

HYPNOSIS

A lecture given on
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Common in this Society

This lecture is about hypnosis.

Hypnosis is a subject which every auditor should know, not so that he can use it—although occasionally in the treatment of psychotics it is beneficial and renders the patient accessible—but because one will find quite commonly in the reactive mind sessions of hypnotism. These sessions can be extremely insidious since the hypnotist in his patter commonly employs mechanisms which are hand-in-glove with the things the reactive mind dearly loves to clutch to its bosom. One of the things that a hypnotic session will do is disappear entirely from conscious recall, so much so that the person is not aware of having been hypnotized.

That is done by the simple mechanism of installing before the session is concluded a forgetter mechanism in which the hypnotist says, “You will now forget everything which I have told you during this session and you will have no memory of it.” The hypnotist will then go on talking for a few minutes and then “awaken” the patient, which blots out the session, particularly if this form of it is used: “You will have no memory of what has occurred here,” which is standard patter.

The next thing it does is install a demon circuit. This is all very common and standard; we recently ran into a case of it, and it was quite baffling for over an hour. The demon circuit later showed up in the case with a standard hypnotic remark in full sonic with considerable volume—“You can remember all this in present time.” Now that is standard patter with a hypnotist who is using regression in amnesia trance: “You can remember all this in present time.” It has the most remarkable effect of pulling the suggestion right along with the patient and also thrusting up into present time everything which the session has restimulated. It would not be very desirable to have birth, for instance, thrown into present time, since the hypnotist may have nicked birth.

In fact, one could drive a person close to insane by dropping him into amnesia trance and telling him, “Now, everything which has ever happened to you which has caused you any pain can be recalled by you in present time.” It has the effect of moving the entire reactive bank into present time thus turning the mind wrong side out. The person will exist after that with the reactive mind rather than the analytical mind as his closest contact.

Pleasure moments in such a wise can become utterly obliterated and nothing but painful moments will remain in recollection. If you combine this suggestion with the content of a reactive mind, it can become very disturbing to a patient.

If we move back a little earlier in the hypnotic session, we may find the demon circuit which says, “You can only hear my voice telling you to go to sleep. You can only hear the sound of my voice. You are aware of nothing else but the sound of my voice.” That’s standard patter. That sets up a demon circuit.

Then he continues, “You want to do what I am telling you to do. You can hear my voice telling you to do this. You can’t hear anything else.” Of course he actually means this in a rational sense to include the disturbances in the form of noise in the environment, but the way it lies there is in a very literal sense, that only his voice can be heard. His intent may be very good but the effect is to install a demon circuit.

After that a person has an added “stream of consciousness”—a vocalization which goes along with him. He may not have recognized that it suddenly came into being with the hypnotic

treatment or parlor trick or stage exhibition, since that exhibition or trick or treatment may be entirely occluded from his memory.

“Go to sleep” is bad enough, and that is in plenitude at the beginning of a hypnotic session. Another phrase they use is “Now, you lie back and be quiet and entirely relaxed,” which has a tendency to depress the person on the time track. So a hypnotic session can be very scrambling to the reactive bank.

For example, we ask A, “Have you ever been hypnotized?”

He says, “No. It’s been tried several times but nobody ever succeeded in hypnotizing me.” Well, if we accept this as a blunt answer and accept its validity, we are overlooking the 100 to 1 chance that it did succeed and that he did not know because he was told to forget. Therefore, the information that someone tried it on him is an excellent clue, but it also may be a clue to something else. It may have been tried on him and it may have been very successful much earlier in his life.

Another mechanism of the hypnotist is to say, “No one else will be able to hypnotize you,” which would give us the person who is un hypnotizable. Of course a large percentage of people cannot be hypnotized, which is a severe limitation, fortunately, upon hypnotic therapy; it can only be worked on a relatively few people.

It may also mean that he was hypnotized earlier and told that nobody else would ever be able to hypnotize him, and that he must now forget what has occurred. So the whole incident of having been hypnotized disappears, and later when someone comes along and tries to hypnotize him he is null on the subject.

When we try to recover a hypnotic session we have to know the patter of a hypnotist. I don’t want you to go to sleep under this but I am going to tell you roughly what you will find.

The hypnotist will seat the person in a chair or have them lie down, and he will start off his patter something like this: “Now, I want you to relax. There is nothing to be afraid of. There is nothing wrong with being hypnotized. You’re going to sink into a little sleep. It’s going to be a more relaxing and a deeper sleep than you have ever before experienced in your life.” If the subject is at all suggestible, he is already about half hypnotized merely by suggestion.

Then the hypnotist starts in and says very calmly, “Go to sleep . . . go to sleep.” He may make passes across the person’s face. “Go to sleep. Now you can feel your muscles relaxing. Now all through your body you can feel your muscles relaxing. Now, first your toes are going to relax. And now your legs are going to relax. And now your hips are going to relax. And now you can feel your back relaxing. You can feel your hands relaxing. You can feel your arms relaxing. You can feel the back of your neck relaxing. You can feel your mind relaxing. You can feel your face relaxing, and your eyes are closing. Your eyes are closing and they are closing more and more. It is very difficult for you to keep your eyes open. In fact, you will find that it is impossible for you to keep your eyes open when I have counted from one to five” (or from one to ten, or some other such series; or he may merely make passes). Then he says, “Go to sleep, deeper . . . deeper . . . deeper . . . deeper sleep. Now lie there quietly and go to sleep. You can only hear the sound of my voice telling you to ‘go to sleep.’ All you can hear is the sound of my voice. Nothing else will disturb you. Go to sleep.”

He keeps this up for a while and then as the subject drops off into a light sleep he lets it deepen. There are many ways to deepen that sleep, one of which is to put one’s index finger and thumb on the patient’s closed eyelids and say, “I am going to press you back to a deeper sleep.” This is very interesting, because to “go back to sleep” is a phrase which makes a person, whenever he goes to sleep, travel back down the time track and is not the natural method of sleeping. A person goes to sleep in present time; it doesn’t have anything to do with regression.

The person who does not have “Go back to sleep” in his bank someplace is a rare one and should be put in a museum, because he is a strange creature.

So he says, “I’m going to press you back into a deeper sleep.” He presses the two eyeballs simultaneously and the person has the feeling of going into a deeper sleep.

Then he takes over control of the hands by saying, “Your right hand feels very light; it is rising; it is rising; it feels very, very light.” Finally he gets the hand to move up in the air. He gets the other hand to move up in the air and then he gets the two hands spinning around each other in an automatic action.

Now he says, “You can try to stop your hands from spinning but you will not be able to. Try and stop them.” The second he tries to stop them, the fellow’s hands go faster and faster and faster and faster. This, of course, convinces him that he is utterly and completely under the control of the hypnotist.

So the hypnotist says, “When your arms drop to the sides of your chair you will go into a much deeper sleep.” The person’s arms drop, and he will be in an infinitely suggestible mood if this has worked this far.

Then the hypnotist puts in a suggestion: “You will be able to talk clearly. You will not have to stutter anymore. You will feel the urge to speak low and slow.” This is, for instance, in the “curing” of stammering and incidentally quite often works, on one patient out of ten. So he says, “You will be able to speak clearly and distinctly. All you will have to do is speak low and slow and you will be able to speak perfectly, without stuttering or stammering. And you want to speak slowly and clearly, you want to do this.”

At this moment, or before he introduces the positive suggestion (which, technically speaking, is what the individual says that is to be implanted in another person’s mind intentionally to produce a certain effect), he very often adds, “You want to be kind to people. You don’t want to be mean to anyone. You want to be very kind and very pleasant with people, and you feel very comfortable now. You’re going to wake up feeling better than you have for days, and you will be able to talk clearly and distinctly after this. Now you’re going to forget everything I have told you. You’re going to forget it, and it’s going to be put out of your mind, and you will have no memory of what has occurred here. Now, you promise me you’re going to forget all this! “ (“Promise” may be something that lies in the reactive bank as something supersacred.)

Take good note of this because you may have to take this apart in the dark. As an auditor you won’t have any knowledge of when the hypnotism took place or who did it, but these are the essential parts.

Now he says, “One, you’re beginning to forget it. Two, you’re forgetting it a little bit more. Three, you’re forgetting it even more. Four, it’s over half forgotten. Five, it is getting very, very vague in your mind. Six, the dimmest dream is there. And seven, you have forgotten it.” Now he indulges in a little chitter-chatter to the effect of “How do you feel?” and so on.

He closes down the session by awakening the subject with the words, “One, you’re beginning to wake up. Two, you’re halfway awake. Three, you’re awake.” That is a standard therapy session.

Substituting for the content there about speaking clearly, you can put in positive suggestions to this effect: “When you awaken, you will want to take off your left shoe; and you will take off your left shoe and you will put it on the mantelpiece.” That is a posthypnotic suggestion.

When the patient awakens after the full routine he will either be very irritated about not taking off his shoe, or his foot will get very uncomfortable about it, and he will finally take off his shoe and lay it on the mantelpiece, if he’s going to carry out the suggestion. He will have all manner of explanations as to why he has taken this shoe off. It’s because it had a rock in it. It’s

because the mantelpiece is higher in the room and therefore the air is drier there, and the foot was just a little bit damp and the shoe was damp, and he wants it to dry out. This is justification at work.

Then eventually the hypnotist brings it to his mind that that was the suggestion, and at that moment the suggestion deintensifies. This is very interesting to me in this respect: A person obeying that positive suggestion is not awake. If you look at a person's eyes when he looks at the hypnotist you will see that there is a slightly dull glaze on them; he is not entirely awake. He is still in a hypnoidal state when he carries out the suggestion, and only when it has finally been recalled to his mind that he was hypnotized does the thing flick off more or less as a compulsion so that he can put his shoe back on and be happy about it. But he very often feels like he has been made into a fool and he is not particularly overjoyed about the whole thing.

Another mechanism is to tell the subject: "You are now President of the United States. When I awaken you, you are going to deliver a magnificent speech to these people as President of the United States." And he will deliver a speech. This is interesting because if the man, let us say, had a manic to this effect: "Someday you will be President, I am sure. You are a nice little boy. Someday I am sure you will be a great man. You will be a president or something; a strong man," and now we give him a hypnotic suggestion that says, "You will now be President of the United States," we have reinforced the manic. So, the hypnotist is unaware of the fact that his hypnotic suggestions are often dropping down into the bank as key-ins.

In the past in the deepest sincerity and in an effort to help people, hypnotists have used these techniques. Now, studying the subject further in the light of Dianetics, most hypnotists discover that it is not quite the thing to do. It upsets things pretty badly.

If you have a patient who is getting blank-outs during a certain period, a patient who is sure somehow that he has had homosexual relationships with somebody but can't tell you when or where, you start looking into hypnotism.

You may not find it, because one of the chief weapons of the pervert is hypnotism. He uses hypnotism quite freely. I have found many incidents of hypnotism used for perversion.

Even worse than that, you very often find that by contagion of aberration the person will go out and dramatize the engram without knowing it ever happened to him. He merely thinks, "Well, that's something to do," so he is liable to hypnotize somebody else.

The standard pervert session of hypnotism seems to wind up, "Now, if you told anybody that this had happened, they would never believe you!" Or if it is done to a young boy, "Your mother and father would of course drive you from your home if they knew about this. If you told them anything that had happened here, they would not believe you. In fact you can't believe it yourself. You don't think anything has happened here at all." That perversion sequence may contain such a thing as "You are a woman," or if a woman is using it, "You are a man," and so on. It will be a hard engram to tackle in that it will be completely out of view. You may find this once in a hundred cases, although the percentage to date has been about one out of 95 cases, which is about one percent. This is only a series of about 180 so it is not a good statistic, merely a guess.

None of these remarks are leveled at hypnotists at all; they are leveled exclusively at a practice which you will find in the society.

Hypnotism may still have enormous therapeutic or anesthetic value. In addition to that it is an excellent research tool in Dianetics. But it is not something with which you would toy idly. It has real horsepower in it.

You will discover hypnotic therapy or deep analysis in quite a few patients who have undergone psychoanalysis. Deep analysis is a practice of discovering hidden data and delivering unto the patient insight regarding that data.

The words “You can remember all this in present time” sometimes appear in these sessions, and “You can remember it” is also a standard phrase. The fact that the patient often does not remember has never amazed anybody practicing deep analysis. It should have. Because “You can remember it” is a statement made in the reactive mind long after the early statement of Mama’s “You can’t remember it.” So the positive suggestion later falls on deaf ears. The field is already closed off.

That is true of all hypnotic suggestions. If you hypnotize a man on Tuesday and tell him that he cannot write a line and that he will never be able to write, and then you hypnotize him on Thursday and tell him that he is a great writer, he isn’t going to be a great writer. It takes it on a priority basis. I conducted a few experiments on this which seem to confirm that finding.

The engram bank does this also. Hypnotism is simply another engram, but it is a special kind of an engram because it has malice aforethought behind it. Furthermore, it’s quite often a sympathy engram. The person is in affinity with the hypnotist.

In deep analysis the person is given the insight often while he is still asleep, and that is where you get a large parade of positive suggestions which were never intended to be positive suggestions. The person has been hypnotized, and later the hypnotist tries to give him insight because he appears to be perfectly rational, so why not talk to him? At that point you are liable to find almost anything.

We move from that field into drug hypnosis which differs in no way from any other kind of hypnotism except that it is effective to the degree that a toxin is present, that of the so-called “hypnotic” drug. So, when it is restimulated, one gets the weariness of the toxin in the organism, which as a consequence is a little tougher on a person.

Give a patient sodium amytal, for instance, and you will discover that this brings about a seeming rationale which the person has never had before but which is actually sinking him into amnesia trance, Dianetically speaking. But basic personality is there, and he looks so reasonable, so utterly rational, that it appears possible to have a conversation with him.

So one says, “Well, how do you feel today?”

“Oh, I feel pretty good.”

“How are you doing?”

“I’m doing all right.”

Now as long as it is kept on a question basis, it is not so bad. But the hypnotist often continues, “Well, you look pretty sleepy. You’ve been very disturbed lately, haven’t you?”

“Yes.”

“Well, why do you do these terrible things? I bet you don’t even know yourself. What’s the idea of raving around here all the time? You know better than to make all this noise,” and so forth.

Now we go from that into sodium pentothal which is an effort to probe deep memories. Sodium amytal is seldom given intravenously, but sodium pentothal is given in a controlled intravenous shot, and the depth of trance is more or less controlled by the amount of sodium pentothal in the blood stream. It is adjustable and a person can be held at a depth of trance this way. Sodium amytal, however, just follows its own curve and a person finally goes all the way to sleep.

One will find regression if one treats soldiers who have been unlucky enough to undergo narcosynthesis. One will sometimes find there was a point in the person's life when he changed. You can't discover the cause of this change, but he changed. He was merely sick before, but now he is crazy. Very often you will find lying right there on the borderline between these two things—in the case of people who have been processed by the army particularly—narcosynthesis, because they try regression under narcosynthesis. Therefore in sodium pentothal or some other drug used in narcosynthesis it is possible for the doctor to touch upon a late life period of unconsciousness and go over it trying to find something in it. But because it is late life, the earlier material is not out of the case and all it does is restimulate. It also has this insidious quality—when restimulated in that fashion it does not thereafter die away. It just behaves like an engram in full restimulation. You could perhaps change things around so that it might deintensify some way but it is pretty fixed.

The buttons are permanently held down. For instance if this has to do with battle, let's say that all around him people are talking about killing, we get such remarkable occurrences as "Man released from Veteran's Hospital on Tuesday kills wife on Thursday!" Anything which is touched in narcosynthesis is apt to be restimulated permanently. The only thing that one can touch and get away with is a charge of painful emotion which will blow if the person can reach it.

This is how to undo damage done to people we have to treat. Because they didn't know about valence shift or other things, they may have hit some charge and barely restimulated it. Now the mind closes in over the top of it when a patient wakes up, and it tries to punch its way through and is fully active. So you will have to reach periods of narcosynthesis. Narcosynthesis can have in it a full hypnotic patter, thus doubling the felony.

So, when you have a patient who is acting very strangely about certain things, such as you are working him on a session and suddenly he is frightened, or he can't recall something, or everything seems to blank out on him, and he has no way of knowing what it is, one of the things you can suspect is hypnotism, whether he knows about it or not. If there are hypnotic incidents back along the track somewhere, it is better to relieve those as soon as possible.

Hypnotism has been found in the prenatal area. One notable case was a hypnotism and a rape in the prenatal area by a doctor that had the auditor and preclear guessing because this person was rather antagonistic toward doctors. Because just enough psychotics have dreamed up a delusion that they have been seduced in this manner, doctors have disregarded the fact that occasionally one of them actually has been.

A perfectly reputable analyst out in the Middle West evidently had the practice of treating young boys in such a fashion, since such an incident seemed quite valid when discovered in the bank. The patient knew nothing about it, and it would be a rough one to recover normally. There have been several of these incidents reported, and I have found them in banks myself. They were valid, they were not delusions; because by reducing them, enormously increased sanity resulted. They were very insidious.

So, hypnotism is something which an auditor will sooner or later encounter, and he should be ready to handle it.

Then there is the forgetter mechanism which may latch on to Grandma's favorite trick: "Now that's all right, honey; you fell down and hurt your face and knocked all your teeth in, but that's all right. You'll forget it in a little while, you'll forget all about it. The best thing to do is to put it all the way out of your mind. Let's think about something else."

On one particular case, Grandma compounded the injury by saying, "Just lay there and daydream about pleasant things," and every time you took him down the track he'd daydream!

To find such an incident you could have the patient do a repeater technique on "Go to sleep," but remember that on the end of it there is "Forget it" and you would tackle that first.

You can tackle any patient on the subject of “forget it” and he will turn this up. Around 1910 there was a standard slang phrase “Aw, forget it,” and it is still going today, and that will appear in the prenatal bank. If Papa has this manifestation of “Forget it, forget it, forget it,” or “Oh well, all right, so forget it,” the whole bank occludes.

From hypnotism we can also observe engrams by seeing the effects described above. Although it may be lighter than another engram, it can be laid in very heavily, and because it is specifically tailored to be an engram it can be a very insidious one.

One of the Professional Course auditors all of a sudden hit a snag a short time ago, and in auditing him we found hypnotism at 6 years of age which cured his stuttering, but it also installed the nicest demon circuit you ever wanted to hear.

There is another brand of hypnotism whereby the hypnotist grabs the patient by the throat, clamps him on the back of the head, shuts off the blood flow to his brain, rocks him back and forth about three times, shouting at him, “Sleep! Sleep! Sleep!” Then because the blood is shut off to the person’s brain and he feels himself getting dizzy, he realizes at this moment he is being hypnotized—he thinks. And it works on quite a few patients.

One sometimes finds such incidents in children’s banks when they are going to school. What is said in there makes a minor hypnotic lock; but usually it is just chatter: “Oh, lookee, he’s going to sleep!” I ran about 150 of those out of one child. It seems that he could do it excellently. At prep school, he would go around and very proudly let people do this to him. Then everybody would stand around saying, “By golly, he is asleep, isn’t he! Yup, knocked himself out; yup, he’s unconscious.”

Hypnotism in an expert’s hands used as an anesthetic can be an effective therapy tool, and you can use it if you want on some inaccessible psychotic and get results. But remember that if you start a patient working in amnesia trance you are throwing the case out, in terms of time, to about three times as long as it will take in reverie. It may look infinitely desirable to put the person into an amnesia trance and run him back to the earliest moment of pain or unconsciouness. He can find it eventually and run something out on it, but usually someone in amnesia trance talks pretty slowly. When he is slowed down further by colliding with an engram, it is lengthy work. He can’t compute worth a nickel and as a consequence you have to do all of his thinking for him.

Furthermore, you are putting in positive suggestions whether you want to or not, no matter how careful you are. As a result the case takes a long time, works very slowly, and it usually follows the curve of getting worse at first; then it gets a little bit better and it follows along in its own plane, improving slightly and then getting a little worse. There is a slow, slow rise. Right at the end of the case, the person gets well almost all at once. He is suddenly no longer hypnotizable. It is almost impossible to hypnotize a clear.

There is another method of knocking a person into an amnesia trance. If you can get him to dream, you can take the dream, find out what that dream is depending on in the reactive bank, find the incident about which he was dreaming, run that incident out—taking all of it out that you can—then wake the person up, bring him to present time and take him back to the incident again. That incident will now behave faintly as if you haven’t touched it. You can run the incident out again, and this time it will go away.

But they get better very slowly, and everything you say to them is a positive suggestion. A break of the Auditor’s Code at that time can be almost fatal to a patient.

Normally as you watch a patient go back down the time track, when he hits an engram his analyzer attenuates; but if you have the patient in a deep trance and his analyzer is already way down and now he hits an engram, it doesn’t merely attenuate, it disappears altogether! So when

you are running him down the track, don't confuse a hypnotic state with reduced analytical ability because of a triggered engram.

A simple test is to watch the person's eyeballs. You will find as he lies there that the eyeballs under the closed eyelids will hunt back and forth. You can see the bump of them on the eyelids, and they will be wandering. Don't mistake this for the fact that a preclear returned down the track will often think he is looking around, when he is actually reading the words! I have had patients that got all their engrams on teletype. But the hunting indicates a hypnotic state.

When I find a person is taking my statements literally—for instance, if I say, "Go on," and he says, "Where?"—I immediately suspect that he has dropped into a hypnotic trance. If a person is going to drop into a hypnotic trance though, he will do so very shortly after he enters therapy. It's unmistakable, and one is not going to find it easy to work him out of that trance either. However, the motto is: Work him where he lies. If he drops into a half hypnotized state just by closing his eyes, work him there.

The reason why we were using the count of seven was because it did attract people's attention a little bit better. But by running a long series on merely closing the eyes, we have found no failures and we were doing something which was unnecessary. Further, by counting to seven, we sometimes fell right in on top of somebody else's hypnotism. So, just tell a person to close his eyes.

There are actually two types of hypnotic states that people wander around in. They are either regressed back down the track someplace but not in a real trance, or they wander around in a permanent light hypnotic trance. Or they do both. They are not only regressed back down the track so thoroughly that it is obvious, but also they are in a trance. That person is in pretty bad shape.

Strangely enough, these people cannot be hypnotized for the simple reason that they are already asleep. Everything said to such a person may be engramic, but they may be sitting in a moment which says, "I can't believe anything you say," so nothing goes in.

Everybody is more or less in a light trance until he gets up to a very good release. That is a fact.

Hypnosis is a good anesthetic. But even though you pick up an immediate accident of a few minutes before and take what you can out of it with Dianetic therapy, and give it first aid to help its healing, that won't get around the fact that it still hurts to have a needle shoved through you.

Hypnotic anesthesia, when we know Dianetics, is a highly beneficial thing when it can be used. One would certainly prefer it to any current anesthesia. But it should be so tricked out that it can be recalled after a certain period of time. You can put a time tag on it and say, "By July 21st, 1950," which is when you know the patient is going to be pretty well healed up, "you will be able to remember everything that happened," and it will spring into view at that time.

Using hypnotic therapy, it is no great trick to flash back to the moment and lift the suggestion through and one should do that. This can be done by installing a canceler previously which you can then lift after the operation, because it is now on the track.

A renowned hypnotist is currently running a series of tests so that we will know exactly what effect installing a canceler will have, and can work out the optimum use of hypnosis in anesthesia. Because it is a good anesthetic, if we know Dianetics.

He took someone whose hand was torn and hypnotized him, putting in a canceler and a pain shut-off. Then he sewed his hand up and woke him up. The person felt no pain in the area, but at the end of this session of sewing the hand up he pulled the canceler out and the pain immediately turned on.

When a person is lying on the couch, the only pains he has are restimulated pains. The person may have had asthma for 40 years and a session of it every week, but when you get the original cause of that asthma, you have in the next 40 years only the locks. The pain itself carried over does not create new engrams. In such a way when you have a patient in therapy and you install a canceler just to make sure, you are treating somebody who has no immediate injury, whose pains are restimulated pains. As a consequence all of that blows out.

In the case of actual injury, there is a cellular retention of whatever is said in the surroundings. The hypnotism will undoubtedly be there, but what effect it will have and what new effect it will have to produce is something else. However, that is a research project which is underway.

If you are working somebody that you know has been hypnotized, you had better take an exploratory of the hypnotism and find out how aberrative it was and how much was in it.

In order to hypnotize a clear, he would have to set up a demon circuit himself that says, "I'm hypnotized."

The hypnotist says, "I'm going to hypnotize you," so the clear sets up a demon circuit that says, "Okay, I'm hypnotized; all the words coming in are going to produce a terrific effect upon me. Okay." He will hold it as long as you want him to, but after an hour or so he may decide that that was all nonsense and just drop the whole circuit. If you took him back along the track, he would have it all, but it was in conscious recall anyhow.

A clear can probably install a pain shut-off in himself. He can install another circuit that controls the somatic mind or the fluid flow.

When a person is using autohypnosis, he is liable to use engramic language to himself, and he is liable to pick up things which he has in the bank in order to apply to himself. As a consequence, his autohypnosis is a self-restimulative process, and it can really get him into trouble.

If anybody ever comes to you and says, "Please give me the following positive suggestion . . ." or if you are working with a patient who does trance easily and he wants you to give him a suggestion, under no circumstances give it to him; because the desire for that suggestion is dictated by an engram and you will succeed in laying in a lock. If it goes on top of a sympathy engram, you will have a lot of trouble releasing that thing.

The language that he wants reinstalled in himself is straight out of an engram, so you will simply be doubling up on the thing and making that engram and the later suggestion inaccessible to yourself.

A young man came to me one time insisting that I drive him crazy, and when I refused to do so said I was hedging about Dianetics. But he pestered me and pestered me. He had been hypnotized many times and he wanted me to install a particular suggestion in him. We were barely into therapy in Dianetics. He begged and he fussed, so finally I gave him a hand grenade with the pin pulled. From a research angle I wanted to know if the predicted result would take place. So I said, "Well, all right. I'll give you the suggestion. What do you want installed?" He wanted the following suggestion put in: "I can remember everything which has ever hurt me in my whole life in present time so that I myself can then run off the engrams and deintensify them, myself, and so be able to administer therapy, myself."

So, I threw him into a deep trance and gave him a full routine. I gave him the suggestion, tamped it shut on the end, wiped the whole experience out of his mind, wiped out the experience of his coming to tell me that he wanted it done (all in the bargain), woke up this patient and had a psychotic on my hands.

He was crazy and he stayed crazy for quite a while! I was very busy, I didn't have much time to work on him, and I wanted to find out if this thing would settle out, or something else would

happen. But nothing settled out. The poor man went around running such engrams as: "I'm killed, I'm killed, I'm stuck, I'm caught. I'm stuck, it must be that. Yeah, that's it! Oh, that's that horrible pain in my shoulder! I'm stuck, I'm stuck, I'm stuck. Oh, I'm caught, I'm caught."

You could see him on any street corner or any place that he was hanging around, or sitting on the front doorstep, and he would be running these engrams. That was all he did, hopelessly. Of course he never ran a single one out! He restimulated practically every engram in the bank. So, finally he came back and confided to me that because he had a couple of bad spots in the past, he didn't want anybody else to know about it. But now he was desperate and he threw himself upon my mercy, and proceeded to tell me all about it.

I worked with him for about 10, 12 sessions. The case was really nailed down. What was actually underlying that suggestion, as I got down the bank and really threw the thing into full gear and finally pulled it up, was the phrase "If anyone remembered everything which had ever happened to him he would go mad!" That was the engram underlying it, but the actual computation was that if Mama went crazy, Grandma would take care of her.

Of course, one can recall the engram bank with perfect safety once it is gone, and one can recall it in chunks as it is going. But don't try to recall it all at once, because it is possible that an engram could contain this whole thing to such a degree that you would find everything that would ever hurt a man in present time out front. However, if you did discover that, the person would also be in an institution.