HANDLING SOMATICS

A lecture given on
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Effective Auditing

In working a case you will very often discover that the preclear is impatient to have a certain somatic relieved. Where we have a difficulty in altitude, particularly in a husband and wife team where maybe the husband has more altitude than the wife, the husband may start telling the wife when he is a preclear "Well now, you know these pains I get, let's work on that today." Or, "I have a terribly sore throat, let's see if we can't get rid of that." This can waste a lot of time and occurs when someone has no great faith in his auditor, or his engrams tell him not to have. That is not the file clerk working.

I have seen somebody waste 50 hours where the patient was saying, "Now the next thing we go after is so-and-so." He is beautifully avoiding everything they should go after because he is doing it in present time. That isn't auditing.

In a case where a person has a chronic psychosomatic pain or illness, it is not worthwhile if you are going to clear the person to work on that illness as such. Simply follow the mechanical side of it. Get the painful emotion off the case, get early, deintensify those somatics necessary to get basic-basic and start the erasure.

Sometimes the preclear will insist, "I've had a headache for three days." Or the husband will say, "Well now, I've got to get my wife back there to find out why it is she fights with me all the time and won't let me spend any money," so he goes after a specific aberration.

Going after a specific aberration or a specific psychosomatic illness is dictating to the file clerk what should come up and what shouldn't, and it won't work.

However, in the case of a headache, take him back to a pleasant moment in his life and, ignoring the headache completely, keep him going through it developing all perceptics of this pleasant moment. If that doesn't handle it, take him to another pleasant moment. After you have taken him to three or four, you have in effect keyed the thing out. Or you can knock it out on a straight memory circuit by asking, "Who used to have headaches in your family?" The person thinks about it, and it is liable to key out at that moment.

Heaven help Bayer Aspirin and the rest of the big drug companies, because you can knock out headaches and momentary psychosomatic manifestations very easily.

We are dealing with two entirely different things. One is the overall computation of a case entrance and the other one has to do with making a patient comfortable.

By using Dianetics, you will keep turning on somatics in people straight down the line. They are actually not of the same order as a chronic somatic. When a patient starts to run his case and tell the auditor what he is supposed to go after, or when you have spotted a bad aberration in a patient and you decide to go after a specific illness in the case or a specific aberration, you are wasting your time. The other is just a somatic that can be turned on and off. It is a different thing. That is simply the physical pain accompanying an engram. But a psychosomatic illness is not merely a somatic.

For instance, menstrual pains are almost always a prenatal engram in high gear. You can go back and flounder around if this is in heavy restimulation and the person is ill, but mostly you are wasting your time to do anything about them. If the file clerk hands it up, the file clerk will hand it up. That's all there is to it. This is actually too simple to stress very much.

Direct the file clerk and the somatic strip toward engrams in the basic area, and into painful emotion engrams late in life, by demand, because the file clerk and the somatic strip will not go into painful emotion alone. You can get painful emotion out of repeater, but it is pretty hard because the charge on painful emotion seems to be a repelling charge of whatever electronic mechanism it is that keeps the file clerk and the somatic strip tracking along.

A migraine headache is actually a physical psychosis. A psychosis bleeds fast. This is taken care of on another channel. When you have somebody who has a specific engram which is causing a psychosis, consider it a body psychosis. Such a physical mechanism of the body is crazy because it thinks that the way to survive is to have migraine headaches. The thing to do in such a case is to keep hitting away at the case. When these things are very solid and chronic, they are also holders and you are going to have to shoot them apart just to get the patient moving on the time track. So it is cared for in that category, not in the category that you must first cure the person's migraine headaches before you can go on with therapy. That would be the wrong concatenation of thought.

A migraine is usually very early in the prenatal area, and a real migraine headache which does everything a migraine headache is supposed to do according to the medical texts is a high blood pressure condition on the part of the mother.

There are migraine headaches that really don't answer the medical classification, and these migraine headaches are something else. They are head injuries of various sorts, usually prenatal. They are AAs and smashed skulls in general. But when you examine the case, it won't be following what the medical doctor calls a classic migraine headache.

I would never attempt to work someone when he or she had one in restimulation for this reason: I have worked migraine patients and they are so crazy with pain when you are trying to work them that you can't get them to make any sense at all. They just writhe around and beg you to put them to sleep and so on. It's a lot of wasted time. The best time to work such a person is when the headaches are off.

There is a similarity between a tape recorder and an engram. Engrams are just pieces of film, by analogy. They do everything that you can do with a piece of film, and more, because the film would have to have tactile, kinesthesia, smell and rhythm for it to be complete. But you can consider it on a limited analogy as a color video in three dimensions.

Of course, in the prenatal area the color and visio part of it are there but they are black, except at such times as when a flashlight is shone in there, and then you get a visio recording. A problem with one of these strips is that it does behave just as if you had such a film. It can actually run backwards. It starts ahead at a normal speed, let us say, for an engram. In the basic area you will quite often find these strips running slowly as though the time element in the basic area was stretched. And as you come up the line, you will find out that they are faster, until about mid-life they settle down to a normal speed which is word for word. But in the prenatal area, particularly in the basic area, you can have one of these things running off this way: "I . . . d—o—n't . . . k—n—o—w," as a speed run of a person saying, "I don't know," whereas the engram in mid-life would be running, "I don't know."

Now, as you run these engrams, the projector mechanism speeds up. So the first time you run it, it may be "I . . . d—o—n't . . . k—new." The next time it's "I d-o-n't k-n-o-w." The next time it's "I don't know." And then it's "I-donno." And then it's "Whack!"

You will notice this manifestation in cases. You won't find it there always because sometimes this strip will run off by a slight bypass circuit even when it has sonic, which tunes it up to the proper speed. But that's not desirable. Don't pay any attention to it. I'm just pointing out something you will see, and it is something that will cheer you up if you have a patient who is going "I . . . d—o—n't . . . k—n—o—w" and Mama is a monologist and it is taking five minutes for a one-minute engram content! The next time you go over it, it starts to come up even. And then it goes better than even. The funniest thing that you will see in this is when you

work somebody by amnesia trance. If you have knocked out 50, 60 engrams in amnesia trance, and you have never taken him back down the track wide awake, take him back down the track and he will find these things running with great speed. Take him a little bit earlier on one and he starts to run it, and at first there's a loud "clink." Just a normal clink. Somebody put down an instrument there. This was not picked up in amnesia trance. And then he sees the people in the operating room moving around at high speed and he says, "For heaven's sakes, what am I in?"

You can't expect this as a standard manifestation because that is not a good way to tackle a case, but it is there. Quite often, coming up the line on an erasure, you will find out that the incident goes through very slowly and then faster and then at very high speed until it disappears by rolling so fast that it just isn't there. It might be said that it is there but that it's rolling so fast that he can't perceive it. I'm quite interested in that manifestation. I haven't studied it a great deal, but it might lead to something.

Sometimes you find pieces of engrams lying around afterwards. Just start back down the track and these pieces begin flying in all directions. It becomes a very amusing picture when sonic is finally turned on in a case, because you go down the track and dishpans are falling, toilets are flushing, and one gets all of this varied sound, but the voices have been so thoroughly deintensified that they are just occasional quacks.

Don't try to alter the speed, however, because it upsets a person. He may be running something which has a great deal of nervous tension on it, and if you then tried to do something else with it than he could do at that moment, he would get upset by it. But you can take a person through a pleasure moment and if he is working very well you can actually slow down the pleasure strip.

A long time ago I had a sonic demon circuit that would turn on and off all by itself. Only it wasn't talking about yesterday's engrams, it was talking about things right now. It was just a demon circuit with a part of the computer walled off. This demon circuit would do such things as I would be sound asleep and it would suddenly say to me, "Ron, there's somebody at the front door." So I would wake up and go down and sure enough there would be somebody who had been at the front door, or was about to come there, which was very confusing to me. Or it would say, "Ron, wake up. The telephone is going to ring in a few minutes."

So I would say, "Oh, all right, all right," and rub my eyes and come out of it groggily, sit up, smoke a cigarette, get up and walk around, maybe wash my face. About that time, "brring, brring, brring," there would be the telephone! I still do that. But now there is nobody warning me. The circuit has become non-sonic and it has just been incorporated into the general machinery of the mind. I have no idea why. It's not invariable. It misses about one call out of ten, and very often on that one call I get awakened by the phone. Another thing it used to do was tell me who was writing me letters and show them to me, and it was very confusing getting mail two or three weeks before I was supposed to see it! I got a reject once from the Saturday Evening Post three weeks before the letter was written!

There is something very funny about time. There is no reason for us to be spooky on the subject of telepathy, ESP and so forth. As far as I am concerned there is something very haywire with time. One of these days I'm going to find out what time is. Time can run before the fact and it can run after the fact; there seem to be different hookups.

Somebody came through with a proposal recently that possibly engrams and experiences in life are not registered at all in the brain or in the cells, but that they are on an endless time belt, and that it is on this time stream that the engrams are impressed.

This is particularly impressive due to the fact that a great deal of study on this subject of cellular recording demonstrates, as far as I can find out at this time with what we know about electronics and wave motions and so on, that it is utterly impossible to record anything on a cellular level as such in the structural end of the brain because the waves are too big. There is not enough storage space.

The latest theory that came out in Mlenna, which is quite the rage—and in neuropsychiatry it's the accepted thing, and is even accepted by those interested in electronic psychiatry such as McCulloch at the University of Illinois—is that there are protein molecules, and memories get recorded in shots in the protein molecules. But when you compute out the number of protein molecules, which is in the order of 10 to the 21st power binary digits, it is impossible. The fact is that the protein molecule theory accounts for just three months of observation if you use every protein molecule in the body.

We could be led very swiftly astray by didactically assuming that some of our analogies in Dianetics were absolutely correct. There is no such thing as an absolute.

Our basic tenets are demonstrable, and particularly over the last 12 years of work they are straight. They are about as straight as we can get along a certain strata, and even then they can probably be simplified in some degree. They are producing results.

We now go up into the theory of application. We have to have some theory and analogy of structure in order to make these things practice-able. Once one has application, the theory itself is subject to shift. So here are the axioms and here is a body of theories which are derived from these axioms. These theories are thoroughly straight. But they are definitely subject to alteration.

As you know more information, if you can't change the body of theories the science is going to slow down to a stop. Above that in a highly nebulous state is the practice of application. And that, no matter how precise the science is, is always an art. It is the art of application of the theory. For instance, you will continually run into little problems that you have to solve yourself, right on the spot.

My job is to tell you the general rules of the road, to give you a feel of the subject and bring you up to a point where your understanding of the existing theory is so good that you can derive. Mostly what I am covering in this course is theory and its application. In the Handbookl we have the axioms, tenets and background, and the amount that Book One of the Handbook is altered is quite slight. As far as the source of this trouble is concerned in Book Two, that is pretty stet on a functional level, but it is not stet on a structural level. One of these days somebody is going to find out enough about structure so that the field of structure can be adequately entered. Right now all the explanations are crazy. There are no adequate explanations of why a molecule can work in a certain direction to send a charge down a neuron to do something else.

Anybody that tells you they know anything about brain structure is really stringing a long bow, because nobody knows anything about it. They have the most fantastic array of names assigned to the parts of the brain, but they are descriptive names. They are in the most jaw-breaking Latin imaginable, and they are, as far as our purposes are concerned, useless. It's all very well to talk about the thalamic cortex and the emotional reactionism of the ars forcina; that's just swell. But it says that something happens in the brain which does something we are not quite sure of.

It is one thing to reach into the brain with an apple corer as they do with a topectomy, take out a big section of brain and find out that after that the person sees everything upside down. Now to say that by touching that part of the brain and by achieving this effect we have touched the actual and complete mechanism which does this is an unwarranted assumption, because all we might have touched was a radio set. All we might have touched was a battery, or the lead, or the switchboard, or some portion of it. So the problem just blows up in our faces immediately.

As far as axioms are concerned, we are on very solid ground. That ground will take quite a beating and still stay. As far as the theories are concerned, many of them are solid. Take something like the theory of valences. We can demonstrate, as the theory of valences becomes more and more obvious to us, that something is definitely at work here, and this is our theory

to account for it. If the theory is good, we can now predict further methods of application of it and we can predict phenomena which hitherto we did not know existed. Now we look for it and there it is. So that is a good theory. It doesn't mean it's a true one.

The theory of valences has speeded up Dianetic therapy considerably. I wouldn't be a bit surprised with the theory of valences at work to see that very desirable thing, a standard 100 hour clear in a fairly normal case, as this theory becomes better and better and as the skill of the people applying it improves.

There are two theories at work, and there is evidently some value in both of them. One is a synchronizing theory whereby the time track is considered to be a bundle of perceptics, and as we even up these perceptics a person can run through the engram and get all of them simultaneously. Therefore, we can consider one of them getting out of phase, and that is evidently workable to some degree, but that theory has stopped because to date it has predicted nothing new. It would turn on sonic in a lot of cases, but not invariably. So, we had to get a new theory—the theory of valences.

The theory of valences had been in existence for some time but nobody paid much attention to it. It had been used in a valence shift, and people knew about the winning valence theory. Then, suddenly the theory of valences was assembled and it has been predicting new data rather consistently, and with a modification of it we may be able to get a 100 percent reaction. That is what we are working for.

If we could do that, we could probably knock out chronic psychosomatic illnesses with ease.

The precision is in the basic tenets, axioms and cause, and the behavior of that cause. That has held solidly and stood up to every test it could be given. The basic philosophic tenets in their present form have been in existence for 12 years. And they have really been mauled around down through those 12 years, trying to find holes in them. In fact it was quite alarming to me at first that they were so solid. I had no therapy method to back them up.

It is rather dismaying to have pushed off on you by the universe in general some equation and some axioms that you can't shake, that were unknown before and which have never been evaluated.

The existence of the engram has stood up under a beating of five years. I have tried very hard to find something else, some other way, but the engram is very mechanical. As far as the analytical mind is concerned we can still learn quite a bit about it. Every once in a while I turn up a new datum about the analytical mind, but the reactive mind and its general behavior and functional activity is pretty stet. We know its purpose and we are handling it, but the best way to handle it is a problem on which I'm sure there will be lots of new data.

I want to give you a rehearsal on Dianetic diagnosis, and we are going to cover it now for a good reason.

As a professional, you are going to be expected to have a magic eye. You are going to be expected to be able to look wisely at a patient and say, "Ah, yes," tap him lightly on the left ear and have him promptly get well.

You are personally not going to be able to run every patient you have all the way through to clear. And if you think you can do so then you had better get one of these personality multipliers that makes 18 or 20 thousand people out of you, all simultaneously working.

Your best bet, as far as carrying people through to a cleared state, is by starting, opening and check-running teams. You will find out that you will have lots of headaches doing this, but it is still the best way. You are going to find a husband and wife whom you have started out beautifully on a team, you have opened their cases and everything is running fine. It took you maybe 40 or 50 hours of work to get their cases open and running, because they really aren't

the type of people who could be expected to handle this easily. Then you come over and one of them has broken the Auditor's Code and they are all messed up. So you have to find other partners and split them up. You are going to be doing a lot of jockeying.

But when it comes to being a professional auditor, the magic touch has to be there. You definitely will have to cultivate one, the sort of open sesame to the engram bank.

I am going to help you by stressing the fact that a professional auditor, one certified by the Foundation, who has been trained at the Foundation, does minor miracles with great ease. It's true that you will be able to. Certainly they are miracles compared to what was being done in 1940, or 1205 for that matter. But you had better develop the touch.

A part of that touch is self-confidence. This will gradually build up in you as your own therapy progresses. You will begin to develop horsepower, even if you have got horsepower now. But it also takes an educational level approach. The exhibition of self-confidence, the demonstration of certainty of touch to the patient will get you more engrams in less time than any other method I know of. You know they are there. His file clerk knows they are there. You just leave him out of it, we don't care what he thinks about it, and the first thing you know, this person will begin to stampede.

You can say, "Well, you don't think that you have these engrams, you don't think that's the one that goes through? All right. The somatic strip will now go to the beginning of the tonsillectomy. It's now one minute later. It's now two minutes later. Now come up to present time."

"My throat's sore."

"Oh, your throat's sore."

"What are you doing to me?"

You have people sometimes when you do this kind of thing to them, who will look at you in fascination. I don't think that a savant in the Middle Ages, or a magician, ever had more awe thrown at him than you will occasionally get as a professional auditor.

The associate editor of a well-known magazine almost blew up one day. I had his case fairly well straight—I had cracked the center part of the case—but he was into a very rough morning sickness chain where he was getting up and vomiting and lying back down again. And then somebody would say, "I'm all upside down," so he would promptly turn around and put his head at the foot of the bed. He was in a mess.

This didn't impress him very much because he understood this on an intellectual level, nevertheless he was sitting there after the session holding himself doubled up in pain.

I said, "What's the matter with you? Your stomach doesn't have to hurt."

"Oh," he said, "well, then do something about it."

I said, "All right, I will."

He was pretty skeptical, on the basis of "These pains have been certified by physicians!"

So I said, "Well, I could turn them off for you, but it would take a couple of minutes." Then I said, "By the way, how did your father used to talk?"

"Well, he's kind of a slow fellow," and he took his hands away from his stomach, "he's kind of a slow fellow. He talks sort of carefully."

“Where’s your pain?”

“OH!” I had him spooked. He went around looking at me as if I was haunted, or he was, or the house was, because he didn’t understand anything about valence shift. Right away he started keeping his ears open, and he soon learned the theory behind this and it was no longer a mystery so he was all right.

But there will be people that will never understand it. They are going to look at you and say, “How did you know ‘get out’ was there? You must be a mind reader.” At this moment to try to explain to them that “get out” is a bouncer and this sends one back up the time track would be useless. You are talking to somebody who wouldn’t be able to get the concept of a time track, probably, yet you are still making the person quite sane and everything will go along fine. I seldom bother to explain the theory to patients.

Explain the patter. Tell them what you want and what these various words mean, and they will put into practice the words. They know that by somatic you mean a pain or a pressure and that you are calling it a somatic because you don’t like to use the word pain.

“I” might not understand the theory of valences. I have worked a case all the way through without any explanation, and had the preclear batting along hitting bouncers, running into denyers, running into forget-its, with no understanding at all of what he was doing, no recognition of it, no laughter because of the ridiculousness of the thing—the analytical mind never latching on to any part of it. He didn’t know what was going on. And after he had run in this fashion for a while, all of a sudden one day he was more accessible. I could talk to him more easily and explain something to him. He had gotten brighter.

Nevertheless you are reducing engrams, even if you are not using all the terminology. You may not get the cooperation which you might get at some other level, and this is nowhere more true than when you are working somebody who has an advertised IQ of 70. You can work such a patient, you can start bringing his IQ up along the line, and it will get up to normal, or bright normal.

You can sometimes run up against a self-control mechanism. Imagine trying to audit someone who has an engram which says, “Control yourself.” Or, like the man with Buerger’s disease, he has got one that says, “I can handle this myself. I have to handle this myself.” Fortunately these things are easy to spot.

Occasionally one says, “Go to the denyer,” and the person gives a bouncer. Or, “Go to a forgetter mechanism,” and at this moment he gives a misdirector. In that case, the file clerk isn’t being dumb; the self-control mechanism is intervening.

So just start him in on the basis of, “Who used to be interested in you not ever getting excited?”

“I guess it was Mother.”

“Now, who was it?”

“Why, it’s my grandmother! Heh-heh. That’s right.”

“Well, can you remember an incident where she told you to control yourself?”

He thinks for a while, “Yes.”

This is a method of shooting the case full of holes, trying to restore a sense of reality.

That is part of the diagnosis. You find out what the self-control mechanism is. In hypnosis, if the hypnotist says, “Now, you can control yourself and you can do what you want with yourself,” an autohypnosis demon circuit is installed. The analytical mind can control itself and

does do a beautiful job of it. If we put an artificial mechanism into it to make something stet—always in force—you get such oddities as a person getting locks from every word he utters. And where the auditor tells him to do something, the somatic strip stops working, and cooperation goes down.

Sometimes when someone has read the Handbook and you haven't told him anything except to go back to the earliest moment of pain or discomfort, he says, "Oh, yes, a denyer. 'I don't know, I don't know.' That isn't it. 'I hate you, I hate you, I hate you, I hate you. Don't do it, don't do it, don't do it, don't do it. I hate you, I hate you. I hate you.' That's what it is, 'I hate you, I hate you, I hate you, don't do it, don't do it, don't do it...."'

You look at this person and say, "Just run." And suddenly he is running engrams right out of the Handbook.

What happens in a case like this is that as long as the analytical mind can stay uppermost and in control, autocontrol is all right. But in going through the incident enough times, the moment he really gets into that incident, down goes the analyzer and down goes the self-control mechanism. It has restimulated an engram and he wanders out of the engram and comes back on up into present time more or less, and finally settles down in one that he has stuck himself in. You will work this case day after day if you don't get the control mechanisms out of it, and he will always be stuck on the track.

This sort of thing is spottable from the standpoint, "Has he ever been hypnotized?" If it is autohypnosis, it is probably lying on an actual engram, if it were effective. So, "I have to do it myself. I can't get my mind off it. I can do this myself. I've got to do this myself," and so on, will produce this spinning of engrams. A person will keep running them.

The idea of going back to sleep as an engram phrase will send a person up and down and move him around on the time track when he is asleep.

To handle self-control and autocontrol you find somebody in the patient's past who was upset about getting excited, and so on. That is the source of it. Get the dramatization of that person and then run it down and you will wind up with the autocontrol mechanism.

It is interesting to note that the preponderance of insanities in institutions are labeled with a religious label. Catholicism is at the low end of the scale and Christian Science is at the high end, on religions.

I personally stand on this very bluntly. Three cheers for religion except when it is in the engram bank. There is nothing wrong with religion. There is a great deal wrong with blasphemy. The one religion which seems to produce the healthiest frame of mind is the Quakers, the Society of Friends, with their interesting ideals such as individual self-determinism for operation, constructiveness and anti-chaotic practices.

The theory of valences is covered in the Handbook. It is a discovery that evidently sonic, emotional and all the rest of the shut-offs occur on a valence situation as well as a computational situation. There is a mechanical reason as well. In the past the technique was to get a person as early as possible, and get him to run all the perceptics out of an engram. This more or less automatically did this, but it was not completely understood. Now, by gaining complete understanding of this theory we can get the preclear out of these valences before we get him into the basic area, which is very helpful.