

## DIAGNOSIS

A lecture given on  
12 June 1950

### Opening Cases

In this lecture I am going to demonstrate how one goes about doing a diagnosis. I'm going to show you how a case should be opened, certainly the first time, and as often as possible afterwards until a person is working very well. This is the result of an observation made in research not too long ago and an observation which is rolling down the line toward turning on sonic.

One has the time track. We know about valences from the Handbook. And we know that these engrams can slide up and down the bank, being very loosely held and not very well timed. Therefore a person can get off into a valence in an engram in which he is stuck. He can then be slid up and down the track all over the place without sonic, without visio, without anything, but he is still moving on the track.

Sonic can be cut off by a computation such as, "I can't see, can't feel, can't hear." It can also be shut off by somebody getting over into one of these valence cabinets in one of these engrams and going up and down the track.

So we try and take the person to moments of pleasure when he is winning and can be himself. That brings him—if it is practiced often enough—out of hiding, and then we can return to him his sonic, visio and so forth.

This is workable in a very surprising number of cases, although it is not yet a 100 percent proposition, which is what I am trying to make it. LRH: Will you please close your eyes. (You notice I do not count.)

PC: Okay.

LRH: Any time in the future that I say the word canceled, you will find that the words I say to you while you're lying here with your eyes closed are canceled, and they will be in no wise aberrative in any degree. Is that satisfactory?

PC: Okay.

LRH: All right. Now let's return to last night when you were eating dinner.

PC: Okay.

LRH: (pause) Okay. Who is sitting at the table with you?

PC: (mutters)

LRH: All right. Will you pay particular attention now to what they are wearing. Take a look at them there.

PC: (mutters)

LRH: Ah, that's all right, let's take the moment there when you are tasting a bite of food.

PC: Turkey.

LRH: All right. Well, let's taste it.

PC: It tastes very nice.

LRH: Tastes very nice? Okay. Now, as you are tasting that turkey, how does the plate look?

PC: Hm, excellent.

LRH: Hm-hm.

PC: It's got gravy on it.

LRH: Hm-hm? Taste pretty good?

PC: Hm-hm. Not the plate! (chuckles)

LRH: Ah, not the plate, okay? Just look at this plate and taste this turkey. Okay, is it warm or cold?

PC: Warm.

LRH: Can we feel this warmth? (pause) Get this sense of warmth.

PC: Hm. Here's where I'm not sure, you see, whether it's memory or——.

LRH: That's all right, that's okay.

PC: • know it was warm, I know I was perspiring.

LRH: All right. Let's try and see if we can see there what is your emotion at the moment you're there, eating that turkey. You mad at anybody?

PC: No, I'm very pleased indeed.

LRH: Oh, good.

PC: It's a special meal.

LRH: Well, is everybody happy?

PC: I'm a little sad because the turkey was frozen and didn't cook quite well enough.

LRH: Hm-hm.

PC: But, it is still good.

LRH: Hm-hm.

PC: Father had come over. We're going to go and see the youngest son.

LRH: Is he there, your father?

PC: My father's there, yes. He's 87.

LRH: 87. What's he got on?

PC: Well, he's got on a dark blue suit, with not too good a press.

LRH: Hm-hm.

PC: And bits of stuff on his shoulders from his hair.

LRH: Is he cheerful?

PC: Yes, talking at a mile a minute.

LRH: A mile a minute. What's he saying at a mile a minute?

PC: Oh, he's reminiscing about my childhood and my children's childhood . . .

LRH: Hm-hm.

PC: and business affairs with my husband.

LRH: Hm-hm.

PC: They talked about the fact that Mr. Dupont mentioned that he doesn't make puns well.

LRH: Hm-hm.

PC: And I say he does, and then he proceeds to make one.

LRH: All right. Let's contact the time.

PC: I can't. You see that's one of the things Father does best and I can't do it.

LRH: What's that?

PC: Make puns.

LRH: Oh, I see. Well, let's just hear his pun relate. Let's just contact the moment he's making this pun; the somatic strip can contact it.

PC: It was Mr. Dupont that made that pun.

LRH: All right, let's contact that.

PC: No, no pun. (chuckles)

LRH: Hm?

PC: No pun.

LRH: This is no pun, huh? All right. Let's go back just before that.

PC: See, I'm being bad and I thought I was going to be good.

LRH: Well, that's okay. Let's go back just a moment now before this pun is uttered. Let's go just a moment before this is uttered. The somatic strip will move to it.

PC: Maybe it wasn't at the table.

LRH: All right.

PC: . don't believe it was.

LRH: All right. Let's contact the moment it was made. Now let's contact the moment it's made and roll on through.

PC: I can see his face as he did it.

LRH: All right. Now if you can see his face it gets you that much closer.

PC: Yes.

LRH: Let's roll on through from the beginning now. Just the moment he's saying it. What has he got on when he's saying it?

PC: Well, he has on a beige suit.

LRH: Hm-hm.

PC: And he's looking very cheerful and happy.

LRH: That's fine.

PC: And I knew I wasn't supposed to talk about this meeting but it came up.

LRH: Hm-hm.

PC: And somehow or other when something came up it was mentioned at this meeting.

LRH: Oh? We've got a suppressor?

PC: Hm-hm.

LRH: Okay. Let's go back to a little less intimate conversation. Let's go back to Christmas when they give you a.... (pause) How does it feel here at Christmas? PC: Oh, this Christmas was very bad.

LRH: Very bad? When is it? Something very bad?

PC: I wasn't able to get my spirits up at all.

LRH: Oh, dear. Let's go back to a Christmas when you were 4 years old.

PC: I don't know where it was, I don't remember it.

LRH: That's all right, but you can go to it. Let's take a look at this 4 year old Christmas. (pause)

PC: I couldn't find it.

LRH: Oh, well, let's go to the 5 year old Christmas then, there's lots of Christmases.

PC: (laughing) I know the 5 year old Christmas, we went to Philadelphia.

LRH: Oh, I see, what did the tree look like?

PC: Beautiful.

LRH: Uh-huh? Did it look pretty good?

PC: I can see Grandma there.

LRH: Hm-hm.

PC: I can see my new baby cousin.

LRH: Hm-hm.

PC: Mother was sick and Father carried her upstairs.

LRH: Hm-hm.

PC: (murmurs, then laughs)

LRH: Yah. That's all right. Let's take a look at that Christmas tree. Let's take a look at the first presents. The somatic strip can find the first presents. (pause) The first presents under the tree.

PC: Oh, I know the first present but it wasn't under the tree.

LRH: Okay. Let's see it.

PC: It was in the window, looking out at me as I came up the front steps.

LRH: Okay, and what do you see?

PC: I think it must have been Christmas Day.

LRH: Now what do you see, walking up the front steps.

PC: It was a rag doll, about this big.

LRH: Let's take a look at it.

PC: And she was dressed in pink. She is dressed in pink.

LRH: Hm-hm.

PC: She has pink cheeks.

LRH: Uh-huh.

PC: Button eyes, and I just loved her on sight.

LRH: Hm-hm. Do you know that is for you as you walk up the steps?

PC: I knew it was mine.

LRH: All right. How does it feel, walking up these steps, seeing this rag doll?

PC: Oh, it was wonderful.

LRH: How does it feel, walking up the steps?

PC: Oh, light and.... Well, just flying. (chuckles)

LRH: Aha. All right. Who's the first person you see when you get in the door?

PC: I don't know, I've got my mind set on Grandma.

LRH: Okay.

PC: Maybe she was really there too.

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

PC: I can see her as I'm going up the stairs.

LRH: Yeah?

PC: I tried to get in first.

LRH: Hm-hm?

PC: I don't see anything more.

LRH: Hm-hm? (pause) That's okay. Now the moment the doll is being presented. Does somebody give the doll to you? Hand it to you?

PC: I think I ran straight to it.

LRH: You ran straight to it?

PC: Now I can see it.

LRH: Okay. What does Grandma say about this?

PC: She said she had made it and it was for me.

LRH: Okay.

PC: so . named it Katherine for her.

LRH: Okay. Now let's go to the time——.

PC: Some of that is almost return and some of it is memory.

LRH: Okay. That's fine. That's good. Let's go to the moment when you got your first expensive ring.

PC: (pause) Well, I can remember several rings.

LRH: Let's go to the first one.

PC: Okay, I'm there. It was a little tiny piece of gold, it was called a lover's knot.

LRH: Hm-hm.

PC: Emily, Mother's friend, gave it to me.

LRH: All right.

PC: And I was no more than 6. I don't remember exactly what age I was. I've still got it.

LRH: Right. Let's contact the moment you receive it. Did you say thank you like a good girl?  
(pause)

PC: I can see her.

LRH: Okay. What does she say?

PC: She had one when she was a little girl, just like it.

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

PC: 53.

LRH: That was an awfully fast trip from 6 years old to 53. That's too fast a trip. All right. Give me an associative word for each word I give you. Dog.

PC: Cat.

LRH: Knife.

PC: ah—spoon.

LRH: Run.

PC: Walk.

LRH: Picture.

PC: Taking a picture. (laughs)

LRH: How old are you?

PC: 53.

LRH: Okay. You're not stuck on the track.

PC: (laughs)

LRH: Thank you very much.

PC: I'm sorry I was so bad. (laughs)

LRH: Canceled, canceled.

PC: No sonic. (laughs)

LRH: Okay. Thank you very much. The above is a demonstration of a type of case opening. Notice the sudden increase in visio, and a little more awareness of position. That was very good for the first brushup on pleasure moments.

To start crowding a person, demanding that they listen, telling them to go back, and becoming impatient in any way with them, will cause a tendency to jar.

One tries to get a person into his own valence in pleasure moments, moments when he is winning, the time he wins the fight after the neighborhood bully has been raising hell with him, the time that he didn't happen to like his father, when he hauled off and really gave the old man what-for, and the old man took it. These pleasant moments in life are what you re-enforce.

There are two points:

1. You demonstrate to the individual's alignment monitors that it is quite all right to be himself.
2. The past has reality.

When one first begins to go up and down the track, one is returned immediately to moments of pain, and the sudden impact of the pain rather encourages him to foster the idea that it is agreed that he will try to escape from facing the reality of it, therefore cutting down the intensity of the experience. A neat mechanism, which defeats itself utterly.

There are people who were run on the old techniques who were cleared years ago. A lot of these people don't even know they are Dianetic clears, since in practicing such a thing I didn't want it to get out of hand. It got out of hand too soon anyway, we could have happily used another year or so and maybe at that point achieved a one-shot clear without any ramifications.

But it so happened that all of this material was escaping out from underneath us. There was less and less of it could be held close to the chest and it meant that one had to write 180,000 word letters any time one wanted to answer a question on Dianetics. People were practicing Dianetic therapy, trying to do something about it long before there was any information about it.

For instance, someone on the single strength of a very short thesis on the basic laws and axioms of Dianetics started a group up in Michigan which is still running strong. They did not have any manual to work from. They had practically no instructions and so on. But they were kept informed.

Now, if one has to keep everybody informed who is interested, it would be an impossible job. Consequently, before the first release of Dianetics we were getting things pretty well stacked up. It was necessary to step back. As a result it was released in a form which had been, in all of its essentials, in practice and successful for a very long time. But that form was even improved in writing the Handbook and it is further improved now.

The big contribution to Dianetics in the last year is the subsistence of Dianometry. The term is borrowed from psychometry. However, psychometry, from which psychedianometry was derived, concerns the psyche. We are more interested in thought than we are in the psyche so the name Dianometry was evolved. That is not an effort to be different, it just measures more. That work was done in the last year, and was a highly important contribution to the science itself. No paper on this has been released as yet, but part of the fruits of that labor suddenly jelled and came into practical application when we suddenly observed that we could turn sonic on in people. Having made that observation one had to scramble back to find out why; and we are doing a good job of it, turning on sonic and tracing back various incidents in the past.

One of our researchers took a newspaper reporter and halted him in mid-air as he was diving off a springboard. He also took this reporter back and had him go to moments when he was swimming and eating, and glanced through and turned on the reality of several incidents in full, without suggestion, doing a good, careful job, and then brought the reporter up to present time and said, "All right, now what do you think about that?"

And the reporter said, "Think about what?"

"Well, what did you think about swimming?"

"I wasn't swimming."

"Well, what did you think about all these things that you've been back to?"

“I haven’t been anyplace; I’ve been sitting right here talking to you. What do you mean, swimming?”

He was treating a hypnotic subject and hadn’t realized it! All he did was tell the man to close his eyes and the person went into amnesia trance. Of course in amnesia trance those units up against the bank can always contact pleasure moments. There is nothing easier.

So, the turning on of sonic is a highly important activity. And the method given above is the method we are using, no other. You take a person who is completely blanked out according to all purposes and there are two things that can happen: He is either stuck on the track someplace, or he is stuck in an engram, and you are not going to be able to release him out of that engram unless you take that engram into account. Try and find it and release him from it and he will fly up and down the track nicely. If you leave him in that engram, he is probably being the nurse or the doctor.

The doctor is a very high altitude person in the society. He gives Mama and Papa orders, they follow them, he is a friend, he is someone one looks to when one is very ill, or when one contracts a disease, or breaks a leg. Therefore he is a very, very respected member of the community. In addition to that he is part of many engrams. This places more people into doctors’ valences than can possibly be counted. If the boy is normally in Papa’s valence, and the doctor shows up on the scene, start running the incident and you will suddenly find out that you are running an incident with the patient as the doctor. Take an engram where you are getting sonic on Mama and Papa and no sonic on the doctor. He is the doctor, only he is lying there sick. That is a shift of valence. One gets exteriorized views and so forth, with a shift in valence.

Or the person is not in anybody’s valence. He has simply flown out into the blue and the only place that he is safe is in the upper right-hand corner of the room. I have actually had patients who are looking down on the scene of birth from clear up in the corner of the room, with the nurse walking back and forth. It might also be dub-in, but the mind is a composite. Run one of these incidents a few times and ordinarily the person will get back into himself. So you run out the valences, and coax him back into his own valence.

The easiest and smoothest way to get a person back into his own valence is to run him through moments when he is winning and when he is enjoying life. Then it is very safe to be himself. At those moments he can recover all of his perceptions. And one can go through the whole catalog of perceptics—sonic, sound, taste, kinesthesia, tactile—and one can even find moments of pleasure that contain pain, so one can turn on the pain.

For instance, someone is at a party and somebody breaks a bottle of beer over him. He can distinguish the fact that it is a party, and feel the pain. Then all of a sudden he realizes he can feel pain, he can see, he can hear, and he can do all these other things without dying in his tracks, which is what the computation has been telling him before that. So you take him back to these moments when he is ill and without telling him what is there, you merely ask him to take a look. You treat these moments as though they were engrams which have got to be run out.

The only moment that cannot be erased in a lifetime is a moment of pleasure, or a null moment which basically isn’t even there. Those are not erasable. Research on it has found that if they appear to be erasable, something else is coming in over the top of them and holding them down such as, “I can only touch this once,” “I can only be in one place at one time and then I have to be someplace else,” or, “I am so busy I can’t stay anywhere.” Engrams of that character chase a person out of every place he goes to on the time track.

You cannot by test deintensify a moment of pleasure. The baby is getting a bottle. Take a person back to being a baby getting a bottle several times, and he still will lie there and drink the milk. If the baby was getting a slap in the head, take him back to the slap in the head and it is less and less intense and finally the whole track comes apart. The perishable thing in life is pain. So one can go back over these pleasure moments and build them up.

There was one case of this when they returned a man, not to a pleasure moment, but to his office on a random date, January 3rd, 1950, and had him walk in and open up his mail. At first he didn't know whether he was there, then he thought that maybe he might be there and that perhaps he could hide the idea behind his hat up on the coat rack. Then he went through it again and got what seemed to be a pile of mail there, he guessed, but he was very dubious about the whole thing.

They just kept returning him through the incident and each time through he started to pick up something new. All of a sudden he found out that on the 3rd of January he didn't put his coat on the coat rack, he put it over a couple of boxes; that the top letter on the 3rd of January was from the Ultraviolet Light Company, that the next letter was from the Veterans' Administration, and so on down the list. Then he went through these things and read all the addresses, in color. Next he opened his mail, which at first appeared to be blank sheets, but which gradually built up until he had a packet with papers in it. Next he had the slight sound of paper. Then he dropped the first envelope into the waste basket, and then went over it: "Didn't go in the waste basket—that one went on the floor."

Thus one is able to really build up an insignificant moment, further and further. The person all of a sudden begins to realize that the past is not dangerous. He can go into it. He can recognize that there is reality. The auditor is not trying to tell him there is reality, but he gets more and more certainty on it at first glance and will then go through the whole incident.

One subject was found to be very hard to work, extremely occluded. This case was in Yiddish and finally some Yiddish phrase that means "on guard" was located. That case was stuck "on guard" in about 55 engrams simultaneously; he was in bad shape. He had the pale gray look that can quite often be seen in an institution.

So I started taking him back down the line and he was going nowhere. It was all black with nothing there at all. Gradually he started to pick up a scrap of this and a scrap of that and suddenly he is arguing with an engineer in a swimming pool. As they step out of the pool he is still arguing about a certain principle of engineering and he starts to get a little bit hot on this. This argument is one he won. The other person finally backed down.

Very shortly thereafter, this person is running through with the emotion of winning. He has been swimming, he is wet, he is listening to the other person and so on but there was this blank sonic. There were merely impressions of sonic. So I fished around in his case for about an hour and finally got into the first motion picture he had ever seen. There was Felix the Cat going down off the roof into a rain barrel. And he sat there looking at Felix the Cat. All of a sudden his kid energy and enthusiasm about Felix the Cat turned on in full. He suddenly heard the xylophone running down the scale as Felix the Cat is falling off the roof and then boom! the bass drum as Felix falls into the barrel. He was stunned to realize he had heard something. So we ran the xylophone until it was good and loud. He picked all this up on his own, nobody even encouraged him. He was terribly worried about somebody suggesting something to him. About five sessions later this person had recovered full sonic on anything he went into. The mind can thoroughly reassure itself through moments of pleasure that it has been right.

The above is the form of Dianetic case opening which is currently used, unless by next week the research department and myself have dreamed up a gee-whizzer that will turn on sonic in five minutes. We are dealing here with a young and advancing science, and there is plenty to be done in this field.

I want to emphasize that the material which is in the Third Book of the Handbook, concerning application, is valid. But if you know any way to make it better, that is yours. You are much less in this as a student than you are as a fellow conspirator on the subject of Dianetics, and I fully expect to pick your brains.

Dianetics isn't something that can be done by rote. You have got to think about it. You can help and we can all help. It is not a static subject. A good auditor gets a feel for it. If you have done some auditing you will realize that. It is all very neat to say that one takes the first moment of pain or unconsciousness and erases that, then we go to the next moment, and the next moment, getting off painful emotional charge, and then to the patient's birth, and suddenly a person is clear. That isn't how it works.

Dianetics is like walking around pinning the tail on the donkey. Very often you don't even know there is a donkey present. You learn however by experience, by watching the sensitivity in the application, because there is a very interesting sensitivity to it.

For instance, the person has got a cold. We hit an engram, but the line the patient is following is way above the engram. So we are taking dives at this engram and coming out of it in a hurry, and again diving at the next phrase repeatedly.

In one particular case the bouncer in the basic area happened to be "I can't hold anything down, it's got to come up." So, he was doing this dive and throwing his engrams. One could tell the moment of contact.

Painful emotion reflects in the chest, physical pain reflects in the toes. If a person isn't wiggling his toes, he doesn't have a somatic, I don't care what he says. He is not on the line of the engram; something out of phase is occurring. A bouncer in the basic area can do that to an engram. A lot of things can happen to engrams. You can tell a person to go early and he promptly goes late. Perhaps he had some obstetrician at birth saying, "Well, I've got to turn him around now. Now he's all turned around," which is a very common engram. So you will find him running sonic in one level and the somatic in another one. All sorts of weird things can happen because of such a computation in the commands.

Or you will find somebody that you are trying to take back to 1923 suddenly discovers that there is no 1922, nor is there a 1919, or a 1912 or anything else back there. Well, this person has had an exodontistry, let us say, and everything has become part of the bank, and will be occluded by it.

Or he has a nitrous oxide experience, and there it sits with everything glued into it that has anything to do with an engram. Everything is pulled up into this bank until the nitrous oxide is knocked out. All of a sudden you realize that the case doesn't work right, and you have got to do something else. Perhaps someone has just died—painful emotion. Or you may have a late operation and you have to handle that. Or you may have to go through an accident. Or somebody has been in an institution and had 195 electric shocks, and everything in the bank is all scrambled by this, so you have to tell him, "Let's go back to dinner last night." And he may say, "Here I am in birth." Or you say, "Yesterday," and he is running present time and then dives back to conception. So he is to some slight degree deranged.

With this unfortunate individual, you may have to start in with shock No.1. He will go up to the moment of shock—sometimes we can find it quite easily—and the individual starts into some kind of a convulsive action. So we sit there for five hours with the electric shock going on, but it does remove to some degree. Then we find everybody who was there, with the electric shock machine, and someone was saying, "Well, you know, I sure like Clark Gable, don't you?" And you run out all this "interesting" information, then they wheel the person down the hall and there is a manic-depressive screaming, "I'm the strongest person in the world, I'm God, that's who I am. I'm God," which is interesting to have in an engram, particularly if this person was an apathy case, because his case has now been superimposed with a very fine Jehovah complex. This gives a complicated picture.

In running it out, you have to run out some electric shocks. First you run out No.1 electric shock, and the next one is going to be easier. If you can get them early and you can get the basic-basic out and start up the line, getting out a few severe shocks, you will suddenly find

that you only have to run about eight to ten shocks and the rest of them will peel off. The first shock was the one holding the rest of them.

In a high blood pressure case, you find a migraine headache and start down the bank and suddenly the migraine headache starts to turn on. (Fortunately the somatic back on the track is never as bad as the somatic in present time.) You find out that Mama had high blood pressure, and had high blood pressure attacks every other day, and that there are 283 days to the term of gestation. So we have a tremendous amount of high blood pressure engrams. However, after we have run out the first five, six, eight or even nine, the somatic has practically gone. Remember that if you can get the first one of anything, you can get the rest of them off.

You cannot play it by saying, "This is the reactive mind, it goes from here to here, and it is located here and here, 'Abracadabra, Rumpelstiltskin,'" and at that moment the first engram disappears. No, it is walking around and pinning tails on donkeys. If you have audited, you already know about this. But this is the case opening which I demonstrated at the start and that case opening will save you a lot of trouble. Re-establish a man's faith in yesterday and you have re-established his ability to act.

Here is another short demonstration of how to open a case.

LRH: Okay. Now if you will just close your eyes. All right. Now any time in the future that I say the word canceled, whatever I have said to you while you were lying here with your eyes closed during this session of therapy will become canceled. Is that satisfactory?

PC: Yes.

LRH: All right. How old are you?

PC: (slight pause) 27.

LRH: What was the first figure, please?

PC: 18.

LRH: Okay. Now what do we catch there at 18? (pause) When I count to five a holder will flash into your mind. One-two-three-four-five (snap!).

PC: Philadelphia.

LRH: Well, I know Philadelphia's pretty bad, but that's not a holder.

PC: I know it's not a holder but that's what came.

LRH: Good enough. Now what place in Philadelphia? Your somatic strip's right there. Now let's develop the visio of these surroundings. Let's just take a look and see if we can detect this. (pause; PC coughs) It's all right. Now what do you see here? 18 years of age, 18 years of age. And the moment of being held on the track. Now what is it? (pause) When I count to five an odor will turn on. One-two-three-four-five (snap!).  
PC: No odor.

LRH: You don't smell anything? Now what were you doing at this moment? What was happening to you? Anything?

PC: At the moment of the holder?

LRH: Yah. There may be a little sonic on this moment, by the way. (Very often a person may not have sonic anywhere else on the track and still have sonic right at the moment of the

holder.) (pause) What do you find? The somatic strip will contact this. (pause) Is it Don't talk?

PC: No.

LRH: Be quiet?

PC: No.

LRH: Stay still?

PC: No.

LRH: Stay here?

PC: No.

LRH: Don't move?

PC: No.

LRH: Hold him down?

PC: No.

LRH: What is it?

PC: Gee, it's awful. It just seems like there's nothing.

LRH: There's nothing, go over that.

PC: That 's right.

LRH: Go over the words There's nothing.

PC: Yeah, There 's nothing. There 's nothing. There's nothing. There's nothing. There's nothing. There's nothing. There's nothing there. There's nothing there. There's nothing there.

LRH: Continue.

PC: Theres nothing there. There's nothing there. There's nothing there.

LRH: What could possibly come after that?

PC: There s nothing there. (pause)

LRH: All right. Let's give me the sentence just before this, just before There's nothing there.

PC: I looked carefully but there's nothing there.

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

PC: I looked carefully——.

LRH: Were you operated on at this time, when you were 18?

PC: No.

LRH: Well, what's happening?

PC: Nothing very special. (clears throat) I had graduated from high school and I was going to go to college.

LRH: And what happened in the middle?

PC: Then—then....

LRH: Give me a flash yes or no on these questions: Doctor's office?

PC: No.

LRH: Hospital?

PC: No.

LRH: School?

PC: Yes!

LRH: All right. Now what do you contact? (pause) All right. Let me give you parts of schools. Now give me a yes or no on each one of these: Athletic field?

PC: (pause) No.

LRH: Schoolroom?

PC: Swimming pool.

LRH: Swimming pool. Okay. Swimming pool. All right. What do we contact with the swimming pool?

PC: Hm....

LRH: Hm?

PC: Eighteen—huh....

LRH: All right. What have you got there?

PC: (mutters)

LRH: Okay.

PC: (coughs hard) Oh, boy. (laughs) This is a lulu. (laughs) I still haven't got it, you know.

LRH: That's all right. Just say, There's nothing there.

PC: There's nothing there.

LRH: Is that a phrase in it?

PC: Gee, it doesn't really seem like it.

LRH: All right.

PC: It felt like underwater or above water something happened, you know.

LRH: Uh-huh. Let's contact it again. (pause) It's okay, you can contact it again. Now you know what's occurring. You know what's occurring. Now contact the first moment of the incident, now. Your somatic strip can contact the first moment of the incident. Let's roll it through.

PC: Boy, something is sure helping me out. There seems to be something with water polo.

LRH: Hm-hm.

PC: Yeah, I'm in the high school swimming team and we're playing a game of water polo.

LRH: Okay.

PC: And you know how those games go. Boy, they're really pretty ruthless.

LRH: Hm-hm.

PC: You throw the ball in and you try to get it up to your goal.

LRH: Hm-hm.

PC: And I'm trying to get it started and I stopped right there. (cough)

LRH: Okay. Underwater?

PC: Am I underwater?

LRH: How does the water look, when you're under it?

PC: Greenish, it's wet.

LRH: What do people say when they're bringing a person out of there?

PC: Boy!

LRH: What do people say when they're bringing a person out of drowning?

PC: No drowning.

LRH: No drowning?

PC: No drowning.

LRH: What do people say when they're pushing him under?

PC: Yeah, that's more like it.

LRH: Okay. What do they say when they're pushing him under?

PC: (pause) Mixed noises, you know, Rowr-roworowr-rowr-rowr, and everybody fighting to get the ball and so on.

LRH: Okay. So? Now what occurs? (pause) Name a part of the body which might have been injured if any part of the body was.

PC: No place injured, but head pushed.

LRH: Head pushed. Okay. Under very long?

PC: I really haven't got this episode completely in tow yet. I mean there—there's something.... I'm going to get stuck somewhere along here and I just know it. But I haven't got it yet.

LRH: Hm-hm. Not completely in tow as yet.

PC: Not completely in tow as yet.

LRH: Who pulls you out of the pool?

PC: No one. I walk away from this one.

LRH: Hm-hm. You walk any distance without knowing about it?

PC: (pause) No.

LRH: Now let's go back to the moment the head gets pushed down.

PC: Yeah.

LRH: All right. Let's contact the moment the head gets pushed. Let's see if we can contact this.

PC: All right.

LRH: All right. Let's go right on through it now. What happens next?

PC: Well, I think it's Roger.

LRH: Okay. (pause) Continue.

PC: We're fighting for the ball and he suddenly rises high above me somehow. I don't know how he did that. He must have jumped to the bottom of the pool, gotten out, and come down on my head, pushing me under. But now there's some sort of a scramble.

LRH: Continue.

PC: Um.

LRH: Continue.

PC: Must have stayed under there.

LRH: Stay under there. Go over those words.

PC: Stay under there. Stay under there.

LRH: The somatic strip can contact it if it's there. (pause) Stay under there. PC: Stay under there.

LRH: A holder will flash in your mind. One-two-three-four-five. (pause) Let's get the denier on this then if we can't get a holder. Does somebody say, Forget it? (pause) Is there a Forget it or Can't remember there?

PC: No. (cough, cough)

LRH: Is there a He's out there?

PC: There's a somatic.

LRH: Okay.

PC: It's again the feeling of being ducked, only one's heart has stopped and there's an anxiety feeling in the heart.

LRH: Hm-hm. What words could go with that? When I count from one to five the sentence will flash into your mind. One - two-three- four-five .

PC: The thing that flashes into my mind is that it's a concept that there's no word connected to this thing, not nearly so much as there are actions and people acting on me.

LRH: Hm-hm. What are the people doing to you?

PC: Well, I'm going to get stuck, still.

LRH: All right. Repeat the word stuck.

PC: Stuck?

LRH: Hm-hm. Stuck.

PC: Stuck.

LRH: The somatic strip can go to the word stuck as it occurs in this sequence.

PC: Stuck. Stuck. Stuck. Stuck.

LRH: What appears in this sequence?

PC: Stuck. (cough) Stuck. Stuck. Stuck. A real anxious feeling.

LRH: All right. Stuck.

PC: Stuck. Stuck. Stuck.

LRH: What's the rest of the sentence?

PC: Stuck. Stuck. Stuck.

LRH: The rest of the sentence.

PC: Stuck.

LRH: The rest of the sentence.

PC: Stuck.

LRH: Stuck where?

PC: Stuck. I'm stuck.

LRH: Go over it again.

PC: I m stuck.

LRH: Go over it again.

PC: I m stuck. (chuckles)

LRH: Okay. Go over it again.

PC: I m stuck. (laughs some more)

LRH: Okay. Go over it again.

PC: I m stuck.

LRH: Go over it again.

PC: I m stuck.

LRH: How do you feel on this?

PC: (laughs) Stuck.

LRH: (laughs) Okay. Go over it again.

PC: I m stuck. I'm stuck.

LRH: Go over it again.

PC: I m stuck.

LRH: Go over it again.

PC: I'm stuck.

LRH: Go over it again.

PC: I m stuck.

LRH: Go over it again.

PC: I m stuck.

LRH: Go over it again.

PC: I m stuck.

LRH: Go over it again.

PC: I m stuck.

LRH: What's the next sentence? I'm stuck.

PC: I m stuck.

LRH: Next sentence. Is there an I don't know, or I've got to get away?

PC: Oh, there's a bouncer.

LRH: The somatic strip can go to the bouncer. The somatic strip's going to the bouncer.

PC: (laughs)

LRH: Okay. The somatic strip's going to the bouncer. Okay, what do you get for the bouncer?

PC: Get out of here.

LRH: Go over that again.

PC: Get out of here.

LRH: Go over it again.

PC: Get out of here.

LRH: Go over it again.

PC: Get out of here.

LRH: Go over it again. Contact it.

PC: Get out of here.

LRH: Go over it again.

PC: Get out of here.

LRH: Go over it again.

PC: Get out of here. Get out of here. Get out of here. (chuckles) Get out of here.

LRH: Go over it again.

PC: Get out of here. Get out of here.

LRH: How do you feel while that sentence is being uttered? What kind of a voice would utter it?

PC: A doctor's voice.

LRH: A doctor's voice?

PC: Yes.

LRH: Go over it again. Get out of here.

PC: Get out of here.

LRH: Go over it again.

PC: Get out of here.

LRH: Let's go on over it again.

PC: Get out of here.

LRH: What's the next line? (pause) Is there an I don't know what happened to him there?  
(pause) Is there an I don't know what happened to him?

PC: I don't know what happened to him?

LRH: What happened to him?

PC: What happened to who?

LRH: You.

PC: To me? Get out of here, I don't know what's happened to me?

LRH: No, no. What I'm trying to find out is, is there something which is blocking the information?

PC: Oh.

LRH: A denier.

PC: Yeah.

LRH: Is there something which says the incident didn't happen? That's what we're looking for. Now the somatic strip can go to anything which denies the incident exists, (pause) that tells you you shouldn't know about it, (pause) that tells you it's a secret. Anything of the sort. (pause)

PC: My breath.

LRH: (pause) Let's go over that. Contact the phrase that causes it. (pause) The phrase that causes it. (pause) When I count from one to five, you'll tell me the phrase that causes this shortness of breath. One-two-three-four-five (snap!). It will flash forward into your mind when I count to five. One-two-three four-five.(pause) What's the first thing that comes to your mind? (pause) Would it be a doctor saying it?

PC: Yeah.

LRH: All right. Now let's pretend you're the doctor there. You know what has happened to this fellow. Now what would you say at that moment? Let's shift valence into the doctor, now what would he be saying at this moment?

PC: At this particular moment?

LRH: Yah.

PC: Yeah, yeah, it seems to have something to do with birth. It's in the delivery.

LRH: Okay. What's this got to do with the swimming accident at 18?

PC: I don't know. (chuckles) I've left that behind a long time ago.

LRH: Oh, yah?

PC: Yeah.

LRH: Okay. Do I seem to be running you on birth here?

PC: No, but it——.

LRH: All right. Let's go to basic-basic.

PC: It automatically happened . . .

LRH: Well, let's go to basic-basic.

PC: then the whole thing got changed.

LRH: All right. Let's go to basic-basic then. Early. Early. Early. Basic-basic. Early. Real early. Very early. Very early. (pause) Very early. What do you contact there very early?

PC: It's very black.

LRH: Hm-hm. What else are you contacting? (pause) Any feeling of discomfort here? Let's contact this earliest moment of discomfort that we can now touch, earliest moment of discomfort which we can now contact. Earliest moment of discomfort. (speaking very soothingly)

PC: Sort of floating. Ooh, heh, that feels good. (chuckles)

LRH: Okay. (pause) What can we contact here? (pause) What can we contact? (pause) Let's run the line That feels good.

PC: That feels good.

LRH: Go over it again.

PC: That feels good.

LRH: Go over it again.

PC: That feels good.

LRH: Let's contact the first moment it appears in the bank.

PC: That feels good.

LRH: Go over it again.

PC: That feels good.

LRH: Contact the first moment.

PC: That feels good.

LRH: All right. Let's contact the first moment.

PC: Feels good.

LRH: Let's contact it, first moment. That feels good what?

PC: That feels good.

LRH: How are you feeling?

PC: How do I feel?

LRH: Hm-hm.

PC: I still have a sort of a backstroking sensation as though I was floating on water, but the upper part of me was out of the water and I was resting on the water, floating.

LRH: All right. (pause) What do you get there? (pause; loud rumbling sound disturbs the session) Come up to present time. (pause) All right. Let's go over that sound, in present time, that you just heard. (finger snap; pause) That's right. Go over the sound in present time that you just heard. (pause) What do you hear? (finger snap) Do you hear a rumble?

PC: Oh, I thought you meant the match.

LRH: No. Let's hear that rumble.

PC: I can get the rumble too.

LRH: All right. Let's get the rumble. (pause) First moment of the rumble.

PC: It's going away. I had it a couple of times, about twice.

LRH: Hm-hm.

PC: And then I lost it but good.

LRH: Okay. Go over this, I lost it.

PC: I lost it.

LRH: Go over that again.

PC: I. lost it.

LRH: Go over it again.

PC: I. lost it.

LRH: Go over it again.

PC: I lost it.

LRH: Contact it.

PC: I lost it.

LRH: I lost it.

PC: I lost it. I lost it.

LRH: Contact it.

PC: I lost it.

LRH: Go over it again.

PC: I lost it.

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

PC: 27.

LRH: Is that right?

PC: Yeah.

LRH: Good. Canceled. Thank you very much.

PC: Thank you. You know, I feel like that ducking episode actually was run through somehow, and that there wasn't very much more to be gotten. There were no words associated with it. Somebody ducked me, and I got scared and then I came up, and coughed.

LRH: It might have been a key-out. Okay. Thanks a lot. The above is another technique of which you should take very careful note. If you cannot locate where the incident is which is holding the person on the track, don't start in with a person who is without sonic or visio at that moment and assume automatically that he is in present time, because very few people are.

Work the case, then, using very good sense. When you open up a case, don't be satisfied with feeding a person repeater technique endlessly. Repeater technique is good if you have a good idea of what you are trying to locate. But just shooting repeater technique at the person in an effort to get him down the track someplace is bad, because you can restimulate incident after incident.

In the above demonstration we were using repeater technique for one purpose only. The somatic strip was working very well; we knew there were certain kinds of phrases there that it would match, and we were fishing for something. There obviously was some kind of an incident there, but it had a bouncer which prevented the somatic being talked about. However, the incident said something about the fact that he was there. So he was held in the incident, but it bounced, so the somatic wasn't there. Therefore we wanted to come back into the 18 year old incident so that we could clear what was holding it. We wouldn't want to mess around with such a late incident unless we absolutely had to.

So, the idea is to get the patient unstuck and moving freely on the track. And then, if you can't find any incident, and if he is again stuck, get him moving freely by taking him to pleasure moments when he won. Now start turning on his perceptics, and make sure they are turned on well so that he is very sure he is there, which is worth a lot of work, because it means a lot to the case.

We were getting very spectacular results in the early part of Dianetics. Nearly everybody I worked had sonic and I didn't know why. It took me weeks of observation to find out. I was testing standard memory banks, I and I was testing them, case after case after case, dozens and dozens of them to find out how much a human being could retain in standard memory. By testing case after case I found that they could contain quantities of material that were absolutely impossible to compute, because even with 10<sup>21</sup> the 21st power binary digits of neurons with 1000 shots in each molecule, the human mind could be computed to have just enough memory storage to last a human being for 3 months and no more, if they recorded everything—and they do record everything.

So I didn't pay much attention to the theory because it didn't work. Therefore I was going up and down the track looking over standard banks very casually and in doing so I was just naturally stabilizing cases. I was stabilizing yesterday. When I stopped doing that I started having tough cases. I have recently discovered this by checking it back against the existing therapy. Something was being done which was not being accounted for. So in handling a case,

you want to take every single precaution to turn on all perceptics, not to merely run an incident and pile everything up on the track on that incident.

It doesn't matter how comfortable the patient is. That is beside the point. If you have got him in an incident where he keeps knocking in and out of birth and he is highly uncomfortable because of this, don't get upset. That may be a tough point of view to take (one makes him as comfortable as possible of course), but it is a secondary consideration to getting the engram. What you want to do primarily then is to turn on his feeling of reality of yesterday. This is not to make him comfortable, it is not to permit him to avoid engrams, it is just to contact the engrams. He has got to be able to contact them and he has got to be able to recognize the validity of them when he has contacted them, not because you as an auditor say they are valid, but because they are valid to him. That is of major importance in case opening, and the point I wished to stress in this lecture.