

## THE SOMATIC STRIP

A lecture given on  
17 June 1950

### At Your Command

It takes patience to turn on sonic and tactile and so forth. If patience is used and one doesn't automatically assume that the patient can recall (even though we know he can in the first place, and we can prove to even the most recalcitrant, skeptical subject that the somatic strip will do what the auditor wants it to do if it seems reasonable to basic personality), we can turn on sonic in a case.

You don't work for a few minutes this way. Try to work for 20, 30 minutes at the beginning of the session in this fashion until you get it built up pretty well.

It may sound like suggestion to say, "You're there." However, it is not suggestion, that is the truth. Tell someone to go to a moment when he's eating dinner, and you know he is there. You are not suggesting, but you are reassuring him of the fact that he is there. For instance, last night I had a gentleman who has an enormous number of psychosomatic manifestations, and this gentleman was very skeptical. He didn't know whether it was Tuesday or China. The somatic strip was obviously held severely somewhere on the track, and so I said, "The somatic strip will go to the beginning of the engram in which you find yourself."

He immediately started coughing, and this interested him very much. So I continued, "Now we will go on through the engram in which you lie."

"Cough, cough."

"Now let's see if we can pick up a couple of words prior to that coughing spell."

He was held there, so he said, "I've too much unconsciousness to go into the engram." Nevertheless his somatic strip was going to this engram and manifesting itself. Then I told him to go to the end of the incident and he turned over on his side.

"Let's go back to the beginning. Now the somatic strip will go to the beginning of this incident."

"Cough, cough, cough."

"Now let's go to the center of the incident."

"Whew."

"Now we'll go to the end of it."

He again turned over on his side and he said, "There's something funny about all this. I'm not anywhere. I know I'm not."

I said, "Well, your somatic strip gets along just fine. Just go to the beginning of the incident."

He tried not to. This was push button deluxe. He was going straight on through the thing. He was cold just before the incident started. Then the cough. Then he developed a high fever. And then for some reason he had to turn over on his side. He was going on through this and boiling off a little material.

Sometimes just to give a person a little jolt, one can say, "Well, let's go back to a time when your mother was coughing."

"Cough, cough, cough."

"All right. Now let's come up to a pleasure moment." Pick it up and carry it on through, and you will get penetration. This is the winning valence theory at work.

All the time you do this you can be absolutely certain that the somatic strip is right there with it. The person can go to the 21st of October, 1921, at 2 o'clock in the afternoon. This is a fantastically accurate chronometer on the subject with everything on file.

When you get up towards clear you will see. In short, the somatic strip is right there with you. You are not establishing a hypnotic rapport. A psychotic subject can be put into a state sometimes whereby he will go trance-like. Sometimes a person will go into a hypnotic trance in spite of anything you can do. The canceler will take care of most of that.

But wide awake, more or less, a somatic strip will track on anything.

I have had service records in my hands that have said a man was wounded at 21:02 on such-and-such a date, 1943. I would call for it and get it, just like that! There is an immediate reaction.

Sometimes the person just drifts down into the incident, and then gradually the incident will build up on it. But that is the incident you are calling for, and it doesn't have to be that big an incident either. You find out that he was being transferred from one harbor to another and you know that he gets seasick the moment he goes to sea, ask for it.

Say, "All right, go to the time you were seasick." (It's not "Go to the time you were on the French ferry" or something.) I will now demonstrate to you a technique of running back an engram which is in the middle of the bank, that an auditor is unable to do very much with, and which is relatively unreduced. (The patient in this case has an eye somatic.)

LRH: Do you mind sitting down and putting your head back. All right. Let's see if we can't contact something about this eye. Now any time in the future that I say the word canceled, whatever I have said to you while you were sitting there will be canceled. Is that clear?

PC: Yes.

LRH: Okay. Now let's go back to the moment when somebody was running this eye somatic or whatever it was. Let's return to the moment when somebody was running an eye somatic.

PC: Makes me hot.

LRH: Let's return to the moment when somebody was running one. Now what are the last words he said about the eye somatic? Not the last of the session, the last words he said?

PC: I don't get them.

LRH: Oh, sure, we can contact this. Let's go over it again now.

PC: (murmur)

LRH: Let's pick up the first moment you touched on that eye somatic or whatever it was, the first moment.

PC: I'm running at full tilt down the stairs and I turn sharply and bang into the marble pedestal.

LRH: Hm-hm.

PC: And knock the marble pedestal over.

LRH: Hm-hm.

PC: (laughs) And I go flat. (laughs) Well, my mother comes out wailing, Oh, my God, what will I do, what will I do. Oh, look what you're done. Oh, you naughty boy, what have you done, what have you

done. Go upstairs, go to your bed. Go upstairs, go to your room, you naughty boy. She goes on that way for quite a while, weeping and wailing, and carrying on hysterically.

LRH: Did you pick up an eye somatic when you touched on that engram?

PC: (sigh) At that instant, no. But right below and to the left of the eye, the bone here got awfully sore at that time.

LRH: Hm-hm.

PC: And stayed sore for several days.

LRH: Let's go over this incident again.

PC: Yes.

LRH: Do you have any older brothers?

PC: No.

LRH: Do you have any older sisters?

PC: I have a half-sister that's 14 years younger.

LRH: 14 years younger, that wouldn't help. Let's see if we can't

PC: There was no one else there, it was in the home of my grandfather and my grandmother.

LRH: All right. Let's contact the first moment that eye is injured in your whole life.

PC: Contacted that last night in an engram of an abortion attempt.

LRH: Uh-huh?

PC: I was—oh—(starts to laugh) this is it! (more laughter)

LRH: Okay. (chuckles) All right. Now let's run that.

PC: (sigh)

LRH: Let's run that now.

PC: My mother, I'm sure, has been given laudanum, or has taken it.

LRH: Hm-hm.

PC: And she is pretty groggy.

LRH: Hm-hm.

PC: For the most part she doesn't say anything. There are two men. One of them is my father and he's holding her. I think he's holding her hands . . .

LRH: Hm-hm.

PC: right across here.

LRH: Hm-hm.

PC: And there's a fellow, who I think must be a man I knew later as Larry Fisher, sitting down behind the edge of the table.

LRH: Hm-hm.

PC: And he's swearing and spitting tobacco. (chuckles) He's saying, There's got to be another way of doing this. And—and—ah—he—I don't know....

LRH: Let's go on.

PC: Anyway, what I feel is a hell of a stick in the ass.

LRH: Hm, okay.

PC: And it goes again and again and again. Well, we worked over that thing last night until there wasn't any more pain in that incident, and pure memory returned.

LRH: Okay. Is this the first abortion attempt?

PC: There were two of them we ran over last night.

LRH: All right. Now the somatic strip will go to the first abortion attempt, whatever it is. The first one. (pause) The first one. (pause) Back to the first one. When I count from one to five the first words of the first one will flash into your mind. One-two-three-four-five (snap!).

PC: Oh, nuts

LRH: Let's go over it again.

PC: Oh, nuts

LRH: Let's go over it again.

PC: Oh, nuts. This....

LRH: Next line.

PC: Oh, nuts, this. . .

LRH: Continue.

PC: damn thing won t work.

LRH: Okay.

PC: (mutter) This damn thing won't work. She's out like a light. No, that isn't it. Oh, nuts, this—this....

LRH: Continue. You know it. Roll it out.

PC: Oh, nuts, this won't work. There ought to be another way of doing this. There's always two ways of doing things. More ways than one to skin a cat.

LRH: Hm-hm. Continue.

PC: More ways than one to skin a cat

LRH: Continue. .

PC: Nuts, there ought to be another way to do this. There are more ways than one to skin a cat.

LRH: Continue right on through.

PC: (murmur)

LRH: Continue.

PC: Ah. (pause) A curious thing. (pause; mutters under breath)

LRH: Continue. (pause) Continue.

PC: Doesn't seem to be anything there.

LRH: Go over that again.

PC: Doesn't seem to be anything there. Doesn't seem to do anything there. I don't know about that.

LRH: Okay. Continue.

PC: Maybe she isn't knocked up anyway. Maybe she took....

LRH: Continue.

PC: (pause; mutter) I don't know.

LRH: Keep rolling.

PC: (pause) I don't know.

LRH: Got to get it out of there?

PC: I don't know, I can't seem to find anything.

LRH: Go over that again.

PC: (suddenly much louder) Oh, jeez! They did. (laughs briefly, then in high voice) Damn it!

LRH: Okay. Continue. Can't seem to find anything.

PC: The hell they didn't!

LRH: You know about this.

PC: (high somewhat tearful tone of voice) Damn.

LRH: Next line.

PC: Damn it anyway (sob)

LRH: Continue.

PC: (weepy voice) Damn it! What the hell are they doing? (angry now) Damn it!

LRH: Continue.

PC: (screams) Go away.

LRH: Continue.

PC: Got it all over the pillow.

LRH: Keep going.

PC: Oh, jeez!

LRH: What are they saying? What are they saying?

PC: Hoo-uh. (chuckles)

LRH: What are they saying?

PC: Hooh!

LRH: What are you contacting?

PC: (pause; mutters) Damn it, that ought to get it. That ought to get it. Let's try it again. Huh, damn it.

LRH: Continue.

PC: (mild scream) Damn it! (moans)

LRH: Continue. You know about this.

PC: (mild screams) Damn. I—I know about it. (sobs)

LRH: You know what it is.

PC: (sobs) I don't know. What's the use?

LRH: Continue.

PC: Whew, (calmer) whew. Wait a minute. (pants)

LRH: Continue. Who says, Wait a minute?

PC: (murmur)

LRH: Does anybody say, Wait a minute?

PC: Yeah, but that's later, ha.

LRH: Okay. Continue. What's said there?

PC: It isn't so much said as I heard Larry spitting out of his front end, tobacco juice.  
(chuckles)

LRH: Okay. Continue.

PC: (guffaws)

LRH: Continue.

PC: (pants) Let's try it again.

LRH: Go over that again.

PC: (mutter)

LRH: Continue. What does he say?

PC: Let s try it again

LRH: Continue.

PC: I can see the look that must hare been on his face because I've seen it many times since.

LRH: Hm-hm. You know about this. Continue.

PC: And here I always thought he was a damn nice fellow. (laughs) Oh, let's see, what does he say? Oh, that was my father laughing.

LRH: Okay.

PC: Ah....

LRH: What's your father laughing at?

PC: I guess he 's laughing at Larry 's wry way of putting things.

LRH: Okay. Continue.

PC: And—uh....

LRH: Continue. It's all right now.

PC: Let's see, what happened then?

LRH: You know.

PC: Uh....

LRH: Let's try it again now. (pause; snaps fingers)

PC: Now let's put it in this way this time.

LRH: Okay. Continue.

PC: Let s put it in this way this time. (mutter) It doesn't seem to be touching me at all this time.

LRH: Okay.

PC: Although I feel an awful sensation.

LRH: Continue. What's he saying?

PC: (pause; sobbing)

LRH: What's he saying? Contact what he's saying.

PC: (makes a horrible bloodcurdling noise, followed by a thump)

LRH: (quite calmly) All right. What's being said there by them?

PC: (pants, cries)

LRH: What's being said?

PC: (pants and moans) I smell—I smell....

LRH: What do you smell?

PC: I smell anesthetic.

LRH: All right. What's the anesthetic? (pause) What's the anesthetic?

PC: (pause) Chloroform.

LRH: Okay.

PC: Chloroform.

LRH: Continue.

PC: (mutter under his breath)

LRH: Okay. What do you get there?

PC: (mutter)

LRH: Okay. Now what do you get? What's being said? What are they saying through all this?

PC: I can't see what I'm doing.

LRH: Let's go over it again.

PC: I can't see what I'm doing. There's too damn much blood there.

LRH: Let's go over it again.



PC: we must have cut something.

LRH: Continue.

PC: It's hot in here.

LRH: Continue.

PC: (muttering)

LRH: Let's go over that again.

PC: (murmur)

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

PC: (mutter)

LRH: You know about this.

PC: My father is not in the room.

LRH: Where is that?

PC: I don't know these people. I don't know them at all. I've never seen them there since.

LRH: What are they saying?

PC: They're the ones saying, I'm sure.

LRH: Hm-hm.

PC: Well, what do we do with her? To hell with her.

LRH: Continue.

PC: It's hot as hell.

LRH: Continue.

PC: (muttering) Ooh, she's got something there. Let me tell you now.

LRH: Okay.

PC: Let me tell you now.

LRH: The next words will flash into your mind when I count from one to five. One-two-three-four-five (snap!).

PC: (mutter)

LRH: Okay. Continue.

PC: No, no. Good riddance. Good riddance.

LRH: Continue.

PC: (murmur)

LRH: Continue.

PC: Thy will be done anyway.

LRH: Sure.

PC: so ah . . .

LRH: Continue.

PC: Ha, that's the last thing.

LRH: Okay. Just lie back there. Okay.

PC: But that seems to be it.

LRH: Okay. Is there an eye somatic in this incident?

PC: No, but I have a pain in my stomach.

LRH: You mean in there?

PC: My eyes often hurt. It just feels as though it's not on my body.

LRH: Hm-hm.

PC: (sigh)

LRH: Hm-hm.

PC: Doesn't seem to be there anymore. Oh, I guess (groan) time must be foreshortened. It seems like this when you've got a fever, at least I'm hot.

LRH: Hm-hm.

PC: This must be a fever, I think.

LRH: All right. Let's contact the beginning of this incident. Let's contact the beginning of this incident. Contact the beginning of this incident. (pause) Contact the beginning of it. (pause) Contact the beginning of it.

PC: Uh.

LRH: Contact the beginning of the incident.

PC: Yah, it was chloroform.

LRH: Okay. And now what's being said there?

PC: Put her under.

LRH: Go over that again.

PC: Put her under.

LRH: Next line.

PC: Put her under.

LRH: Next line.

PC: Put her under. Put her under so she won't squawk. Put her under so she won't squawk. Okay. Oh, my God, oh! (loud groans)

LRH: Continue. What are they saying in there?

PC: (groans) They're not saying anything.

LRH: All right.

PC: (exhales)

LRH: Keep going.

PC: That's all. Let's try it out. Never mind.

LRH: Continue.

PC: There. (pause)

LRH: Continue.

PC: (suddenly screams loud and long)

LRH: You know what it is. Continue. (pause) Same content there. Are they saying anything? Is your mother screaming, or anything happening like that? Can you contact that eye somatic?

PC: I don't know, but something's happening.

LRH: Okay. Keep rolling.

PC: (muttering)

LRH: Uh-huh.

PC: seems to be holding. I can't see what I'm doing. There's too much blood.

LRH: Continue.

PC: Not very good. (breathes deeply) What if she kicks the bucket? (murmured reply) Hell, Mike, what did you do? I don't know. Can't see. Too much blood. Well, you must have put a hole in it. Oh, jeez. What do we do now? What do we do now? What do we do now?

LRH: Continue.

PC: We'd better get the hell out of here.

LRH: Continue.

PC: What do we do with her? Oh, to hell with her. What if she kicks the bucket? Oh, good riddance. Dick will fix everything up. She won't know the difference.

LRH: Okay. Let's return to the beginning of this incident now. Let's return to the beginning. Okay, let's return to the beginning of the incident. (pause) The somatic strip can contact the beginning of the incident. (pause) Now, let's roll it through.

PC: (murmurs) There were a couple of things still in there. (pause; then starts to laugh)

LRH: Continue.

PC: (laughing)

LRH: Continue. You're doing fine. Get the somatic on it.

PC: Seems that it comes and goes. It doesn't stay very active. (groans next words) At the moment.... (groans) Damn.

LRH: Continue. (pause) The somatic strip will keep rolling on through this.

PC: (exhales; pause)

LRH: What are you contacting there?

PC: There's some residual pain there although there doesn't seem to be anything going up and gouging me now.

LRH: Hm-hm.

PC: Ah, and the pains.... Now I'm starting.... Ah, Well, couldn't get it that time. Just have to try another way.

LRH: Hm-hm. Continue.

PC: I can't feel this in me at all. This is wrong. I just sort of (cough) seem to stay put. Something's going up around me like this.

LRH: Okay.

PC: (pause) My leg's beginning to quiver, but this doesn't seem strange somehow.

LRH: Hm-hm. Continue.

PC: I don't know. (chuckles) There won't be very much left of this thing now.

LRH: Continue.

PC: (suddenly louder) I'm trying to bring this damn thing on through, this is purely voluntary.

LRH: Don't worry about it. Let's just continue on through with what they're saying.

PC: Let's see, some little feeling of amnesia.

LRH: All right. There are two ways to do it. What's the phrase?

PC: There's more than one way to do it more than one way to kill a cat. More than one way to kill a cat. That belongs later.

LRH: Okay. And this early one? How does it run? You know how it runs.

PC: Ah, it's this chloroform business.

LRH: All right. Let's roll it from the beginning on the chloroform now. I'll keep you from banging your knees this time. You can run through it.

PC: Oh, my knee doesn't hurt any.

LRH: Okay.

PC: Ah, hey, let's see. Let me see now. I'm on my side but—uh....

LRH: Continue.

PC: I'm pretty sure my mother's on a table and it's something like this. I imagine that it's done in the kitchen of somebody's house. And I don't even know these people.

LRH: Hm-hm. Continue.

PC: And then someone says, Give her a couple more drops, Mike. This is a woman's voice.

LRH: Hm-hm.

PC: Give her a couple more drops, Mike, so she won't squawk anymore.

LRH: Continue.

PC: Let's see, previously I had felt a pain in my rectum.

LRH: Okay.

PC: But I don't feel any pain now. I feel quite all right. Now let's see what goes on there. What goes on?

LRH: Let's shift into your own valence. Let's start back to the beginning.

PC: In my own Valence?

LRH: Shift into your own valence.

PC: I am in my own Valence. This is my own Valence. I'm me, I'm here. I lay down like this. I only assumed this position to try to bring this thing back a little more clearly.

LRH: Okay.

PC: Just little spasms.

LRH: All right.

PC: No pain. Just muscle spasms.

LRH: All right. Let's run it through now in your own valence.

PC: Oh.

LRH: You get a tactile on this?

PC: No, except I'm all curled up.

LRH: Hm-hm.

PC: I'm Very satisfied. It's Very nice. There's nothing to get excited about. It's a funny feeling.

LRH: Okay. Continue.

PC: That's fine. It's a funny thing. I'm saying this, although it isn't as if I hear it.

LRH: Continue.

PC: Oh, this is—wait a minute

LRH: (very quietly and reassuringly) You know.

PC: I know there's been a lot of sensation because I'm shaken up by it.

LRH: Hm-hm.

PC: And part of this twitching in my muscles is my being shaken.

LRH: Hm-hm.

PC: But it also feels as if the rest of me is being shaken, only the legs get it worse than the others. Anyway that's what it is. And then I get shaken up. And that's all there is to it. Can't see, there's too much blood. Let's get out of here. What do we do now? I don't know, let's get out of here. What do we do about her? What do we do with her? Oh, to hell with her. No, it doesn't matter, forget it. Dick will fix that up. He can fix anything.

LRH: Go over that again.

PC: Let's see. Good riddance. Dick can fix anything. He can fix it.

LRH: What happens then?

PC: I've no idea. I feel damn sick. This is the way I've been feeling for the last couple of days.

LRH: Okay. What's said there? What's said there about sick?

PC: Nothing's said about sick. Nothing's said about it. I just don't feel right. I'm feeling bad.

LRH: Doesn't feel right.

PC: Doesn't feel right. (groans several phrases)

LRH: Continue.

PC: (groans again) What have you done to me? I feel weak.

LRH: Continue. Weak.

PC: I feel weak. I feel pretty weak. (groans several phrases)

LRH: Continue.

PC: (groans more phrases)

LRH: Continue.

PC: The thing that came into my mind is that I'm beginning to pick up now that this is a lie, that this is just fake, that this is not an experience that I have had.

LRH: Would he have told her?

PC: Hm ?

LRH: Would he have told her?

PC: No.

LRH: Would he have told her anything?

PC: (croaks some words)

LRH: What would she have said about it?

PC: She said, What did you do to me? My mouth feels dry. I've got such a pain. My head's sore. I'm so sick. But I don't feel that I'm sick.

LRH: Okay, continue.

PC: That's just what she's saying.

LRH: All right.

PC: (clears throat) And—uh....

LRH: Continue.

PC: Well, I was playing a joke on her.

LRH: Continue.

PC: (mutters)

LRH: Shift into your own valence. (pause) Now what's she saying?

PC: Somehow or other, I don't know why she keeps saying, Damn stiff.

LRH: Stiff. Go over the word stiff.

PC: I'm so stiff, and sore. Oh!

LRH: Go over it again.

PC: Oh, I'm so stiff and sore, what happened? What happened here?

LRH: Continue.

PC: I'm bleeding. What did you do to me? Oh, monstrous! Oh, monstrous, you took my baby away from me again! Oh, oh! Then there's something that just doesn't seem to come out.

LRH: May not come out? Might not come out? May be able to keep it?

PC: Yeah, We didn't get it.

LRH: All right, go over it again.

PC: We didn't get it.

LRH: Go over it again.

PC: We didn't get it.

LRH: Go over it again.

PC: We didn't get it, we didn't get it.

LRH: Okay.

PC: Oh, thank God.

LRH: Continue.

PC: Thank God for that. Thank God for that. Don't ever try that again. Don't ever try that again. I want my baby. I want my baby. He'll bring us together. He will, I know he will. He'll be a wonderful baby. He'll make you happy. He'll make you happy. He'll make you proud.

LRH: Continue.

PC: He'll be like his Uncle Richard.

LRH: Continue.

PC: He'll be like his Uncle Richard. A fine man.

LRH: Continue.

PC: Ridiculous. (laughs loudly) Oh, hell. (laughs some more, loud line charge) Oh, hell. He's going to be a fine man. Nuts. (continues line charging) Well, to hell with them both. (more line charge) Oh, dear. (more line charge)

LRH: All right, close your eyes.

PC: Yah.

LRH: Okay, let's come up to a moment of pleasure.

PC: Yah.

LRH: When you feel good.

PC: Yah.

LRH: When you really feel good.

PC: Yah. Dancing.

LRH: All right, let's hear it.



PC: She's about that high. She's from Texas.

LRH: Uh-huh.

PC: And she's out like that, you know, and we're all been drinking, and I've got my shoes off and we're having a hell of a good time. This is Peter Drew's going away party.

LRH: How does she feel?

PC: She really feels fine. A lot of fun, a lot of movement.

LRH: Feel happy there?

PC: Yes, the dance floor is just about so big. And there are all sorts of people that are nice.

LRH: Feel fine?

PC: Oh, yes.

LRH: Come up to present time. Present time.

PC: Present or pleasant ? (laugh)

LRH: (laugh) Both.

PC: Yah.

LRH: All right, present time.

PC: Yah, June 17th, 1950.

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

PC: (shifting position) Whew, it shouldn't happen to a dog. (laughs)

LRH: Thanks so much.

That ought to be run rather soon, two or three more times. But it has deintensified. The charge is off the engram.

The case behaves as if basic-basic is out of it.

Earlier than those AAs you will find out that there are some incidents, and it may be necessary in this case to deintensify them.

An interesting point there was where the cord had been nicked on the AA, and the patient knew the air was shut off in the incident. He realized he was suffocating, but he didn't know where to be suffocated. As we went through the incident, he was getting undecided as to this and even mentioned it in relationship to him. Basic-basic is important because the one thing which is common to every engram begins first at basic-basic and is then filed chronologically throughout the whole engram bank. That first basic-basic has unconsciousness in it, and every engram thereafter has unconsciousness in it. So it is necessary to get the first unconsciousness off the case.

I have found a lot of cough basic-basics. I have found basic-basic with one word. The one word in the basic-basic was "ridiculous." The way one knows it was basic-basic is very

simple. It boils off and its content disappears. There is a refile. By working for a long time one could finally locate the words refiled in the standard banks where they belong.

If one sends the person back on the time track again to the incident when it happened and coaxes and cajoles, one will eventually discover that the incident is still filed but it is gone as far as the patient is concerned. You can spend two or three hours trying to get one sentence back out. It will finally come up, but it is about as important now as what you ate for dinner 22 years ago. The file clerk wipes out all those things which were falsely aberrated. A true datum in an engram will refile as a true datum. Or something that the analytical mind can use will refile.

For instance, the planet Pluto turned up in an engram and all concerned were very excited about why this should be, so they got the date and looked it up in an almanac and found out that it had been discovered about two weeks before. So, of course, everybody was talking about it.

Sometimes the bank is so arranged that five or six incidents occur right in the basic area making it pretty hard to decide which one was exactly the first one. However, they are all erasable, because they are all basics on their own chains.