

SPECTRUM FROM PSYCHOSIS TO CLEAR

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The text of the beginning of this lecture is taken from a transcript dating from 1950. This segment is missing from the tapes found to date.

A Spectrum of Rationality

The worst errors that auditors can make are exactly two. One is invalidation of the preclear's data. That is a serious error which can lead to a great deal of trouble. The other is stated in the time-worn phrase "Failure to reduce engrams."

There is only one reason why an engram won't reduce: an engram similar to it is earlier in the case. That is resolved practically by finding the earlier engram, and running back; and if that won't reduce finding a still earlier engram and running back.

Naturally, there are such things as misdirectors: "Well, I can't go back at this point" sends the person on forward and operates as a bouncer. You will run into these phrases and you can catch one either by means of an answer flash or by hearing it and then running it several times rapidly to deintensify it. These will generally get you why the case is not proceeding properly.

In addition there is the non-coitus chain. The non-coitus chain is that series of incidents where no coitus takes place. Statements in the non-coitus chain are very simple and emphatic. "Go away," "Leave me alone," "I don't want it," "I want nothing to do with you." This may be complicated by somebody saying "Oh, come on," and so forth. If you find a case unable to enter the prenatal area it is wise to look for non-coitus. Discover by Straightwire how Mama or Papa stood on the subject of sex, and having found that out, scout along the line to find any of the earlier dramatizations. It is delicate going for these things. In this society one doesn't take into account that procreation is the very stuff of which the future generations are made. Students may be in a state of agitational jitters at first. This can best be resolved by trying to apply some of the matter and digesting it. Nothing aids this like application. I remember the first time I ever put my hands on a twin-screw vessel. They are complicated to dock without knocking off all the plates from the side of the vessel. Maneuvering a sailing ship alongside a dock has its tricks too, but one always has brakes in the form of sails; and if one comes up to the docks expertly enough he can always back the wind in the sails, even in a fairly large vessel. So that's not difficult. But a twin-screw vessel is a thrashing demon, yet very sensitive. You say, "Starboard engine, back one" (just back a little bit), you hear this big wheel under the counter go Crump! Cramp! Cramp! with enormous enthusiasm and all the water goes rushing up forward.

I know what you are up against when you start backing your preclear down the track. You have to be able to estimate your wind and current flows. That is the way it will look to you at first. Actually it is terribly easy. You have to know what you are listening to and you have to have a good idea as to what it means. The best way to get a good idea about it is to run some minor engrams.

After you have started a case, tried for a little bit of painful emotion and tuned up the perceptics, if you find your hands full from the time he fell down and bumped his knee, that isn't going to hurt anybody. Even if the engram is left half-reduced and all the bouncers missed, nothing is going to happen to this preclear to amount to anything. When you bring him back up the track, he is stabilized with a pleasure moment and the somatic will drop out. Now get the time he went down the hill with a tricycle and was upset; or get the time when her doll was broken.

If you can't get the preclear moving on the track, that is the best opportunity of all to find out about Straightwire. Straightwire will tell you where this person is located on the track. If you can't get him moving he is obviously stuck somewhere. If he is unable to contact any pain in the engram, find out whose valence he might be in. In other words, just go at it with Standard Procedure. Try for painful emotion and so on.

If you get the case moving, see if you can get into the basic area by running a coitus, a courtship, kissing somebody, or some other moment of sexual pleasure, without the preclear having to say a word about it in description. Take him to that stimulating moment and, without asking what is really happening but just making sure he is there, send him right to conception.

Remember, conception has a sperm sequence and an ovum sequence. Sometimes one or the other does not have much charge on it. The bulk of these have no pain in them but occasionally there is a yawn. Once in a while there are three or four incidents that appear to be before a conception which does not lift. Then getting the bouncer earlier gives you something to lift. Look over the case and see what you have got. You can talk a lot about Dianetics, but beyond a certain point you start to pile up on a logjam there until you start putting some of it into action. Student auditors should do some auditing.

There is a certain series of goals for which you are reaching. The first two goals are to try to reduce a grief engram, and to erase a basic area engram with yawns and so on. It doesn't matter which comes first—whether your grief engram is one and a basic area erasure is two, or basic area erasure is one and a grief engram is two.

You can erase an engram, by the way, and take everything except its unconsciousness off it. If anaten remains, it is a clear sign that there is an earlier engram which is holding down unconsciousness.

The next goal in the case is to be getting an erasure. When you have run off and reduced one engram out of a case, you can say that the case is opened, the preclear is moving; but when a case is beginning an erasure, that case is well opened.

Your next step is a release. A release has most of the painful emotion off the case, or he has had its chronic somatics eradicated. Either one is a release, and one takes care of the other fairly well.

The next step is an erased case. Enormous numbers of attention units are freed in the process of erasure up the bank. Freeing these gives the mind so much verve that nothing can restimulate for a while. There may be some minor grief discharges or some odds and ends left on the case that wouldn't ordinarily appear at that period. The case should be run for a few hours after about 90 days, and you will pick up anything that is left during this check. The case is then checked at six months after the last point of erasure. If the case checks out there, you have a certified clear who absolutely will not relapse, there will be no curve on it. Any erased case is loosely called clear, but it's a long way from a checked and certified clear.

As you attain your goals, one by one, you will know that the case is doing fine. If it doesn't move into one of these stages or improve markedly, doesn't seem to be increasing in potentiality over any fortnight of auditing, something has gone wrong and the case should be opened all over again.

A well-opened case may suddenly bog due to bad auditing or bad environmental changes. Somebody may be around saying, "All is delusion. You are just imagining things," so continually that the preclear more or less folds up. But by and large the trouble is caused by just a new computation suddenly rearing its ugly head. Knock off that new computation when it comes up. Sometimes you have to treat these as case openings. Once you get some unconsciousness off a case it gets easier and easier to get material out.

The psychosis-neurosis-normal-release-clear spectrum is very interesting. Graphed, it is the measure of improvement in the case. We plot states of being against the time it takes to achieve them. The spectrum moves toward increased stability in a person. The change from psychotic to neurotic, if it's going to happen, happens on the average in a very small number of auditing hours. To be colloquial, a psychotic bleeds fast, unless he falls into the inaccessible paranoid bracket and the auditor neglects to find out who in the case felt everything was against him.

"Against me" as part of the content of an engram has a very marked solving effect on any paranoia case. Many people have "against me" without being paranoids; but if somebody shows up paranoid, run "against me" on him. You will find there is somebody on his case who felt all the world was "against me." This computation shoves all the engrams up against "I," and when it is triggered "I" is deluged and sort of drops out of the case. Knocking this out produces a marked effect.

Not all psychotics are easy to treat, easy to break, easy to handle. That psychosis which our society calls criminality is occasionally very hard to crack. A person seems to be conducting himself well in the society for long periods of time. Then, all of a sudden he murders or robs. That's psychotic. Into this same category fall a great many paranoiacs. (The paranoiac is distinguished from a paranoid by the fact that he believes a specific thing is against him, and a paranoid just feels that things are generally against him—a useful differentiation made by psychiatry.)

The paranoiac, like most psychotics, is infested with demon circuits. He is under a heavy battery of controls. Large sections of his analyzer are sawed off by circuitry. Occasionally you are made to feel that you are talking to a person who is very convincing and who has a great deal to offer, but you sometimes feel there is something wrong. You don't quite know what it is. He may not be a psychotic paranoiac, but he probably has psychotic tendencies. He causes a great deal of trouble but very often disguises it by trying to be a great deal of help. But the help he gives causes enormous trouble.

A very clever paranoiac was Hitler. He was going to help everybody out but he wound up with everybody dead. It just sort of happens that way. These are the hardest psychotics to detect, and they illustrate a special psychosis of criminality that is somewhat neglected. The police forces are left with this whole problem on their hands. Criminality is a definite psychosis; it is contagious and thoroughly as dangerous as any other psychosis running around loose in society.

Dianetically, psychoses fall into two categories: inaccessibility because of irrationality, and inaccessibility because of uncooperativeness. The second breaks down into two classes: obviously uncooperative and covertly uncooperative. You substitute that for "covertly hostile" and you will have a clear understanding of that psychotic. The term "covertly hostile" has permeated psychiatry for a long time. They talk about covert hostility at the point where it comes into a psychotic classification, that is, where the person is no longer able to handle himself in the environment. That might well be the definition of psychotic, which is a terribly general term. You know them when you see them. The mind can measure these things sometimes when definitions can't. The mind is very good at saying how red is a red bicycle, and in just such a way it can say how psychotic is a psychotic.

Rationality, of course, is one long spectrum, which at its bottom finds a person unable to solve at any time, ever, any problem relating to his own existence in his own environment. Just above that is the person who is occasionally completely unable to solve any problem of any kind in his environment. This is the acute psychotic, who is only occasionally that way; but he is just as psychotic as the chronic psychotic, the person who is that way all the time.

Psychosis in its acute state, restimulated, is fully as dangerous as the chronic state, in fact, more so. Whereas we are warned about the chronic psychotic, the acute psychotic baffles us. A person goes into a screaming rage suddenly and does something, then the law calls it

“crime passionel” or something of the sort. Acute psychosis, a temporary break which will patch up afterwards, is most prevalent in the bracket of criminality. Criminals are normally acute psychotics. That is to say, they will occasionally break, and in the psychotic break they will do antisocial things.

There is another classification of psychotics: the one who is dramatizing one or more engrams, and the other who is computing. We could call these the dramatizing (or engram) psychotic and the analytical (or analytical demon) psychotic. The engram psychotic does nothing but run the engram. If you go into most institutions, you will find these are the commonest. You will be in for the little shock of seeing an engram, a beautiful engram, being run off over and over. There it is. The engram can be in the process of continual dramatization, or the psychotic can be in a continuous state of obedience to it. In other words, he either dramatizes it or obeys it. In either way he escapes its pain. This is how a psychotic gets locked down: were he to fail to obey or dramatize it, the pain would get him. He would have to take the full pain of the incident, so the reactive mind says, “Dramatize or obey.”

Valences are very important in psychosis. Valences are allied to circuits, although the manifestations are different. The engramic psychotic can flick into 15 or 16 dramatizations; or, in trying to remain as “I,” he obeys the commands which are handed out by these engrams. Any psychotic “I” is swamped, more or less pulled out through the bottom of the case. “I” is no longer powerful enough to control the body. Other control circuits have taken over, so this person is being continually pulled by this valence or that one.

As you run a psychotic, you will find the valence walls are very sharp, you can almost hear the clicks as he goes across them. He drops over and there is no “I” left to monitor. This is the characteristic of a psychotic—no monitoring “I.” The monitor has been absorbed by valences and circuits. In running an engram, this little tiny scrap of “I” may be in complete obedience to these engramic commands, or it may move into and dramatize one or another valence. The demon psychotic has no “I” at all. “I” has taken up residence in that demon and is that demon. Identification takes place between “I” and the analytical demon center, so you are listening to an analytical demon with such a psychotic. It’s very much off line on Standard Procedure, but you can get close to the demon, talk to it and get back some weird answers.

If a person were ever swamped enough to become a psychotic, that demon would be the only thing which was talking. It would have control of his mouth. Down the track, the psychotic probably has several engrams causing these demons. It’s a complex problem, but we don’t find it complex in this respect: “I” is always inside the demon. In other words, the demon is the person. Demon psychotics appear rational, they are computing all the time. They say, “The Western Union Telegraph Company today ran wires into here. And they’re listening to what I am saying at this very moment at the White House.” They explain to you, “You know, I am actually president of this whole institution, and I am very busy. I am very busy,” and they start picking up mythical phones and giving orders. They are computing. That is the difference between the analytical psychotic and the engramic psychotic. The engramic psychotic does not compute. He just acts or obeys.

We shouldn’t use the word personality in connection with this because they are not personalities. They are just slums of the analytical mind. But the demon, because of control circuitry and so on, can set itself up so that there may be many personalities. I found a psychotic once with 28. Their force and power was fantastic. Each one was completely different. And why not? These were the valences and the demons left in the person through past moments of unconsciousness, assisted by a command which let the demons alternately take over one after the other and be the person.

All you have to break in such cases is control circuitry. You need not try to find even the identity of these people. You want to know who said “Control yourself.” You want to persuade this person into repeating “You have got to do what I tell you. You can only think what I tell you to think,” and other commands which cause analytical demons.

You will compile quite a list of those commands as you get experienced as auditors. There must be hundreds and hundreds of them: "Get a grip on yourself," "Fight it down," "Calm down," "Control yourself," "Snap out of it." They set up artificial "I"s pounding against "I" till the terrific demands against it knock out all the attention units. What you want to do is get this little vacuum of attention units filled up again. Get some attention units to the person's own valence.

Running an analytical demon psychotic is thankless and arduous unless you quite by accident clip into a grief discharge. That is the way you really solve a psychosis, because it seems to be grief which does the final conversion on the psychotic.

Naturally, the triangle of affinity, communication and reality is at work too. Communication cut off by control circuitry will destroy his reality and affinity, out goes "I" as the monitoring unit and in its place, in the one type of psychotic, is the analytical demon.

The engramic psychotic, who dramatizes valence to valence of the engram, is always held on the time track. If you can get this psychotic pried loose from the holder, there is always the startling possibility that he may come up to present time sane.

We are not that fortunate with the analytical demon psychotic. He is held in place by control circuitry, engrams have become restimulated, and grief has ordinarily poured over him and converted the anaten in the case (if that is what grief does). It presents a much broader picture, because this person is agile. For instance, we find out that he may even have different names for himself. Today his name is George, tomorrow he may be Peter, and a few days later he may be something else. He has distinct personalities which are not real personalities, but analytical demons set up by commands.

We have these three types of cases. The analytical demon psychotic we resolve by knocking out the control circuitry after first trying to get some grief off the case. With the engramic psychotic (of course they are all engramic psychotics) who is doing nothing but dramatize, we try to get him to repeat the holders, bouncers and so forth in the engram which he is dramatizing, and to shift over into other valences. Particularly get the bouncers and the holders out of this engram. Of course, we also want the deniers and the rest of them if this doesn't work, but sometimes by simply shooting the bouncers and the holders out, he will come up to present time. You get him to repeat these things, and with what fine art you do this.

The psychotic who is dramatizing is 100 percent in the engram. It's a reliving of the moment.

On the other side is the psychotic who is obeying. You will find out that he has a few attention units that can still be moved on the track. This one is easy because usually these cases are so hot, they are so live, that you start what is left of "I" down the track into a grief engram and you get a spectacular explosion.

If you want to walk into an institution and do tricks, pick someone who can still move a little bit on the track and can get into a grief engram. It is like tinkering with a 10,000-volt switchboard, you get sparks all over the place. It becomes very interesting, even on what they call a catatonic whiz—a person who is lying motionless, more or less inert. (A gradient of a catatonic would be somebody who maybe couldn't go out of the house. He has restricted motion, so there is less and less motion until finally the person will lie in a complete state of motionlessness.)

As an auditor, you will sometimes see your preclear down the track rolled up in a ball or doing various things. You will find psychotics are doing these things too, only they do them all the time, or they do them from 10 to 2 o'clock every day.

You will find psychotics who run on very accurate time clocks. They have to be in wet packs all morning, and in the afternoon want to go shopping. Here the engram has a time clock on

it, it goes into play every morning, and the time tag on it says from 8 to 12. Another engram had a time check on it for 10:51. At 10:51 at night it triggered, and it triggered at 10:51 every night, but it was worse on Mondays. And it did this as a cycle. Of course, this was the time tab on the engram.

In treating psychotics, there isn't very much to say. You either get to them or you don't, and it may take you a long time or a very short time. You have to establish accessibility. Their accessibility and obedience depend on your winning their confidence. These all depend upon your patience. You may work on this person for two hours on Monday without getting a single response. You may work for two hours on Tuesday and get the response of two words. You may work on Wednesday, and for three minutes of your two-hour period get a response and actually get them to repeat a holder. They go over the holder a few times with no results. On Thursday you contact this holder again and get them to repeat it five, six, eight times, and all of a sudden they laugh and say, "That's silly." You get a psychotic to repeat something by working continually.

I worked an analytical demon psychotic who had as circuitry the command "You've got to behave yourself." This case was salted with it from one end to the other, probably all through the prenatal bank as well. I actually got her back to an early "You've got to behave yourself" and got her to repeat it. This was a triumph because this person was a transvestite, had for five years been a psychotic, had had 100 electric shocks with curare, an undetermined number of insulin convulsive shocks and a very large number of insulin comas.

She went over the phrase "You've got to behave yourself; you've got to behave yourself; you've got to behave yourself. You've got to be " She paused. "Doctor, why do I have to behave myself?" she asked me suddenly, and at that moment dived off into an irrationality.

Actually, Old Man Pain was standing right there ready to come through the instant she questioned this engram. What kind of a beating accompanied that phrase I don't know, because her attention units were so few. For instance, she would go through a normal conversation with the phrase "Well, I think I'll leave now" in it, and she would bounce and you couldn't get her back down on the bouncer.

In handling a psychotic, you are working with practically no force, so you really have to cope.

Psychotics are not strictly our business, and in Preventive Dianetics we have very definitely the tool which will prevent psychosis. Our biggest job is to prevent future psychoses rather than to go charging out in the world today to rescue every psychotic. In the first place, many of these psychotics have been put completely beyond contact. Electric shocks are quite often remediable, they are not fatal, and if a person comes through a few of these shocks and can still pilot himself around in the world, he can still be squared around by Dianetics. But after 100 electric shocks, convulsive shocks with curare, it is getting too much. The point of no return has been reached.

Iatrogenesis (which means damage caused by doctors) is not the only reason why the psychotic is a tough problem. About 30 percent or more of them are organic psychotics. There may be psychosis or aberration demonstrated, but something has happened to the nervous system on an organic level. And that something is not peculiar; you can lay your hands on it. It would be like somebody getting a bullet in his brain, or going through a wall and getting a fractured skull or a broken spine which deranges his nervous system. For instance, a brain tumor often sets in with a punch-drunk fighter. But a lot of what makes a punch-drunk fighter look punch-drunk is just the engram "Get in there and fight, you bum. Get up! Get up! Kill him! Kill him!" They are listening to this while being slugged continually.

Of course, anyone who would adopt a profession which places around him a large ring of maniacs, and who permits himself to be hit and jarred, is crazy in the first place.

Although we are working hard at this time on the mechanical side to increase the accessibility of the psychotic, he is a ward of the state and very properly belongs in the hands of a psychiatrist. A psychiatrist knows how to handle him but he really has my sympathy because it is a nasty job. Institutional psychiatrists have really been holding that line with a two-bean shooter. Of course, psychiatry means the practice of mental healing; it doesn't mean a school of healing. We are doing our best to put in the hands of psychiatry better weapons. That is actually the extent of my belief in the function and duty of Dianetics toward the psychotic.

As professional auditors, though, you are going to be called in on many cases by psychiatrists and by family. If you are called in on a case of a psychotic by a family, the first thing you do is to find out what psychiatrist or what medical doctor has been treating him, then you contact that doctor and handle it in cooperation with him 100 percent. The family quite often doesn't know anything about the case. The case may have had many things happen to it from various channels of which you would know nothing. Just to enter it blank is dynamite.

A psychotic has broken in the past and he will break in the future. Somebody may come along and say to him, "Do you know that the caves of this world are filled full of little men who are seeking to rule mankind?" He may be very interested in that and the next day have a break. Or he may go down to a bar and somebody gives him a drink and a restimulative word, and right there he has a break. Or his wife during the course of his treatment suddenly decides that he has to be bawled out again, and he breaks. When you are dealing with psychotics you can expect them to fluctuate across the slight line of rationality—from ambulatory, able to open doors and maybe even talk to people, into a precipitation. Psychotics are cyclic this way. Very few are static day in and day out.

Find out before entering a case if there has been a history of breaks or if the person has been institutionalized. A doctor would not think of touching somebody else's patient without finding out what has gone on. As auditors you shouldn't think of testing a psychotic without a very close liaison with the psychiatrist or medical doctor who has had this case.

I know that you will occasionally be sparked up to a feeling of great gallantry, a feeling that something must really be done at once. This person may be clinging dramatically to a ledge, ready to take the plunge down into the canyon of the street, and you think, "Well, here I am, an auditor. I should know how to push his button in order to get him back into the room." The only way I know of to push his buttons is to take a pistol out on the street and start shooting at him. He will go right back inside. Don't start using Dianetics suddenly and impossibly on this character that you know nothing about. Possibly he is one of these analytical demon psychotics. Boy, that really takes some work! So, the psychotic really belongs to the psychiatrist.