MEMORY AND DIAGNOSIS

A lecture given on
16 June 1950

Occlusions Confronted

In this lecture I will give you a demonstration of a technique which was fairly well known to a lot of people but they did not know how it worked. However, because we know Dianetics, we know what the sources are of people forgetting. Consequently we know what we are looking for and therefore we can perform therapy.

I was listening with interest to a therapy which was being applied by a psychoanalyst practitioner in New York, who sees about 50 patients a day, and since he has gotten hold of Dianetics he has been highly enthusiastic about the whole thing. All he did was apply the theory of Dianetics. He isn't performing Dianetics on people as such, which is to say he does not place the patient into early periods. He has been unable to obtain full recall on prenatals merely because he hasn't any inkling of what it is all about. But he does realize that he is looking for moments of unconsciousness and pain. Merely by knowing source and nothing else but source he has been able to produce some remarkable results.

The following is a demonstration of handling a case using memory.

LRH: Okay. Sit down. All right. Now, a few minutes ago when I was asking you some questions, you were telling me it was blank.

PC: Right.

LRH: You were telling me that this stuff was just beyond reach and so forth.

PC: Uh-huh.

LRH: And I started asking you about things and merely asking you to remember things.

PC: Hm-hm.

LRH: And you started coming up with material didn't you?

PC: That's right.

LRH: The first thing we came across was what?

PC: You mean the first thing we did?

LRH: Yes. Well, not the first thing I did, but the first thing we recovered.

PC: That I was a little boy standing in a wheat field.

LRH: All right, that's the first thing we recovered. Now the next thing we recovered was on the matter of not being able to remember. Now what did we ask about?

PC: (laughing) I can't remember.

LRH: Yah. That's right. And then we recovered what had been taking place in there.

PC: Oh, somebody had been trying to change me.

LRH: That's correct. And how had they been trying to do this?

PC: By altering my personality, by trying to change me altogether.

LRH: Well, that was a little bit advanced on the subject. What had they been saying to you?

PC: You can't remember this and you can't remember that, and what's the matter with you anyway?

LRH: Uh-huh. And was this fairly constant?

PC: Oh, yes. Fairly constant.

LRH: All right. Now we suddenly recalled this. Had that been recalled before, during interviews?

PC: Not very vividly, although it was in back of my mind....

LRH: Just kind of in the back of your mind. Yah. Now the next thing that we established on this was the relationship of this person to you and that this person might be a pseudo-somebody.

PC: That's right.

LRH: And I asked you who was the pseudosomebody and what did you finally come up with?

PC: I finally came up with, Stay here and I'll take care of you, for the person with whom the younger person was the pseud o.

LRH: Yes. But you did that remembering?

PC: That's right.

LRH: With your eyes open?

PC: Hm-hm.

LRH: And it wasn't a run through the incident?

PC: No.

LRH: All right. And now we are doing some synchronizing work and we will just keep on with that, and we will go over this other proposition of the restimulative nursing.

Now if you will just stand up for a moment, Francis. Now just sweep your eyes back and forth briefly and listen to my voice as I'm talking. Now listen to the airplane and look.

PC: I get that feeling that all the blood's running up to my head again.

LRH: Uh-huh. Trying to do simultaneous looking and listening?

PC: That's right.

LRH: All right. Now let's stand there and look and listen, simultaneously.

PC: Now I'm starting to get a headache.

LRH: All right. Now let's feel your clothes on you.

PC: Now I'm starting to feel very, very uncomfortable.

LRH: Uh-huh. All right. Sit down in your chair, again. Now just remember this. Do you have any recollection of any incident, not necessarily an engram, just any incident which might occasion this rush of the blood to the head or the feeling in the head?

PC: Just the business that we went over before

LRH: Well, do you have any further recollection now of something that might account for it?

PC: No, just You can't do two things at once.

LRH: Oh.

PC: Which has been told to me several times.

LRH: Hm-hm. Who told you?

PC: Mother and wife.

LRH: Hm-hm.

PC: How can you do two things at once? You can't do two things at once. You either read or you eat, you don't do both.

LRH: Uh-huh. In other words, all we're tapping here is recollection, just remembering, on a late lock proposition. Now when I count from one to five, an engramic incident is going to flash into your mind. One-two-three-four-five (snap!).

PC: I get a complete blank.

LRH: Hm-hm. A complete blank. Now you've been worked some little time in therapy and you've been getting blanker and blanker.

PC: Well, we started off with some fairly good results with repeater technique. And then it just gradually fell off until I finally got nothing at all.

LRH: And now when I ask you questions you say, I remember I went to class yesterday.

PC: That's right.

LRH: Then we build it up to high school, and the vague idea that we had friends in high school and so on.

PC: That's right.

LRH: In other words, this is a demonstration of this.

(One could possibly get an occasional remission with a person with this technique. But, more important than that, that an effort to do something like perceive simultaneously is not doing two things at once. A person is constructed to perceive simultaneously, not to scan from one thing to another.)

The second you try to bring that into an adjustment, what sort of a physical condition do you get?

PC: Well, right now I've got a headache.

LRH: All right.

PC: I'm concentrating on watching you and listening to you.

LRH: All right, shut your eyes. Now let's pick up the first end of the engram and run it. Just let's contact the first part of it. Complete blank.

PC: Complete blank.

LRH: Can't do two things at once.

PC: Can't do two things at once.

LRH: Repeat it again, please.

PC: Complete blank. I can't do two things at once. Complete blank. Can't do two things at once. Complete blank.

LRH: Everything is going blank. Let's repeat that.

PC: Everything is going blank. Everything is going blank. I get Euerything is going out.

LRH: All right. Let's go over that. Everything is going out.

PC: Everything is going out. Euerything is going out. Everything is going out.

LRH: How's the head somatic?

PC: The somatic's gone now.

LRH: All right. Come up to present time. (pause) Okay.

I wanted to demonstrate the fact that a person just knowing that he does have recall of everything will very often assist in a swift remission, or at least a temporary alleviation. In experimenting on this you got a bit of a headache. How is your headache now?

PC: Fine.

The above is a small example. This is not full-dress parade Dianetics by a long ways, but this is still of importance to the professional practitioner. Because a patient that you don't want to spend any time with may walk into the office and sit down in your chair and there is no reason to go through a full interview. This patient may be very upset, fresh meat, never seen before, and so on. You can just tell her to start remembering, and run into incidents on this order.

Here's another example:

LRH: Okay. Have a seat.

PC: (takes seat; coughs)

LRH: Now do you remember when you were a little kid?

PC: Yeah.

LRH: How did your mother look?

PC: She looked fine.

LRH: How did she look ordinarily? Cheery? Unhappy?

PC: Cheerful.

LRH: She looked cheerful. Uh-huh. Now do you feel as comfortable as you might at the present moment?

PC: No, I'ue got a slight throbbing in my back.

LRH: Got a slight what?

PC: Throbbing.

LRH: A slight throbbing in your back.

PC: Yes.

LRH: All right. Now, we're not trying anything in Dianetics. Just answer me this question: Do you know of any recent incident like that?

PC: No.

LRH: Well, let's just try and see if we can remember one. Try to remember an incident that might have had to do with throbbing in your back, some time when your back was hurt. (pause) Back injury. No recall on it, offlhand?

PC: No.

LRH: All right. When I count from one to five, a phrase will flash into your mind. One-two-three-four-five (snap!). What was the first phrase?

PC: What phrase?

LRH: What phrase? A complete one.

PC: A complete blank.

LRH: All right. Now, where were you yesterday? Just remember.

PC: Here.

LRH: And where were you last week?

PC: (pause) What day ?

LRH: Oh, any day of the week, first part of the week.

PC: Washington.

LRH: Hm-hm. Were you enjoying yourself down in Washington?

PC: Yes.

LRH: Uh-huh. Now answer me this, who's been mean? Who's been ornery? The last person that was really mean to you? Let's just see if you can remember the last person. (pause) There's been somebody mean to you sometime or other.

PC: Yes. There certainly has. (laugh)

LRH: All right. Now go out in the waiting room and wait for a half an hour or so until we call you in again.

That's what we would tell a patient like that. Then we call in the next person, and we might say, I'll give you an interview now.

PC: Okay.

LRH: Has anything been bothering you lately?

PC: Yes.

LRH: Something been bothering you? What's been bothering you?

PC: I've been acting irrationally.

LRH: Well, do you remember anybody accusing you of irrational behavior or anything like that? Who ordinarily would accuse you of irrational behavior?

PC: No one.

LRH: No?You don't know of anyone in your whole life? Nowyou can remember these things.

PC: No. (pause) I accuse myself.

LRH: You accuse yourself. Well, remember the last time you accused yourself in the past few weeks.

PC: I was staying away from classes.

LRH: Hm-hm. And did somebody mention to you that this was not something you should do?

PC: (mutter)

LRH: Anybody call it to your attention?

PC: The dean did.

LRH: Oh, the dean did. Well, what did the dean have to say about it?

PC: He said there was no reason for it at all.

LRH: But what did he think you did? It was completely what?

PC: Silly.

LRH: It was completely silly, and there was no reason for it. Well, do you remember the dean talking to you about it?

PC: Yes.

LRH: How did he look?

PC: I can recall how disgusted he looked. LRH: Hm-hm. What does he say about staying away?

PC: I think he said something about it.

LRH: How do you feel about it?

PC: I agree with this.

LRH: You agree with this. You remember this incident?

PC: Yes.

LRH: You remember it clearly?

PC: Fairly clearly.

LRH: How do you feel about it?

PC: It happened several times.

LRH: It happened several times. Oh, you remember the first time then?

PC: No. (pause) Well, I guess I do. He was talking to the whole class.

LRH: Oh. What is he saying to the whole class?

PC: (mutters)

LRH: Oh, well, sure. What was he saying? What was he doing? (pause) Did he sit in front of the room, or the back of the room, or what?

PC: He was standing in the front of the room.

LRH: Standing in the front of the room. Okay.

PC: (pause) I think I asked him some questions, which he answered.

LRH: How did you feel when he was talking to you about this?

PC: Quite all right.

LRH: You felt okay about it. When's the next time you did it?

PC: Oh, it was this year, about three months ago. I'd been skipping math class.

LRH: What did he have to say about that?

PC: He came into the coffee shop and sat down and spoke to me about it. And right away I told him that that weekend I had made up the work and I was going to start back that day.

LRH: Well, now what would you say about this thing? You can remember all this. (pause) How do you feel about your irrational behavior? (pause)

PC: I can't understand it.

LRH: How do you feel about it now?

PC: I don't feel that I'm accusing myself all the time. It's simply something that I have no control ouer.

LRH: Hm-hm. Now, let's think of somebody who says you don't have any control. Who could possibly have said this? First off, who might have held this opinion? Just judging by the nature of the person, who could have held this opinion?

PC: Well, when I was about 14, my father might have been saying it then.

LRH: Is your father the kind of man that would say this?

PC: In some cases. I was trying to stop it. I think he gave me the control yourself line.

LRH: And do you think he said there's no reason for it?

PC: Yes, that sounds right.

LRH: Any irrational behavior? Did he make use of those exact words?

PC: I can't remember that, but it sounds right.

LRH: Well, let's see if you can recall it.

PC: The incident ?

LRH: Sure. Just see if you can recall the incident. You don't have to bother to go back to it, just see if you can remember it.

PC: Yes, I can remember it.

LRH: All right.

PC: We were living in Chicago and I was going to the public high school.

LRH: Uh-huh.

PC: And I had been very much interested in my biology course, and had dropped physics for about two weeks before my parents became aware of this. Iguess my father tried to force me into it. He talked to me for about an hour trying to be very forceful about it, and finally I went into hysterics.

LRH: Do you agree with him, or feel you ought to agree with him there?

PC: No.

LRH: How do you feel about your irrational behavior?

PC: Well, it's still irrational behavior, but when I'm talking about it now, it's something that I think is irrational.

LRH: Is what?

PC: Something that I think is irrational.

LRH: How do you feel about it? I mean has there been any change in the last few minutes about how you regard your irrational behavior?

PC: Ifeel fine.

LRH: Have you recalled these incidents before, lately?

PC: Yes, I think I recalled that incident two months ago.

LRH: Did you worry about it?

PC: No.

LRH: Shut your eyes. Let's go back to the moment he's saying it.

PC: (clears throat) I can't recall well.

LRH: All right. Irrational behavior. Go over those words.

PC: Irrational behavior.

LRH: Contact your father saying them.

PC: Irrational behavior.

LRH: Contact your father saying them.

PC: Irrational behavior. Irrational behavior. Irrational behavior.

LRH: What else might he have said consecutively with this?

PC: Irrational behavior. Control yourself. Irrational behavior. There's no reason for it. There's no reason for it. There's no reason for this at all. There's no reason for this at all. There's no reason for this at all. There's no reason for this at all.

LRH: Hm-hm.

PC: There s no reason for this at all.

LRH: All right. Let's go down into the prenatal area and pick it up.

PC: (pause) There's no reason for this at all. No reason for this at all.

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

PC: There s no reason for this at all. There's no reason for this at all. There's no reason for this at all. There's no reason for this at all. There's no reason for this at all. There's no reason for this at all.

LRH: Is Control yourself there, or anything like that?

PC: There's no reason for this at all. There's no reason for this at all. (pause) There's no reason for this at all.

LRH: Go over the words irrational behavior.

PC: Irrational behavior.

LRH: Do they come in that same area?

PC: Irrational behavior. There's no reason for this at all. Irrational behavior.

LRH: Same area?

PC: There s no reason for this at all. No reason for this at all. Irrational behavior. There's no reason for this at all. There's no reason for this at all.

LRH: What might your father have said there?

PC: I don't know.

LRH: Don't know. Go over the words.

PC: Don t know. Don't know. Don't know.

LRH: Don't know what?

PC: Don t know anything. Don't know anything. Don't know anything.

LRH: How does your head feel?

PC: (murmurs)

LRH: Uh-huh. Okay.

PC: Feels like it's coming.

LRH: Hm?

PC: Feels like it's coming.

LRH: Hm-hm. Okay. Now let's come up to a time when things were very pleasant and comfortable.

PC: (pause) Feels very pleasant.

LRH: All right. Come to present time.

PC: Any time I want ?

LRH: No, present time. Forward to present time. (pause) All right. Five-four-three-two-one (snap!). Open your eyes.

PC: Thank you.

LRH: How do you feel? Okay?

PC: I feel wonderful. My eyes and nose are better.

LRH: Very good. Now when you leave, the secretary will take your $25.

So realize that the auditor can produce such a manifestation. In the above demonstration we were handling this parent. What Papa said to him actually produced a physical manifestation. You can bet your bottom dollar it was addressed to Mama. That was one of Papa's pet dramatizations, and the auditor had better get it, right down to the first part of the bank and run it out.

In this demonstration we went after a symptom. We did a diagnosis of a key worry of an individual. What one would do with the rest of it would be to do just what we did here.

So here is a method of approach which can be combined with these other things, whereby we simply ask the person to recall.

It is a strange thing, but you will be able to request memories of various things, and if you don't get them on the first visit you will get them on the second visit, because you have stirred something up. Just ask the person if he has any recollection of it. You are not looking for anything in particular, and you don't even have to be very deft about looking for it. Ask a person what is wrong, what is worrying him. Realize that he wouldn't have generated the idea himself. So where was the idea initially generated? And why does he think now that he is accusing himself of doing that? Work it out on an analytical level almost computationally. Then find what the parents customarily said about this sort of thing. Give it a label. Who said it? Then, if one has got the person that goes with the words, one can dive right straight for the engram.

That is a method of diagnosis quite in addition to the fact that it can be used as an office technique and you will be able to turn off a vast array of jumping somatics on patients. The main thing is to find out what is worrying the patient. What isn't he able to do at the present moment? What is stopping his therapy?

Here is a further demonstration of the handling of someone whose therapy is not going well.

LRH: Have a seat. Go over this until you have got the pitch of it, it's very simple.

PC: One question before we start. Are you purposely using present tense?

I'm making it perfectly obvious here that we are using remembering and present time. You might call this approach we are using right now the only time in Dianetics when we are very interested in present time. You can scare a person away from an incident with this or stabilize him or bring him up to present time. You can get him out of things he is into. It has force. But we are using 100 percent of the person's present and available analytical power.

LRH: Okay. What's been worrying you?

PC: Very recently?

LRH: Very recently.

PC: My sonic is shut off.

LRH: You ran into a sonic shut-off?

PC: Well, it's not entirely shut off.

LRH: Who was talking to you? You can remember this. Who was talking to you?

PC: When the sonic shut off?

LRH: Yes, when you suddenly noticed this.

PC: I think it was.

LRH: It was. Was it in reverie or out of reverie?

PC: In reverie.

LRH: In reverie. Where were you on the time track at the moment he said this?

PC: Against a pleasure moment.

LRH: And what did he say?

PC: I don't know.

LRH: Huh? Oh, now, you can remember what he said; after all, this reverie just took place the other day.

PC: (murmurs)

LRH: Is that all he said?

PC: (mutters)

LRH: Did he say listen?

PC: What do you hear?

LRH: He said, What do you hear? And what happened? Was that the moment it shut off?

PC: That was the moment I noticed that it was shut off. I couldn't straighten it out. I could only hear very vaguely.

LRH: You could only hear very vaguely? What do you hear? (brief pause) All right. Shut your eyes. Go over the words What do you hear? And let's get the answer Nothing .

PC: (pause; murmur)

LRH: Get the Nothing.

PC: I don't hear anything very thoroughly.

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

PC: I don't hear anything.

LRH: Repeat it. Repeat it into the incident.

PC: I don't hear anything very thoroughly.

LRH: Let's go over it again.

PC: I don't seem to hear anything.

LRH: Go over it again.

PC: I don't seem to hear anything.

LRH: Are you describing your symptoms to me?

PC: No.

LRH: Okay. And I have a feeling....

PC: I have a feeling that somebody's saying something that I can't hear.

LRH: Hm-hm. Where are you contacting this? You can tell me. (pause) You know just instinctively where it is.

PC: Horse show.

LRH: At a horse show? Who used the words horse show?

PC: I'm riding.

LRH: Hm-hm. And did he suddenly say something to you at that moment?

PC: (murmur)

LRH: Nobody says anything to you?

PC: (mutter)

LRH: All right, do you remember this? Remember the horse show?

PC: Yeah. Vaguely.

LRH: Were you riding? Did you fall?

PC: No.

LRH: Was it a matter of anxiety that you hear this horse show?

PC: No. I couldn't tell anything about it because I had so much anxiety this morning. I thought I had won but I wasn't sure until they called out the numbers.

LRH: And you found out you couldn't hear the numbers?

PC: Correct.

LRH: But did it produce an anxiety that you couldn't hear the numbers?

PC: No, I could hear the numbers there. But not when I was in therapy with Al.

LRH: Oh. And Al had you back in this incident?

PC: Yes, that's right.

LRH: He was running you through it and you were having an anxiety about hearing. What did he do about this incident?

PC: (mutters)

LRH: And what happened? (pause) What happened then?

PC: I went over it for a while and picked it up more or less. I knew what I was supposed to be hearing, but I didn't get the exact words.

LRH: Uh-huh.

PC: And he more or less said, Okay, you're wrong about it.

LRH: Did he argue with you?

PC: (murmurs)

LRH: Did he try to force you to hear something?

PC: (mutters)

LRH: In other words, the playback you were giving me just now was you and Al?

PC: Yeah.

LRH: How about closing your eyes.

PC: Okay.

LRH: Let’s go over the phrase I can’t hear you.

PC: I can’t hear you.

LRH: Let’s go earlier.

PC: I can’t hear you.

LRH: Go earlier on this.

PC: I can t hear you

LRH: Go early. (pause) Early, early.

PC: I can t hear you

LRH: All right. Go over this, What do you hear? I can’t hear anything.

PC: What do you hear? I can t hear anything.

LRH: Go over it again.

PC: What do you hear? I can t hear anything.

LRH: Go over it again.

PC: What do you hear? I can t hear anything.

LRH: Go over it again.

PC: What do you hear? I can t hear anything.

LRH: Contact the somatic. The somatic strip will contact it.

PC: What do you hear? I can t hear anything. What do you hear? I can’t hear anything. What do you hear? I can’t hear anything.

LRH: How are those shoulder pains?

PC: (murmurs)

LRH: All right. Go over it again.

PC: What do you hear? I can t hear anything. What do you hear? I can't hear anything. What do you hear? I can't hear anything. What do you hear? I can't hear anything.

LRH: Contact it very solidly, now.

PC: What do you hear? I can't hear anything.

LRH: What would be the expression in the voices?

PC: What do you hear? I can't hear anything.

LRH: Go over it again.

PC: What do you hear? I can't hear anything. LRH: Get the somatic.

PC: What do you hear? I can't hear anything.

LRH: Okay. Go over it again.

PC: What do you hear? I can't hear anything.

LRH: Okay. Find somebody who likes you. Look them over, get somebody that really likes you.

PC: (murmurs)

LRH: All right. What is it?

PC: (muttering about some children)

LRH: Okay. How do you feel?

PC: I feel fine.

LRH: Good.

PC: Feel fine in the shoulder, too.

LRH: All right, well, just let's look at these kids around there.

PC: They are walking.

LRH: How does it feel walking there?

PC: It's not too clear, but I've got a general impression of it.

LRH: How do they smell? Take a sniff.

PC: (murmurs)

LRH: All right. Well, come up to present time. Stand up. Take a look out the window. Now as you're looking out the window, let's feel your clothes, feel your clothes as you look. Feel your clothes as you look. All right, now take a piece of skin and just press it slightly. Now feel that and look.

PC: Uh-huh.

LRH: Now do you hear any sound?

PC: (murmurs)

LRH: All right. Any other sounds?

PC: (murmurs)

LRH: As you look.

PC: A little scratching or something.

LRH: How do you feel about it?

PC: Ifeel a little dizzy.

LRH: Okay. Thank you.

PC: (laughs)

That was a demonstration of clipping into an incident. Somebody says, "My sonic is shut off." Well, that's interesting. Something has clipped in about it. Evidently somebody has given him a valence shift. If somebody says, "What do you hear?" and he complains afterwards that he doesn't hear anything, you can bet your bottom dollar that "What do you hear?" is the statement made to one of his valences to which of course his reply is, "I don't hear anything." So he has a computational sonic shut-off.

If somebody said, "I don't hear anything," theoretically, if he were skidding around in his valences, he would go over to the valence of the person who was saying, "What do you hear?" One can knock a person around in valences merely by conversation.

By demanding that a person remember, you get diagnostic material and quite often very surprisingly you can get therapeutic results just from it alone. For the professional Dianeticist who is seeing lots of people, this is the kind of procedure that he would follow, doing these 15-minute releases that take an anxiety off.

I will now complete the rest of the demonstration on the patient who was sent out to the waiting room.

LRH: You were the patient that was to come back?

PC: Right.

LRH: Okay. Now what was I asking you about before? You can remember.

PC: If anybody had been mean to me?

LRH: Yah, anybody been mean to you lately?

PC: In a half an hour I haven't found anybody who's been mean to me lately.

LRH: No, no, just see if we can remember one now. Let's see if we can remember anybody that's been ornery to you.

PC: (mumbles)

LRH: Someone who has an ugly attitude towards you.

PC: (pause) I remember someone who would really try to shake me up.

LRH: What was he doing?

PC: He was staying off in the sidelines.

LRH: What was he doing off in the sidelines?

PC: What do you mean, you mean directly?

LRH: Uh-huh.

PC: No direct meanness.

LRH: Yah. Well, is this an indirect meanness?

PC: It would be more in that category.

LRH: Well, what kind of a meanness was this?

PC: (mutters)

LRH: Toward you?

PC: Yeah.

LRH: Well, how was he feeling this? How did you know he was feeling this?

PC: I thought I noticed he was feeling indifference in his conversation, when I saw him.

LRH: Well, was there anything he said specifically that made you think this?

PC: No, it was an impression.

LRH: Just an impression. How did you get that impression?

PC: Times when I'd see him and he'd dash off somewhere else.

LRH: He would go away someplace else. Was he your friend?

PC: I'm beginning to think not. (chuckles)

LRH: Yeah, but who did he remind you of? Who might he have reminded you of in your youth? Who might he have reminded you of?

PC: He might have reminded me of present family or friends.

LRH: He might have what?

PC: Might have reminded me of a doctor, but no one in the family.

LRH: Might have reminded you of a doctor, what doctor? (pause) What doctor?

PC: Some specialist.

LRH: Yah. Was he around when you were a kid?

PC: Yes, I went down and saw him quite often.

LRH: Nice guy?

PC: Yeah, he seemed to be a nice guy.

LRH: Well, what would have happened to you if he'd suddenly turned his back like your father did?

PC: He was the guy that was treating my

sinuses. They felt bad then but they feel good now. (laughs)

LRH: Aha. All right. Okay.

PC: They haven't felt this good for a long while. (laughs)

LRH: (laughing) All right. You can pay the nurse $50 as you leave.

PC: (laughs) Okay.

You could handle a lot of patients this way very rapidly and they would know that they were getting something for their money.

You are achieving a definite effect without laying a person out on a couch and running full-dress parade Dianetics on him.

Somebody says, "I hear you're a Dianeticist, I hear you're an auditor," and they expect a miracle. Well, with this type of technique, you can handle miracles.

Unfortunately this is not the New York psychoanalyst's technique. This is his technique as practiced by Hubbard.

The psychoanalyst is not using it nearly as effectively as someone with a full knowledge of Dianetics could use it. Because the trained auditor would see the different sets of pseudo-allies, the various interconnecting links of life and the close intimate relationships. He would know that if someone says a sentence, that sentence occurs later. The psychoanalyst does not know that. In spite of this, just by this procedure, knowing that all things have a cause and that everybody can remember everything, he has turned off, according to report, five cases of Parkinson's disease!

The demonstration above is a very refined method of what he is doing, the contrast being that he would have been perfectly willing to have bought the horse show incident as a cause. The Dianeticist looks a little deeper than that. We are going to take this patient and knock an engram out if we have to, so we are introducing something he knows nothing about, and that is stabilization in present time.

It seems that he has read the Handbook in a very hurried fashion and doesn't believe that he is competent to practice full-scale Dianetics. Additionally, he is scared to death of even approaching the prenatal area himself, although he is very interested in seeing people go into the prenatal area and sits there, pop-eyed. He has got a convulsion all ready to go, but I would not touch him as a patient. He is getting along beautifully in a manic, with nothing much disturbing him, and he is very cheerful and bombastic in this manic state. A high-powered individual of this sort would require somebody else with altitude to work him, so this case would fall in my lap personally to handle. He has a very bright brain, a bilingual prenatal background, and convulsions galore. The reason why I wouldn't touch him is because once that case is open it would have to be carried on one's back for about 30 or 40 hours without rest, if one were working straight toward a real solid release.

He knows nothing about the technique of stabilization in present time. We find that a person who has suddenly gone out of phase on sound and sight, has done so for a definite reason, and that reason lies in some restimulated engram someplace on the track.

Therefore one can do a jackleg patch-up job, but it is so insignificant in relation to the rest of Dianetics that it is not something which would ordinarily come forward. But as a professional auditor it is something that you should be able to do in your practice if you feel so inclined.

You can even turn people's manics back on, if you want to. For example, a person is a high-power salesman, and he has been sagging lately, one can sit him down and handle it.

Here is how to do it: You take the high-power salesman who has really been out there selling cars fine. But now he doesn't feel so good, he feels depressed and he has come in to see you.

LRH: Okay. Now tell me, how did you used to sell cars?

PC: I would just go out and talk to people and never let them say very much.

LRH: Would you talk over them, I mean just talk them down, or how did you used to sell people these things?

PC: First you learn to pound it in.

LRH: How did you used to act? Did you used to act pretty good at it?

PC: Yeah. I used to sock it right in there.

LRH: How did you feel when you made a good sale?

PC: Oh, very elated. Made me feel good.

LRH: You'd feel terrific about the whole thing?

PC: That's right.

LRH: How have you been feeling lately about this?

PC: Well, Ijust went downhill.

LRH: How? At what point did you do that?

PC: Well, I contacted three or four people who slammed the door in my face and....

LRH: What's the first one? Where did it start downhill?

PC: Well, it started with me, I've been out selling all my life and never did like it.

LRH: You never did like it?

PC: No.

LRH: Never did like selling.

PC: No.

LRH: When is the first time that you got pushed into selling?

PC: Well, when I was a kid during the summer I went out selling.

LRH: What were you selling?

PC: Vacuum cleaners.

LRH: Vacuum cleaners. You sell any?

PC: I think one or two.

LRH: One or two. How many houses did you have to call at?

PC: I think I canvassed 20-30 to sell one.

LRH: Was it hard work?

PC: Very hard work. I mean not hard physically, but it was hard.

LRH: How did your mother feel about vacuum cleaner salesmen?

PC: She'd really run.

LRH: What would she have done?

PC: Oh, she'd get very embarrassed and make up a lot of excuses about having a vacuum cleaner.

LRH: How would she have made up excuses?

PC: Well, she'd just tell the guy probably that she had a vacuum cleaner, and didn't need any, or something.

LRH: But she would have made excuses?

PC: Yeah.

LRH: And how would she have felt toward him?

PC: Scared.

LRH: She would have felt scared about him, huh?

PC: She would have been afraid that he actually would sell her one. (salesman laughs prolongedly)

LRH: Okay. You can pay the office there $25. I'm sure you feel much better.

PC: Thank you very much. (goes off, laughing)

The exact mechanics of the above demonstration, as far as an analogy is concerned, is that the reactive bank has got a block of engrams which have been out of sight, containing physical pain, and they will go on being out of sight with a person. You are not trying to give the person a solid release. Life could still kick him overboard.

What happens is very easy to comprehend. A person has experiences in his life, and this engram bank takes these experiences and just folds them over out of sight and keeps folding them out of sight, because they are too restimulative. So a person gets along for a while, but these incidents get more and more folded in, so occlusions occur. All this material goes out of contact with the time track, and is apparently out of recall, which it actually isn't.

There is also the social aberration that: “Well, a person forgets, and the mind isn’t very good anyhow and all of us might as well lie down and quit on the subject.” Then a professional auditor suddenly looks at the person and says, “You can remember that,” and “Just tell me about this now. You’ve got some kind of an idea.” He jogs his memory on it and, even if the person doesn’t remember any of these locks today, a couple of days later a lot of the material will have picked up. If he doesn’t remember much then, the auditor sees him a couple of days after that. All the auditor has done is pull the curtain away from a lot of incidents that were not in the least bit painful. But by the action of the mind, because they were laid on top of an engram, the mind considers that the incidents must have been painful. Then, by the auditor telling the person to remember it, the person pulls it into sight and suddenly sees that there was no pain on this incident at all.

The way physical pain is contacted is with the patient regressed in full Dianetic therapy. But always remember that you can pull locks into view in almost anybody using the above technique, even though basically, down deep he knows that this is not primal cause.

So, one can deintensify the reactive mind itself or one can demonstrate to the analytical mind the fact that it does have considerable power of recall. What one is tackling there is life. One can demonstrate to the analytical mind that it is perfectly safe and one will be using that for auditing, so practice it occasionally on a diagnosis of somebody.

When one starts out a case, one gives him the diagnosis without making any statement as to how long one thinks he will have to continue in therapy or even make arrangements for it. One simply says, “Well, we’ll have to see.”

In dealing with auditing directly, you are not going to go in on the basis of treating the person to an actual Dianetic release or to Dianetic clear. If people are not psychotic, the best thing for a professional auditor to do is to act as the center of a block of teams, and do their check runs and coaching for them.

So they can call him on the phone and say, “Oh, my goodness, Mary has just gotten into an area down the track and she’s stuck. I keep coming home every afternoon and she’s cranky and mean. I spring the question at her,’How old are you?’ and she says’2.’ I tell her to come up to present time, and she’s cheerful all evening. But I just don’t seem to be able to do anything about this situation although I keep doing like you told me. What do I do?”

Of course, he would then have to give Mary some therapy and find out by Dianetics what happened, and blow it out. And where the professional auditor is seeing patients in an office, this technique is the one to use.

I originally used this technique to test why.psychoanalysis achieved results sometimes and didn’t achieve results other times, and it amused me very much that a psychoanalyst in New York had run into it and was getting results on parades of cases. Occasionally he will tell them to close their eyes and go back, and he is going to get into trouble at some point, because he doesn’t know enough about Dianetics.

So, another thing that an auditor will be confronted with occasionally is a psychoanalyst who has gotten into trouble using repeater technique. The psychoanalyst will grab hold of repeater technique and say, “That’s the most wonderful thing I’ve ever heard of, I’m getting more material than I’ve ever been able to analyze before!”

A psychoanalyst once said to me, “Repeater technique is the most marvelous thing that’s ever been invented.” It is perfectly correct that there are a lot of things in Dianetics that psychoanalysis can use, but he then went on to say, “For instance, I’m using Dianetics on my patients. I do a contact, and I use repeater technique and I’m getting enormous quantities of material. Just yesterday, I had a boy that has been coming to me for about a year and a half. He had always had these feelings of hostility toward a stranger, and he had felt that his sister was a

hostile stranger. I got him down by repeater technique to a point where his sister was standing there hammering him on either side of the face and she had taken his bottle away from him, and there he was in the crib, and he could see the crib up around him and his sister slapping him, and so I said to him at that instant,'What did you think of your sister at that moment?' He said, 'I thought of her as a hostile stranger.' And I said, 'All right, now come up to present time.' And you know, he felt a lot better. Dianetics is really the stuff!" However, he didn't give me a report on how this person felt the next day!

On another occasion he said, "I've been seeing this patient for a long time, but I haven't been able to get anything on him. So I sent him back down the time track and there we found his father beating him and pulling his legs and arms. He said he hadn't had his diapers changed and there he was all covered with excreta, and father was giving mother a great deal of trouble about it and there was a big fight, so I brought him up to present time, and it showed all the way up along the line where that incident had made his life miserable. And he said afterwards that it was a wonderful treatment."

But the next day the patient wouldn't go back anywhere. The next day after that the patient would do nothing but damn and curse him. And the fourth day after that the patient was in a remarkable state of restimulation. On the fifth day the psychoanalyst came to see me to find out what he was doing wrong. Of course, he had not run out the basic incident but had used it to analyze the patient.

Locks accumulate on top of the basic engrams and add further material to the original engram. If you can get the material off the original engram it is not in all cases absolutely necessary to disturb the original engram. You will find this is very valuable on old people, people that you wouldn't like to work for the good reason that they may have coronary difficulties.

A person with grave coronary difficulties, even though you believe that coronary difficulty is psychosomatic, is a patient which you should not tamper with unless you have a medical doctor close to hand with the materials to give him a shot. There are two reasons for this:

1. The idea of responsibility on your own part.

2. The revival of the patient.

I wouldn't put it on any age basis. It is part of professional auditing, and should be part of your office rules and examinations to check, "Have you ever had any heart troubles, or heart history?" because I have seen young men of 25 that had very, very bad hearts.

Although that may be psychosomatic, at the same time, if they have ever been brought very close to death by heart failure, or anything causing a coronary disturbance, it would be wise to have to hand all the precautions necessary to turn their hearts back on again if one hits an engram which turns the heart off. I have rarely had any trouble running through engrams, usually the body will take just as much as it can stand and no more. This is merely a word of warning that a difficulty might develop.

This material is also a part of the accessibility of psychotics and severely neurotic persons. It is the establishment of communication. If you can establish communication with an individual you have already started to alleviate the case, because one of the things that was wrong with him was an inability to communicate, both with himself and with the external world and with other people. Some line of communication is cut off such as communication with yesterday or to people he has known. For instance, he normally has the recollection of his father. When his father is dead, you might say he is out of communication with his father. An auditor can put him back into communication with his father without very much therapy.

Recently I had a case who was insisting on enormous occlusions of Grandma, Grandpa, and other members of the family. Simply by asking the person while he was wide awake, in present time, to remember these people, I took him down the line starting into the case in a very

cat-footed way on the basis of, “Let’s go to a moment when Grandpa is talking to you.” Nothing happened for a moment and then all of a sudden there was a lot of foot twitch and a little agitation or trembling. (Very often the past is quite painful when you return to any specific part of it. For example, the person may be held in a tonsillectomy. So they go to talk to Grandpa two years before the tonsillectomy and they are still twitching. Fortunately the person does not pass through all the incidents of his life going back down the time track. He simply goes to a moment on the track, jumping other material.)

But the twitch there indicated that there was a contact, so I asked, “Well, now, might he be sitting down or standing up?”

At that point the person has to make a decision. But it is a minor one that this isn’t going to do any harm to determine whether or not Grandpa is sitting down or standing up at this point. So he says, “He’s sitting down.”

That can also be approached by asking, “How high do you come on him? Do you come up to his belt or to his shoulders?”

“Oh, his belt,” at which point you are liable to discover he is sitting down.

This is just cat-footing on an occluded person. The next thing one asks is “What is he doing?”

“Nothing, he’s just sitting there.”

“Let’s take a look at him sitting there.”

“Oh, I can’t see him.”

“Well, is he complimenting you about something?” (Because that would be the most accessible moment.)

The person himself is then able to determine that the moment is not dangerous. In talking about this moment with a patient one says, “What’s he doing?” “Oh, he’s complimenting me on my coat, he’s saying that I have on a nice coat.”

“Okay. Well, now, tell me something more about this. Is he feeling the hem of the coat? or the buttons?”

“Well, he isn’t touching it at all.”

Now he has to make a decision when you say, “Is it a cotton coat or wool coat?”

“Let’s see, it’s a warm winter coat....”

And the first thing you know you can say to him, “Well, let’s see, what did he always call you?” and you have started building the scene block by block, because obviously the person believes this is very dangerous therapy. Asking him to race in is not going to get anyplace, but let him examine all the rocks that are outside. Let him examine the ground in front. Let him sniff the air and gradually look a little bit inside, and then look a little further inside, and very shortly, perhaps not with that incident, but with another incident with the same person, one of two things can happen: either the occluded person will come back into the person’s recall so that they can actually see him, or the incident which has occasioned the shut-off will suddenly appear. There is the phenomenon of adjustment whereby the person feels uncomfortable, as if something is going to go out of phase. Actually, something is trying to come into phase. There’s a reason why these things can’t be done at the same time.

So, it is an uncomfortable situation because here you are trying to do something. The instant this is done something is going to come into full recall on the time track. For instance, if when

Grandfather is examining the coat, the auditor says, “Let’s take a look at his face,” there may be a sudden shudder on the part of the patient and the patient is looking at Grandpa?s face but not in that chair and he screams, “I can’t, I can’t look, I can’t look.”

“Oh, come on, let’s take a look at his face.”

“I can’t, I can’t, I can’t.”

“All right. Be right there at the moment you can’t.” And it is Grandpa’s face in the coffin. You get an emotional discharge complete with a terror reaction coming off the case. You may have to cat-foot in this fashion for hours with a patient before he will suddenly get this whole thing in place. But after they have gotten one of those things, then they begin to move.

Sometimes a person will get within 20 feet of the coffin, and then just bolt like a mule.

I have never found a person who had a fear of death who did not have a very ugly experience locked someplace along the track, early or even more or less late—some experience which is now locked out of sight, with apparently no connection whatsoever.

I recently received a letter whereby somebody using repeater technique repeated the word “coffin” and suddenly saw a coffin about 20 feet long. There he was on the scene, terrified, trying to push his way clear through the mattress and looking at the coffin and the stony, gray, dead face of a giant. He had no recollection of who it might be, and finally he was no longer afraid and the thing wouldn’t come back on the repetition of “coffin.” Naturally that incident had a bouncer in it and a holder such as “stay here” and his visio recall was locked up right at that moment of death.

There was the loved person, and suddenly there is the person dead, everybody is weeping and he is told something and he is terrified. So, he is now out of contact with the incident again, because his auditor was not sharp enough to realize that it must have a bouncer in it or the incident would have turned on in full. This is an example of how these deaths become occluded.

It is also an example of how to turn them on again, if possible. You just keep touching the area early and late, trying to find the person alive. Try to get the person into moments when he could be in his own valence. Very often, if a death was very aberrative to a person, he is in the dead person’s valence, and the valence of his death. It will be firmly locked up. There is evidently a conversion of unconsciousness into painful emotion, which we will take up in a later lecture.

As you question people you will find that their information is remarkably accurate, but it is also remarkably occluded, until they have the engrams run out. In connection with this you will find occasionally that you are working a patient in therapy who will get slightly out of contact with existence, into unrealities, particularly if you have only been able to restimulate him and not erase anything. Basic-basic is still on the case and even afterwards occasionally, when something has been detected and you can’t find it and there are terror charges on the case, that person will be very uncomfortable, which you don’t want.

There is a way to take the discomfort off his case. In the case where the patient is agitating with you continually that he.must have more therapy, and that you have got to work him more often, yet when you work him you are not getting very much, this gentleman has a basic personality which is entirely dissatisfied with the computation as it exists, and the right route to the solution of that case has not been undertaken.

This is the case that continually says, “I have somatics here and I’m remembering yesterday . . .” and he writes you long notes about how he was at work and thought of something which reminded him of something else, on and on. Basic personality in such a case is not satisfied with the computation that is being worked in the case.

For instance, you are trying for the early prenatal area, basic-basic, and there is too much painful emotion on the case in order to permit it to be reached. It is actually pointing up an auditor error whereby the auditor has not computed it very well, and the file clerk is too snarled up to solve it himself and he is sending out a distress signal in this fashion. Or the man may be held in a very severe engram somewhere down the track.

One noteworthy case was someone who was held in a nitrous oxide incident, and he had been there for years and years, practically ever since it had happened. It had keyed in within 24 hours after the operation, and remained there. His teeth were falling out of his head. He had had two impacted wisdom teeth extracted, and the molars next to them were decaying. A physiological examination made of them would have shown that there was a chronic restimulation.

This patient became agitated and quarrelsome and would write reams of notes. He was being worked every day, but between sessions he would start writing notes. This same cycle continued on and on until the instant when the auditor said, "Let's go to the beginning of your first nitrous oxide." He couldn't contact it and got the fifth. There had been five nitrous oxide incidents on his case, and they were all pulled up in the fifth one (the latest one) which had the rest of them nailed down. So he recounted the first words of the fifth one, located the area, got into contact with it, and at that moment basic personality settled down in spite of that whole thing.

That patient stayed extremely uncomfortable for $3^{1}/_{2}$ months, with constant mouth somatics after this point of discovery, because one was entering in a technique we call stripping an engram, as the only available technique.

He had not had this mouth somatic before, and yet the patient was now perfectly content with his therapy. No more notes were written. The auditor would say, "All right, let's go back to the beginning of this nitrous oxide and get the phrase." And he would get a phrase such as "I don't know," out of this nitrous oxide, and they would run "I don't know" clear down into the basic area as long as it was contacted on the nitrous oxide. If contacted anyplace else on the case, it would not run.

The phrase "I don't know" would go to a full engram at the bottom of the case, where it would erase, together with as many engrams up from that as could be gotten, and finally back to the nitrous oxide phrase "I don't know" which was then gone as far as that word's value was concerned. If the whole phrase was "I don't know but I put it right there," ". . . but I put it right there" is the next line that would be run all the way down to the bottom of the case as early as that statement was made, in order to erase that first engram. The process took 31/2 months, his mouth was in misery all day long, but he had no slightest complaint to offer about it, because basic personality was satisfied with the computation.

Some cases are locked up in about 20 consecutive incidents, and it is like trying to untangle a ball of string. You may find him in dental incident No.3, then dental incident No. 5 and then into dental incident No.1, but the file clerk is now on a track that he can pursue in order to untangle the case.

The file clerk will sometimes hand out the somatic in one place and the word content in another place. If this occurs, and the two are not matching, the auditor can be sure that he is contacting something that is full of bouncers which holds the person off, and that the bouncer incident occurs in the earliest part of the case which does not permit a person to contact the pain and the words simultaneously. He is standing off from the incident. He is being bounced away from the pain, and there will be an actual computation, "Don't touch me, get it out of me, leave me alone, put it away from me now, now hold it away, don't touch me with it." Or, "Don't touch me; don't lay hands on me again, you brute; don't you dare touch me or lay your hands on me."

“Well, you stay there.”

“All right, I’ll stay here and you can’talk to me, but I’m not going to come any closer than this.” That was an actual basic-basic, and it threw the whole case into the silly aspect of the somatic being in one place and the thought in another.

What one does in a case like that is get the earliest one. Just keep diving for that bouncer.

The major reason you cannot reach the basic area of a case right away is because there is a bouncer which is all too commonly “I cannot tell this early, it is too early to tell.” It’s the doctor examining mother for pregnancy. That is a standard remark and the person gets back into it and hasn’t anything to say.

Part of the case is computational and part of it is mechanical. The mechanical portion means that the mind is so overcharged about something that it itself in its operation is not performing optimumly.

That is discovered by the fact that the case has so much line charge in it, the whole case is so spilling over with emotion, that the moment you tell the person to close his eyes and go back, he really goes back and you may get 15, 20 incidents confronting you simultaneously. That is line charge. One can also get a whole group of incidents bunched together, which themselves have charge as a group, but which are connected closely to the patient.

Another thing that has to do with this is the computation of running away such as: “I can’t face it,” “I can’t stand to take it,” “I’ve just got to run away,” “I’ve got to get out of here,” “I’m just crazy,” “I’m going wild,” “I’ll go mad”—standard American reactions. But the most horrible one is “I have no time at all. “ That is the prize grouper of them all.