite variation so nobody could get down to the bottom of the mechanism because they just ran into pieces of the mechanism. Threat of loss, pong!

Now we already have had people running secondaries of loss and all that, and there's a lot of technology about that. We're not necessarily talking about that now.

Now I could give you more, I could go on talking about this in its theory. But I'm sure you grasp it. There are various reasons why they do this, that and the other thing. But the main point that we've got here is that Expanded Dianetics has just moved into the realm of havingness.

Now we used to run havingness for a few months and then we would forget it for six months. And then I would say to people, "I don't know why this works but it's a good thing to run havingness." If you listen to old tapes and that sort of thing you will find that was the case, see. It's the discussion of the thing. Puzzled me. How come? How come? "Look around here and find something you can have. Good. Look around here and find something you can have. Good," and the guy feels better.

You say, "All right, all right, but the physical universe isn't necessarily his friend." Now yes, by observation, running havingness in any one of its hundreds of different processes or forms would do some remarkable things. It often did very remarkable things. Objective processes like the CCHs, they do remarkable things. You know this is Command Control Havingness whatever this line is. Havingness is all I'm giving you the point on. Havingness, see, was part of the CCHs. It gave people havingness.

And what is havingness? Is that is simply the idea that they can have something. It's changing their mind and basically you could put it down to a reassurance. So they're sick, so the cycle goes this way. Pardon me. They're threatened with loss, they mock up something obsessively that they used to cure themselves with, bang, and then you come along with havingness. And you show them they still have something, and so they cease to mock these pictures up.

Now as you run these things out, you are also performing a very remarkable thing because they did those obsessively and they really don't know they're doing them, and they appear so magically and there are some other factors involved, which you needn't pay much attention to. But there they are. So the next time they lose something they don't mock up that chain.

Now this can go so far that a person knows that he's losing and he's got to keep it mocked up all the time. And you try to audit him, and he's rather resistive. He isn't quite sure that he wants to, "What do you mean...." So it looks like he wants his stomach ache. He doesn't know where his stomach ache comes from. He just knows above all other things that he had better continue to mock up as solidly as possible, because he's had it.

Now if you run out the shocks of loss, his fathers death, you run out these various things, any somatic chain, do down the chain, any emotion, any attitude - you are in to some degree or another straightening out this threat. But the fellow who will only run one chain, and I told you earlier that I was going to tell you some more about that. Now what he's really withholding is the fact that he's not about to give up any mass because, boy has he had it.

Now the acceptance level of people is what gets in your road in havingness. They have the idea that if they've lost something they can't have - And havingness is just an idea. Like money, money is just an idea backed up by confidence but don't try to tell a pawnbroker that. It's terribly real to him. If you tried to tell somebody in one of these international bankers and so forth that, or not, no, they know money isn't anything. They just throw it around in scoop shovelfuls. But you try to tell the local small town rich man, who counts on his cash as the totality of his power. Otherwise a very nasty character. You take this guy and now you try to tell him and educate him into the idea that money is not that important, you're going to lose. And you're going to lose that argument. As a matter of fact, he's going to think you're a silly ass. He knows what's important.

Now that's what you're doing when you're talking to some pc and he just runs one chain after another chain. Now there can be something very bugged in this pc's auditing that causes him loss. Now the strange part of it is that a person can't exteriorize and apparently not have anything, and he perfectly happy. Now there's an oddity. But they didn't at that moment really lose anything.

Now why is it that after they've been exteriorized their TA goes up? If they accidentally exteriorized and weren't smoothed out in any way, what would happen to them? You hang him out of his head, all of a sudden he said, "I've lost," mock up—boom—mass, high TA.

If he accidentally startles himself half to death as having exteriorized or something—I've had a pc stuck on the ceiling that was begging me, for Christ's sakes, to do something. I've had phone calls in the middle of the nights from auditors and so forth. "What do we do, she is in the attic and we can't get her out." That's right, fact!

Five auditors sitting around, one of them had exteriorized and he couldn't get her back in her head and dumped her body. And there she lies. Nobody could . . .

The funniest tale of all of that is, we've never had a catastrophe with it. But the funniest tale of all of that is the auditor who all of a sudden had a pc—the English slang term was "do a bunk", which meant run away or desert—and they started calling this "do a bunk". Actually, this auditor had a pc and the pc did a bunk. Well, when they really do a bunk, boy they do a bunk. They're going past Arcturus, as I've said before, at 90 miles an hour, or two light years a second, and really did a bunk. When they do that the whole body collapses and their arms will hang down and they look like an old rag doll that somebody has just grabbed half the stuffing's out of. They really Bzuhhhh, that's it. They don't roll up on the floor in a prenatal or something like that. They just go. That's it, you know, boom.

And this auditor talked and talked because they're still in dim communication, you see. And he talked and talked to her—"Think of your husband, think of your children, think of . . ." and so on and he talked and talked to her. He couldn't get her to come back and pick up the body at all. Till all of a sudden he happened to think, "Think of your poor auditor," and she came back and picked up the body.

I was just a couple of minutes late. State cops were in my way, but a Negro had been drowned and I was just . . . They were in my road to a point where I couldn't get to the guy and tell him to pick up the body again, where he would have, don't you see. And they were busy resuscitating him and that was the end of that. It was too late. He really had done a bunk. He finished.

We've actually brought little kids back to life and that sort of thing—just tell them "pick up the body," you know. Now, you just tell them with tone 40, just say it around the vicinity. They're still around. And back they come again.

As a matter of fact, Washington, DC. got very mad at a Scientologist one time. He decided he was going to do a bunk and he was, going to drop the body and he did. He just had an unpleasant afternoon with IRS, and he came back and he just kicked the bucket. That was it, colder than ice and he just wouldn't pick up the body again. And they told him and they told him and they told him and he wouldn't. That was it. He, by the way, has shown up again calling for his favorite cigars at two years old.

But anyhow, the upshot of all of this is, is this opens the door to a fabulous amount of action on your part which will sometimes look very magical, because remedy of havingness in various ways. Now the only thing that gets wrong with the thing is, "What can the guy have?"

And you will find that I have just given a demonstration here to the Flag Medical officers which is HCO B 7 Apr 1972, "Touch Assists, Correct Ones", which I call your attention to. Now what's that all about? Yes, well, this is all about equalizing and it says at the beginning that this

is how you tell a medical doctor about it. “On assists, when you are speaking with medicos you talk to them in terms of restoring comm in blood and nerve channels.” Notice that is in there; because that isn’t what you’re doing. You’re giving him back the havingness of his body. And if he finds he can occupy this body and he can have it back, he will start turning off the obsessive ‘mock it up’. Guy runs into a wall with a car. First thought—lose the body, mock it up. So he’s got a nice engram sitting there and he will let go of it when you run a touch assist because he becomes aware of the fact that he still has the body. It might be in a little second hand shape but he’s still got one. And if you remind him of this today, and the other thing that people don’t do with a touch assist is they don’t give them the next day. I don’t know, what the hell, we got quickie touch assists of all other things. Sure, it’s short sessions. You just run it to a cognition. But where’s the touch assist the next day, and where’s the touch assist the day after that and where’s the touch assist the next day? Oh, the guy didn’t get totally well, so there must be something still there.

The body’s ability to recover is phenomenal. Why won’t it recover? Well, he gets to thinking it over and he meets a friend and he says, and the friend says to him, “Boy, you sure were lucky. I had my brother was killed in an accident like that. Yeah . . .” It’s a little loss, you see, And he goes out and sees his wrecked car, a loss. You give him another touch assist, the guy says, “Well, I still got a body.” You get the idea.

Now that could keep up, you could also run out the incident, which is fine, and what you should do. But the touch assist will go all the way down to somebody who was very unconscious. And you tell them to, they can say yes by squeezing your hand once and say no by squeezing it twice. And they’re unconscious and they’ve been in a coma for weeks and you come in and you start picking up their hand and making them touch the bed and make them touch the pillow and that’s another type of touch assist. Now all of a sudden they come out of the coma but it’s sort of little by little. They’re just mocking up being awful dead, that’s the only thing they’re doing. They got a loss so, well, I’m dead now.”

So they’re just mocking it up so thoroughly and it’s too horrible, facing life is just too horrible for words so that on a gradient, why, they come up the line gradually and come out. It looks quite magical. Well, what are you really doing? You’re restoring their havingness. In other words, you are bringing about, again, a higher state of security.

You’ll find out that every person you are operating with at this particular moment and anyone who will be run on Dianetics, on Expanded Dianetics, is suffering if - because they’re in and not doing well - they’re suffering from a threat of loss. Their security is bad. You’ll find out that you’ll pick up people after their comm evs or before their comm evs or something or they’re about to be off loaded or shot or demoted or, this goes hand in glove with it. What is that? Security.

Now their security is so had that nothing will restore this security apparently. If you just go on auditing out those pictures, they themselves are the last thing they’ve got, in spite of the fact they’re killing them.

John McMasters, after he got tagged and so forth, the poor guy let himself in for a hell of a blackmail line-up. And this guy, however, afterwards began to go around and say, “Well now, Ron should let people have their pictures.” But he said that after he himself got into severe trouble. He actually apparently got across the lines of the Mafia. They really set him up to fall on his face. And the loss was great and then he was busy trying to compensate for this one way or the other, which he easily could have done. But he was finding some fault about it and the thought, you know, “Well Ron ought to let people have their pictures”. Well, what the hell.

It says a Clear can mock anything up. But you don’t have to do it unknowingly. It says it in Book 1. You want to know how far a Clear can go. The ability to mock up is an ability. But if it is done unconsciously it’s hell of a liability. But nobody says people shouldn’t have pictures. Only let’s be a little selective about it.

Now if the guy was good enough, he could mock up another body. So he dimly recalls that this is true. And that probably is what gives him this sudden impulse to mock it up. But he knows he can't have, and knows he can't mock up another body so he's got to repair the one he's got. So the first thing he does is send for a doctor. Because the doctor comes in, he, himself, is engaged in curing himself.

Now how is he engaged in curing himself? Now he's engaged in curing himself by mocking up the terminal which matches the condition of his body when it was killed in the Roman Army in, only that isn't what's wrong with him.

So anyhow, the doctor comes in. He instantly keys in. But he still has some reassurance. So the bedside manner is very, very important to a doctor. Because, because he's there reassuring the guy, he's trying to reassure the guy the guy will at least still go on having this body. So actually if his bedside manner was good enough, the guy would get well.

Now, I mention to you and have mentioned in lectures, a guy who treated TB could always detect TB just by laying his hands on a person's chest. Now the people got well because he expected them to. Just as simple as that. And that was all there was to it. It sounds too simple. But he was very, he's a person that you would be very aware of. So they expected him to, he expected the patient to get well. The patient had no other choice, to get well. He was down there just south of Pasadena in California. He had a hospital down there for a long time. He was very famous. He's probably the most famous name in TB and his work was. So what's this? What's this?

Well actually, if you run out the bad pictures, now the guy has an explanation for what has been worrying him. Because each time, do you see, he was about to lose something and then he mocked something up and so forth, he was worrying about whether or not he was doing to lose it and this problem and so forth. So he's still got the problem of how he might have lost it, and he's still trying to answer that. And when you pull the engram chain you erase that and then you erase his overts on the things and you erase a few other things, and what have you got?

Well, he is relieved now because he isn't obsessively mocking this up. But he will only be relieved if, at the same time, you haven't overwhelmed him by trying to take too much away.

Now if you suddenly go down the track and try to run pain out of this character and try to run heavy engrams out of this character, that's too much loss. So he doesn't do that, so he will come back and not respond. He'll natter at you and so forth, and he sounds like he's got withholds. Well, yes he does have withholds. And the main withhold that he's got is he's just not about to give up any mass, thank you. He's finished it, only he doesn't even really know that he himself has the withhold.

So he's very uncommunicative. So therefore, we have two things that a Dianetic specialist would have to be able to do. And one of those things would be to run a touch assist. Sounds remarkable. And then run a touch assist sufficiently well that you remember to run it the next day, and the next day and the next day. And really run a proper touch assist. And we have this 7 April HCO B. I did this quite a little time ago. It is not the date of the touch assist. It's the date of the HCO B just to keep the time track straight.

But this gives an explanation that will pass most anything, and it does respond like that. Standing waves, and the thing you're liable to come up against is the standing wave is not necessarily described in basic elementary physics. Now you're talking about nuclear physics and so forth, and that is, a wave form comes up and either because it meets another wave form, or for some other reason, it just becomes a rigid form. And if you can imagine an ocean wave not any longer rolling but just sitting there all peaked. Well, electricity strangely enough will do this and a thetan is very good at this because he's trying to stop further injury so when he mocks up at that point, he mocks it up with a stop. And he's got the standing wave stuck in his spine and his arms, legs. They're all through the body. He'll just be a mass of standing waves.

As you do a touch assist, two things happen. It smooths those out because his intention is, attention's going down the line. But that's just the mechanical action. The truth of the matter is you're making him aware of the fact that he's still got a body—smoothly, smoothly, smoothly.

Now if you add to this a good bedside manner and you expect that he will recover, he is reassured. And his reassurance is such that he's willing to have another go at it, without keeping it all so muddily mocked up. There's some hope.

Now the medical profession and other, the drug professions and so forth talk about hope. That's all they talk about—hope, hope, hope, hope. So it must be a somewhat interesting thing. But it's a rather pathetic thing to read a medical conference where they've talked for 7 days and it's all about some miracle drug that somebody someday might develop. It's really remarkable.

“We have a series of two cases we have tried this on and there is much hope for it and we expect, and of course we must be conservative in it.” These wild, wild imaginative something or others. They don't read their last decades' minutes. They had the same number of drugs for which they had great hope ten years ago but most of them are gone. Most of them are gone.

Now it's not that they can't do a job. It's not that they aren't needed. Nobody's saying anything about this at all. When you get a broken leg, you had certainly better have somebody who could put the leg back together again.

But now to get it healed. Because the guy has got a broken leg over this broken leg. And now we're into the whole explanation of what is psychosomatic medicine. That is the whole explanation of it.

Now latter on, if somebody said to him, “You're a dog,” at the moment he got his leg broken, he will think of himself as a dog while he limps, perhaps. And there we get mental aberration. This strange thought that keeps occurring to him. You got it?

So there really isn't anything else to it but the fact that you, by reassurance—you've got a hope factor there. You can imagine running a touch assist now, “Well, feel my finger. Thank you, very good. Well, there's probably not much chance for him so I . . . Feel my finger, you know. OK, fine.” You could say, “Well that matches his tone.” But it doesn't match what's wrong with him.

Now sometimes he'll tell you, “Oh, there just isn't any hope for it anyhow,” and so forth. He's just chattering. He was responding to the same mechanism. But his havingness is so low that he doesn't think it's possible. But at the same time he doesn't think it's possible and he's given up and practically quit and so forth. Why, he is still accepting, to some degree or another, his havingness.

So therefore your first level of entrance which you can pick them up from, from all the way into total unconsciousness, coma for three months in a hospital on up through to doing a touch assist to do something or other. The guy is really quite, he's quite ill. He has pneumonia or something. He's quite ill. They've come in, pumped him full of antibiotics, fine, alright. Touch assist is about all you can do to him. He can't even, he can't even concentrate long enough to talk to you. High temperature, something like that. It makes him aware of the fact he's got it. You say, “Yeah, well it's a sick body so who'd want it?” Well, once in a while you run into somebody who says, “I don't want this body anymore. It's too old and too messed up and I don't want this body anymore. And I don't want this body anymore,” and so forth and they're going on and on and on. You're just talking to somebody at the lowest rungs of havingness. Their idea of loss is fabulous.

So a person who is very, very ill, you could pick them up the line with techniques like a touch assist, of which there are several. I won't even try to catalog them at this particular time. There's an awful lot of literature on this. I did this basically because there's some errors in the

literature. Other people have written them. They've never seen me do one. So I did one, so let somebody write it up.

You call actually make an unconscious person touch a blanket, "Touch that blanket, you know," "Touch that blanket." Still talking, still communicating, "Touch that blanket, thank you," moving their hand. And so forth. You can do a touch assist on them and so forth. Hold onto their hand and say, "When you have felt my finger, squeeze your hand." The guy's totally unconscious. You wouldn't believe that he would, but he will. He'll give you a little pulse, a little pulse and so on. Touch at the knees, thighs and the feet, the head and the ears and so forth each time. And he'll start picking up on it after a while. He's getting what medical care he can, fine. That's all part of the same thing.

Now where does havingness come in? Well, now you've got the session, and you had certainly better learn how to run havingness. And if you're going to do anything at all with Specialist Dianetics, you better learn something about using havingness. And I'm not going to tell you all there is to know about havingness in this particular lecture because there's a lot to know about it. But PAB 72, page 25, gives you material about havingness.

Now you realize, of course, that all of this material is giving you, by observation and experimentation, is giving you the observation experimentation and so forth, that went on about the subject of havingness. It isn't until now that you have the exact reason it works. Now in the tapes on the subject, in lectures and in this literature itself—I haven't read it all—it maybe, I said I do not know how it works or why it works, so just ignore that in the literature. This just tells you how to do some of these things.

We also have PAB 23, 2nd April 54, and it's an item—Havingness, "Starvation for energy is the keynote of any case that maintains facsimiles in restimulation." Now as you read all this, you will say, "Well he knew all this all the time. Why are we talking about this now?" No, that's an observation. I didn't know why. See, I didn't know how, it's true starvation for energy. Yeah, but starvation for energy, that's saying something else. So the guy's energy-starved. so he'll maintain a facsimile and so forth. What, what, see that's not quite on the groove. You got it? But again it is perfectly honest because I did not know exactly why it worked. But I knew it's a starvation for energy. Guy's starved for energy, he'll maintain a facsimile. Why?

All right. There's Professional Auditor's Bulletin number 49, The Remedy of Havingness. Just why a thetan should let himself so completely snarled up in energy might be an entire mystery to anyone who did not realize that a thetan has to cut down his knowingness and his total presence in order to have a game. True, perfectly true, but it is not the basic reason.

All this, however, is material which you should know. Now it's not for release HCO Training Bulletin June 11th, 1957 "Training and CCH processes not to be copied. The variations in some of the most potent processes are not included in this Training Bulletin but will appear in the Student Manual when published in September, '57." Now this was labeled that way simply because it was experimental at that time. You find out this is all standard now. What are you looking at? You're looking at the TRs. But they basically were a havingness process.

Now we have CCH 88, Enforced Nothingness - HCO B April 11th '58. Now you'd say, "Well, the easy way out of this is just to cure him of mocking up these facsimiles and take away this automaticity. This automatic "mock-it-up" the second he's going to lose something. That'd be easy. Noooooo, nooo, no. I'm afraid that isn't true and that's why you saw creative havingness, the creative processing laid away in mothballs, it's not in its grave. Because he can restimulate moments of loss and think he is losing harder and therefore mock up harder and they get solid. You can shoot a TA up every now and then on pcs. You could do remarkable things with creative processing but it has a limited action in that every few pcs you really lay an egg. So it's too limited, see.

HCO B of September 12th '58 gives havingness, new commands. Factual havingness—"Look around here and find something you have. Look around here and find something that you would continue. Look around here and find something that you would permit to vanish." Now that isn't one, two, three because they can't do the third one usually until you've done the first one. But sometimes they'll obsessively do the third one - Permit to vanish and so forth.

Now that opens up a process which I don't know if we have on record here. That opens up a process which is fabulous. it's absolutely fabulous. It's the weirdest process that anybody ever had anything do to with. And you know the process but it may not be expressed in these issues which I'm giving you here. And that is, "What will be here in ...?" "What around here will be here in one minute?" Now that's right on the button because that's continuum into the future. And that's why it was so weird. The reactions to that process. "Look around here and find something that will be here in ... " and you keep extending the time span. And sometimes you, the guy is, says no, he can't find anything, you see, for a minute, you know. Well, it's too bad because you've given him a lose. So you always cut it early, you know. What'll be here in one half a second? One second? Something like that. Oh, yeah, he can find things that will be here in a second. Then you can build him up to a minute. "What'll be here in ten minutes?" "Uhhhhhh." But you keep building him up. You see what you're doing? You're giving him a future, which is right on the groove of this. Loss, he thinks he's going to lose it forever. All right.

Now we're really getting down someplace here. Here's April 21, HCO B April 21, '60 "Pre-session Processes", HCO B 1 September 1960, "Pre-session II", HCO B of September 8th 1960 which is the Pre-session of the first Saint Hill ACC and it gives commands for pre-session II-X—that's experimental. And by the time that had been grooved in, we then got 20—HCO B 22 September 1960, "Pre-sessions and Regimens". Regimen would be a certain settled schedule of things. Now strangely enough this Regimen One-Six in here is ask the pc what's wrong with him and we will run, something else. Sounds like if you read it fast and if an auditor just did it time and time again, it'd be perfect Q & A. So it's things like that that laid some of these, so that the auditor starts going something like this: "What do you think is wrong with you?" "My wife." "OK, we'll run a wife. All right, what about your wife? Good. All right, what's wrong with you?" It won't work. You'd have to flatten what you ran. You had to know something about F/Ns and so forth.

All right. And then we've got 29 September 1960, HCO B, Havingness and Duplication. And then we've got 6 October 1960, Thirty-Six New Pre-sessions. Got such things on it as "Point out something in this room you could confront". And what this did would be have and confront which merely asked the fellow to go slightly toward something when you said confront. You know, there it is, don't run away. And have would be an actual flow of some kind or another. But actually these are not necessarily "run a have and a confront". You can still do this. These things are all runnable but it isn't necessarily true that you would have to run an alternate side. The only, you're not worried about flows. Most of these things were put out on the basis that there were flows, and there could be a stuck flow and the fellow would boil off and so on. So there had to be a balanced flow of some kind. Boil off is usually a flow running too long in one direction, is the datum back of that. So you broke the command to get the flow going the other way.

And here's October 27, 1960 "Revised Case Entrance", and it gives you failed help which, of course, is reassurance. Did you ever think of help as a havingness process? Yeah, well, that's the bedside manner of the doctor. If you're a confident sounding and looking auditor why you will find out there is no great difficulty in getting a pc up the line. Well, so if you ran out all the time he wasn't helped he might have some . . . and he's sure been trying to help himself.

Now this gives you 14 September '61 is "New Rudiments Commands". But we wouldn't be too interested in that at this time. And CCH data. I remember when I really ran some CCHs at Saint Hill on a TV demonstration. And all of the, all of the auditors in the lecture hall groaned and Reg Sharpe was terribly disappointed and people were actually quite upset because it was quite obvious that I didn't know how to run CCHs. The way you ran the CCHs is you acted

like you were mad as hell and overran each process. And I was just going to a change or a no change on the pc from one to the next to the next to the next to the next. The pc felt great, but that was beside the point. You could have knocked me down with a feather. They were all very polite about it, of course. I had to reteach everybody how to run CCHs and they started getting some results.

HCO B 9 February '69, here's some havingness and so on. And then there is Scientology 8-8008 and in this edition at least there is Expanded GITA. Now this was a mockup process, positive gain and this is a mockup process. But this all of a sudden opens the door to something with you, because this is a marvelous list of items, what a gorgeous list of items. You're gonna half kill a pc if you ran some of these, I mean, ran them as engrams. I'm just looking, men stopping all motion, changing motion, women changing motion and so forth. Things, God, the devil, spirits, bacteria, glory, dependence, responsibility, wrongness, rightness, insanity and so on. A lot of those items, though, are very hot attitudes, very, very hot attitudes.

When you ask a pc to give you his altitudes, you're really leaving him in the dark. The guy has got 1,665 misunderstood words just on the morning papers he's read, much less anything sensible. You expect this guy to say something to you; he isn't going to say anything to you. Say, "What attitude do you have?" They don't know the word for it, see? But if you did this sort of thing you'd have to clear words. See, if you're giving him the words they have to be cleared. If he's giving them to you, why, you usually don't.

But this is interesting because it gives you really what's going on. A person can waste something before they can have it. And you can actually watch somebody walking around and working and you can tell after a little while exactly what he has to waste. That's the funniest thing you ever saw in your life. You know what he can have but, you'll be able to you'll be able to spot finally what he can have. But you can spot what he'll have to waste. One of the tricks.

Well, one guy, he could waste file cards. I was watching somebody work one day and boy could he waste file cards. Wow. He actually needed about four file cards, so he wasted about 50 to get about 4. I was watching all this proceeding and so on. That was all he was wasting around there. He was wasting file cards. He really could waste them. Gave him a great deal of pleasure too. Now, by the simple action of just handing him file cards and which file card did he have, so on and throw them away dramatically not covertly, and put a hundred file cards in the waist basket one at a time and so forth. Why, the guy finally got reluctant to do this. What's the matter? "Well, they might have some value, you know."

I used to wonder if sometime some persons weren't wasting, if some persons actually weren't wasting processing or wasting something like that. They couldn't have it and so on. And I've never, found anything to support this really. But I know they will waste things in an organization, like machines and things like that. And they will sometimes say they don't want to, be audited or something like that. But it usually has another explanation. Processing is terribly valuable.

Page 120 of Scientology 8-8008 and then we have PABs Book 4, PAB No. 50, "Remedy of Havingness - The Process". It says, "When in doubt remedy havingness." This was a motto which can well be followed by an auditor doing any process on the preclear. That's so true.

Now what does this do, what does this do to your Expanded Dianetics? I'm going to tell you everything you do with havingness because, as you see, there's quite a few references there and there's probably quite a few tapes on the subject, if they're still around. Well it means you can start a session with havingness. And it means you could end one with havingness. And it would be something like putting a high speed zip onto your line up.

We've got one case right now who always runs the same thing. He's not about to run anything. It doesn't handle what's wrong with him, too, he said. I think it's remarkable. Been audited all over the place and now he's telling us he has a hidden standard. He's sort of fending

off the auditor, he's being rather contemptuous, sneering, snide is the term being used and so on. But he's - here he is now telling us that he never made any case gain, or words to that effect, or something of that sort, and he always runs the same thing and we haven't handled what he did. Well, he's had XII auditing and everything else. Now what's the matter with this guy. From what I've told you in this lecture, it should be rather obvious! He is on his last thetan penny, boy! If you made him spend that he would be a bankrupt thetan.

So, now, I can't tell you precisely whether this is true or not, whether he would best respond to some touch assists or to some havingness, but that would depend on how sick he is. That would depend on how sick he is. If he's so sick that it's difficult for him to sit in the chair, it certainly would be touch assists. Where the touch assist might have some slight advantage over trying to talk to him, because he's very withholdy. If you can get him to answer you on a touch assist you could at least get him into communication.

Now, in-sessionness could always be increased with a touch assist. Now I find out touch assists have normally been thrown into—relegated, I was going to say, which means put over into—the category of, the guy has banged his hand or burned his wrist, and they think that is it. Otherwise, if he's just got a slow pain in the back or something like this, or a constant earache or all infected boil or something, you wouldn't use a touch assist. Well, I don't know where that think would come from. You see, it was never there to begin with, it's just that they get used for that, so people think they are for that. Somebody has a tremendous amount of stomach upset. Well, if you gave him a touch assist, you couldn't audit him maybe too much, but you could give him a touch assist every day you would find, until all of a sudden, he'd start improving. As a matter of fact, if you gave touch assists long enough you can get rid of warts. He's probably weeks and weeks of five or ten minutes of touch assists a day, weeks. See, two things have happened, nobody has continued the process to find out what it could do and it's just been relegated to a quickie emergency on a little local injury. Well, it has much wider application because you're giving the guy a body. He knows he hasn't got one, so he can only waste one or something. But you can change his orientation.

Now you leave a touch assist flat or you overrun one or something like that and you mess it up one way or the other, and then, of course, you're in trouble. But it's pretty hard to mess one up unless you get very absent-minded. The guy has the faintest of cognition's and so forth, come off the thing. Where he has a surge of pain, and so on, that was a jolt somatic, you say "Well, that's good, that's fine." If the person was in very good condition it would be fine too. It wouldn't be needed the next day. But you're dealing with sick people. They're going to be sick the next day, and do you follow? They've been knocking themselves off for the last many quadrillion so they're expected to get sick in a split instant - I mean, get well in a split instant when they been sick so long, it isn't going to be done. There is no magic button because a thetan doesn't convince that fast.

So, the long and the short of it is that you could take that case that we were just discussing and you might find out just experimentally, just run him on a bit of a touch assist or something like that. You could also find his hidden standard because there's a computation sitting there someplace or another. But, it would be very very smart, before you began that session to find out anything about hidden standard or something like that, is find a havingness process that worked. Run that, briefly at the beginning of the session. If you can get a havingness process to run to an F/N, why great. Then if you get the right one why, it'll produce an F/N. And at the end of the session, why, finish him off so as to make up for the mass you've taken away. That's what's important. Now, what you're doing, is straightening up his obsessive, cockeyed mocking-upedness. So you see, as you're running it out you're straightening up the bank. Well, that's important to do, that because, that's what's making him goofy. But at the same time you give him back some physical universe.

Now, you're going to find some guys who won't want anything to do with this physical universe. Now they're not about to have anything to do with it, and so forth, but they will take some reassurance and that's havingness too. So, in such a case they will respond to one or

another havingness process. And the test of a havingness process is to go way the hell and gone back, I'll give you a thing, is you get a can squeeze, run a couple of commands of the thing and if it broadens the command squeeze you've got his havingness process.

Now, it might be of interest to you on this case we were just discussing, that if we simply gave him a little bit of a can squeeze, you might find that he had a very very small movement. Now, as long as, then, a person on a can squeeze has a short movement you know you're up against havingness. That is, it doesn't give you much of a surge when the cans get squeezed. So you just better make it the standard operating procedure; pick up the cans and he's comfortable and you've got the session all going and so forth, give it a can squeeze. Now, if he's got a whole dial wham, and that sort of thing you're just going to be wasting your time running any havingness. Go ahead and run what you're going to run. But if this person was ill you would still follow it up with some havingness at the end of the session. Now, you say "Well but he had this terrific win and he's F/N, cog, VGIs and he just feels marvelous and something changed then and boy that's great!" Well let him tell you all about that and so forth and run some havingness. Because he's been sick. Now what's the test? He's been sick that's the test. He wouldn't be getting Expanded Dianetics unless he were running a bit sick. Do you follow?

Well, why is he sick? Because he is mocking up obsessively trying to make up for his great loss! That's all there is to it. That's why he's sick. And it's as simple as that. So now if you weave havingness into it by a can squeeze test, if you don't get much surge, you better find his havingness process right away. And it doesn't matter, you don't wear one out today, and never use it again tomorrow, and that sort of thing. They run for a long time, eventually they'll run out. And then you find a new havingness process. You're alerted by the fact that the fact this guy isn't doing too well on this havingness process now. He was, but he isn't now. And it's not a precise action.

But it is a precise action to get a can squeeze, find out how long it goes. If it isn't going to go very much he's not going to give you any engram. Also, he isn't going to erase his pictures. And you have somebody who will not erase a picture, who does not get an erasure. Now, you can straighten it out with an L3B, and you should. But, you will find, magically, that the individual will, all of a sudden, begin to erase pictures when his havingness is up enough to make up for the fact that he is certain that he has lost all. It's certain he's losing, losing all, mocking up obsessively, and so forth. Well, you show him he's still got something left.

Now, there's probably more that can be worked out on this subject because you make a breakthrough like this, there's more can be worked out. But there's sure plenty of material here to work with. And if you do that, and you make that your standard operating procedure on the thing, well, I can assure you, you will have some remarkable changes of case. Not only will the guy then straighten out his bank, but then he gets into the reassurance that it's okay.

Now those incidents then which have to do with threat and loss and that sort of thing are of great interest to you. They're of considerable interest to you. And when he gives one of those, let us say, you had a long fall on "mother's death" and you had a long-fall on "exhilaration" I am sure that you would take "mother's death." You're not going to push the whole subject over into running nothing but losses because there's many covert ways to lose things.

Now, do these guys make sense to you that you're auditing right now? They make more sense. All right. Well, I'm sure we can make some fast headway on the thing. And there's one or two or three of these cases you would find yourself grinding a bit on, otherwise. But the thing to do with them, the thing to do with them is to restore their havingness. Those that are chronically ill and are gimping around and falling on their heads, of course, hard to get into an auditing chair, and talk, that sort of thing, well, you've still got touch assists that you can work on them. So, just as a standard action you can add it in the program.

One more thing I want to tell you about a program is every time you add something onto a C/S except rudiments, you put it over on the margin in the program. In other words, you don't write a C/S, something or other, something or other, without putting it over on the program, if

it's extra to the program. So therefore, the program doesn't look like you ran three actions but actually the C/S's say that you ran fourteen. Do you follow? You never, by the way, run, never run a case at all without a program. Don't ever pick up a folder and run with it without a program of some kind or another. Always do a program. You say, well, it's only going to be a C/S that's different and there's only one session, we're just going to do one session on this thing, there's no sense in putting up a program. One session, one program. Because you'll find out that'll become two sessions and then it'll be something else. And then you'll wonder of into the wild blue yonder and nobodys got, you haven't got a programmed case. And that's where they all go adrift. So, that means you had better amend the programs which you have on these people. Just amend it to whatever action you're going to take with havingness. And that could be simply amended by just writing across the top of your program, or over to the side or so forth, "Havingness added each session" or something, or "Havingness added before the body of session has begun," or whatever you've decided to do with the guy with regard to havingness. Because you're not going to start all of your sessions by running havingness because it won't be necessary. But you're going to have them start some of them for sure. And actually if you just ask the guy to can squeeze once you can tell whether you're going to have to run this case with havingness before we start a session and then run it afterwards. All of them you're going to run the havingness afterwards, that's for sure.

Okay, all right. Well I hope I haven't given you too many misunderstands. You should have very very good luck on this because you're straightening out the two things which make a person ill. When I look at the number of doctors and the number of places and times and when I look at myself back in the West Indies or some place like this, God knows when and where, and so on, I always used to look at these cats and I used to say there's something to know. There's something here to know. What is it? I've been asking the question for a long time, finally answered it with a crash, so there you are.

Thank you very much.