

TYPES OF CASES

A lecture given on
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Gaining a Sense of Dialogue

This lecture covers case histories.

Once upon a time there was a person who was dying and had despaired of his life. Nobody knew what to do for him. They gave him folic acid, liver extract, vitamin pills, tried some chiropractic, and finally they told him that he should have some electric shocks. So they gave him some electric shocks and these didn't work out too well so he took two years of psychoanalysis. After that, he was really finished.

At that point, after everyone had done his worst, the gentleman came to me and said suspiciously, with a few twitches, "I've heard about Dianetics, and I want to be treated in Dianetic therapy." So I treated him. His bank was scrambled, but his general demeanor improved. I managed to find birth riding in present time, and his graduation from college mixed up with conception. He spent most of his time complaining to me that a woman ought to be working on him—until we found the AA where Mama said that "to get rid of it a woman should really do it, because...."

This gentleman, after a great deal of hard work on my part, managed to walk away from here and three months after the last therapy he was still feeling fine. We can't call this gentleman a series, but we can call him a horrible example of what we are going to run into in Dianetics.

Because Dianetics is new, we can expect to get the failures of all the other therapies thrown at us first. One could foolishly go to an institution to give a demonstration to convince somebody, but the probable result would be that they would merely say, "Well, that's free association, we've been doing that for years," or, "Well, it was the folic acid." So, it is not worthwhile.

But just the same, if an auditor is offered a patient to work on, it will be the worst patient in the institution, for whom nothing can be done by any known method. This is very unfair, since we want a therapy which will treat the general public. That is what Dianetics is for, not to pick up all the failures after everybody else has messed them up.

Take somebody who has had electric shocks and then two years of psychoanalysis, a lot of it under sodium amytal. By that time the situation is so deteriorated that in order to rescue him at all requires a miracle. He is being raised strictly from the dead.

It's something an auditor can point out to people. They will come to him because they are dissatisfied with the treatment they have received elsewhere. A new doctor entering a town gets two types of public—those who are very dissatisfied with the old methods, and the deadbeats, the people who won't pay any of the old practitioners. The old practitioners are fully aware of the fact that this is going to happen and they are not unhappy to lose the deadbeats, because they were honest to them at best: no pay, no cooperation.

The new practitioner in a town generally is quite well aware of the fact that this is going to take place, and he counts on the deadbeats to spread the gospel for him. "This new doctor is good, he's very, very good." These people are actually fairly normal in the line of treatment. They have simply got something wrong with them that inhibits them from paying anything. Not that we are overly interested in money, this is merely the type of setup that an auditor is going to run into.

So, on his commitments as he starts in, he will find himself working with people who will sometimes make him outlandish promises in terms of financial remuneration. He should not be

very surprised if it never turns up. I have had some fellow promising me, for instance, that he would pay me one thousand dollars for every single aberration that I lifted. I ran one engram that removed five aberrations, but I never saw five cents from this person. I knew it at the time I was looking at him.

As far as the highly unsuccessful cases are concerned, one can be aware of the fact that psychoanalysis and other methods of therapy do and have achieved an alleviation on a fair percentage of cases. Twenty, thirty percent of the people that go to them, according to two leading psychoanalysts that I talked to, can be counted upon to respond favorably and stay in a stable state after they have been treated. Well, those people are not necessarily Dianetic setups, but they would come closer to it.

So, all of the easy cases as we start into the world with Dianetics have been mopped up, leaving nothing but tough ones, and the auditor had better know how to crack them.

As far as the deadbeats are concerned that are going to monopolize the auditor's time, complain at him and start trouble for him, just as they have started trouble for all the other practitioners in the area, he is not quite lost with these, because as he brings a person up toward a release, the person's honesty level goes up.

The only time it is justified to approach an aberration specifically and directly, rather than proceed with the case on a mechanical basis, is to knock out such a person's dislike of handing out money. It will probably do him a lot of good. For example, one gentleman who was a stammerer refused to get well. Every time he would find his stammering going on the down curve, he would immediately pick it up and fake it until it returned again, because we had an agreement that if I handled his stammering he would pay me \$500. I looked this over through two sessions, and it was quite remarkable the tenacity he had for that stammering.

So, I gave him a hypnotic suggestion. I put him into amnesia trance and told him, "After this, until the time I say, 'You can stammer now,' you will not be able to stammer in spite of anything you do," and then brought him into a late state. He was very surprised to find out that he was absolutely unable to stutter. The case had been deintensified enough so that this hypnotic command was enough to hold it up. Of course I couldn't let him go like that because that would wear off if there was anything left in the case, and furthermore I didn't yet have my \$500. He would try to stutter on the subject.

Completely aside from the financial angle, this gentleman was being made ill by an inability to part with money. As long as the thing was set up in that way, he couldn't part with \$500 because of other aberrations. So I clipped down into the bank and grabbed hold of an engram which said, "I just love money. I could just roll in money. How it hurts me to part with it." That night it was very amusing running this because you could see him rolling and wriggling. I was running him on the living room floor and you could just see the greenbacks as he rolled!

We handled that engram and then I said, "You can stutter now." But he couldn't. I completely erased the positive suggestion, and I had a well person on my hands. It was this business about money, not that he couldn't talk, that was upsetting him most; and the moment he stopped worrying about money he started to be able to pay his bills and this made his creditors more amenable, business started to come in, things started to pick up and he got too busy to worry about any of these other aberrations. He wasn't stuttering, and as a result we were looking down the line of a special type of aberration which an auditor is going to see rather consistently.

The people who have been severely injured by older methods of therapy pose to the auditor the necessity of doing a very good job, because they are tough to begin with or somebody could have helped them. He had better do a very good job on them or they will stack up against him as failures, and that's just what some people are looking for.

Take a case that has failed all the way across the boards. Everything that has ever been addressed to that person, such as vocational therapy, group therapy, they put him in a military school when he was young— everything has failed; and now he comes to the auditor with maybe electric shocks, and maybe even a prefrontal lobotomy. Yet, regardless of what has been done to him, the auditor is expected to do something about it, and he had better do something for him or this case will be held up as an example of how Dianetics fails and why psychoanalysis succeeds.

Don't expect anybody to investigate the evidence. It is just going to be on a rumor basis, and rumors are not reliable. This is unfortunate because they are the two kinds of patients the auditor sees the most of.

When Dianetics starts producing releases on such people, we, of course have done the impossible and it gets around. The thing has the beautiful quality of being intensely advertisable. Word of mouth on it is good. So, even though it will cost the auditor money, time, effort and sweat to do anything for such people, he had better do it.

In three or four years' time, to be conservative rather than optimistic, Dianetics will be what is practiced; although I don't see how Dianetics could miss a year. But I am perfectly willing for people to completely ignore it in professional circles for quite a long time. They read so little and so slowly!

That is adjudicated on the index that those psychiatrists I have tried to train have been the slowest and most inept pupils, so I can estimate that the whole field of psychiatry is going to take a long time to train. And by that time I am very definitely afraid that psychiatry will have become like the buggy whip manufacturer who makes the best buggy whips in the world but nobody is using buggies any longer.

In a year or so one can expect to get the easy patients. Mamie Schultz has a postpartum psychosis. What's the first thing that Mr. Schultz thinks of? He thinks, "Quick, where is an auditor?" He can't do anything about it himself probably. He's too close to her, so he has got to have an auditor, and the auditor gets a postpartum psychosis to handle that could have been broken by psychoanalysis it is so simple. It's one of those easy ones where all one has to do is say to the patient, "You'll feel all right," and they feel all right.

Then everybody says, "Oh, Dianetics is wonderful because look at what it did for Mamie Shultz." But these setups are not going to be in our hands for a long time. Nevertheless, a lot of psychotics are setups, and occasionally one finds a psychotic who has periods of accessibility and then short periods of inaccessibility, and who is institutionalized for the short period of inaccessibility when he is really raving.

That patient, if he has not been manhandled, electric shocked and so forth, is sometimes an extremely easy patient. The auditor says, "What's troubling you now?" and immediately gets line discharge. He gets tears and is able to knock out a couple of deaths and so on. Then the patient comes up to present time and doesn't even relapse.

But that isn't the kind of psychotic that is going to come to the auditor, it is the psychotic that nobody can do anything for. So the auditor had better learn his materials very well and get in lots of practice.

At first I would not take a neurosurgical case except on terms of research. While investigating the last one, I said, "Well, let's go back to yesterday."

And he said, "Huh?"

So I said, "Well now, let's go back to the time when you were worried and upset about something."

He said, "Huh?"

I then said, "Well now, what's really bothering you these days?"

And he looked at me very intelligently and said, "Huh?"

It was like trying to talk transcontinental through about five wrecked switchboards.

One finds that these people who have had brain surgery are kept well out of sight. Actually Dianetics has, as its only competitor, a cult which does a very nice piece of cover-up. They don't tell you about this fellow that they gave a prefrontal lobotomy to because his bed wetting was severe, and it was very hard on his wife and children because he was very nervous and often quarreled with them, but when given a prefrontal lobotomy he not only no longer quarreled but had to wear a diaper all the time. But these cases are around. I have already had a couple of them passed off on me. I caught up with one. I couldn't do anything with this case and he was swearing he had never had an electric shock, until his wife called up one day worrying because he hadn't gotten home within 15 minutes, and she said, "You know, he's had about 150 electric shocks, and I worry about him because he really hasn't been the same since."

I'm not being sarcastic now at the expense of the ignorance which has obtained in the past, but this is fair warning that such patients are going to be tough. Your easier cases are going to be amongst yourself and your friends and people who have good brains and who look the thing over and say, "This probably works." But the people who would normally go to see a psychiatrist or are taken there by force in strait jackets are going to be rough.

Concerning case histories, as an auditor collects engrams on a standard bank educational level, his own virtuosity of being able to play the fiveman band that he has to in order to get rid of these things increases. He develops quite a command of English language colloquialism during certain periods. Somebody will start in with an engram and he won't be able to think of the rest of it, and the auditor right then and there should be able to think smartly, "The only phrase that could possibly go in here is 'Twentythree skidoo,'" So he says, "'Twenty-three skidoo,' is that in here, yes or no?"

"Yes. 'Twenty-three skidoo.' That's the bouncer."

He has to develop a sense of dialogue for various periods. He gets a vocabulary which he learns more or less as an engineer studying thermo dynamics would learn a vocabulary of engineering terms. Only his engineering terms go as follows: What is it that causes a person to have five engrams in one bundle? Well, who is talking? Right away he says, "Let's see, the cause on this is probably a grouper." But that's not good enough, he has to be able to line it up with the kind of dialogue being spoken and right away he comes up with "'Pull yourself together.' Is that in there?"

"Yes."

"All right. Repeat it a couple of times."

"'Pull yourself together. Pull yourself together.' Gosh."

"How many somatics do you have now?"

"Well, I've only got one somatic now. There were five before."

So, the auditor builds up a vocabulary of these things and a developed sense of where they belong. But this is essentially a sense of dialogue, and it is something that is very important for an auditor to develop. How do people actually talk? Don't think they talk the way they talk in stories, because they don't.

For instance, the auditor could be working some fellow whose father was a race driver. He starts to run him and finds some of the weirdest pieces of Language. He finds somebody strapping down bonnets and flipping off the left shoe, and barreling, and so on, not terrifically aberrative, but they give a very strange color to the reactive bank. They may be all right as professional phrases for the things for which they were invented, but in the reactive bank they mean something else, and one could pick out all manner of professions which have aberrative idioms because of their literal translation. So, the auditor's vocabulary will increase in various fields.

Then there is seagoing vocabulary which is not uncommon in a bank, where somebody is talking about their going topside, and so on. Maybe Papa's a sailor, or maybe an affair with a sailor is in progress. So the auditor must be alert for the bizarre after he has judged the professional background of his people. But he mustn't think that it's all going to be bizarre—just half of it.

He will become very well acquainted with doctor patter, phrases like: "Rest between the pains, that's right. Rest now. Now bear down, bear down, push. Now push, now control yourself, control yourself now. Push. Control yourself, push. All right, now. Bear down. It's coming down now, it's coming down now. I don't know whether I can pull the baby through or not. The mother will probably die. I'm not sure."

"Well, it's too early to tell yet, I can't tell yet" is doctor's patter that is earlier in the bank and is almost inevitably in there. Mama's worrying about whether or not she's pregnant and the doctor is punching around. I never could understand why they punch. At the stage that they are examining the patient the embryo is very small, and how they expect to feel it through all the mass, or even feel the fluid with it, I don't know. Then they make this wonderful, safe adjudication on the whole affair....

So one gets someone into the basic area and they suddenly clam up, or they won't go into it at all. The only reason that is so is because it has got bouncers and deniers in it. Sometimes there is a misdirector like, "I can't go back at this point," which is a form of bouncer but also a misdirector because any point he hits after that is activated prevents him from going back until he gets to present time, and there he will sit supposedly stuck in present time, although the engram that is activated is clear back early.

The auditor should be able to recognize doctor patter. It doesn't do me any good to lecture about doctor patter, or racing patter, or what a sailor would say, or what they say when Mama is being worked on by the chiropractor, because I could go on for hours and hours. The best place to find this material is in a patient. And the more an auditor audits, the better the sense of dialogue he will get.

A sense of dialogue also requires to some slight degree a plotting sense. What would be said at this juncture? We know something of Papa's character. We know something of Mama's character. We know that this patient we are working on has sympathy engrams to a marked degree. Somebody was sympathetic, so we conclude that Papa was a sympathetic character.

If the patient starts running off something like, "Oh, I am so miserable. I just can't seem to get along or feel any enjoyment in life, and you were the cause of it," that is an indicator that somebody else is present, because from the phrase "It's your fault," it appears that he is talking to somebody. One auditor had a dialogue sense that was so poor that she had let the preclear go into convulsions all up and down the track until every convulsion on the track was jumping. And all that he was running as he went through these convulsions was Mama's dialogue, continually. But he didn't run all of it, and it never occurred to his auditor that Mama might have had somebody around her during the prenatal area. She was evidently operating under the delusion that Mama lived somewhere on the great American desert and had food sent to her by rocket, because she never asked for anybody else's conversation. And every one of these

convulsions was severe because the aberrative dialogue was the unspoken dialogue, another valence, which was the missing one.

Particularly on a psychotic, the auditor has to practically plot the case for him, and figure out what somebody would say to this person going through this dramatization. The best way to do that would be to say, "Now pick up the other persona voice," and usually he will suddenly start reeling off the other valence.

One may have to spot it up by saying, "The somatic strip will go to when somebody else is talking. Now the first phrase of the other person's speech will flash into your mind when I count from one to five." And all of a sudden he comes up with, "Oh, that's all right, dear, lie down. Just lie there for a while and relax. I'm sure you will be all right. No, nobody is against you. I know that you're going to come out of this. Now control yourself, dear. I know that I can be proud of you."

If the auditor overlooks the fact that somebody else may be around the patient, he is going to overlook half or more of the engram and always the most important part of it, because a patient will avoid the sympathy—that's valuable. He wants to be in the valence that got sympathy. Using one's sense of dialogue, and if one knows that Papa was a placating sort of individual, the answer to "Oh, you beast, you dog, you cur. I hate you, I hate you, I hate you. Get out, get out, get out," would be "Now dear, control yourself. Take it easy, take it easy, let's settle down now. I'm sure we can talk this over sensibly and logically."

It is sometimes necessary for the auditor to try some test phrases to find out what it is, because the patient is quite reluctant to go across the valence and pick up the rest of the dialogue in the engram. It's very legitimate to do this, they are not positive suggestions. The mind doesn't accept them as such, the patient just tries them on for size—"Is this what is said?"

An auditor's dialogue sense, however, should not carry him away into a belief that character is constant, because it is not. Most parents are not only ambivalent, but probably quadrivalent. There was a case recently of someone who had been playing out Papa on, "Dear, let's not be emotional, now let's be reasonable. I'm sure we can talk this over logically." All of a sudden Papa showed up in an entirely new dramatization, which was "Oh, what can I do, I get so discouraged. I just know I'm going to fail, I always have, I always will. What's the use of going on living?" This valence shift took place after he had uniformly failed in meeting one of Mama's rages with a logical approach. So Mama would break his dramatization as the logical valence.

Right in the same engram was much more aberrative material than we had ever touched. All we had to do was run it out a little bit further. But because of the violently different-character and some of its content, and the fact that it had down-droppers, misdirectors such as "I feel so low," the person was going off the line toward the bottom of the bank, and the most important part of those engrams, since Papa was the aberrative character in the case, was missing. The patient was not getting well. He would sit there and run out Mama's screams and Papa's placation endlessly. An auditor must remember that Papa nearly always has another tune he plays, and sometimes five or six more tunes, because he is undoubtedly quadrivalent.

So in this case all of a sudden Papa's self-pity came up as a dramatization. The preclear, in running this the first time, could be seen to droop and wilt and cave into himself as he was going over this material, which then broke the case.

The recognition of the fact that Papa might have spoken some other way would have accelerated this case. As it was, this turned up by accident in a late life scene. The person's case had not been well diagnosed in that all of Papa's phrases had not been scouted at the beginning of the case.

A psychotic sharpens the valences up, usually. As the person becomes more and more psychotic, the bank is more and more highly charged, and has a tendency to go more and more solidly into just one valence at a time.

But a person in a valence is usually speaking the lines of that valence. He is to that degree dramatizing his engram. An auditor can run a person halfway through therapy with the person doing nothing but dramatize, and the therapeutic value of it is not very high. They go on being sick. One has to get them out of that into the basic area by switching them over and getting the material that kicks them out of there.

The necessity for an auditor developing a fund of standard bank engrams of what people say in given situations cannot be overstressed. He has to get a child's-eye view of humanity at work which has never before been fully appreciated nor understood.

What happens behind the scenes? By tacit consent, people have been agreeing in churches and here and there throughout the land that human beings just don't do such things. Only they do. Some of the most extravagant and gruesome dramatizations I have ever listened to have come out in the home with the front door closed and the shades down. What happens there very often has no relationship to what the person is in society.

One can fully expect to find the gentleman of stern, noble, unimpeachable character to have a few nasty curves when he gets around the kids and the wife. It takes a lot of aberration to chain a man down into one of these stern, self-righteous valences, and that aberration will come out.

One of the first things an auditor does when he hears that somebody's father was a minister of the gospel is shudder slightly. There is absolutely nothing against ministers of the gospel at large, but if this preclear has come to the auditor in an aberrated state, upset, with a solid block on the second dynamic, and the auditor suddenly learns that his father was a minister of the gospel, at that moment he starts rolling up his sleeves and getting to work because he is going to have a rough case on his hands. This is due to the fact that a large percentage of people in that category have been very badly inhibited. Lots of them are against religion. They have revolted against everything in a lump sum. For them religion carries forward honesty, decency, the tenets of Christ, and so on, and Papa was awfully painful on the subject, therefore there is a negation against those tenets. Knock that out and nobody is happier than that preclear to have those things straightened out in a hurry. But we can expect a solid block on the second dynamic too, because that is one of the tenets unfortunately which is most bruited about.

Although this is a generality, the roughest cases I have had, and the preponderance of alcoholics I have run into, have had mothers or fathers intimately connected with religion, even when the mother and father may have done their level best—and religion, outside the engram bank, might have done its best—to make this person a good, representative citizen of the community. But the chatter inside the engram bank acting as reactive to man, mixed up with blasphemy and so forth, can do a great deal of damage to the psyche.

I am not against religion, but I am highly critical of religion when it gets inside the engram bank and gets mixed up with blasphemy or misconstructions of various sorts. After that, one has a pretty bad loop on it.

In the line of dialogue, if we are diagnosing somebody and we find out that Papa was a minister, we should find out what kind of a minister he was. Was he a good guy? Was he nice to children? If he was mean to them, even though he talked a lot about how the children must be saved, there is a blocked second dynamic, and it will trace down very adequately without the auditor having to ask the preclear bluntly at all to a very bad coitus chain.

Now, how did Mama feel about children? Was she relaxed around them? This will work in any case, not just with ministers. Was she nice to them, or did she get a little bit nervous because of them? The auditor, without asking a preclear the following question, will get an answer to it: "How did your father and mother behave in bed?" If either of them are nasty to children, you

are going to have a non-coitus chain. That is a rough generality that can be set up there as a jackleg rule.

A non-coitus chain is “No, I don’t want you. Go away. Don’t put it in. Take it out of me. Sex is nasty, it is disgusting. I don’t like it. Go away from me.” Or, “Why in the name of God I ever had to marry a man I do not know, but I guess its the thing to do so I just have to submit to it. But really I hate it, Mrs. Brown, I hate it.” All kinds of material come up on that, and it is bad because it is a super-bouncer in both directions.

Don’t ever get the idea that because a person has a block on the second dynamic that he won’t then approach the coitus chain because he thinks sex is nasty as a general computation. That is not true. But it is true that his sexual background, because of the nomenclature used about sex, acts as a super-bouncer on the coitus chain, and one is liable to find the preclear shot off to the sides of the chain.

As long as there are human beings there will be a variability in compute tation. The only reason this non-coitus chain is singled out is because the auditor is going to find it in America in about every four patients out of five.

Then there is the dramatization postpartum that “Babies are nice, babies are good. The thing to have is a baby; we’ll have to take care of the baby. My dear, sweet little boy,” and so on, and “I just love children, don’t you?” But the child, prepartum, was not a child. There is a common misconception that has ridden along with the society that the precise instant when the umbilical cord is cut is the precise instant that a child, by some necromancy, gains a human soul and an individuality, has feeling, can register, and you have to be nice to him. At that moment you can think he’s cute. But while he’s a bump in Mama’s tummy then he is nasty, vile and so on. He changes character utterly. It is a great surprise to the reactive bank; it’s quite a shock. It will raise the person’s emotional reaction on an identity level toward his parents or toward other people around him so that he knows very well that somebody is trying to kill him sometimes.

A sense of dialogue is absolutely necessary and in some small way an auditor has to be a good writer of dialogue if he is going to make the best auditor possible. I have run several cases where a failure on the part of the auditor to understand the mechanics of dialogue has slowed down the case.

Further, he must realize that people are not particularly stable. Just because one finds one type of attitude on the part of the dramatic personnel is no reason why there won’t be other types too. For instance, there will be the condition where Mama for the benefit of so-and-so and so-and-so loses children. But to Papa thatb something else entirely; children are dirty, nasty and no good. She doesn’t want any. She is merely keeping up appearances, hypocritically.

So, the auditor may find engrams which as far as the reactive bank can make out—because it can’t think—demonstrate that Mama was just fine. These are liable to come up because they are not particularly painful and the auditor may get this odd idea that Mama was sweetness and light and that there is nothing to be found of any value in the prenatal bank. Many people make this error, and then they begin to search a little further.

Another thing that happens is that in the period when a woman is pregnant she has a different glandular reaction which throws in another set of dramatizations having to do with her own prenatal area, and she acts very much like a different person than she does postpartum.

This is probably the basic reason why there is a change. She may be acting postpartum like Grandma. But unfortunately she was not gestated in Grandma, she had only Mama’s dramatizations to go on. So the organic restimulator is the child in the womb calling for a certain set of dramatizations, and while she is pregnant she is dramatizing Mama, but once the child gets born she can now dramatize Grandma.

This is an entirely different thing caused by a valence shift, and the engrams which arise are different. Perhaps in the prenatal period Mama will be shifting around because she gets nervous and anxious, and maybe Father's worried economically about things. In addition, she may not be in the best of health, perhaps if she has a psychosomatic illness of some sort it might be in full play. On the other hand, during the period of gestation she may be as calm as a truck horse and the instant the baby gets born, this is another life as far as she is concerned. So, it can go the other way.

Don't look for constancy in people. When one finds a person in the engram bank doing one thing, don't look for them to keep on doing that thing inevitably. Don't figure they are that predictable. They are only predictable for a type of situation. The child gets sick, this person is then very efficient, and one thinks, "Now that's a good person, that's a fine person." But then the auditor finds that when the child is happy, this person who was so efficient when that child was sick is now spiteful and bad tempered. "What's the idea of going around the house singing all the time? Get out of here, you little brat," and so on. This is an actual shift I discovered in a patient. Mama hated anyone to be happy. It was the crime amongst crimes. But she, as far as taking care of the child was concerned, nursing it when it was ill, making sure that it got fed, making sure its birthdays were all recognized, that nice parties were given and so on, carried right on through beautifully. But any moment she would get an idea that the child was really happy, she would take off.

The auditor is dealing with aberrees, and aberrees have many valences, many dramatizations. They can be many people. The mother, quite commonly, will tell the child all manner of weird tales about all she has gone through in order to bear him and rear him, what sacrifices she has made, of how much his father loves him, and the person is rather apt to get unsettled because it is unsettling to have such a radical change. It invalidates his data.

For instance, when he is young, he can remember very vividly that his father and mother used to beat him and kick him and raise hell with him from morning till night. But now all of a sudden at the age of 20, he looks over it and he can't put his finger on any of these things. It seems as if they never happened. But, track back on it and one finds that Mama customarily told him how nice they were to him and all of this is one set of data which falls over on top of the other set of data, until he doesn't know what is going on in his life. He is being told bluntly a block of lies. But he has "believe it" mechanisms such as, "You've got to believe it, you've got to listen to your elders and do what you're told. You've got to believe people. We have your best interests at heart. The only reason we're punishing you is because it will make you a good boy."

He has got all this material, so-when he gets up along the line someplace this material gets keyed in solidly. Then Mama says, "We were very nice to you. What sacrifices we made. There was never anything very harsh in your life. What's the idea of thinking you had a hard life? You know that you had a nice, pleasant life and everybody was very sweet to you." This becomes a lock in itself because of the other type of "believe it" engrams under it, leaving the person highly confused!