

A Talk With Two Co-auditing Teams

A lecture given on
21 June 1950

Discussion of an Evening's Auditing

Let's take up what you've been up to so far, Vic. Let me ask you a question. Do you really care whether he gives you an answer or not?

Vic: Well, I felt pretty lousy.

Yes, but did you really care whether he gave you any material or not?

Vic: I guess not.

See what I mean?

Vic: That's the way it felt.

All right. One of the first things an auditor has to do is to try to connect up, and this applies in both cases here. Try to establish an interested affinity with the preclear. The auditor must actually feel and demonstrate an interest in the person. And if he does, he will get a type of reaction and a type of attack which is entirely different. The preclear will feel that somebody is really interested in him.

Now I am not finding fault here. I'm not giving you criticism, I never criticize anybody. I'm trying to give you a hand. The establishment of a personal interest with the preclear throws the analyzer of the auditor into automatic computation. Your approach demonstrates a lack of practice more than anything else. You still have not digested the material to a point where it rises automatically. You have to think, "What do I do now?" and "I wonder what would be best to do next?"

Vic: In this instance tonight, yes, but in other instances, no.

In other words, you were doing a different kind of auditing tonight?

Vic: Yes.

Well, I sensed the fact that you were nervous, and also that you were a bit to the side of following the Handbook.

Now one can't audit by rote. Don't think there will ever be a machine built which will be the automatic auditor. Your approach to this case simply lacked a plan of attack. It might be disastrous to go into a case without one. You also went after the phrase I threw you, "I can't see a thing without my glasses," violating the first datum: Don't go after a specific aberration or a specific psychosomatic. If a person in Dianetic therapy is manifesting a bad somatic chronically, you go after it not because you want to make him more comfortable but because it probably contains the resolution of the case.

Vic: Hm. I see your point.

What you are trying to do is bring about an erasure of all the engrams in a case when you are going for clear, and certainly a release of affect of all the moments of painful emotion in the case if you are trying to produce a release.

So, when you go in for a specific thing on repeater technique you can create a bad situation whereby the auditor is feeding random phrases. You don't know that that phrase doesn't occur at birth, and suddenly the person may be in the middle of birth, only birth is not ready to be lifted and anything can happen. So it's actually dangerous to use random repeater technique on a spotted aberration.

I wondered if you would fall for it. I'm sorry I baited a trap for you.

Vic: You know, Ron, I had half a mind not to use that phrase.

All right.

Vic: I was going to go after something entirely different.

You permitted yourself to be overpersuaded by authority. You're looking at me as an authority on the matter?

Vic: That's exactly the truth.

All right, I showed you a phrase.

Vic: Good.

Now I hope that demonstrates something quite adequately to you that when a person is attacking a case, only he knows what his evaluation of the case is.

Vic: That is something that I just learned.

You have to play any case more or less by ear. You have to watch it as it comes. But one should have some sort of an idea of what he is doing all the time, and he should keep planning ahead continually as he runs it.

In an effort to get an engram, an auditor should have some idea of what he is going after before he goes after it. He has to do some diagnosis of the patient. So I point that out to you—don't be overpersuaded by anyone, me or a preclear or some other auditor. You have an idea of how you want to attack the case, go ahead and do it.

But feeding repeater technique can be dangerous and obviously the case doesn't have any decent recall at the point where you had him. He was not recalling well. Therefore the first thing you could have attacked in it was recall. He is stuck on the track someplace. You were using two or three mechanisms, but you didn't seem to be used to them yet.

For instance, take the technique of "hospital, doctor's office" and so forth, you wanted a yes or no, and yet you let him give you an associative word, and at that moment he went out of hand because you were letting him do something that you didn't want him to do. You said, "Now I want a yes or no flash answer on each of the following: 'Hospital,'" and he said something else, then you said, "Doctor's office," and he said something like "Sickness" or something. What you wanted was a yes or no answer. It is stuck someplace on the track, we know that.

Then when you were developing Ed's recall, you were using a couple of words which are fatally restimulative. "You can hear him, you're right there," you said, and returned him to a moment of high stimuli. That was fine, but then you asked him, "What are you hearing now?" You weren't persuading him to hear something such as, "Now what is he saying?" It is up to you to pitch your interest in the scene with his.

It is a simpatico arrangement. You are not interested in examining him or turning on his recalls at this moment because that is the computation which is standing in the road of his recalling. What you are trying to do is to turn them on. The best way to do that is to ask whether or not

the phrase is so-and-so, without saying bluntly and disinterestedly, "What is he saying?" It would be more on the order of "Well, let's see what it is," or "All right, there you are, sitting there. Now we know who is on your right," and keep reassuring him that he is right about this sort of thing. Or, "All right, let's pick up the point where there is a lot of laughter." In other words, you're coaxing a person into it, you are not examining him for recall. Soon he will become so absorbed in what is happening that he will forget for the moment that he is trying to turn on his recalls. And that is what you want. You have cut down at that moment his awareness of the general situation because he wasn't aware at that time. So when you add awareness into a situation at that time you are not going to get a perfect recall. Of course, he is still very much aware of the fact that he is in reverie, which was not part of the computation as he was sitting there. So you had a good, solid return on that.

However, you weren't observing his physical manifestation. You knew he was returned to that incident because there was a slight agitation of the toes, but if you had persuaded him into some other little incident there, if you had taken him back a few more days, if you had kept on persuading him, soon he would actually have had recall and sonic.

In short, the amount of trouble which you care to put in on a case is very definitely an index of how much of a result you are going to get.

We are dealing with a quantity which is unknown—the quantity of affinity. That doesn't mean that it can't be used, because we can observe some of its manifestations. One of those manifestations is this incredible fact that one human being can sit down and be interested enough in another human being who is lying down, and because the first human being is there and asking the second human being to do things, they are then done.

In Dianetics we use practically every possible method of approach. We have the mechanical facts pretty well down, we can use them. Dianetics is workable, and if you keep at it long enough, even if rather disinterestedly, you will still produce results of some character.

But it is the extra ingredient which very often resolves the case more rapidly. That extra ingredient is interest—affinity.

There is also altitude. Altitude is a word which is used quite commonly in Dianetics meaning precisely the relative dynamics or personal force of one person compared to that of another. A person can actually build up altitude on a computational basis by knowing more about his subject than another person. When you go into a doctor's office, for instance, the doctor is the one who is supposed to know all about it. So at that moment, as far as your physique is concerned, he is the one who has altitude.

When it comes to a husband and wife auditing each other and the husband says that his wife doesn't have enough altitude to audit him, he is probably working on a reactive computation, "I've got to wear the pants in my family." He has got to be the boss. In this case it would require on her part a very definite effort to produce altitude in Dianetics. She could demonstrate her competence to him, and soon gain enough altitude even to overcome this "she has no altitude" engram of his.

It can also be done by a transfer of altitude. One could rave about what a terrific auditor she is, and how well she is working on so-and-so, and keep building up the idea in his mind that she is an excellent auditor. And although he might fight it, he would still have to accept her auditing.

For some reason or other although telepathy itself may or may not exist, at least there is enough affinity passing between auditor and preclear to make it necessary for the auditor to express interest, and to withhold the manifestation of incredulity toward the preclear

If he is, without saying so, trying to label the preclear's data as garbage, if he is being incredulous and doesn't believe the preclear and so on, in such a way he withdraws the affinity.

The whole equation here is simply that the auditor with his analytical mind on, and the preclear with his analytical mind slightly attenuated whenever it strikes engrams, add up to more than enough force to overcome the power of the engram.

The instant the auditor reduces in any way his assistance by being incredulous, by being unsympathetic or disinterested in the case (which does not mean a lot of hand patting or being careful not to let the preclear get in trouble), he could interrupt the whole case. But if the auditor is interested in the case, interested in people's engrams, and he is interested then in attacking them himself, cases resolve much faster.

LRH: We had an example of this tonight when you were jarred out of the calmness of your ways by having had a curve thrown at you. Well, don't let that happen.

Vic: I won't.

LRH: Now in your case perhaps you felt restimulated, and also because of my presence you let the thing go off the line.

Vic: I was working automatically. My analyzer shut down.

LRH: All right. Do you have trouble when someone is watching you while you talk?

Vic: When I'm observed and have to do something.

LRH: When you have to do something and talk, what happens?

Vic: I seem to just go to pieces, somatics turn on, and I get a headache.

LRH: Somatics turn on, and a headache when you have to talk or be observed?

Vic: No it's not talking.

LRH: Observed doing what? What would your mother have been worried about?

Vic: Well, she would die if she had to be observed talking to a group.

LRH: In other words she would have been very self-conscious about it.

Vic: Extremely self-conscious.

LRH: All right, what would she say about it?

Vic: Well, she would say, I can't do it.

LRH: Can't do it. Can't do what?

Vic: (laugh) I can't . . . uh—she couldn't address a group or do anything of the kind.

LRH: What would she say? I can't do what? Something is just about to break, what is it? What is the something that's just about to break? You know what it is, you can remember this. Mother says, I can't do what? Go on, she says, I can't do what? You can remember what your mother can't do.

Vic: Can't talk in public.

LRH: Now you know exactly what it is your mother can't do.

Vic: (pause) She can't face things.

LRH: She can't face who?

Vic: Her mother.

LRH: Oh, come on, what can't your mother face? You know what it is, remember, just remember it, remember what your mother can't face. You've heard her talk about it often enough.

Vic: The word hit comes to me.

LRH: What can't your mother do? It has nothing to do with face, probably. Your mother can't do what? (pause) What can't your mother do?

Vic: I don't get anything on it.

LRH: Okay.

Evidently in both of your cases we have had completely insufficient diagnosis occurring. The portion of the diagnosis which you gentlemen are missing has to do with validating your own abilities to remember. Now there's a method of doing this. Just start a person remembering, and you will start to pick up recollection on the standard bank circuits. Then a person will find out after a while that there was a yesterday and that he can remember it. Keep validating this. In Mlc's case he doubts everything. He is even doubting his own existence to some degree.

Well, there have been a couple of deaths of people that are close to you, people who are intimately associated with you, but even that, as serious as that is, isn't good enough to invalidate it.

LRH: Now who used to tell you you were wrong?

Vic: My parents.

LRH: Uh-huh, which of your parents used to do this?

Vic: (mutters a reply)

LRH: Your parents had lots of fights, all right. What is the justification that you generally employ? For instance, supposing I said to you suddenly, You're wrong. What would you say?

Vic: Well, here, let's look at it. (I always want to have time to go over the whole operation. I'm not one of those people who jump to conclusions.) Let's view it from all angles.

LRH: Go on, is that what you would say?

Vic: No, my father would though.

LRH: What would he say?

Vic: It was somebody else's fault. I'll bet you money is one phrase which has been thrown up at me several times, I'll bet you I'm right, I'll bet you money.

LRH: All right, which parent insisted on being right?

Vic: Mama.

LRH: She wanted to be right.

Vic: Yes. Everything, it seemed, that Papa did was wrong.

LRH: Yeah, but who doubted her?

Vic: She must have doubted herself.

LRH: Yes, but wait a minute, you just said something else here. You said, Everything Papa did was wrong. How did she go about doubting him?

Vic: Well, it all stemmed from one silly thing, I think, and that was his drinking problem. Simply because he drank he was no good.

LRH: Yes, but do you recall an incident of her saying that he is wrong about what he remembers or what he thinks, or about the situation that has occurred? Did they do a lot of argumentation like that?

Vic: They had lots of arguments. They had them by the thousands.

LRH: Yeah?

Vic: Yes. Many of these arguments woke me right out of bed in fact, my brother and I, and we'd get up out of bed and try to stop them.

LRH: From doing what?

Vic: From fighting.

LRH: Who was wrong?

Vic: I tend to blame Mama a lot more.

LRH: Are you remembering this?

Vic: No, I sided with her up until I was an adult. I always used to think she was right. And only in recent years have I begun to feel that she wasn't.

LRH: All right, who told you personally that you were wrong? Who used to tell you you were wrong?

Vic: Mama.

LRH: You were wrong about what?

Vic: I don't recall her saying I was wrong so much as I recall her telling me, You're not good enough, you're not good enough.

LRH: All right, but how about this computation It's just your imagination, it's all in your mind, that was not what happened?

Vic: About this wrong business? That I was wrong ?

LRH: No, I mean an argument, and somebody starts justifying and the other one says what?

Vic: That didn't happen, or It was this way. There is a reversal of circumstance, a different opinion as to what circumstances existed.

LRH: Okay. So how does that hook into your case?

Vic: You mean how does it change the circumstances?

LRH: Yes.

Vic: Justifying all these activities?

LRH: What does this do to your recalls?

Ed: [Vic's co-auditor] He can't believe them anymore.

Vic: Hm?

Ed: You can't believe them, because that isn't where you want them to be.

LRH: Well, that's up to him what it does to his recalls. Don't evaluate. It either did or it didn't.

Vic: I know that.

LRH: Do you see the point there?

Vic: Yeah.

LRH: How do you feel about it?

Vic: Damn it, I still can't release that. Looked at from my point of view, I was right. But the circumstances aren't according to my point of view.

LRH: No, what I'm driving at is that somebody there is telling somebody else the circumstances were different. That was not what happened, something else happened.

Vic: Uh-huh.

LRH: Yes, and in an argument you get awakened and what happens? Somebody is telling somebody else that was not what happened. What does this do toward invalidating somebody's recalls?

Vic: It would invalidate mine, sure. If it were an engram, you mean?

LRH: Yeah.

Vic: Yeah, it would make one's recalls kind of shaky.

LRH: All right, how about you then? How do you feel at the present moment, now, concerning that? Do you remember the tirade being turned on you?

Vic: No, I don't, no, always between Mom and Pop.

LRH: Always between Mom and Pop.

Vic: Yeah.

LRH: Was it ever turned on you?

Vic: Probably was.

LRH: Can you remember it?

Vic: No.

LRH: Then why wouldn't you be able to hook up with it?

Vic: Because I don't want to for some reason.

LRH: No, that wasn't the way it happened. What are we looking for?

Vic: The engram.

LRH: No, we're just looking for a conscious memory recall right now and we're looking for a recall of somebody saying to you, That wasn't the way it happened. Do you follow me?

Vic: No, as a matter of fact I haven't finished the Handbook yet, I'm still struggling through it.

LRH: Well, I'm not talking about the Handbook. This isn't in the Handbook.

Vic: Oh, I got lost there.

LRH: All right. I'm just trying to demonstrate to you and I'm not trying to return you back down the track right now to look for an engram. All I want you to do is consciously recall, just plain remember. We've already gone over ground of somebody fighting with somebody and saying, That wasn't the way it happened, that wasn't the way it was. Do you remember such fights?

Vic: What immediately comes into my mind is an Italian phrase meaning It wasn't like this, it was like this, and my mother saying it sitting at the table with her hands folded.

LRH: All right. That's in conscious recall. Okay. Now we've discovered an incident. What would this do to a person's ability to attach reality to yesterday? You must have faith in your own recalls, you know.

Vic: Yes, I know and that's my principal hurdle.

LRH: Well, all right, but who put the hurdle there?

Vic: I know it's me but you've got to trick me out of it some way.

LRH: Was it you? That's what I'm trying to drive home. Did you put the hurdle there?

Vic: No.

LRH: Well, who did?

Vic: My mother or father.

LRH: What did your mother say at the table?

Vic: It wasn't like this, it was like this.

LRH: Okay. Did your father ever argue that way?

Vic: I have no recollection of my father arguing much, usually he took the back seat.

LRH: All right. But tell me this now: Where would you start doubting whether or not it was like this or like that?

Vic: I'd get it in an engram from them.

LRH: From who?

Vic: From Mom, I think.

LRH: Do you know?

Vic: No, I don't know.

LRH: Why don't you know?

Vic: I can't remember.

LRH: And what can't you remember? That it wasn't like this, it was like that?

Vic: Yes, I remember that expression coming up multitudes of times.

LRH: Well, you're taking refuge here in an engram which you suppose to exist that you aren't contacting, but you've contacted the whole chain of engrams just by remembering Mama.

Vic: Hm-hm.

LRH: There's the top lock. You have remembered the lock, haven't you?

Vic: Yes.

LRH: Have you recalled this before?

Vic: No.

LRH: All right, you've scared the lock into view, now therefore the chain is in view.

Vic: Hm-hm.

LRH: And just by the recognition of that lock, how does that make you feel about your own recalls?

Vic: Well, if it's as you say it is....

LRH: I'm not trying to evaluate anything for you.

Vic: No, but I'm waiting to see.

LRH: Waiting to see?

Vic: I personally feel that that's a link there, yes, somewhere on the chain.

LRH: Who else used to invalidate your recalls? Did your brother ever turn this stuff on you?

Vic: No, not as far as I was concerned.

LRH: Any sisters?

Vic: No, just my brother and myself.

LRH: Just your brother and yourself. What relative did? Your mother's parents?

Vic: I immediately think of a first cousin. This stuff is just popping into my mind.

LRH: All right, the first cousin, what about the first cousin?

Vic: He used to come to our home summers and I always had a sort of an inferiority feeling around him.

LRH: What did he used to tell you?

Vic: Well, he was a leader. When he wanted to play something we played his way—Let's do this, let's do that.

LRH: What if you had said, No, let's not do this or that?

Vic: I rarely did because I must have tried it out a few times and it didn't go my way.

LRH: All right, remember the times you were trying it out.

Vic: I immediately recall an incident where we did do something that I suggested— boxing. I got the worst of it.

LRH: Hm-hm. And so he beat you up.

Vic: He beat me up, yeah.

LRH: What did he say when he beat you up?

Vic: He was very nice about it.

LRH: He was nice about it?

Vic: Yeah. He said that he had been taught a little bit about it by his Dad.

LRH: Would he ever say you were wrong?

Vic: In this one incident he swings off into another individual.

LRH: Yeah, but in another incident would he ever say you were wrong?

Vic: Now I wonder. I think maybe.

LRH: All right. Who never knew in your family?

Vic: Oh, Mom.

LRH: She didn't know what?

Vic: I don't know.

LRH: How would she say it?

Vic: (says something, apparently in Italian)

LRH: Your mom would say, I don't know.

Vic: Yes.

LRH: What is the Italian for that again?

Vic: (words indistinguishable)

LRH: How did she look when she used to say that?

Vic: Sad and depressed. Everything she said at those times was negative. And I've been fighting that in recent years. I wanted to try a business venture and attempted it.

LRH: You've been fighting her, who else has fought her?

Vic: Pop fought it a hell of a lot of course, must have, don't know if he fought that, but he fought her. He must have fought her.

LRH: Well, you say you fight it.

Vic: Recently, yes.

LRH: Why do you have to have it?

Vic: I have to have my own way, I want my Own way. As a man I don't want to be traveling along with Mama.

LRH: All right. Do you know what happened to you?

Vic: No.

LRH: You say you don't want to be traveling along with Mama.

Vic: No, but it has been recently, ever since I went away during the war and came back into that prewar situation, that there have been constant eruptions between the two of us.

LRH: What valence did you go into after the war?

Vic: Pop's, I know I sided with him. Whenever she has brought him up since the war I have acted conversely to what I had done previously.

LRH: What happened to you that made you shift valence? Did something happen to you in the war?

Vic: Well, we went through action.

LRH: What happened to you in action?

Vic: Nothing serious, I don't think.

LRH: Did you ever get shot up?

Vic: Not shot, no, but I was on a ship that was sunk and another one that was mined. I was down below in the engine room and it scared the hell out of me.

LRH: Have you picked these up?

Vic: Yeah. I've been through these before.

Ed: With no emotion.

LRH: Only with no emotion. Then you picked these up about the same way that a magnet would draw a block of wood.

Ed: We went right through them.

LRH: Like a shot, no doubt.

Vic: I described them with complete details on recall and went through them very matter-of-factly.

Ed: There was a point where he tended to become emotional, but the more we ran it the less emotional he became.

Vic: Yeah, that's right.

LRH: Who had to do things alone?

Vic: Ralph, as far as slowness was concerned. Mama used to say, Poor Ralph, he had to learn the hard way. Her argument would be that Ralph had to do it alone, whereas I, being younger, had his knowledge to lean on, and that I was lucky because he had already taken the knocks by having had to do it alone.

LRH: How much younger are you?

Vic: Than my brother?

LRH: Hm-hm.

Vic: Two years.

LRH: He was killed in the war?

Vic: Yes.

LRH: Where was he killed?

Vic: He was torpedoed off Miami between Miami and Cuba.

LRH: Oh, yeah? On a what?

Vic: A regular Cuban transport, I believe. Manzanilla was the name of the ship. He was going to a shore station for the first time. He had been running the Coastal Patrol and Coast Guard for most of the war and this was supposed to have been his first break. He was getting a shore station in Cuba and he was being transported there when the ship was torpedoed; he was a passenger on it.

LRH: When did you get the news?

Vic: Oh, shortly afterwards. I think it was August 13. No, it happened on August 13th. We got the news on August 14th or 15th of 1942.

LRH: [to Ed] Have you been through that?

Ed: Yes.

LRH: [to Vic] How many hours have you been in therapy?

Vic: Five, five or six I guess, perhaps a total of seven or eight.

LRH: And you're telling me that you have synchronized the track and been through all these incidents?

Ed: Well, that particular incident, I guess we ran through it two dozen times.

Vic: Yes, and it gets more mechanical all the time.

Ed: He means he can tell the whole story up until one point, when the rest of the trip home in the car, after he was told, was a blank. I've tried to hammer at that point, and nothing comes up.

LRH: All right. Now your other brother Vic was dead though, wasn't he?

Vic: Yes, but he was born three or four years before me, and died a few days after birth.

LRH: What would your mother or your father say about not crying about him?

Vic: Oh, I thought you meant...

LRH: No. Either one.

Vic: The first one? I was named after him. He couldn't have said much because he died a few days after birth.

LRH: Okay. Who would have consoled Mama if she had ever gotten to feeling bad about it?

Vic: My father supposedly would have.

LRH: Think your father might have?

Vic: Well, he should have been the person to.

LRH: [to Ed] Well, as far as auditing is concerned you're working very late on the track with these things. You're trying to get off painful emotion. If you make a long, solid effort to return complete recall on his case, and pick up some of those fights between Mama and Papa very early, you will generally ease him around on the track up to a point where he gets lighter and lighter recall. Make him remember everything that you pick up early by bringing it to present time and telling him to remember it, but keep him validating his own data and soon you will have built back the conscious live standard bank circuits to where they belong and things will begin falling into place.

Vic: Will that help the valence situation?

LRH: Yes, very definitely. Now what valence have you been doing this remembering in?

VicL I couldn't identify it.

LRH: All right, shift your valence to your mother's valence.

Vic: Sm-hm.

LRH: Shift valence to your mother's valence. Now remember something about your early youth.

Vic: Something I haven't mentioned already? I think immediately of an incident with two fellows. I'm in the middle and we're tolling a bell. One of them lets go and the bell comes down and pierces my temple. I'm bleeding all over. Mom was there and I go unconscious.

LRH: How do you feel about that incident?

Vic: Nothing comes to mind on it. That much is there, that's all, after the catastrophe.

LRH: [to Ed] Did he observe himself during the accident?

Vic: I was in there. Yes, I saw myself there.

Ed: But that you were remembering when you weren't in therapy.

Vic: Oh, Wasn't?

LRH: Okay. Now shift to your own valence and remember it, just be yourself and remember it.

Vic: I can be myself in one part of it, and that's when I'm crying afterwards and looking out of the window with this bandage around my head. I see that clearly. I'm in myself there.

LRH: Do you see yourself looking out the window? Or do you see the window?

Vic: I kind of fluctuate. That's been bothering me. I try for a moment and then I seem to be at the end.

LRH: Aha.

LRH: [to Ed] Well, look, you've got a good history on this case, but you haven't done enough on validating recall; you should work on it. He has demonstrated considerable doubtfulness about the past. You picked up two phrases there just a moment ago which you definitely should have down in his book because those are standard dramatizations. If aberrations do something once they will do it again; and if you find them doing something once late you can be certain that they did it early. So Mama did this and those fights occurred all the way through the prenatal bank. All you want to do is get into one of those fights and start traveling south and you are going to wind up in prenatals on that fight chain. Run that fight chain all the way down to a nub and you will find it clear down in the basic area. Okay?

Ed: Sure thing.

LRH: [to Ed] I haven't said anything about your auditing yet.

Ed: No, I may be in bad shape, I don't know.

No. You have something which is very good in an auditor—you are sympathetic, you want to get material.

Ed: Yeah.

Vic: I don't feel he makes me go back over things enough. Sometimes I want him to ask me to go over it again, I wait for him to do that and then sometimes I just voluntarily go over it again.

LRH: [to Ed] In other words, you're letting him do auto.

Ed: Yeah, I like to let him run his own course.

Why?

Ed: Because I'm not yet firm in my auditing for one thing.

You'd better get firm, because that's the first thing that an auditor has to develop just on a necessity level, is confidence. He must radiate confidence. He must instill confidence in the preclear. If the preclear is shaky about what he is doing, the auditor must help him out just by being confident that he knows what he's doing. Even though you might not feel confident about your own auditing, that is no reason why you should feel unconfident of somebody else in therapy. There is no reason why you should not be self-confident as an auditor.

Ed: But it's all very new to us, Ron.

That's why I'm sitting here telling you the answers.

Ed: Yes, but I have to see it done. I have to believe it. And possibly have a somatic in myself handled.

Oh, you mean you're having trouble believing therapy?

Ed: Well, that's pretty bad, but I'd say yes. Logically I know it works.

Here's identification.

Ed: As far as reading is concerned and analyzing it with the analytical mind, I go along with it wholeheartedly.

But you're talking about your inability to accept.

Ed: Yes.

And now all of a sudden you're talking about your ability to transmit on the same line? Now we're talking about your reaction to Dianetics and we're getting the same computation each time.

Ed: Yes. But where does that lead us?

Well, that leads a man as an auditor to radiate self-confidence. You should finish reading the Handbook, it's quite adventurous to audit without it.

Ed: That I'll have to do, yes.

Vic: Well, it takes a lot longer to read this book than an ordinary book.

Ed: I'm a plodder even in reading ordinary novels. But I want to get it thoroughly, I want it but good, I don't want to make mistakes.

Sure.

Ed: So it may take a long while.

The very best way you could make mistakes though is to be doubtful. If one doubts himself and doubts the preclar and doubts what he's doing enough, he is almost certain to bring a case down in a heap.

Vic: [to Ed] If you do that to me I'll never forgive you.

I don't think he will. Particularly when I show you what a vital part self-confidence and validation play in therapy. So you are having a little bit of trouble in therapy not believing in yourself. Well, if you don't believe in the other guy you get the same reaction in him. So you have transplanted the contagion of aberration. Therefore your necessity level should be picked up along the line, and in this case you can run it on the good old maxim, Faith before intelligence, and you will still get some therapy done.

Ed: Okay.

LRH: [to a third auditor, Jim] It so happens that most patients will try to run an auditor if the auditor lets them. A lot of auditors will sit around and play patty cake with a patient without achieving anything, because it rather looks as though the patient is going to get very angry if the patient is told anything or forced into anything. The patient is sort of daring him to do something about it. This is not criticism of your auditing, I merely want to brush you up on it.

In some cases an auditor has to use a lot of judgment, and in some cases repetition will achieve something, and the repetition of bouncers, deniers and holders is indicated. Of course, the repetition of other phrases which are not bouncers, deniers, holders, or misdirectors, is not indicated except at the beginning of the engram, where you are trying to get the first phrase as well as trying to get the somatic strip to contact it solidly. Then the repeating of the phrase will pull the patient back into the engram and further repetition is relatively unnecessary.

You were auditing with a little more conversation than was absolutely necessary, but you were getting the goods. All auditors when they are learning their trade have a tendency to talk too much, except those few who can't think of anything to say and who just sit there numbly. It is better to talk too much than to say nothing. But you can actually, by talking to a patient, smother his recall. You appear anxious that he touches the incident, which gives it some question in his mind that he is doing so. Therefore he is running you.

When you tell his somatic strip to go to the beginning of the incident and start on through it, you can be very sure it will. If you tell him to go to the beginning of the incident and then tell him, "Now a phrase is going to pop into your mind when I count from one to five—one, two, three, four, five (snap!)," and he gives you a phrase, he will generally give you the right phrase somewhere up near the front of the incident.

Make him repeat that phrase to more or less stabilize him in the incident. Now start running it along and you can tell the moment he contacts the actual incident because there is a momentary agitation. If that agitation starts and then stops, he has hit a bouncer. If he assumes a certain angle or a certain posture and doesn't alter much from it, know that he has hit something along there which is holding him.

You realize all these things, I'm not trying to brush you up on that particular thing. But I assure you that if you can start his recall at the beginning of the incident, then just tell him once, the somatic strip will be there. Then as he starts recounting the incident you can sense the moment he leaves it by watching him.

All right. Now he said that he couldn't get it in deep enough to do any good, or whatever this thing was. That's the non-coitus chain. There's a "Leave me alone," and there's a lot of material in there. Now if you could have clipped just those phrases, you would have gotten your work done faster. You are doing very good work, but if you want to get optimum speed

results, clip those phrases and let him roll them without interference, because he will go right straight into them. Merely say, "Repeat it once again," and wait for him to repeat it before you tell him something more. Make it a cooperative effort. Tell him to do something, and then wait for him to do it before you say something else.

After you have rolled through from the beginning, and gotten those deniers and so forth deintensified, get the somatic strip back to the beginning with the words: "The somatic strip will go to the beginning of the incident, now let's contact the somatic on this and roll it." And he will go on through the incident consecutively.

I also noticed that you were asking him for more information than there was in the engram. He can't tell you any more than was in the engram. He can imagine more but he wouldn't know this. He would know who was saying these things, but he wouldn't know necessarily what was happening until he had run the whole engram. Then he probably wouldn't have been able to tell what was happening clearly and convincingly to himself until he felt the undulating somatic of the coitus through that.

Jim: When we first contacted the bouncer and the going got rough, I had him repeat it and he began to run through the engram. He began to pick up phrase after phrase. At that moment I just let him roll without any help at all. Then he got into a situation where he began going over one phrase which was a very unimportant one—I remember thinking to myself at the time. It was something about, "It hurts me, it's warm. It hurts me, it's warm."

"Well, all right, " I said, "go to the next phrase, please. "

Then for about ten minutes by the clock he wouldn't go anywhere except "It hurts me, it's warm."

I asked him for the denier. I said, "Flash answer, yes or no, denier?"

"No. "

Then I said, "All right, let's pick up the denier. Let's find it. "

"I can't, I can't, I can't, I can't, I can't get deep enough into this thing. "

And I started all over again from the beginning with "I can't get deep enough into this thing, " figuring that one would lead to the other.

Now at that moment if you had guessed "I can't get deep enough into this thing" was the non-coitus chain or an AA chain, but probably noncoitus

Jim: Which I asked him right then. I said, "Flash answer, yes or no, "Yes." "Flash answer, yes or no, abortion?" "Yes. " At which point I was at a crossroads.

Now if there is a non-coitus chain running back down the line on this, those phrases probably appear earlier, although he got a false four on two of those phrases. He laughed, so there was relief there.

Dave: [Jim's PC] Yeah, I got an awful hot stomach there once. All of a sudden I got warm all over, my stomach got hot, and I felt very uncomfortable.

LRH: [to Jim] Your self-confidence is wonderful, that is 4.0. With anything I'm saying here take that in because you're doing swell.

Your computational ability is fine. What you can do to improve your auditing is make it an interchange between you and the patient. Let him do something before you ask him again. Let

him listen, don't repeat so much for him to help him, because he is in there. You could delete the echo repeat out of your technique and it would cut your volume of conversation about back where it belongs.

Never ask the patient to do two things at once, or ask him to do something else before he has completed the command before that. Let him do one thing at a time. When you ask his somatic strip to go somewhere, give it an instant, then simply know it's there. Don't try to insist that it go there once you have sent it there. Then ask him for the next thing, ask him for a flash or whatever is necessary to get that first phrase or an actual audio contact. Then go on your way, each time letting the patient carry out everything you have told him to do before you give him something new to do, otherwise he will become confused.

Repeating the phrase you want him to repeat isn't necessary in this case. That is a device that is used on someone like a catatonic who will not repeat it. By your repeating it you will commonly turn on enough pain for the person that he has got to do something about it, so he repeats it. That is its actual mechanic. Delete that from your technique and your auditing will come about as close to being excellent as I could wish for at this stage of your training. It's very easily the best auditing I have seen tonight.

Jim: One more question, Ron. What do you do in an instance where a patient picks up a series of thoughts or phrases and then refuses to go anywhere when there is in the immediate area no denier or holder indicated ?

You mean he won't do anything about it?

Jim: No, he picks up a phrase and he likes this phrase so he goes over and over it, and then you finally let him run along for a while and then you take the role of the auditor and attempt a directional change.

You should never relax the role of the auditor.

Jim: No, I say you are looking to see what is happening when you see it is not giving out with results.

Well, something is wrong if the phrase is not reducing and you have to catch the phrase earlier in the bank by saying, "Now the somatic strip will go to the earlier time this phrase appears." Repeat it. Go to the earlier time, and if that doesn't release, go earlier, repeat it, go earlier, and you will finally get it down to the bottom of the bank if you work on it hard.

But the phrases that you should follow down to the bottom of the bank are bouncers. Make it your business to discover the type of bouncer. "Get up, get up, get off of me, you're too heavy," may be the standard non-coitus phrase that Mama uses, let's say. Let's repeat that and if it doesn't give up, that is the one which is keeping you out of the basic area.

The important thing is to get into the basic area. So, whenever a bouncer is found in the prenatal area, rub your hands together and start early with it.

A good process when you're looking for a bouncer is to say, "The somatic strip is going to go to the bouncer. When I count from one to five, you're going to give me the first word that will flash into your mind. One-two-three-four-five (snap!)," and you will quite ordinarily get the bouncer.

Your procedure there on asking him to remember a bouncer was excellent. There is nothing wrong with that procedure. What you want is the bouncer. But the one thing you didn't do with this bouncer was ride it south. You should have sent the somatic strip to the earlier time when this occurred in the bank, getting him to repeat this to see if you could get a bouncer on any chain which seemed to be a dramatization. That one had "Leave me alone." So if you could just get that non-coitus chain down to the bottom, you might be in basic-basic area.

Jim: Well, earlier in the therapy, basic-basic was coming in on flash questions, because one flash answer indicated that the answer to the problem was to be found in basic-basic. And I said, "All right, let's go back to basic-basic, let's go to the earliest moment of pain that you can experience."

Well, this might be basic-basic, although it didn't appear to be reacting as fast as basic-basic should. However, you should give a patient time to comply with the command. Time moves slowly in the prenatal area and it is nothing for basic-basic to drag out as, "I . . . am . . . so . . . lonely." Everything goes slowly there. You will find that the older a person gets, evidently the faster the time is. So when you get back into the prenatal area you must allow a little more time than you would if the person were awake, even on a flash answer.

If you take it a little easier on him, a little slower, and cut down the volume of your conversation, you are going to get even better results. Never feel that the patient is out of your hands, because he is not.

Jim: Surprisingly enough, I don't. It seems that whenever I work with a patient I have a terrific self-confidence about it.

You have, you exuded self-confidence and that's fine. All I'm trying to do is just help you make it better.

Jim: Well, you are helping me very much.

You're doing good. Okay.