HOW TO DO A DIAGNOSIS

A lecture given on
4 July 1950

Sizing Up the Preclear

In this lecture I am going to do a complete diagnosis on someone. I want to show you how much can be understood about the patient just by asking him questions.

A professional auditor might do very well to have these questions duplicated on a slip of paper, especially if he is going to have a lot of cases.

LRH: Now we are going to go through a straight statement on this. Give me your name in full.

PC: Peters.

LRH: P-E-T-E-R-S? (writing downpc's answers throughout the demonstration)

PC: That's right.

LRH: Your date of birth?

PC: February 17, 1907.

LRH: Okay. There is room for an address on here which we won't worry about right at this moment. Your foreign language background? Your parents speak any other language than English?

PC: No.

LRH: Okay. Do you have a grandmother?

PC: Yes.

LRH: Does she speak English?

PC: Yes.

LRH: Any nurses in the family who might have spoken some other language? Any relatives who might have spoken another language? Any Spanish?

PC: Great-grandmother.

LRH: Great-grandmother would have spoken what?

PC: German.

LRH: Ah, yes. Have you ever had any electric shocks? I don't mean shock therapy, just electric shocks?

PC: Shocks, only slight ones.

LRH: And how about electric shock therapy?

PC: No.

LRH: Now we want to know if you've ever been hypnotized.

PC: Mildly.

LRH: I don't know how one could be hypnotized mildly.

PC: Well, it was tried. Let me explain, it was tried on me. I suppose I yielded to it to some extent. But I never went under.

LRH: How old were you?

PC: 22.

LRH: Who did it?

PC: A psychologist.

LRH: Did anybody ever hypnotize you when you were a boy?

PC: I don't know.

LRH: This is particularly important.

PC: If . understand your question, you mean an attempt to hypnotize, not something accidental.

I want to call your attention to something on hypnotism. It will work out that what the patient says about having been hypnotized is about as reliable as a five horse parlay tip, bought down at the bookstore, because the standard forgetter mechanism on hypnotism can wipe out an entire sequence. If someone has been hypnotized thoroughly and the hypnotist has decided to do a real bang-up job, you are not going to have any recollection.

I have had several cases to date which would not break, cases which were quite upset, disturbed, confused and so on. And we suddenly waded into them and found attempts at hypnotism which were successful. But they were hidden and they stayed hidden. Some of these were very interesting, they were done by perverts for purposes of their own, and the content in that period of hypnosis was sometimes enough to completely destroy a person's sense of reality.

Hypnosis can also be performed in conjunction with an operation. This is fairly standard. There was once a nymphomaniac nurse in a hospital who would catch the patient just as he was coming out of ether and was hypnotically very accessible and would put him to sleep and say, "At any time in the future if I utter a key word, you will go to sleep and you won't know what has happened in the period." The patient thereafter had the second dynamic blocked, on the order of smoking tires on the pavement. He was stopped right there. So don't overlook the importance of this type of thing.

All anesthetics can be administered in a hypnotic way, and many of them are. It is quite standard practice. So you may get hypnosis joined in with an actual operation. If a person says, "I can't be hypnotized. It has been tried several times," get pretty alert, because a certain percentage of these cases, even if it is a small percent, have been hypnotized and have been told during that period of hypnosis that they cannot thereafter be hypnotized. So the fact that they now can't be hypnotized and yet they look hypnotizable to you means there is something strange and you should explore the area further.

LRH: All right. Now, you were hypnotized mildly by a psychologist?

PC: I thought it was mildly.

LRH: He probably said it was. Okay. I wonder what else he said? These people can run on and on, “I’ll teach you to argue with me,” or, “You’ll know now that Remarkable Andrew has been at work on you.”

PC: It was attempted twice.

LRH: Was done twice.

PC: Attempted twice.

LRH: Twice.

PC: Didn’t work twice.

LRH: Okay. Now how about anesthetics in operations?

PC: Yes.

LRH: What is your earliest operation that you know of?

PC: g years.

LRH: 9 years. What was it?

PC: Tonsillectomy.

LRH: A general anesthetic?

PC: General.

LRH: And what other operations?

PC: Hemorrhoidectomy.

LRH: General?

PC: General. (pause)

LRH: Okay. How old were you then?

PC: 28.

LRH: 28 years. Now what other?

PC: About 30 days later another of the same thing.

LRH: Okay. How about automobile accidents?

PC: Two, I believe. No injuries.

LRH: Two accidents. No injuries. Now let’s take up childhood illnesses.

PC: That will be a long list.

LRH: Do you know when the earliest illness was?

PC: Some respiratory illness when I was a child.

LRH: Respiratory, huh?

PC: Yes.

LRH: Long list, respiratory ills. Did you have a bad birth?

PC: I don't know.

LRH: Your Mama ever complain about it?

PC: No. As a matter of fact she said it was easy.

LRH: Oh, she did? Three cheers. What are you doing with respiratory ills? All right. Now what do you feel is your chief complaint?

PC: It's still respiratory catarrh. No sinus trouble though.

LRH: Have to find out how you spell that, it's a fancy medical word.

PC: That's just my own word. No sinus trouble, no lung trouble.

LRH: Any chronic psychosomatic disorders?

PC: Dermatitis.

LRH: Dermatitis. Ah, yes, that can be very important. Where is the dermatitis?

PC: Left hand.

LRH: All right. Is your mother living?

PC: Dead.

LRH: Mother is dead. How old were you when she died?

PC: 35. No, I was about 31.

LRH: Did you feel very bad about it?

PC: I did, yes.

LRH: What did your mother die of?

PC: Blood clot in the brain.

LRH: Okay. Is your father living?

PC: Living.

LRH: What is his chronic illness?

PC: Rheumatism. It's not serious.

LRH: He has rheumatics?

PC: Yes.

LRH: Now, your mother's mother? Did you ever know her?

PC: Oh, yes, very well.

LRH: Oh, you did. She's dead?

PC: Dead.

LRH: How old were you when she died?

PC: The same age as when my mother died. I was about 31.

LRH: 31 years?

PC: Yes.

LRH: They died simultaneously?

PC: Practically.

LRH: Yeah? Gee. What did she die of?

PC: Oh, just old age, I believe. It was complicated of course by diabetes.

LRH: How about your mother's father? Your grandfather on your mother's side?

PC: He died when I was a year and a half old.

LRH: Hm, dead, one and a half years. Of what?

PC: Not too sure.

LRH: Your father's mother?

PC: Dead.

LRH: How old were you when she died?

PC: I really don't know. I'd say it was about fire years ago.

LRH: How old were you? Just about five years ago in nineteen forty ?

PC: Yes. I was about 37, 38.

LRH: Uh-huh. And your father's father?

PC: Aliue.

LRH: Yeah? Gosh. What did they make him out of?

PC: I don't know.

LRH: Do you know what your father's mother died of?

PC: Dropsy.

LRH: Now, how about your aunts? Any aunts, dead?

PC: Yes, one.

LRH: One dead. How old were you when she died?

PC: I'm sorry, I can't remember. It was about, I would guess, 12 years ago. No, it's longer than that. It's 15 years ago. That's as close as I can get.

LRH: How about your uncles?

PC: They're alive.

LRH: And siblings?

PC: A sister.

LRH: And your wife is alive?

PC: Yes.

LRH: You have a former wife?

PC: Yes.

LRH: And she's alive or dead?

PC: Aliue.

LRH: Alive but very much divorced.

PC: Yes. Two before this.

LRH: Two before this?

PC: Two before this.

LRH: Both of them alive?

PC: Both of them.

LRH: Okay. You've been in therapy, haven't you?

PC: Yes.

LRH: Have you ever had a run?

PC: Just one.

LRH: Did you have any sonic?

PC: Yes.

LRH: You had sonic?

PC: Yes. At least that was my impression.

LRH: Okay.

PC: I wasn't sure. I think I did.

LRH: How about your great-grandparents? Seems to be a long-lived family.

PC: Yeah.

LRH: They're possible allies on the case.

PC: I only knew one.

LRH: And what kind of a fellow was he?

PC: Was a woman. My great-grandmother. She spoke very little English. I didn't know her well. Saw her a few times at family gatherings.

LRH: What did she think of you?

PC: Well, I was one among about 80 grandor great-grandchildren, it seems to me, I don't recall any specific connection with her.

LRH: Okay. Well now, let's go into this a little more definitely. What's worrying you?

PC: I'm not worried.

LRH: You're not worried about anything?

PC: I don't think so.

LRH: What has been worrying you in the recent past?

PC: I came to New York, like you said.

LRH: Who used to tell you to be calm and not worry?

PC: Nearly everybody

LRH: Nearly everybody said to be calm and not worry. Who specifically?

PC: My father.

LRH: Your father? What did he say to you?

PC: Worrying doesn't do you any good. "

LRH: "Worrying doesn't do you any good," and so forth. You remember this?

PC: Yes.

LRH: You remember a specific incident of him saying so?

PC: I remember him talking about it. I hadn't thought about it much. It's a Very common expression.

LRH: All right. How about "Keep calm."

PC: Yes, self-control.

LRH: Self-control. Who used to talk about self-control?

PC: My father, and I think my grandmother.

LRH: Your father and possibly your grandmother.

PC: I think that's about it for self-control.

LRH: All right. (pause) And your grandmother. Which grandmother is that?

PC: Paternal.

LRH: She the one that's alive or dead?

PC: Dead.

LRH: She talked about self-control, hm? And also "Don't worry"?

PC: Don t worry

LRH: That's where he got it, huh? Don't worry and self-control. Okay. Now what would happen to you if you got nervous or excited or showed emotion?

PC: Well, I don't think anything would happen to me.

LRH: What would your father think about it if you did?

PC: He might be ashamed of it.

LRH: Okay. What did he used to say to your mother on the subject of getting excited or emotional?

PC: Nothing specifically.

LRH: But did he say something?

PC: Well, yes, he was always trying to abate excitement.

LRH: Uh-huh.

PC: Or concern, or anxiety.

LRH: Uh-huh. Do you remember one incident when he tried to do this?

PC: It seems to me that I do, yes.

LRH: Can you remember it specifically? Where was it?

PC: It was in the kitchen of the house we lined in until I was about 5 years old.

LRH: And what was he saying, more or less, just conceptual?

PC: There s no use worrying about it, Gertie, until it's substantiated."

LRH: And how about her being emotional? What would he have said if she had become very emotional?

PC: I don't know exactly.

LRH: Did she ever become very emotional?

PC: Yes, she worried a great deal.

LRH: Uh-huh.

PC: Showed anxieties.

LRH: But he said not to worry?

PC: That's right.

LRH: Where does this put you?

PC: This puts me in a position, Ipresume, of trying to accomplish this command or injunction.

LRH: Well, let's think about it for a minute. How about Mama, Mama very worried, nervous, upset about something and Papa saying, "Don't worry"?

PC: I'ue got a problem then.

LRH: But let's remember one time when it happened.

PC: All right.

LRH: You remember a time?

PC: Yes.

LRH: What were they saying to each other?

PC: He wanted to take a different job and she was concerned about what would happen to the family if this didn't work out.

LRH: Uh-huh.

PC: And this got quite emotional.

LRH: Uh-huh.

PC: Both sides. And it was within my hearing. I was very frightened because it was quite emotional. And I had a feeling of panic.

LRH: Uh-huh. Do you remember the incident?

PC: Yes.

LRH: Where were you at the time?

PC: I was inside the house, within hearing, in bed.

LRH: In bed?

PC: Yes.

LRH: Were you awakened by this ruckus?

PC: It seems to me I was not completely asleep, I was certainly close to it. I don't know if I was awakened or not.

LRH: You don't know if you were?

PC: No.

LRH: As a matter of fact if you say you have a problem on your hands, it becomes much less of a problem.

PC: If . say that ?

LRH: No. You say you had a problem on your hands. Take a look at it. It becomes much less of a problem.

PC: Oh, yes.

LRH: Who had something wrong with their left hand?

PC: I think it was my mother. But it was called something different at the time.

LRH: When did that come on with you?

PC: This came on about three years before her death, about 1935.

LRH: Was she ill for a short time before her death or three years or anything like that before her death?

PC: No.

LRH: She wasn't ill?

PC: No.

LRH: Who died three years before her death?

PC: (pause) I can't be sure of this. The only one it could have been would have been Anna.

LRH: What did she have wrong with her left hand?

PC: Nothing that I know of.

LRH: Nothing?

PC: Nothing. Maybe I'm wrong with the dates someplace.

LRH: Well, you can straighten those out very easily. All right. You say you probably didn't have a bad birth. Your mother never told you so.

PC: What she actually said was that most women made a great deal too much of childbearing. But as a matter of fact in her experience it was relatively easy.

LRH: Uh-huh. Fine. Gee, you may have a setup here, as a case. All right. I just got the idea you were thinking of all of yourself as a case.

PC: All of myself?

LRH: Uh-huh. There's only one very small part of you that's a case.

PC: I think that would be my own considered opinion too. Not that there aren't things that are impossible for me to deal with. I haven't been sick.

LRH: Uh-huh.

PC: I used to be sick a great deal as a child, but very little recently.

LRH: Okay. Whose valence is this?

PC: (mutter)

LRH: So we've got a problem here where a winning valence is saying to the other valences, "This is the worrying valence."

PC: Yah!

LRH: Who used to tell you you were like your mother?

PC: Practically nobody.

LRH: Nobody used to tell you you were like your mother. Who used to say you were like your father?

PC: Euerybody.

LRH: Everybody said you were like your father. Did your father ever tell your mother she was like her mother?

PC: I don't know. I suppose so.

LRH: You suppose so?

PC: They were!

LRH: Oh, you would move over to this valence, then everybody would move you over to that valence, and they cut the two here. Okay. That can be disentangled fairly easily. The sooner the better. I expect you cleared by next Friday. Okay. Thank you.

PC: Thank you very much.

At this moment on Mr. Peters' case you would have completed it this far. You would then and there go in upon the level, first of all, of trying to knock a few of these "You're just like your father's" into view. Try to find out who said that Mama was like her Mama, which would probably be in the prenatal bank. Then we would start to hit for some of these emotional charges and see if we couldn't discover them in late life. It would probably be very productive and would spring some of the material into view and get some charge off the case. But the chances of doing that are not very good because the person is in two valences and one of them says "self-control." If they don't discharge, there might be one there heavy enough that it bleeds fast.

In order to make the case at all workable, it would probably be best to start picking up as engrams the first times that somebody said he was like his father. Pick that up and you could slue him over, then, out of his father's valence, which would have a tendency to deintensify the self-control mechanism as such.

The next thing that you would do would be to have a listing of the words that Father used. You would get the text there which you know very well is in the prenatal bank.

About this time you would start to get early enough in the basic area to erase, let us say, the sperm sequence, maybe using the system of settling him in a pleasurable sexual moment, and making sure it was pretty well developed, and then sending him straight back to the sperm sequence to see if you couldn't get it out.

One can persuade a person over without directly commanding him into a valence by simply persuading him to feel the tactile. You know what kind of a tactile it ought to be, so just coax him into feeling it. Don't go at this on a tentative, experimental basis, saying, "Well now, if he is really here then the tactile will eventually show up." If you want to test it, take somebody and test it.

If you want to roll therapy on people, use everything you can in order to get therapy accomplished. Anything is valid except a hypnotic positive suggestion used in its technical sense of trying to put something into a person's engram bank in order to alleviate his troubles.

It takes people time to travel on the track and get into something and get someplace. One of the best ways of testing whether or not a person is in present time has nothing to do with age flash; it has to do with the fact that if you are running an engram and he has gone through it 15 times and you say, "Come up to present time," and he immediately says, "Okay, I'm in present time," he's not.

In order to come up to present time there would have to be a pause. There is actual travel involved. It works the same way going down. And if you will notice patients right after they have come up to present time, they generally expect people to greet them. So I usually say hello.

But it takes a while for all the units to get up into present time. You will notice a patient is rather groggy. And then one by one, using this unit analogy, a unit will pop up, and then another one, and the person will start getting more and more alert.

In this lecture, I have been demonstrating a diagnostic procedure which as it develops is very likely to give you maximum information on the case. In communicating Dianetics, I am continually faced with taking it out of an art classification as much as I can and translating it to you.

In order to transmit and communicate, it is very often necessary to find out what one is talking about! So you have to look it over more carefully and you have to find out a little bit better, and in the process of doing so, things get a little more workable. There is nothing like trying to relay what one is doing to clarify what one is doing in one's own mind. The main work being carried on by the research department right now is strictly communication, but when we try to communicate, all of a sudden we have to have more data, more clearly stated, and the thing gets refined.

Dianetics was in a very workable form three years ago. It was in a rather clumsy workable form about four years ago, nevertheless it would work.

At any stage during these last years you could have drawn a line across it and said this is it. At any time you could have written a book on the subject. But heaven help you if you had written the book two weeks later, because it keeps increasing in terms of precision and conciseness. It will resolve itself out eventually because we know precisely what we are trying to accomplish in the final effort.

Therefore as you go through this course, if one week passes by without some new method of communicating it to you or without an actual new method of doing therapy showing up, you can become very disgruntled, because Dianetics will have bogged down.

I call this analogy into view, that in 1894 the electrical equations of James Clerk Maxwell were in existence and so was Freud's libido theory. Here in 1950 we have electronic computers, we

have radar, radio, all manner of electrical gimmicks, and an atom bomb, and we still have Freud's libido theory. That is the comparative progress in the two different fields.

Dianetics is a very young science, but it acts like a high-powered race horse that has got the bit in its teeth and is really on its way, because it keeps developing. The more brains work on this thing, the more ideas people get on it, the more workable it becomes. But let's do it faster, let's do it better. In five years at the outside we will probably have a one-shot clear.

But even though we will have a one-shot clear, we will still have enormous problems in the fields of sociology, education, various developments, medicine, life force, all kinds of things. We can have a one-shot clear and still have a horizon that would be in Dianetics utterly and completely unlimited.

I want to demonstrate to you the various parts of diagnosis.

1. Get all the background that you can get out of the patient on a straight memory basis.

2. Get the patient remembering on a straight circuit, because on that straight circuit he will start validating. What he remembers on that circuit is real, so you are restoring his sense of reality right there. Furthermore you are, in that operation, actually doing. good therapy. I don't know how Mr. Peters feels about the few minutes he was sitting here, but there is a possibility that it might have eased off something for him.

You will find patients many times that you want nothing to do with. Somebody walks in and says, "I understand you're an auditor."

Don't worry too much about a full-parade diagnosis if you don't intend to take this patient on. In that case you can deliver to this patient a 15-minute treatment that asks him to remember.

You will find many patients who come to you and say, "I've been worried about being terribly inadequate, I know that life just rejects me," or something like that. Instead of posing an enormous computational problem to you, all you have to do is Snd out who said it, and get it with Straightwire.l It will work fast because you will knock out some locks. And so he thinks it over, and you try to force his memory into various channels in order to find out who said it. "Who acted like this? Who did that? Who disapproved of you? Who used to shove you away?" A couple of years ago I asked one patient bluntly, "You say you feel rejected, your mother rejects you, and so on. When did she reject you?"

I'll be a son of a gun if he didn't come up with an 8 month old incident. It was right there, and he was stunned for a moment. Then he said, "Why, yes." There had been a terrific noise and he was lying in bed alongside of his mother, and his father got out of bed and went out to see what the noise was. (I've seen this incident in several different forms in patients.) But the child turned over and began to nurse the mother who had weaned the child about four months before. In the child's fear he just sought this comfort, and Mama laughed, made fun of him and shoved him over to the other side of the bed, with a terrific charge of fear going on at that moment of what the noise was and being awakened. Father then came back in laughing about what the noise was, but the child thought his father was laughing at him. That's the way it added up.

This was run on a straight circuit and remembered and it knocked out the key-in of the first solid rejection by Mama. It desensitized all the rest of the locks because this was addressed to him personally. It took, at the outside, eight to nine minutes of treatment, and this patient started walking around on the clouds. The enormous amount of relief was very startling.

If someone is worried about rejection, it isn't computational; it is either somebody pushing him away in his actual engram bank, or he has picked it up from some school of mental healing. If it is the latter, find out if he has picked this up from something like Freudian psychology or psychoanalysis, or if it is the former, "Who used to talk about rejection?"

One preclear I found who was talking about rejection had a mother who wrote. And Mother would go into a complete fit if she got a rejection slip. She would say, "All I get are rejects. Everybody rejects me," and so on. And it got into the bank when he was sick as a little baby and it had been going on prenatally. But by knocking out its key-ins on a straightwire circuit the person suddenly felt enormously better.

So there is a quick line of therapy. Somebody said it. It came from somewhere. This person is dealing with some sort of a computation. One does not give the person insight into his case by telling him what is wrong with him. One is merely making him remember specific things, and those specific things one is asking him to remember directly are locks. Just by being remembered they can't stand the light of day so out they will go, and in 20 to 30 percent of your cases you can attain that.

Whenever you want to turn on a sense of reality in a patient who has no sense of reality, start in on Straightwire, because that is validating. This does not mean that you then enter therapy and just keep right on going in therapy. But it does mean that by making him remember what has happened to him, as therapy progresses, you will get more and more data which will seem valid to him. Otherwise he is liable to get into a state where he is perfectly content to act as a puppet. He recites the engrams as they come up, but there is no feeling of reality to it. The pain turns on, and deintensifies, and he is perfectly willing just to slug, slug, slug, but it's not real. So get him to remember it.

After you erase an engram or merely reduce one, there will still be locks in place. Those will go out automatically as the case progresses. They don't have to be addressed as engrams because they are not engrams. You will find a concatenation of locks will generate a terrific charge of laughter on some cases. They will laugh and laugh and laugh. What they are laughing off are locks.

But now, turn this patient around and get him remembering these locks and that is the touch which opens up his life to his own inspection. He can do this all by himself. Don't let him go into engrams on his own, but divert his attention from what Mama did or said to Papa in the engrams, by making him assignments of remembering. Tell him to remember. Sit him down in the next session and say, "How about you remembering all the houses you lived in? Let's see how early we can get on the number of houses you lived in," and lots of material will spring into view. By taking out the engram we have removed the tiger. Consider it like this: There is a curtain consisting of memory occlusion. Behind this curtain sits a tiger. If the person remembered this directly, because there is physical pain and unconsciousness in it, he would part the curtain and find himself wrestling with the tiger. Because the mind has done this a few times it doesn't go into those areas anymore, and it will black out four years in order to occlude one ten-minute period of time.

So you take out the tiger, but you have still got a curtain. Now, you ask him to remember and the curtain parts because he can eventually be coaxed to peek behind it. "Is there any tiger in there now?" No tiger. Okay. All of a sudden four years' worth of memory appears just like the lights turned on after the war.

That is about all I have to say on this subject. I want to make your auditing as smooth and your touch as certain as I possibly can. The more results which you see yourself achieving, the more self-confidence you are going to exude.

One gentleman that I trained was a very nervous auditor. He didn't know what Dianetics would or would not do or what he was supposed to do. He had read all the theory. He had a lot of "can't believe its" in the bank too, but he was willing to work right along because it made sense. He was mostly nervous about his own ability.

Then one fine day he got turned loose on a psychotic and found himself with his hands full. He blew about three suicide charges out of the psychotic and the person came up to present time, a

normal human being. What wonders it did for this person's self-confidence! If a balloon had come along and hooked him up into the air he wouldn't have been lifted higher.

So, get cases and look at them. All I can do is stand by and advise you any way I can about how to run them. If you get their specific problems, cases will resolve faster.

A new student should for the first little while at least observe more experienced auditors audit.

This does not mean you should not go ahead and audit if you get a chance, but observe auditing in action. Within two weeks if a psychotic walks in in a screaming fit, I expect to be able to take the youngest and newest student and say, "Okay, there it goes," with perfect confidence on my part that that case is going to be handled competently. A