

SENSE OF REALITY

A lecture given on
27 June 1950

Rehabilitation

After a diagnosis there is nothing wrong with starting and resolving a case quickly, but picking up the patient's sense of reality is very important. It should be done at the beginning of the case. I seldom dive on a case without looking it over fairly carefully, but when you do dive you want to resolve that case as fast as possible in its initial stages. That is vital.

It is the dullness of tackling a case when you don't know where you are going in it that is the hard, brutal approach, because you could very easily slug a case around and get it all tangled up and stuck in 15 places.

The target is to get the painful emotion off the case as fast as possible or the physical pain engram in which the patient is held. You want to relieve that case quickly. Although your primary consideration is not patient comfort, patient comfort is an index of how far you are getting, and an index of whether or not basic personality is satisfied. BP knows all about this.

In a case I took up recently where the patient was stuck somewhere on the track, we eventually found him going appetite over tin cup off a tricycle, which seemed to be tied in with the back somatic he had. That was the incident that was covering the earlier incidents, so we were diving from that incident into the earlier ones. Therefore we were exciting that incident of falling off the tricycle continually without ever spotting it, and the case would have gotten more and more uncomfortable until we discovered it.

The following is an auditing demonstration of picking up a preclear's sense of reality.

LRH: Okay, close your eyes. How about going back to a moment when you were having a lot of fun, enjoying life, and so forth. (pause) Okay, what are you doing?

PC: Riding a horse.

LRH: Okay, how does the horse smell?

PC: Like most horses.

LRH: Okay, like most horses. Doesn't this horse have a particular odor of his own? How about the leather?

YC: Probably the rein.

LRH: Okay, the rein.

PC: My olfactory has always been dim and is still dim. I can only get a vague impression of it.

LRH: Okay. How does the horse look?

PC: Fine. It's a chestnut horse.

LRH: What's he doing?

PC: Moving forwards.

LRH: Aha. And he is doing what? Canterng?

PC: Yah, at this point, some cantering.

LRH: All right. How does it feel?

PC: Feels fine, Ron.

LRH: What's it doing to your breath as he canters?

PC: Sort of a slight bouncing.

LRH: Okay. The file clerk will now give us the incident which is necessary to resolve your case. Your somatic strip will go to the first moment of that incident. When I count from one to five, you will give me the first words of the incident. One-two-three-four-five (snap!).

PC: Ouch.

LRH: Go over it again.

PC: Ouch.

LRH: Go over it again.

PC: Ouch.

LRH: Go over it again.

PC: Ouch.

LRH: Next line. .

PC: That hurts.

LRH: Go over it again.

PC: Ouch, that hurts.

LRH: Go over it again.

PC: Ouch, it hurts.

LRH: Go over it again.

PC: Ouch, that hurt.

LRH: All right. Any bouncers in this incident? The somatic strip will go to any bouncer in this incident. A bouncer will flash into your mind when I count from one to five. One-two-three-four-five (snap!).

PC: Seems like You can't come in, you can't come in.

LRH: All right, go over that line.

PC: (mutters) You can't come in.

LRH: Go over it again.

PC: You can't come in now.

LRH: Go over it again.

PC: You can't come in now.

LRH: Go over it again.

PC: You can't come in now.

LRH: Contact it more solidly. Go over it again.

PC: You can't come in now.

LRH: All right, any bouncer? Any get out or go away? Anything like that? The somatic strip will go to that part of the incident. When I count from one to five, it will flash into your mind. One-two-three-four-five (snap!). (pause) What is it?

PC: Not a bouncer, I got Stay here.

LRH: All right, go over that, Stay here.

PC: Stay here.

LRH: Go over it again.

PC: Stay here.

LRH: Go over it again.

PC: Stay here.

LRH: Go over it again.

PC: Stay here.

LRH: Go over it again.

PC: Please stay here.

LRH: Go over it again.

PC: Please stay here.

LRH: All right, let's go to the denyer in this incident. The somatic strip will go to a denyer. When I count from one to five the denyer will flash into your mind. One-two-three-four-five (snap!).

PC: You can't tell.

LRH: Okay, let's go over You can't tell.

PC: You can't tell.

LRH: Go over it again.

PC: You can't tell.

LRH: You can't tell what? Go over it again.

PC: It might take a long time.

LRH: Let's go over that again.

PC: You can't tell, it might take a long time.

LRH: Go over it again.

PC: You can't tell, it might take a long time.

LRH: Contact the somatic with this. Go over it again.

PC: You can't tell, it might take a long time.

LRH: Okay, go over it again.

PC: You can't tell. It might take a long time.

LRH: All right. Let's contact the beginning of the incident. Contact the beginning of the incident, the word ouch.

PC: Ouch.

LRH: What's the jostle just before Ouch? The somatic strip will locate this. Let's contact it. (pause) Let's contact it.

PC: Hm-hm.

LRH: Okay, that's all right. Is there a pain shut-off in this incident? Yes or no (snap!)?

PC: Yes, there is.

LRH: All right, let's contact the pain shut-off. The somatic strip will go to the pain shut-off, I'll count from one to five, one-two-three-four-five (snap!).

PC: I don't feel anything.

LRH: Go over it again.

PC: I don't feel anything.

LRH: Go over it again.

PC: I don't feel anything.

LRH: Go over it again.

PC: I don't feel anything.

LRH: Go over it again.

PC: I don't feel anything.

LRH: Go over it again.

PC: I don't feel anything.

LRH: Get the somatic, go over it again.

PC: I don't feel anything.

LRH: Go over it again.

PC: I don't feel anything. (yawns)

LRH: Go over it again.

PC: I don't feel anything.

LRH: Go over it again.

PC: I don't feel anything.

LRH: All right. Let's contact the beginning of the incident and roll it. The somatic strip will go to the first part of the incident, Ouch.

PC: Ouch.

LRH: Continue.

PC: That hurts.

LRH: Continue.

PC: I feel like I'm making this all up, Ron.

LRH: Yeah? Let's roll it.

PC: Ouch, that hurts. Ouch, that hurts. Ouch, that hurts.

LRH: Continue.

PC: Ouch, that hurts pretty badly.

LRH: Continue.

PC: That hurts.

LRH: Continue.

PC: That hurts.

LRH: Continue.

PC: (mutters)

LRH: Let's go over that again.

PC: I don't care, I wish we could get this over with.

LRH: Go over that again.

PC: Oh, doctor, I wish we could get this over with.

LRH: Continue.

PC: (mutters)

LRH: Continue. I wish we could get this over with.

PC: I wish we could get this over with

LRH: The somatic strip will go to the moment in this sequence which makes you think this destroys the reality of it. When I count from one to five it will flash into your mind. One-two-three-four-five (snap!).

PC: (mutters)

LRH: What do you get?

PC: That's the same, or something like that.

LRH: All right. Go over it again.

PC: That's the same

LRH: Go over it again.

PC: That's the same. (pauses, then coughs)

LRH: Go over it again.

PC: That's the same

LRH: Go over it again.

PC: That's the same

LRH: Go over it again.

PC: (gags) That's the same.

LRH: Go over it again.

PC: That's the same.

LRH: Go over it again.

PC: Thats the same

LRH: Go over it again.

PC: That's the same

LRH: Contact the sonic on this. Go over it again.

PC: That's the same

LRH: Shift into your own valence. Go over it again.

PC: That's the same

LRH: Your own valence. Go over it again.

PC: That's the same

LRH: Continue.

PC: (more agitated voice) That's the same.

LRH: Continue.

PC: That's the same

LRH: Continue. Continue. (pause) Next line.

PC: Always. That's the same thing.

LRH: Go over that again.

PC: (coughs, then mumbles) That's the same thing.

LRH: Into your own valence.

PC: It's always that way

LRH: Let's go over that again.

PC: That's the same thing, it's always that way.

LRH: Into your own valence. Attaboy.

PC: That's the same thing, it's always that way.

LRH: Okay. Continue.

PC: That's the same thing, it's always that way.

LRH: Continue.

PC: Well, you all be better soon.

LRH: Go over it again.

PC: Well, you it be better soon.

LRH: Next line.

PC: We'll just see if we can't make you more comfortable.

LRH: Continue. (pause) Continue.

PC: I'm sliding out of valence.

LRH: All right. Into your own valence, go over it again. Make you more comfortable.

PC: Let's see if we can't make you more comfortable.

LRH: Into your own valence. Into your own valence. (PC coughs) Continue. What's your mother saying?

PC: Well, I hope you can. I don't want to go on like this.

LRH: Go on over that again.

PC: Well, I hope you can, I don't want to go on like this.

LRH: Continue.

PC: I hope you can, I don't want to go on like this.

LRH: Continue. Next line.

PC: Oh, we it have you fixed up We it have you fixed up pretty soon.

LRH: Go over that again.

PC: Oh, we it hare you fixed up pretty soon now.

LRH: All right. Go over it again.

PC: Oh, we it have you fixed up pretty soon now.

LRH: Go over it again.

PC: Oh, we al hare you fixed up pretty soon now.

LRH: All right. Next line. (pause) Next line.

PC: (mutter)

LRH: Shift into your own valence. Pick up the next line. What do you get there? Any impression of sound there in your own valence?

PC: Not a sound. The words just changed.

LRH: All right, that's okay.

PC: Something got changed in here.

LRH: All right.

PC: (mumble)

LRH: You know the next line.

PC: Something about Well, I guess that's about all I can do now.

LRH: Go over that again.

PC: Well, I guess that's about all I can do now. I'll be going now.

LRH: Let's go over that again.

PC: Well, I guess that 's about all I can do now, I'll be going now.

LRH: Continue.

PC: All right, Doctor, thanks very much for coming out. I get the impression it 's going to snow.

LRH: All right, let's go over that again.

PC: Thanks very much for coming out, Doctor. The farm was about 15 miles out of town.

LRH: Okay.

PC: Thanks very much for coming out, Doctor. That's all right, if anything more turns up, tell me.

LRH: Okay.

PC: (mutters)

LRH: All right. Let's return to the beginning of the incident. The first moment of disturbance of this sequence now. Right at the beginning of it. Shift into your own valence now. Let's run it. Let's run it.

PC: Ouch, that hurts.

LRH: Continue.

PC: (coughs)

LRH: Continue. Into your own valence. Continue.

PC: Ouch, that hurts.

LRH: Continue.

PC: What are you doing?

LRH: Continue.

PC: You'll be better soon, Ma.

LRH: Continue.

PC: I hope so I can t go on like this.

LRH: Continue.

PC: We'll get you fixed up here.

LRH: Continue.

PC: (murmur)

LRH: Continue.

PC: (grunts)

LRH: Attaboy. Roll it. Shift into your own valence, pick up the rest of it. (pause) Everything's the same, go over that.

PC: Everything's the same. Euerything's the same.

LRH: All right. What's the phrase? The whole sequence?

PC: Everything's the same

LRH: Go over it again.

PC: It s always that way

LRH: Let's go over that again.

PC: It's always that way.

LRH: Let's go over that whole phrase.

PC: Everything's the same. It's always that way.

LRH: What's the somatic with it? Let's go over it again.

PC: It's not so much somatic, it's just very hot.

LRH: All right. Let's go over that again. Everything's the same.

PC: Everythings the same. It's always that way.

LRH: All right, continue.

PC: Thats all right. We'll have you fixed up pretty soon.

LRH: Continue.

PC: That's all I can do now, I guess I'd better be going.

LRH: Continue.

PC: All right, Doctor, thanks a lot for coming out.

LRH: Okay. Is can't come in in this sequence anyplace? Yes or no?

PC: No.

LRH: All right. Let's roll it from the beginning. Let's roll this thing through again. Let's pick up the tactile on this.

PC: Ouch, it hurts.

LRH: Okay. Keep rolling it.

PC: Ouch, it hurts.

LRH: Next line.

PC: What are you doing?

LRH: Continue.

PC: (mutter)

LRH: You know what it is, just roll it.

PC: Ouch, it hurts. What are you doing?

LRH: Continue.

PC: You'll be better in a little while.

LRH: Continue.

PC: You'll feel better. You'll feel better in a little while.

LRH: Continue.

PC: I hope so It can t go on like this

LRH: Continue.

PC: That's the same, it's always like that.

LRH: Continue.

PC: (mumbles) That's all right.

LRH: Continue.

PC: Well, we it have you fixed up pretty soon.

LRH: Continue. Shift into your own valence.

PC: (yawns) We'll have you fixed up in a few days.

LRH: Continue.

PC: Unlikely. Then there's something about medicine in there.

LRH: You know what that is. When I count from one to five, it will flash into your mind. One-two-three-four-five (snap!).

PC: If you get this prescription filled, I think that will help.

LRH: Go over that again.

PC: If you get this prescription filled, I think that will help.

LRH: Continue.

PC: If you get this prescription filled, I think that will help.

LRH: All right. Let's go back to the line She's sick all the time. (pause) She's sick all the time. I'm sick.

PC: Shhh.

LRH: What is it? She's what?

PC: It's not the same. It's always like that.

LRH: Let's go over it again.

PC: No, it's not the same. It's always like that. I'm always sick at my stomach.

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

PC: (sighs) It's always like that. I'm always sick at my stomach.

LRH: Shift into your own valence and run that.

PC: Just the same, it's always like that. I'm always sick at my stomach.

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

PC: Just the same, it's always like that. I'm always sick at my stomach.

LRH: Contact any somatic on that now, let's roll it again.

PC: (whines) It twitches, I think.

LRH: Ah, you know about that.

PC: Yes.

LRH: All right. Will you contact this incident when Bert runs you?

PC: Yes.

LRH: All right. Go on up to the time you were riding a horse.

PC: (more awake) Yeah.

LRH: Was it a big horse?

PC: Middling horse.

LRH: Medium size horse? What's he doing?

PC: Canter through a field.

LRH: How do his hoofs sound?

PC: Well, not Very much on the turf.

LRH: All right, but listen to those hoofs on the turf.

PC: Just a thong

LRH: All right. Pick up any saddle creaks there?

PC: Sort of. Someone was saying, Oh, look at the baby colt.

LRH: Okay. You enjoying yourself there?

PC: Yeah.

LRH: How's the fresh air on your face?

PC: Okay. It's sort of blowing on it.

LRH: Okay. Come on up to present time, five-four-three-two-one (snap! snap!).

PC: (murmurs)

LRH: Hm-hm. Well, at least the file clerk gave us the grouper.. What was the grouper?

PC: That's the same....

LRH: Go on, what was it again?

PC: Thats the same, it's always that way.

LRH: Let's go over it again.

PC: That's the same, it's always that way.

LRH: Okay.

That was merely a demonstration of the technique. The technique in this particular case wasn't working too smoothly at the beginning because this patient is working under self-control.

LRH: Who in your family desired that you be very self-controlled?

PC: (reply not audible on recording)

LRH: Yes, but has he ever told you that you have to control yourself?

PC: (reply inaudible on the recording)

LRH: Yes.

When I ask for a bouncer, we get a holder. I ask for a denyer and we get a grouper or something else. That is the manifestation of a self-control mechanism at work, Control yourself, control yourself. A person is fully equipped to control himself without having an installed light trance that he carries around his whole life telling him what to do, back and forth and vice versa.

Something to note here is that your assurance that the somatic strip is going to be where you say it is going to be is the single test. When you automatically assume with confidence that it is going to be somewhere, it goes there. That is the best test. There is no sense in coaxing a person's somatic strip around. You don't have to.

The bulk of slow starts and minimal success runs happen because people don't realize that the somatic strip is doing exactly what they ask it to do. They will assume that because they are not getting data immediately, that the somatic strip is not doing what they have asked it to do, and so they will ask it to do two, three, four things at once before they get anything out. The somatic strip by this time gets pretty fouled up with the bank, it is hard to move it, and the person gets stuck. Then you have to go through the procedure of finding out what it is stuck on.

Note also the use of the forcing technique of counting and snapping one's fingers. This doesn't work too well on some patients because somebody back in the early part of the bank may be telling somebody to count to five and when you count to five, this may mean something very

bad. However, if you run up against that, just recite from A to D or something like, When I count from A to D and snap my fingers, such-and-such will flash into your mind.

A very workable technique is one whereby you merely tell the patient to close his eyes, you install a canceler and flash him back down the line by telling him to go to the front part of the incident with the words, The somatic strip will go to the front part of the incident; or if you know what you want the somatic strip to go to, you merely tell it to go there and then count to five and get the first phrase that flashes. He will recount it. Get him to pick up the somatic and spot the incident so he is not going to bounce out of it, spot a bouncer, spot a denier, generally chop it full of holes before you run it, and then just start in at the beginning and run right straight on through the incident.

Something that has to be rehabilitated in a patient is his feeling of reality. Never neglect the rehabilitation of that very fact.

An auditor must keep in mind that he is going to run across people who don't know five minutes ago was real, who are floating about eight feet off the ground as far as reality is concerned. One isn't asking them to face crude, sordid reality, merely trying to put them in contact with the living world a little more solidly.

It is very much worth an auditor's while to spend a lot of time trying to find out who knocked out reality for this person. That can be done on a straight memory basis sometimes. The straight memory circuits are set up to validate reality and what they get is real. As far as the bank is concerned that is real too. However, the person knows it is real when he knows it is real.

There is no sense in going back into a prenatal and running a lot of material out and chomping around on it if you haven't made a person's sense of reality come to the fore. We are not asking a person to go back and play with delusions. The incidents are there. The worst enemy of a man's stability is a sense that everything is false and unreal. It compounds the felony. In short, the aberration is now not only furiously active but also pronounced utterly unreal, and between these two things he gets pretty well cornered.

Sanity is reality. Therefore one has to be able to contact a reality, but in order to do that you have to contact the things that make reality unreal.

The chief factor in this society today that makes a reality unreal is a small group in the world devoted to mental healing, with their pronouncement that all insanity is childhood delusion. So some poor person tries to go back and contact a reality..If he does so with some of these past schools of mental healing, where very often people have gotten into birth and the prenatal period and all up and down the line somewhere, he is immediately challenged by the healer to the effect that what he is remembering is delusion. And one of two things happens: h i s c a s e gets worse or he gets angry.

One has the remarkable situation of the psychiatrist who told two people who were remembering back into birth and prenatals that there was no validity to their memories about any of this. So the people started in just remembering with each other and at the end of a year had practically every psychosomatic illness that was on file in the reactive mind in furious restimulation. Then one of our students on the night course showed them Book Three of the Handbook and told them, You start in here and read, and don't do it any other way but this or you will keep on getting in trouble. He worked on their cases to a point where they were fairly straightened out and comfortable.

So the practice of knocking out reality has more than one repercussive result. If a patient has an impeded sense of reality, that's sense of reality is impeded in pleasure as well as in pain. You should rehabilitate it for the later moments of his life until he can be sure about these later moments, and they are more easily validated.

So make sure that you know whether or not he considers yesterday real. If he doesn't consider yesterday real, do something about it. The 15-minute technique where you tell the preclear to remember, Who told you this? Whose fault was it? and so on will handle it. Don't ask, however, Who destroyed it? because destroyed is a bad word inferring that it has been destroyed which it hasn't.

If a person does not think that today is real, then he is psychotic, and we would have to practice Institutional Dianetics on him.

The subject of reality then is the first factor in the following case which needs solving. That is not too hard to solve, but it had better be solved now before the whole track is chewed up from one end to the other.

LRH: All right, let me then check this with you. Who was of the opinion that imaginary things were bad?

PC: Papa. I was just going over that in my own mind.

LRH: When did he used to say this?

PC: Well, he said it more or less all along that you have to draw a sharp line between what is real and what is imaginary. And you have to be very careful not to start considering the imaginary is real.

LRH: Did you have any older brothers or sisters?

PC: No older brothers, no older sisters.

LRH: All right. Was your mother very imaginary, or had she ever tried to practice any of the arts?

PC: Piano.

LRH: Piano. What did your father think about her piano?

PC: Oh, I don't think he thought she could play.

LRH: Uh-huh. Did he ever encourage any artistic lines in you?

PC: He never discouraged them. My mother would encourage them.

LRH: Did you ever try to write any stories?

PC: No, but my father does.

LRH: He has written a lot?

PC: Some, but not much fiction.

LRH: Not fiction. I'm beginning to get this boy's number.

PC: He's done some fiction.

LRH: All due respect to your Papa, he is writing fiction every day of his life. The hardness of reality. When did he used to beat you around about telling him a lie?

PC: Well, that was a number one sin.

LRH: What happened to you if you told a lie?

PC: I learned about it.

LRH: You learned about it. All right. Now, tell me this. When did you learn about it?

PC: I remember one incident, because I'm sure to this day that he told me at some time that if I saved up enough money I could buy a rifle.

LRH: Yah.

PC: I was about 11 or 12 and I had saved enough money so I went over to the little store and bought one. Then he said to me that he had never said that.

LRH: Hm-hm.

PC: And boy, was I confused, because I was sure he had. I never would have considered buying it if I hadn't been sure of what he had said. But he was sure he hadn't.

LRH: You remember this?

PC: Very definitely I remember this, there has never been any doubt about it.

LRH: Because he told you what?

PC: Well, he told me that he had never said that. He was very sorry that I had bought it.

LRH: Now what were you to do with the rifle?

PC: Well, as I remember it, he said I should put it aside for a few days.

LRH: You were feeling very proud and triumphant the moment you brought this home with you. And what happened?

PC: We sat around and talked about it.

LRH: Okay. Now tell me this, how many incidents were there earlier than this, where a similar thing was told to you?

PC: (pause) There was a flash in there just after you asked me how many incidents, and I got three.

LRH: All right. Let's take it on a straight memory circuit, straight through the standard banks right down the line now. When did you tell the truth and were accused of lying? What's the first incident that you can remember when you told what seemed to you to be the perfect truth?

PC: The first one was the one I just gave you.

LRH: All right. Are there earlier ones?

PC: Flash is yes.

LRH: All right, let's contact them, straight memory.

PC: I can get a phrase of mine in there that either I did tell the truth or that I am telling the truth.

LRH: Hm-hm. About what? What was the furor? What was the big upset? (pause) You can remember.

PC: I had a book.

LRH: Hm-hm. Big upset.

PC: I think it was George Washington wandering around in there. I never tell a lie.

LRH: Hm-hm.

PC: That was more or less the idea with which we were brought up, that it wasn't so bad what one did, but to lie about it was.

LRH: All right. We want the time now when I you told the truth and it upset the whole household.

PC: I can get an impression of Daddy there, with Mother sort of staying out of it, which she generally did. Later on I learned that it was no good to argue with my father.

LRH: Hm-hm.

PC: It was something about taking care of the woman who lived in the house next door.

LRH: What's the score on this early incident?

PC: I remember now.

LRH: Hm-hm.

PC: The reality on this doesn't fit. (chuckles)

LRH: Who said it was unreal?

PC: (murmurs)

LRH: Hm-hm. And you've just got through telling the truth in this incident, and now it has been stated that that is a falsehood.

PC: Yes.

LRH: You stood up to this, how long?

PC: Oh, I don't remember too well.

LRH: Now listen, we're going to set this up as a little homework for you.

PC: Okay, I'll work on that.

LRH: Bert is going to run you in a few minutes. There is the crux of the situation. There is a lot of material like that in the upper part of the bank. You don't have to have it there because I said so.

PC: No, I know.

I'm just demonstrating that the rehabilitation of a sense of reality can actually best be accomplished by stimulating the standard memory.

Reality is most commonly knocked out by:

1. A psychiatrist.
2. A psychoanalyst.
3. Mama, who is very frightened of the child remembering back to what she might have done to him (which knocks out memory and also knocks out a sense of reality).
4. Papa, who doesn't want something bruited about, or Mama who doesn't want something bruited about the neighborhood. So that when little Johnny says so-and-so, then it must be categorically denied, although what little Johnny was saying was true.

In one case Papa and Mama were dull enough to let themselves get caught with an AA in progress. Little Johnny in great terror went and told a neighbor's child about it, and it was all over the neighborhood in a hurry. Papa had to use heroic measures, and of course invalidate everything that little Johnny had said. In addition to that, little Johnny's own AAs were keyed in at that point. He was in great terror and then the giants descended upon him and I think in this case Papa used an electric shock to teach him better.

So this is something for an auditor to check, and this is why he should use a diagnosis at the beginning of the case, why he should check a person's sense of reality, why he should check the character of the parents and so on. Naturally, although this gets validated on the straight line memory bank circuits, one hasn't achieved the primary source of it. But having gotten that far, when one gets to the primary source, the source itself will be accepted. Because there is material like this in actual engrams.

One can, however, continually hammer at a person that he is wrong, and practically destroy that person. The person has to stand up pretty solidly on his own two feet. Once a person's sense of being right is knocked out by the connivings and hammerings and infiltrations of aberrations around him, he is almost done for.

The mind is set up to be right. Even though a person is working from an engramic background, and even though he himself has the feeling that he might be, remember that is still data that is in the computer, and until it is relieved it is still right. He doesn't go around being wrong.

A big computation goes on in this society today that You're too fond of being right, or You insist on being right all the time, and so forth. Yes! Insist like fury on being right. If you have somebody around you who insists continually that you are wrong, that you don't understand, that you don't know, that that is not the truth, and you are getting a continual knockout of your data, your conclusions and so forth, there are only two things to do to that individual: either a la Rigoletto wrap him up in a sack and give him the deep six, or use Dianetics on him and shut him off as far as having much validity with you is concerned. Because it is a cinch that one human being in a fairly alert state who is thinking, who is not in an institution, absolutely cannot be wrong 100 percent of the time.

The whole computation of that person insists that he is right. If his conduct seems aberrated, to buck that conduct, to break the dramatization by telling him continually that he is wrong, is a foul trick. If one wants to drive a person insane he can do so by convincing him absolutely that he is wrong, and wrong forevermore.

The analytical mind is so set up that when it recognizes that it has made a miscomputation (on its own power and determinism), it hastily re-evaluates the situation. But if the analytical mind has to accept on somebody else's force that it is being wrong, and has to admit it is wrong because somebody says it is wrong, then that analytical mind has received another engram which says it is wrong, or it has received a lock on an engram which says it is wrong. In other words, there is no reason involved in it. A person cannot argue very much against engrams. He

can push buttons, and he can handle them in other ways, but to blunt them and to use force against them is impossible.

On the other hand, when a man is right he knows he is right; and if he analytically discovers that he is wrong, he will correct the computation.

The rehabilitation of reality also covers the field of the maintenance of the auditor's own sense of reality. This is pretty important to him, because he is going to get a lot of patients when he is tired who may argue with him and try to knock his own reality out.

Where an ally has said the person is wrong, that can be remedied; because the instant one discovers that this person has no analytical recollection of something, one knows that it is pretty deeply messed up in engrams. You can still head for those and ease those if you know what you are doing.

It is quite ordinary for Grandma to be the great ally, to have saved the child's life, and to be very pleasant toward the child. But the only way you could spoil a child is the way Grandma quite often employs, which is to give the child everything and let him own nothing, to make the child undetermined about things, and to undermine his determinism.

The child says, I want to go outdoors and play.

Just because Grandma wants to be the boss where the child is concerned, and she wants to show the child that she is really caring for it nicely, she says, No, the sun is shining too hot. So he has made up his mind one way, but he has been proved wrong. Then she says, Why don't you go and play with your blocks.

So he rather long-sufferingly may go and play with the blocks. All of a sudden it starts to rain, so he says, All right, that's fine, and he gets all squared around ready to go outside and play.

But Grandma says, It's now raining.

But you said it was too hot, it's not hot outside now, it's raining.

Well, that's different.

But what's the matter? I don't understand this.

Well, you're not supposed to understand. You're too young and I'm going to take care of you.

Or he goes and gets a new pair of shoes and is told, These are your shoes, Georgie. They're all yours. But then he starts out to wear the shoes and she says, Why are you wearing those shoes today? Why aren't you wearing your old shoes? In other words he is kept in a continual state of indecision. He is never permitted to make up his mind for a moment.

He is in an environment where his mind finally becomes terrifically confused. As such he is not a happy child. His sense of reality is being destroyed because he isn't getting a chance to be right, ever.

As an auditor you want to know this and recognize it for what it is because you are going to find this in a lot of patients. Grandma is the great ally. She took care of the child when he was sick. Or the nurse was the great ally, or somebody else was. That nurse or Grandma, the ally, never gave the child a chance to be right; the child was always wrong; but the child had to depend upon that ally for his very existence, according to his reactive mind.

For instance, in a period of illness she says, I will take care of you, Oswald. I'm going to take care of you. Now I'm right here. As long as I'm here you're all right. Just do what I say and get well. Now do what I say. You want to do what I say. You want to, don't you? Now lie

back and get this nice cool towel on your face, and so forth, with the child in a complete delirium while all this chatter is going on. So afterwards he does exactly what they say. Supposing Grandma now says, You know you are wrong. Why are you always so wrong about these things? You've got to do what Grandma says. You can break out a whole chain of you're wrong's by finding out why the child had to believe so implicitly. Knock out those reasons, and all the rest of the computations disappear as locks.

For instance, in the above demonstration the patient has a computation that he has to believe his father, he has to mind him, otherwise he would have argued with him. It's irrational for a child not to fly in his father's face under such a computation.

My father told me I was wrong two or three times in my life, but only two or three times. I had a big computation that I had to mind my father which had gotten negated against completely. He was sudden death as far as I was concerned. He was not to be tolerated at any moment. None of his adjudications could be considered right. So if he said, Mind, the instantaneous reaction was to scratch his eyes out. So whenever he told me I was wrong, he would get hell raised.

I went back down the line and sitting there isolated in conscious memory was a time when I was about 2 years of age when he came in and said, You never finish anything you start. Now you want to clean up this stuff around here.

I immediately said, Get out of here. You're the one who never finishes anything he starts. And to my surprise, he backed up. He was a quarterdeck naval officer too. I looked back on this and I was amazed at the temerity of it. But the strategy was perfect: I turned his dramatization on him. He restimulated resistance, so I just threw it back at him and that handled it. Since then my father has always treated me with the gravest respect when he could treat me at all. He had a set of dramatizations which were fortunately not permitted to take root. For instance, I would come in and say to him, I was just down to the——.

And he would say, Oh, you were just down to the corner.

No, I was down to the store.

Oh well, corner, store, what's the difference? So you were just down to the store, huh? What were you doing down at the store? Up to no good, I suppose. I was about to tell him that I had spotted a kite down there that I thought I was going to buy. Then he would pun my words so that they would be lopsided, and my meaning was all horsed up one way or the other.

I got even with him once though. He was having a big, important meeting with a lot of officers around and I was being patted on the head. I was about 5 years old. My father was telling some long-winded tale about a time when he was down in South America on some important trip, and I looked at these people and said, Don't believe a word this guy tells you, he's the awfulest liar in the world.

Now this doesn't mean that as a child I was hurt particularly, but it does mean that a child can and will take extraordinary measures to safeguard his own right to be right. Because if I had ever permitted him to do anything else, he would have proven me so wrong he would probably have wound me up in an asylum someplace. So I never permitted it, and I wouldn't mind him. I couldn't accept anything he said, because that was sudden death.

Now, on the other hand, in the demonstration earlier in this lecture, there was a reverse computation on it. The child had accepted the computation that he must mind. His father was undoubtedly a reactive mind ally. He may argue that he accepted the minding part but not what his father said, and that he had his own mental reservations that he was right and his father was wrong, and that the only thing to do in the situation was to let his father go on believing that he did accept it. However, that was a surrender. The mind won't really recognize a compromise down in its depths.