HANDLING OF CASES

A lecture given on
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Alleviation

One important area I want to cover in this lecture is the handling of patients. As a professional auditor you will be very interested in the patients who come to you for treatment. I have already covered the handling of a patient if one is only going to see him for 15 or 20 minutes. That technique does have excellent diagnostic value particularly for a case which is utterly unable to recall anything. I have worked someone for an hour or two using nothing but that technique in an effort to penetrate a case which was entirely occluded. That is part of diagnostic procedure, and an enormous amount of material can be gotten out of a patient and one can find out what his late life conflicts are.

He will generally start giving them back to the auditor in the very words of the engram. Then if the auditor goes back to the moment when the person last heard those words or finds out whether or not the people around the preclear are pseudo-allies, the preclear will suddenly come into a recognition of the fact that they are, and the auditor will produce an alleviation of the time.

That is the first benefit of using the method. The second benefit and probably the most important one is the fact that a diagnosis can be gotten on a case which is closed in to the point where the person doesn't know what he has been doing. Enough material can be extracted to produce an alleviation. It is not up to the auditor to produce an insight into the case by telling the case what is wrong with him. However, if you are dealing with somebody in a very short interview you can point something out to him. If he agrees with it, okay. If he doesn't agree with it, don't try to force it on him, because you will notice if he is agreeing with it that he will have a tendency to smile or laugh, he feels relieved about it. If you don't get that reaction from him you have not gotten any relief in the case. Just let it lie.

With this system you can start diving deeper and deeper into the case and you will have achieved at first a moment of relief, and the person will feel fine for some time. If you go beyond that point you get immediately into real down-to-earth Dianetics and you have got the person in an engram. Then you are just going to have to work it. So there is a fine borderline there that depends on your judgment.

On diagnosis, use this for getting deeper into the material which is occluded from the person and you will eventually produce a somatic of some sort, and you are right off to the races on Dianetic therapy.

The state of reverie is actually just a name. It is a label introduced to make the patient feel that his state has altered and that he has gone into a state where his memory is very good, or where he can do something he couldn't ordinarily do before. The actuality is that he is able to do it all the time anyway. It is not a strange state. The person is wide awake, but merely by asking him to close his eyes he is technically in reverie. He might be stuck somewhere on the track, unable to move, but this does not mean he is not in reverie. Also, counting sometimes produces a light hypnosis back of the reverie which is sometimes helpful on a case.

Take a psychotic (who is already stuck on the track someplace) and tell him that you are now going to hypnotize him, and you will notice that he will very often giggle a little bit and try to swing out of it and make up some reason or other why he can't go to sleep. You cannot put anybody into a trance when he is stuck somewhere down the track, and is in general badly aberrated against going to sleep. Hypnosis is not sleep, it is another mechanism. As a result, you can get things from a psychotic or a severely neurotic person by pretending to make the

effort without carrying the effort all the way on through. It is a matter of suggestion rather than fact.

You will occasionally find severely neurotic people who don't work well, who are very upset, and they will become quieter when you have counted at them for a while. But they are not in a good, solid trance.

In the treatment of a real full-blown psychotic, the use of deep trance is handy to know. You will be able to use it occasionally. In such a state it is even allowable to use actual hypnosis if it is possible to procure any results from it. So hypnosis has some value, but it has value only to a professional auditor who really knows what he is doing (who should limit himself mostly to questions). He should not attempt anything like a late physically painful incident. What he should try to get is painful emotion. If he can spill painful emotion in deep trance or even in narcosynthesis, he has achieved a gain in the case. This is for a very special tough type of case that will not surrender and which is not accessible.

Additionally, one can fix the attention of a severely neurotic or psychotic person with a flashing light by using a system of rotating mirrors.

An interesting binocular effect can be created by a device which goes over the eyes and pins around to the back of the head, and in which the patient is looking forward at two flashing lights. Although the front of it is blank, these two lights flash continuously.

At that point the person may start to manifest something new. He is not being hypnotized; it's as though the engram which is underlying the place where he is stuck on the track is now given a chance to penetrate through. On a psychotic you will get weeping and wailing, using this device, which is very valuable in locating what the patient is stuck in.

The actual therapeutic value one can get in working painful emotion in deep trance is pretty good. It must be followed up, however, by releasing it again in light reverie, and then again in reverie. You now know the content of it. Don't try to feed it back to him, because this makes it appear that you know more than he does about it, and he will start feeling that you are cheating him by not telling him. Simply insist that he go back onto some repeater phrase and run that, and very soon he will be giving you the engram again. One gets it in deep and then gets it in light.

It is actually true that a whole case can be worked from beginning to end in amnesia trance. The recognition of the data by the analytical mind is of secondary importance. I have worked a case in amnesia trance, but I would not like to do it again. Basic personality in that instance was quite weak, with what few attention units he had becoming stuck down very hard at the beginning of the case. The patient would hit some mild bouncer and bounce on it, and so forth. But you can actually persuade a case all the way through an amnesia trance.

This method has many things wrong with it. The entire duration of treatment is very long and difficult. The patient ordinarily speaks very slowly, is unable to contact incidents, his computational ability on his own life is very poor, and he will be uncomfortable during almost the entire period that you are working on him, because you are going to get engram after engram that will not reduce. You will get it up to a tone 3 in the reactive bank while you are working him in amnesia trance, and apparently it won't bother him (at least he will say so, it will appear amusing to him); and then he will come to full consciousness afterwards and you will find out that he is now very badly aberrated.

You have picked up his somatics, and they are still present, together with the whole command value. This does not mean that it is as fearfully aberrative as it might have been before in full restimulation, but he is definitely uncomfortable.

The proper procedure in such a case is now to take him back in reverie and pick up the incident all over again.

So there are other methods of working therapy besides reverie. Most of these methods have been very thoroughly researched, few stones have been left unturned in an effort to find faster methods, and research continues. But the conclusion about amnesia trance is substantiated by a large amount of experimentation .

If you have an inaccessible case that you can't do anything with after a lot of trying (around 50 hours of good work), it is allowable then to produce a more accessible condition by amnesia trance, and even by drugs if the case is so unwilling to be treated that extraordinary means have to be taken. An auditor's imagination can be severely taxed by some of the weird computations he will find in the severely neurotic and psychotic. I do not mean to imply by this that a professional auditor will only be handling those two categories, but they offer special problems.

Another strange thing about amnesia trance is that a person can be "awakened" into it. (It doesn't work in every instance but often enough to make it very interesting.) A person can be sleeping quietly and someone comes up alongside of him and says, "I like you, I'm very fond of you," and an affinity starts to be established. Then he commands in a quiet, calm voice, "You can talk to me, but it isn't necessary for you to awaken at this moment. You can talk to me without disturbing yourself." Try it on three or four successive occasions and you will sometimes discover that the person is coming up into an amnesia trance, out of sleep. He will have no recollection of what has gone on when he finally awakens from that sleep. This is a limited method because a patient has to be asleep before it is tried on him, but it has peculiar value between husbands and wives who sleep together since one of them can do it to the other usually with considerable ease.

One lady whose husband was a war veteran was instructed in this method. He had refused therapy utterly, and was very badly aberrated. With instruction from me she was able to awaken him into an amnesia trance and carry on his therapy without him knowing anything about it or that anybody was working on him. He had no idea of why he was waking up today with a pain in one place and tomorrow with a pain someplace else. He didn't know why today he was agitated and tomorrow he was not. He had no inkling of what was taking place or why he was getting well, and was blaming it on various pills and medications and swearing by the doctors that he was seeing—he had a big doctor-ally computation—and fortunately she had enough restraint to keep her mouth shut.

It took many months to do anything for him, to bring him up to a point where he could be considered a good state of release. At that time he had become so pleasant and cheerful around the house in spite of the fact that these somatics were jumping that he was no longer antagonistic toward her.

She was in this case the pseudo-nurse in the tonsillectomy who had said to him, "Lie still, you dirty little brat," and had slapped him many times and had shaken him and after that had become somewhat kinder. The context of the conversation had been to the effect that he could not get along without her. So she was in a bad spot when she tried to work on him, because the moment he tried to go into any kind of a reverie around her, he was instantly in that confounded tonsillectomy.

A person who has had an anesthetic should be allowed to sleep it off. There is no excuse for slapping a person in the face and telling him, "You have got to wake up now, wake up!" because, of course, in the future when somebody says, "Wake up," to him, he will go to sleep.

You will find many times a husband and wife team will go on the rocks because one of these things is in existence and it becomes intensified by the therapy itself. All of a sudden the person will start to get angry with his partner—they are getting close to the incident, and some very bombastic circumstances take place. If the auditor at that moment became angry or retorted, it would be fatal, and they would have a sick person on their hands.

So there are several ways to work that are effective. For instance, on a man who is very badly knocked around, one can attract his attention by taking as crude an implement as a dishpan and beating on it with a spoon up close to his ear, and telling him that he can talk to you even though he has been in a coma for some time. You will have actually hammered him into a hypnotic trance and you can work with him on a hypnotic trance level.

So as one works with this and does some experimentation with it, one finds out that reverie is not the only tool that can be used. You will also find out that the best tool to use (as far as we know at this time) is definitely reverie. It has very distinct advantages, but realize that even though one may struggle in the idea that this patient would be better off in amnesia trance, the instant you have flipped him into amnesia trance you've lost ground in the case.

It is easier to accept the hurdles of reverie and follow them on through, particularly with this current theory of valence which works pretty well. You can accomplish more with the case and he will feel better.

In discussing patients in general, you are going to get patients who are very insulting, and quite recalcitrant. Maybe when they first come to you they are very meek and helpful, but the second you toss them into reverie, the mere feeling that they are now less responsible for their actions and that you are there will cause them to attack you.

This is quite ordinary. They have been attacking the whole world in one way or another, slyly or otherwise, and now they have a target. They will sit down and attack the auditor by scolding, whining and getting angry and so on. That is not bad but it is hard on the auditor. It means a localization of their antagonisms, and by the text of these and by their general demeanor you can get some very valuable material.

The best system to follow if you are auditing professionally is an air of detached efficiency toward the patient. After all, they are patients. They would not be there if they were not aberrated. It is not worthwhile getting restimulated by them. In short, teach yourself some altitude. You are the auditor. What they have got to say you will occasionally find restimulative, but that is no real good reason to get upset, and you will find out that you help yourself a lot by not doing so. In cases where the auditor becomes too sympathetic toward the patient it has been found to be very destructive toward the therapy.

Feeling yourself all churned up and upset for the sake of the patient and demonstrating a quiet, professional concern for his or her good health are two entirely different things. So be prepared to put on a very, very smooth bedside manner, but as far as you are concerned it is about as deeply felt as touching your hand with the head of a pin, compared to sticking a nail through your fist. Show them that you are concerned, that you are interested. This is nothing that requires any acting on your own part. You know that if you work this case consistently, no matter how difficult it is, sooner or later it is going to start moving on the track; and sooner or later you are going to start to find material, and when you find material and do something about it the patient is going to feel better. You know that you are dealing with tomorrow's missing engrams no matter what you are looking at. And that all by itself is quite supportive to your own morale.

What this sums up to is self-confidence. Exude self-confidence. This helps patients. Put on a good face and show that it isn't very serious. You are concerned for it now but not tomorrow. This material is going to be gone one of these days. In Dianetics most of the time these things are so transient that if you were to greet the patient at the beginning of a two hour session with the patient weeping and saying, "My father has just rejected me and the world is all falling in on me," and you feel bad about that, you are just wasting time and your own nervous energy. Because you know that if something has just happened to this patient your chances are pretty good that you can go straight back to what has just happened, and right at the beginning of the thing deintensify it to the point where it isn't troubling him and he may even be laughing about it. One is handling such transient material that to become honestly and earnestly sympathetic about it is a waste of time.

But if you begin to express grave doubts about your ability to do anything about it, then the patient will begin to doubt his own ability to recall, and it has a destructive effect. Remember that we are dealing with the human mind, and that the human mind has many angles of approach.

One of those things is faith healing. In short, a professional auditor should not overlook any bets. Faith healing, when not practiced on the hypnotic level of "This is not going to hurt you anymore," has ingredients that you can use. Smooth confidence that you know how to pull him out of this is important. The person then walks into an aura of confidence and feels fine about it. He will figure his troubles are half over and the second he starts figuring this, they are about half over. All the auditor has got to do then is pull the engram behind it.

So you can put out an actual atmosphere to a patient. This may be getting almost metaphysical, but it is something to consider. You don't want to make your work any harder than you have to. You will find that in dealing with a large number of people you will not have time to recompose your features and attitudes for every patient that comes in.

So all you do is take your own natural personality and play it, but don't ever play it with anything but confidence. If you have confidence, they have. You are not dealing with faith, you are dealing with precision tools. But the mind can build up on the subject of faith, so don't neglect it. Any angle or attitude that has ever proved efficacious in the treatment of the human mind is thoroughly admissible in Dianetics. I don't mean that we should all go around wearing white robes, but a little bit of any of these attitudes is valid. There were a thousand roads to this same goal and there is something on every one of them that you can use.

In the handling of the patient as far as what processing you are going to give him, what fees you are going to charge him and so on, the following pointer may be of aid to you. You will find that a patient gets well, ordinarily, a little more swiftly if it is costing him something. This is another one of those rules.

There was a case one time that didn't dare get well because he had been guaranteed that he would stop stammering, and that he wouldn't have to pay any fees if he didn't—his fee was $500. He had an enormous engram on how much he loved money, and this engram about loving money got in the road of his cure. So rather than hammer for a release on speech, about halfway through the case the auditor had to hammer away at this love of money, which was a highly aberrative engram and had distorted the patient's life considerably. The engram about money had to be relieved before the engram about speech. He could not have done the reverse because it would not have worked. The person was highly computational on the whole subject.

You will find that a patient will work better if it is costing him money. You will also find them working better if you are not guaranteeing anything. As soon as you start guaranteeing something—and you know in Dianetics that you can guarantee something—you will make your work harder.

Tell this patient, "Well, we will take this on a contingent fee basis, I cure your arthritis and you pay me a thousand dollars." It may sound very nice, it is good press relations, but it does not work out well, because he is going to get as much treatment out of you as possible in all other lines than that arthritis. He is going to go off into allied fields. He is going to hold on to that arthritis until he has worked you into a froth over it. He is going to get you to cure up his dermatitis and this and that. Basic personality in some of these cases starts looking out for No. 1, and starts using engrams against the auditor.

Similarly, if you break off treatment suddenly (which is covered adequately in the Handbook), basic personality is actually then joined up with engrams and, as a result, could cause you an enormous amount of trouble until you finally admit the patient back into therapy again.

So, a flat guarantee of "I'll cure your migraine headaches and you pay me so much money" is very expensive to an auditor. The fellow will practically be clear before he starts giving up or even admitting to you that he has received any alleviation of his migraine headaches. You are working one against the other in his mind.

You can't deny the patient access to you if you have made a contingent fee bargain with him. So he will keep coming back and coming back and coming back and slowing up your work in other fields. If he is well aberrated, he will consider himself the only man alive on earth.

If you have not made an agreement on a contingent fee basis, you should have an hourly fee, because you will undoubtedly have other people practicing with you who can treat him. So, as far as you are concerned as a professional auditor, you can drop his case any time that you want to into the hands of one of your students or assistants.

But, if you let the patient run all the way out of therapy, so that there is no chance of his having any more therapy, you are going to have an unhappy man on your hands. There is no sharp method of saying, "We can drop him at $71^{1}/_{2}$ hours," but don't put him out of reach of aid. Let the patient make the move, and you had better not alter or stiffen up as far as your accessibility to him is concerned. That argues very much in favor of making yourself relatively inaccessible right at the beginning. A set hourly fee basis with appointments at certain times of the day, and no others, would have to be set up rigorously right at the beginning.

There is a very good medical practice of setting a fee in accordance with the patient's ability to pay. The only way that deteriorates in Dianetics is that you can acquire a large number of low fee patients and completely close up your day with them to the point where you haven't any time for serious cases, emergencies, or for your own recreation. As a result, the feeling of sympathy on your part of taking on somebody has a limit. Say, "Well, we'll charge you $5 an hour because you're not too well off," and the next thing you know you will be working extremely hard and not making enough money to pay for your office.

I would take all the cases which are almost on a charity level, on the 15-minute procedure. See them quickly, and even then charge them a small fee. Make them pay something, even if they only bring a loaf of bread. There is a big difference between a patient who brings $5 or $10 and a patient who brings nothing.

There is no point in giving yourself away with great thoroughness. That is bad. It isn't that you are being mercenary. Separate those words. People will get confused, they will expect the person working in Dianetics to be entirely altruistic. Altruism is one of these second-rate, jackleg things that came up at the early part of the Christian Era. Altruism means that we knock the first dynamic out of the equation.

You can't knock altruism out, and you can't assume that there is such a thing as an altruism where the first and second dynamics are not to be considered. You are not going to get an optimum solution to the problem if you just drop two dynamics out of it and say, "We're not going to consider me or anybody else, I'm sacrificing myself for the whole world." That would be a fine way to get the patients, yourself and everyone fouled up.

The definition of a release is a patient who has been brought to a point in his case where it will not relapse without the receipt of a new, enormously painful engram or loss. You have stabilized this person so that he can go along with the normal rollycoasterl bad luck and good luck of existence without going into a neurotic state.

The way to produce a release is to take from the case all painful emotion engrams that you can contact. They are important in the release of a case. If you have a case where the deaths of two allies are still intact and undischarged, you can count on the fact that you will have a relapse in that case. Therefore, how long it takes to bring a person up to a point of release is quite variable, because it is often necessary to relieve large numbers of prenatals and so on before

you can finally get those last moments of painful emotion. But those moments of painful emotion have to be gotten.

A case recently had been pronounced a release by an auditor and on an examination it was discovered that this case still had, in full bloom and completely unrelieved, the deaths of Grandfather (ally), Grandmother (ally), Mother (ally). The three big death charges on the case had never been touched, and this case relapsed after a period of eight months.

Those cases who have had the big painful emotional charges taken out of their lives have not relapsed and some of those cases are now very much alive.

Where you are trying to clear someone, and where you are trying to bring about a stable state of mind, go into that case anywhere you can go into it and clear up anything you can lay your hands on in any fashion possible, without being very selective but carrying the case as swiftly as possible. It is going to take a while because you have got to get everything out of the case as efficiently as possible. Therefore basic-basic is extremely important.

Basic-basic can also be very important in a release if you can't get the late painful emotion out of it. When you erase basic-basic, if you then get the painful emotion off the case you have achieved a stable state of mind. The person may still be manifesting all manner of aberrations in conduct, but he is not going to go down into an anxiety state, or the various neurotic levels that he was in before. He is now normal.

When you have a case which can work with a certain amount of success either late emotion or early pain, blow the emotion out first.

The man who comes in with a worry and he is upset about it and you have got your book pretty well filled for the day and you certainly don't want him as a patient, the best thing to do with him is run the 15-minute treatment on him. You will undoubtedly pick up something in those few minutes that will aid and assist him. For instance, a person with a persistent smell who says, "My God, I can always smell that baby," may be walking around with the odor of excreta in his nose. This is very disconcerting to people. There may be an engram that is just like that and you can knock that one out very rapidly because you know what it is.

Anything which comes up into a highly abnormal state ordinarily goes off fairly rapidly. If a person is walking around with an odor, all you have got to do is change his position on the time track and it will stop. Of course, it could come back in a few days, but if you just change his position on the time track it will disappear. Or if someone is walking around with a bad case of ulcers, the amount of treatment that you have to give him on the level of locks is sometimes very small, because the thing is so unnatural that when you contact it, it can ordinarily be supposed to go away rapidly without even getting a release.

On the question of fees, never underevaluate your services. It is not necessarily cash in advance, just take it standardly on call. After all, you will be dealing with aberrees who will have lots of aberrations about paying bills and so on. You don't want to get yourself snarled up that way. Just put it on a flat basis. If you choose to charge them as little as $15 an hour, say, "You want two hours' worth of treatment? That's $30." You will lose a few fees but it is a better system. Don't let a man go ahead and get treatment and run up a bill higher and higher and higher, because you are going to produce an eventual circumstance of high dissatisfaction. Just take this as a counsel, that if he doesn't have $15 he won't take his treatment.

You are going to find people whom you have cured of their bursitis, their sinusitis, their migraines, and fixed it up so that they are again potent and so on, who will then turn around and want their fees back if you haven't clipped the key engram in the case.

I cured up a young lady's eyes, her bursitis, and a chronic throat condition which was very annoying to her, and she was quite ready to admit to me that these things felt much, much

better, yet she didn't see any reason why Dianetics was any good! So the person is still utterly irrational.

If there is any auditor who, at the rate of $25 an hour, can run up a bill of $5,000-$10,000 without really producing spectacular results and bringing a person up very close if not to clear, my words are being wasted. Although that is only 200 hours, any auditor should be able to get that. Take an extremely bad case with all sorts of sympathy engrams that are very difficult to get to, who, although he keeps coming to you for treatment, has all these reasons why he can't get rid of his symptoms—this person will still propitiate you. He will still keep on paying you funds rather than give up the engrams, they can be that strong.

The return of a person's self-determination is one of the tests of how he is progressing. For instance, you call a patient up one day and ask him how he is getting along—you haven't heard from him for two weeks—and you find that he went out and got a copy of the Handbook; and a fellow by the name of Jenkins and he are now working together and they are doing just fine, and have started two other cases. Know then that you have gotten that person over the hump.

The phenomenon of transference is a reverse on self-determinism, it is utter dependency. That utter dependency is something which, if you work at all in Dianetics, will not last. It goes away. Dianetics is no field for somebody who wants control of a fellow human being, because that control is going to blow up. Furthermore, their respect for you as their own personalities strengthen up, and their friendship for you as self-determined people, are far more valuable than a dependent state upon you. There is no use for that. Fortunately this thing works itself out as an auditor clears a patient.

There is a theory that the more you learn about Dianetics, the more difficult your own therapy is, but that theory doesn't happen to work out. It does happen that a case which knows nothing about Dianetics is quite often easier to work than one that does. But now we are dealing in very small degrees, and it wouldn't cost one another 25 hours on a full clear.

A patient can be worked four hours a day, seven days a week. The optimum is two hours every few days. If you make it more intensive, you are accomplishing plenty, but you are accomplishing less for the same amount of time. It is not as productive.

Don't make bargains with patients or work against a deadline saying, "Well, I want to have this case all out of the woods in six weeks." I would simply tell the person, "Well, it can be a long grind, and you are the only one who knows how many engrams you have and how much time it is going to take." Settle down to a routine of a couple of hours maybe every other day or twice a week and just let it roll. Some people who are so anxious to have this or that come about quickly may sometimes persuade you to place your chips on the fact that in six weeks they are going to be all straightened out. Then you are going to work like the devil day in and day out for about six weeks, only to find that in this gentleman you have encountered sympathy engrams which were hitherto lying dormant but which have become stirred up, and you are now getting things resisting you, and both of you are going to be disappointed. Conversely, two hours every week is bad because the case will fall off on the fourth day. So be tough about it. You will find out that it will pay dividends.

Don't make glowing promises to these people, because there are several facts which can retard a case enormously, one of which could be their home environment. You may not know anything about that home environment until you get fairly deep into the case. They may go home at night right after the session and say, "Gee, I feel just fine."

And Wifey, for her "best" interest, thinks that it is necessary at that moment for her not to let him get too enthusiastic. She believes that getting enthusiastic is very bad for somebody. So she says, "Well, dear, why don't you wait for a while and find out, you really don't know that you're getting better. It may be just that you're interested in something. After all, you've been interested in something before. Now you remember that radio set that you had and worked on so long, you felt better when you did that too. Now, dear, let's not get too enthusiastic."

This person has a terrible engram about getting enthusiastic. She has banged away against this enthusiasm engram all her married life and now as he walks into something that she, in her stupidity, desires to call a new toy, she starts into the business of finishing him off. Actually she can finish him off faster than you can put him back together again, because the better he gets, the crazier she is liable to get on the subject. She is liable to be in abject terror of this man if he ever recovered his full ability.

So, of the ways that a patient can be sent down, home stimulation is the only one that I have encountered that sends him down faster than you can build him back up.

He has probably married a pseudo-ally and what she says is probably 100 percent command power reactive bank as far as he is concerned. If she were to take off on a tangent and say, "Oh, you're looking more and more like a dog lately, half the time I expect you to bark," and keep this up very long, he would soon be looking at himself in the mirror and saying, "You know, I do look more and more like a dog."

This is no joke because you are handling somebody who is in an unknown environment as far as you are concerned. The persons around him may not start taking it out on him until perhaps he has been in therapy for three or four weeks. At first they say, "Well, Bill has just got one of these new enthusiasms. It's probably a cult of. some sort and we will just let it ride." Then one day Bill comes in and he no longer has sinusitis. They look at him and say, "Well, this is very strange. But of course during this season of the year people very often recover from sinusitis."

And he says, "Well, damn it, no. We've been working on this, and it was an engram which I got at birth and we got the birth engram cleared up, and I feel pretty good these days."

"Well, at this season of the year, you know, you get ...."

He will start running into this and it will start sapping him, and then if he starts really picking up and getting enthusiastic and cheerful, there are lots of aberrees around who will resent it heavily. Finally he reaches a point where he doesn't care about these things anymore, so you can work uphill against this, and you can still win. However, it may be highly beneficial to remove the patient from his current environment and let him get a room someplace.

You are going to get people who will come to you who are on the verge of being divorced, and they have got to think of the children and so on, and they may seem very sincere about the whole thing. Then an unknown factor starts popping in. You are dealing with human beings after all and they are all different.

You have another phase of it too. You have a child who has come in for therapy whose mother is very badly aberrated. In that case it would be better to clean the mother up first and then take the child in because then you would have Mama's cooperation. Otherwise she is liable to tear the child to ribbons.

It is important enough that one should inquire at the beginning of therapy to find out if this is going to happen during therapy.

A person is worried about himself because somebody has been worrying him about himself. You will find in most cases where someone has been beaten down towards apathy that people are working on him very industriously.

There was a case processed where the girl was in a very bad state of apathy. The husband wanted therapy himself but he went about it in the most peculiar fashion imaginable. He tried to make himself so obnoxious that he would be taken on before the wife, although she was very close to a psychotic break. She could not eat and she could not sleep which was a very bad situation since it actually threatened her life. And how did this man "help" out? Well, he was apparently very concerned about his wife, so she would appear for treatment, and then she

would go home and right away he would start in by saying, “Now, how can you be sure you contacted that? How do you know? How do you know that’s what was wrong with you? How do you know that’s doing you any good? But can you be sure? No, of course you can’t. But at the same time there’s probably something in it. But you ought to be very cautious about what you believe about anything like that.”

The girl would come back to the next session and she would be in a spin again. This man kept this up for some little time until the Handbook was available, at which time he was taken by the ear and shown the book and told, “If you want therapy you had better do something for your wife and get her straightened out without any of your ‘How can you be sure?’ because that’s what’s wrong with you, brother. You go to work on her now, and when she gets to a point where she can do something about it, and she is strong enough in the mind to treat you, then you will get therapy but not until.” He saw the light and decided to be a good boy, and he did just that.

This all comes under the heading of guaranteeing. You are taking a person out of an aberrated environment and restoring his sanity, then you are sending him back into that aberrated environment again. You might as well face the fact that it can very often impede the therapy considerably. He can be so thoroughly badgered that it is intensely destructive, and because he starts to get better the badgering can actually increase around him.

You could actually take a case that is wide open with sonic recalls and start working him, and soon the husband or a wife or someone else says, “I can’t push this man’s buttons anymore. I told him the day before yesterday that if he didn’t get me a new mink coat for my birthday I was going to leave him, and this has always worked before. And he isn’t worried about it!”

This will get them a bit frantic because they had been handling this person on a push-button mechanism, and now the push buttons are getting pulled out. So they hastily begin to look very, very savagely for another push button. Then they become rattled because they can’t handle this person as a puppet any longer, and the next thing one knows the man leaves, which may have a considerable emotional impact to it. You would be amazed how often this is going to happen.

On another occasion the wife had a number of lovers in her life, and she was frantic on the subject of his finding it out. She was encouraged to pack her bags because she was making him extremely ill. She finally got him to a point where he was just on the verge of going to the hospital and then she left and the case came right back up again; the most remarkable advance took place in the following few weeks. All that was wrong with his life was one woman.

This has happened many times, and as an auditor you are going to run into it.

You are also going to run into it with children. You are going to send little Willie home some day—he is 12 years of age and he is walking about four feet off the sidewalk, feeling wonderful, and the world is no longer lying upon him like a shroud—and he gets home and his mother says, “Now wipe your feet before you come in, your feet are all dirty,” and so forth.

He says something like, “Oh, why don’t you please be quiet,” and she is very shocked by this. At that point the Dianetic auditor is in danger of being accused of twisting the boy away from his family. If she had bothered toinquire a little further, she would have found out that at that moment he had just uncovered several AAs and was operating on the auditor’s advice to him that he could be as mad at them as he pleased, but not to throw it in their faces because they were, after all, only parents. He is trying to be nice about the whole thing. But he isn’t going to back up in the corner and cry and cower which is what he is supposed to do the instant he is called upon, and this is going to be disturbing to somebody.

Or Father sails into him about his schoolwork and says, “You know you never finish anything you start and you’re always going to be a failure in life,” and so forth.

The boy looks at him rather solemnly and says, “Well, what successes have you had lately?”

Parents are not yet adjusted to the fact that they have had born unto them human beings who are inherently self-determined, that love is not a biological situation with regard to parent and child, that a parent only gets as much love back as he in fact deserves. Actually the child tries to give him a great deal more than the parent ordinarily deserves. However, the biological orientation of love is badly snarled up in old moral codes such as: You’ve got to honor thy father and thy mother even though they have tried to murder you all the days of your life—which is the equation that has been running the society.

You will find patients walking in and saying, “I’m so anxious all the time that I don’t know what I’m doing.” You discover all of a sudden that he is being badgered daily about the fact that he isn’t demonstrating enough affection, and therefore the world is liable to fall in on him, and so on. He is being harangued and harassed and controlled and hammered and pummeled. Go back over it and you will find a history of childhood illnesses. He is being crushed because he doesn’t love his parents enough, and there has been no slightest effort on the part of the parents to earn any. That shows how the ledger gets unbalanced; so the auditor will be dealing with this.

Therefore when you undertake a patient’s therapy, and start to make good, solid, specific promises that “On the 22nd of ‘Octubray’ you are going to be absolutely well,” and so on, you are making a statement without taking cognizance of a very large number of variables which can enter the case. His own reactive mind may be far more crammed with material than you supposed it was. The diagnosis did not at first demonstrate all that was wrong with him. He may be in a restimulative environment, and it may be necessary for you, in the case of a child, to start the child on educational therapy before you can do anything about the parents.

You may carry the child for 15 hours and suddenly discover that this child has never been able to control anything about himself. He has been pretty badly shattered. He has been under constant criticism, and you want to give him some educational therapy and self-reliance, because if he can’t face any part of the world which is right before him, how do you expect him to face any part of his engrams? He is not going to be able to. All he will do is dramatize, and the value of it will be slight. So you may have to enter in other expedients. For instance, there is nothing wrong with discipline of a child so long as the discipline is leveled toward making the child more independent and self-determined: criticizing him for being dependent, trying to build up his own ability to handle himself, giving him the push necessary. In other words, actually applying pain or loss to the child in order to make him, within that periphery, self-determined.

For instance, one could tell him, “Well, now I’m going to give you a number of jobs to do and I want each one of these done (not being too critical of the work when it’s done either), but if you fail to accomplish these, of course, you will get a light switching. If you accomplish these things you will get a thank you.”

You carry this along without any temper or rancor on the child and soon the child starts to pick up some self-respect. The child has learned to handle himself. In any punishment the ordinary course of affairs is to punish the child and then scold him. Well, that is an engram, and has nothing to do with it. But if you tell the child analytically that something is going to happen and then give him a little switching in silence without being angry with him afterwards, there is no emotional charge.

In the second phase of professional auditing, a trained auditor would be doing himself a grave disservice to try to operate as a single treatment unit working alone on patients. Rather, one should treat it on a clinical basis. You are a professional auditor, therefore you are more a supervisor than a treatment unit. People come into the clinic. It is understood that they are being treated on a clinical basis rather than on a personal basis by you. Professional auditors are too scarce to do anything else. You could happily tie yourself down to five or ten patients, and then you could work yourself ragged for eight months on these cases. What good are you doing

yourself or the patient? You are costing the patient a lot more money and there is no dearth of patients.

There are two ways to handle this:

1. Set yourself up as a clinical head even if you are opening a single little office.

2. Have people there that are studying under you.

Your main forte should be diagnosis, check running, keeping things going, making sure the therapy is being administered properly, and as a standby for any time anybody's therapy is upset in any way. You know you can straighten it out because you know what you are doing.

Run it as a small organization rather than as an individual practitioner seeing large numbers of people.

You should very definitely encourage partnership. You will get, for instance, a run of five people who want therapy and one of them is pretty psychotic. You don't want to mesh him into the rest of them. You are going to treat him and so you save him up for the clinic. But the other four, be perfectly willing to open their cases, to carry them on, to give them good adequate training and check them back and forth against each other, to coach them up and so on. And charge for that service. By starting them in therapy and having their therapy go along without costing them a lot of money they will be perfectly happy to pay you well for what time you give them personally. That is an economically sound way to run the system.

You will find that wherever you are you will sit as an advice center. People will be asking you for advice continually, and you will of course be advised as to the latest on this and that, and you will be able to straighten them out on lots of points. You could sit around all day long and do nothing else but give people advice for nothing, but you shouldn't on that level. You should work with people. You should give advice up to the point of demonstrating the fact that they can enter therapy. Then you should open up teams, and for those patients that you are treating regularly, you should have to hand people who are perfectly competent to whom you can say, "I have just tapped an engram in the basic area. Now, George, run off the rest of that basic area. Next patient please."

That should be the sort of setup one would have for an individual practice.

Clears may find themselves in a bad position where people are concerned. They are going to find themselves treated like museum pieces. They will be something to be tested. People will set up little problems for a clear to solve. He is sort of a game to them because he is something new, and until there are a few more clears they are going to go on being very rare.

The public doesn't expect the doctor to be rational, they merely expect him to know his profession. By the time an auditor gets through his courses, he certainly knows his profession.

There is only one aegis which is recognized over the country by legislators and the law at large, and that is medicine. Therefore, for his own edification more than for his own protection, the professional auditor should have a liaison with a doctor. It is not too hard to procure one.

In the first place, you don't want to work the patient with no knowledge whatsoever of his pathology or general physical condition. For instance, you may be working a person whose ability to think is in very bad condition under the heading of organic damage. Syphilis, for example, could have eaten into the tissue of the neurons.

So there are these things which you yourself don't want to be liable for, such as coronary disease. This person may be on the verge of a stroke, and that stroke will occur whether they are in therapy or not. So it is a matter of protecting yourself from the medical angle of not treating patients who are unknown to you.

The medical liaison does not have to be very close. All you have to do is get an examination. You want, for instance, to give somebody a Benzedrine run, check whether it is all right with the doctor. It can be a friendly relationship whereby he collects the fees of examination. This is analogous to the way clinical psychologists work.

Although I have never had it happen that someone died during therapy, it has always been my finding that a person going through an incident is better off than if he were to dramatize any part of it in present time.

The chances of death occurring during therapy are very slight, but.if you are working a case with a bad heart you should be advised of it. This comes under the same heading as medicine, and if you are working this man you should have the materiel at hand to revive him if that heart stops ticking.

Therefore working him is a liability which both you and he have to recognize, although you don't make any suggestion that it will stop, because the suggestion alone is liable to be bad. Simply have a doctor at hand with adrenalin. If he couldn't start the patient's heart going again under those circumstances he would be a pretty bad doctor, because after all the heart is not going to explode, it can only stop.

However, there is less likelihood of a patient dying during therapy than there is with him just walking around in everyday life.

On such a case I would get off painful emotion, and I would work very hard to get the painful emotion off the case before I did anything else, such as throwing him into an engram or something of the sort, because it is liable to stick. The way you recognize that case normally is by his hysterical, nervous attitude rather than a ponderous, grim manifestation. He is nervous and he laughs or cries too easily. But don't dwell under the misconception that a case like that has to be stayed with over lengthy periods of time.

One auditor on a few occasions worked far too industriously with a case and too late at night, and as a result suddenly found himself with engrams on his hands that he never should have tackled at that period of the night, and then had to stick with it for hours. Take people at a reasonable time of day and they can normally carry on.

The solution to the highly charged case is to have painful emotion run out of the case. Let it blow. The quicker it blows the better. Open up any psychotic case and at any slightest sign that they are going to blow, be sure to get it. It also seems to be possible to shift valence on a person in a painful emotional incident and get emotion to blow which would not otherwise do so. That is under observation at the present time. But get the painful emotion off the case at its highest level, its fullest volume, and let him get rid of it. If he can get into his own valence and experience what he felt, the whole thing will run out, but if he goes through one of the other valences he won't blow his own.

It is important to know about painful emotion, especially in a coronary case or that of a psychotic where you want to get painful emotion off fast in order to get more somatic on them. You want to get all the somatics you can get on them.

Evidently diabetes is curable,.but no diabetic case has yet been completed in Dianetics to date, therefore an opinion couldn't be advanced on it at this time. But the danger of the diabetic as opposed to a coronary would probably be something you should watch. I haven't had much experience with these people, but working in liaison with a medical doctor makes it possible for the man to be treated physiologically if necessary. That is very definitely part of the process. After you have treated two.or three patients, even a skeptical medical doctor will be very happy to work with you. However, the diabetic case would have to be regulated by a doctor.

Concerning pregnant women, we know very well that if a pregnant woman blows an emotional charge in therapy that it will transplant, and there will be a very strange sort of an engram in her child which runs off, "Go over it again. Boo-hoo-hoo-hoo-hoo-hoo, hoo-hoo," possibly with actual emotional connotation, the very words that are going to have to be used on the child. In that instance the auditor is caught between the devil and the deep blue.

If the child is to have an easy birth you must take some of the tension off the woman's own birth and her having given birth before. This will ease any possibility of a postpartum psychosis. But, if by any means whatsoever you can persuade the woman to go on through with it, and calm her down about the whole situation, and get her on through to the end of term and get the child delivered in silence, very soothingly and very quietly, then you can start to work on the woman before she has a chance to mess up the child's life. That is very desirable. But I would not make a practice of treating pregnant women.

You could, however, keep her flying level and advise her to keep her mouth shut when she gets into morning sickness, and when she's on the toilet, and to stop arguing with her husband, and just give her a general idea of what will happen if she doesn't.

Fortunately the child is not going to pick up everything said to the woman. Only high emotional disturbance within the woman and moments of shock become transplanted.

For instance, the woman falls down and everybody around her becomes very vocal. Or she has gone through a long ride and she is tired. Don't talk to her, because that is transmitted to the child. The child gets tired too. So a woman should get rest and she should be treated at any moment when she is feeling badly, even when she has a cold.

A woman who has a tendency to monologue, who goes around the house talking to herself, and then sits down in a chair and pulls herself up against the table and bumps herself on the table saying, "Oh my, I shouldn't have done that, I just don't know how I could possibly be so clumsy, I'm always so clumsy, I'm always falling into things, gee whiz, I just can't seem to help it," is creating a full-fledged bouncer engram in the unborn child. If she could just be persuaded not to talk to herself, and if her husband could be persuaded to keep her calmed down and not upset her, that would help.

Then there is the subject of coitus. Of course, up to the first missed period it is absolutely impossible to tell whether or not a woman is pregnant. This poses a terrible picture for the morals of the world because it means that men are going to have to do without coitus during eight months of every pregnancy.

Or at least every man will have to take cognizance of the fact that there is no reason why coitus has to be painful. It doesn't have to be vis-a-vis, he doesn't have to practically squash the child every time coitus is had. A certain gentleness in the practice is advisable. The child is a lot better off though when there is no coitus.

I can point to several examples which are to hand because of the war. The mother conceived and the father went away before the first missed period and didn't come back for a couple of years, and in every instance those children are healthier. Coitus is extremely painful to the child.

The orgasm is bad enough, and if coitus must be performed it had better be performed in silence. The orgasm which follows a mother's masturbation is also quite engramic. The mother very often does a lot of monologuing during masturbation, too, which complicates the engram.

There is no doubt, however, that some Dianetic therapy can be administered safely to a woman in pregnancy.