

## CHILD DIANETICS

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### Success in Working Children

Children are very difficult to work with the full parade of Dianetic Standard Procedure before the age of 8 or 9. I have seen children worked at 6 with success. I have worked a little boy of 4 with success. But when you think of the rigors of your own cases, you will appreciate that the partly formed mind of a child is no weapon with which to confront an engram bank as tough as some of those you have seen.

So a child is not quite in the same situation as an adult. In the first place, the analytical mind of the child from the standpoint of growth is smaller. It is not as fully developed. None of the working parts are missing; but the nerve tissue, and so on, is not as fully grown. It is less mind. Additionally, the child has less data; but much more importantly, the "I" of the child has not yet been disciplined by life into its own control of the organism.

Self-control—real self-control—is "I" itself being able to control the body. Control circuitry is an artificial "I" which itself is seeking to control. Any "I" controlling the body has the ability to put the preclear into a state of complete cooperation with the auditor, whereas the outlaw "I" as laid in by control circuitry does nothing naturally but fight the auditor, just as it has fought "I."

The child has no real self-control. What would a little girl of 5 do in the real world if she ran into a situation like Mama falling down on the floor and fainting? The little girl of 5 goes back down the track, that's about it. If you send her back down the track to the interior world, which is just as thoroughly real to "I," and she runs into a situation of Mama trying to kill her, she doesn't know how to take it. As a result, she can become very upset. When you touch children like this you never know what their actual parental background is, even though Mama says, "Oh, no, I never did a thing to the child." Innumerable mothers never did, but at the same time you can't take their word for it. If you ask the parents "Is your domestic life calm? Do you quarrel a great deal?" Mama and Papa are both likely to say "Oh, it's calm as a millpond." Yet Mama sort of hitches up her dress and there are five bruises on her shoulder. I have seen that several times.

The social repression against this violence, which is actually a cause of it, is so thorough that you as auditors will not get the information you need to heed this child's background.

The parental data is thoroughly sour, ordinarily. The child, because he usually has less engrams in restimulation than the parents, has a far greater accuracy for dates and incidents. Parents, you see, think an adult is superior, therefore an adult's memory should be better than a child's. Little Rollo says that he can remember when he was 6 months of age and "we had a maid named Bertha," and Mama goes, "That's silly. He must have overheard us talking about Bertha. No, Rollo, you can't remember." Because she can't remember clearly back to then, naturally a child couldn't; she obviously has a better mind than the child. What sloppy logic our civilization has made!

If the child is being blocked on memory of that character, usually Mama has a guilty conscience. There is something she evidently does not want this child to remember. Anybody who will try to suppress the memory of a child has a good reason. The whole society has so many reasons that by contagion we finally decided that nobody can remember back to birth. We have all practiced tacit consent and so we close it out.

Actually, you can start picking up aberrations and start stripping them back by straight memory. You can get clear back to infancy by just insisting that the memory reach into it. This aberration fighting you, as an auditor, is one of the tests of whether or not there is something back there the child is not supposed to remember. Don't ever let Mama or Papa invalidate the child's data, because they have a great deal of altitude and can do so with great ease. They will send this child into as thorough or more thorough a spin than an adult will go into.

The child is usually in the environment which is most restimulative to him. He is in a tough spot. There is Mama and there is Papa. He can dramatize Papa, but this will make Mama furious. He can dramatize Mama, but this will make Papa strange about the whole thing. I am talking now about anger dramatizations. If he gets as angry as Papa gets or is even apathetic, he is going to have these same reactions on Mama that Papa has had.

In other words, the child in a household that is not peaceful is in the horrible situation of not being able to dramatize his abreactions, and his aberrations are broken continuously. If they are broken enough, he is driven crazy. Most people are crazy. I use that as a strong word because it seems that something should be said strongly at that point to make you realize that the child of today is filled with much erroneous data. Regulated, overlooked, they feel importance is denied to them. Children are not important even in the best of families now, so they have done to them all the things that derange the first period of their lives. It is a happy, happy day when a child gets up to 15 and 16 and can say to the whole menage, "Go to the devil." The child who lives through it and gets up to that period and can still say "Go to the devil" generally amounts to something.

Talking now about children you will treat, you won't see the children who live in the quiet, well-ordered household where they are given a balance of discipline, no nagging, cared for, loved, and so forth. You will see children from broken homes, from various quarters neither peaceful nor calm.

Treating a psychotic whose mind is not completely developed, you try to attract his attention. It is a matter of accessibility. You have the same problem with children. For instance, the child says, "I don't want to go out today." That is a dramatization of an engram that was laid into him way back. It happens to be Papa's dramatization when he didn't want to go to the movies one night and they had a dreadful row in the engram. He said, "I don't want to go out," and this catalyzed Mama who had an engramic response to it. She said to Papa, "Well, you will go out or I will know the reason why." Papa and Mama know all the other halves of the child's engram, and they use them. So the child says, "I don't want to go out," and Mama says, "You will go out, or I will know the reason why," which puts the engram into 100 percent restimulation.

So we have "childhood illnesses," those vicious things that are written down so innocuously in the records and which kill so many children. It is all very well to say "Well, there are a certain series of diseases which attack children," but one should also say that there must be a certain series of conditions which predispose children to having diseases, since not all children get these diseases. Not everyone in a society is equally liable, so a top-heavy system of immunities and so forth has been built up which has some validity but certainly does not cover the picture.

A disease is predisposed, precipitated, and/or perpetuated. If a child is ill, there must have been a predisposition, except when you get enormously powerful bacteria developed in some other area which have all the equipment necessary to overcome the natural body mechanisms. There are parts of the world where syphilis is just a matter of course; but that same disease transported to a part of the world which had never contacted it before resulted in terrible impact. That type of disease, of course, is beside the point, except to show this interlap of predisposition and perpetuation. The bacteria merely is a precipitating item, not the predisposing item.

The predisposition is the engram, where the largest percentage of psychological illnesses are grouped. A child, then, whose dramatizations are continually broken gets exactly what happens to anyone whose dramatizations are broken. He gets the somatics. If he can't put it out, he gets it back. Papa saying "He can't," and Mama saying "He can't," bring it all back on him until he gets all the somatics. This might leave him with a chest injury and the bad eyes that he got at birth. Prenatal injuries will one by one be picked up and thrown at him. Welcomed enough, many a child has become a very sound and able mechanism. He is growing, he has enormous powers of recovery. These are balanced by an enormous predisposition, because he is a child and because of the other factors, to keep on having his somatics restimulated in him.

Children can live through it, but some of them don't live through it very well. They are having things thrown continually in on them, restimulated, locked. They have no independence of action. They are living in a world of giants, which at the least provocation and sometimes for no provocation crushes events.

The world of the child is actually described as a world of delusion. It is a wonder that it isn't hallucination and everything else. Actually, their imaginations are very, very active. You would be rich if you had your imagination as active today as it was when you were a child. Now, their lack of data will sometimes tell them that the boogeyman exists. They have no data about it. Neither have we, but we pretend we have.

So, one who tackles the case of a child tackles a rather sticky case. One is going to have a tough time of it unless he is able to gain the accessibility of the child and able somehow to checkmate the invalidation and so on which the child will receive at home as a result of what he tells them about his treatment.

Of course, he will get very accusative toward his parents. The auditor breaks up the apathy and gets him up into a fine tone 1,1 and he goes home and looks at the old man, and looks at his mother. Papa and Mama say, "Well, what did you do today, Willie?"

"Ha!"

"Well, look, you'd better be polite to me."

"To hell with you."

"What's gotten into this child? Dianetics is ruining him."

They are probably not going to let him get mad. They are going to break him down into a nice tone 0l again. So there is this obstacle to overcome continually—invalidated data and that sort of thing. A person has to get mad before he can get well. He has to get into a tone 1 before he can get into a tone 2.1 It goes up the scale, the whole tone of the being goes up that way.

A preclear who is not able to get angry and who does not feel a little bit mean about the things that happened to him is still down there in tone 0. As long as he stays down in tone 0 he is not going to get well. He has to be brought to tone 2 through tone 1. He has to get angry with people because he has to get to a point where he would have popped them had he been able. Take a case whose husband, for instance, has been invalidating the data, saying, "Oh, well, that must be a lot of fun. That isn't doing you any good. What do you act that way for? There's nothing wrong with you. It's all in your head." An adult who has a lot of data theoretically could handle the situation. But when you are working with a child you really have to overcome that. The best thing to do is to call the parents in when you are going to work a child, and tell them, "Now, do you want to kill your child?"

"No."

This is not after something has happened. This is before you let them see anything happen, because invalidation by the parents can be almost fatal to this case. So say to them, "You let this child tell you whatever he pleases has happened to him. You let him tell you anything he wants. Then don't tell him that it's a lie. Don't tell him that it didn't happen. Maybe it didn't happen, but maybe it would be better if we let him believe it happened."

Of course, you are going to get all the hot dope. As the child goes a little distance into Dianetics the parents are suddenly going to realize that you are reaching into their most intimate domestic affairs and they won't like it. I have seen Mama attempt to keep a sick child just as sick as possible because there was a lover in the case. Here was the bank which contained the data in this little child, and Mama doing all sorts of extraordinary things to pull that child out of therapy, when it came to her great reputation. They didn't care whether the child had chronic sinusitis and weighed only 62 pounds when he should have weighed 90. They had to worry about their reputations, although they didn't realize this or think it out that way.

So, one of your big problems in treating children is the parents. The best way to go about it is to give the parents a release, and then work on the children. But if you are unable to do this, you will run into the other situation. Now dissemble, misdirect or do something about the parents in this case. Tell them, "Well, I never believe anything the child says anyway. He says a lot of things that aren't true." Once we dispose of this problem of parents, and find out whether or not we can put the child into reverie and get anyplace, we can start.

The first problem always with the child is that of accessibility. The child has to want to tell you. Patting him on the head and talking baby talk is not going to get you any hot dope. The thing to do with a boy is to shake him by the hand and say, "Well, man to man . . ." With a girl the way is to chat with her. The instant you start playing down to children they don't play up to you. If you can possibly get the child to play down to you, that is fine. You don't want to try to establish altitude with this child. Just get the child to like you enough to want to confide in you a little bit. A way to do it is to appeal to the child's stomach. The way to a child's engram bank is very often through his stomach. The rate with a certain little child was about five ice cream cones per engram. But if this problem of accessibility is too great or if the child is unable to perform the rudiments of reverie, there is only one thing you can really do with the child: straight memory. You can accomplish great things with straight memory if you can just keep blowing out locks. After all, you are dealing with a very small span of his life. You can generally find his key-ins and knock them out. Eventually you may get a child into reverie.

Working straight memory is no different on a child than on an adult. It goes best when only done for 15 or 20 minutes a session. Do it very briefly, and ask for the material that is to come up tomorrow. Very often the material you ask for will be there tomorrow. Keep this up. Working on a child for longer than 15 or 20 minutes is almost impossible anyhow.

Theoretically, if you do a very good job on the child, you should be able to knock out almost any chronic somatic by knocking out the key-ins, not by addressing engrams. The child has insufficient self-control to go back to the engram and fight it through. Remember the equation on charging the engram: The analytical mind of the auditor plus the analytical mind of the preclear must be greater than the force of the engram.

However, with a child, the analytical mind of the auditor plus the analytical mind of the child is often equal to or less than the force of the engram. The poor little kid may get back there locked up in an engram, and then it takes him three or four days to get out of it. This does not mean that you should not try, but it does mean that you should not force him. You should never force a child or hammer him. There is what they call the slugging technique, the technique where apparently the auditor is going to break out a baseball bat if the preclear doesn't get the engram. This can work with adults but you shouldn't break rapport with the child.

The world looks bright to the child until all of a sudden somebody starts to break up affinity with him. So you find a few of those breaks. You find out who interrupted communication. You can find out who told him he was lying when he was telling the truth, therefore who broke off reality. And every time you repair a corner of the ARC triangle the other two are going to get better. So, it's a problem of affinity, communication and reality. They are close on the surface with the little child.

Children are quite cooperative. I have put on a few little demonstrations with them so that they came right through. One little girl who would not work in reverie or straight memory would just twist and twist and twist. "I want to go out and play. I want to go out and play." She wanted to get out of there was what the engram was saying, so the problem of accessibility was as great as it might have been with a psychotic, only you couldn't find the engram in this child. No accessibility there. Finally I said, "I bet you can't say 'It's a girl.'"

She started to repeat "It's a girl" and turned on a headache, a tough one.

I said, "Well, you don't like that headache, do you?"

"No." "Well, how did I turn it on?"

She got interested. I said, "Well, I turned it on; I can turn it off again."

"I don't believe it."

"Why, sure, I can turn it off again."

I ran her through a pleasure moment and keyed the darned thing out again, straightening out the track.

A lot of children are in light trance. Those who are very dopey, very slow and sluggish, generally have birth in restimulation, or a prenatal in restimulation which contains a general anesthetic. An anesthetic at birth is almost guaranteed to take a half or a quarter of the awareness of the child because Mama, the prime restimulator, is present. They have one engram in common—the birth of the child. It is the same engram, and Mama is liable to dramatize it when she associates the child with any pain or discomfort. So, the child has birth in continual restimulation around home. The metering system of the body says the child has so many units of chloroform in him, and this can be keyed out and keyed in.

One little boy came to me in a very dopey state. He had been in light trance most of his life. He had a "You have got to believe what you're told. You have got to believe your teachers. You have got to believe anything you are told." And he had an "I can't believe you." With this combination, of course, one goes in a very highly suggestible state.

So I told the little boy, "Now your feet will rise off the floor."

"My feet are not going to rise off the floor. Of course they're not going to rise." And they started to rise. He looked at his feet and he said, "How did you do that?"

And I said, "They can drop now." Thunk!

Children are quite suggestible. The curve of hypnosis rises steadily until its highest level about 10 years of age, and then falls clear off at about 15 or 16. Then they don't believe in anything.

This little boy was fascinated with the idea that any time I told his right foot to rise in the air it would. Then I could tell his left foot to rise and to stay there. They would both stick out in

front of him and he could not get them down again. Then I could tell his hands to rise out in front of him and they would. His family really had him in a fine state of anaten.

He figured that I could probably do anything then so he just kind of said, "Well, what do you want to do with me?"

So I said, "All right. The file clerk . . ."

You can actually describe Dianetics and the equipment you are using to a child. One professional auditor's little boy is a fascinating character. He walked in one day and his aunt was there. She was saying, "I have such a somatic. I have got a terrible somatic."

So he said, "All right; close your eyes." She looked at him and blinked. And he repeated, "Close your eyes." So she closed her eyes, wondering what was going to happen. And he said, "Anything I have said to you will be without force when I utter the word canceled." He continued, "The somatic strip will go to the beginning of the engram. When I count from one to five and snap my fingers the first phrase of the engram will flash into your mind." The boy knocked out the engram, brought her up to present time, and canceled. He is 6 years old and as a matter of fact probably a better auditor than lots of adults. Of course, he has seen processing going forward for a long time and has had processing on himself. He runs pretty well.

You will find in running children that the most handy part is grief. They will cry over almost anything. You go back and pull up grief, grief, grief, grief, and you get them squared around. Run that grief as engrams; it's the easiest thing to reach in a child.

A little girl, being sent back down the track, would pick up the somatics and would run the engram but the word content of it would be "Boo." Well, it was known very well that engrams don't run "Boo," but little girls would think engrams went "Boo"; so everybody just invalidated her data and said, "Well, she doesn't run so well."

One day they took her right back down the track saying, "We will try again." And she went over "Boo" again, got a little somatic, and right afterwards said, "Stop, you're tickling me." The word wasn't "Boo," it was "Pooh." Her mother uses "Pooh" continually. Her father would tickle her mother playfully every time he went by, and she would say "Pooh." It was an actual engram and that was its content. So it isn't fitting that you should immediately declare "Childhood delusion is chronic with childhood, and children don't tell the truth, they don't know what's going on; therefore, the engram this child's running is jumbled up."

The engram may contain a fairy tale and may sound just like the most fantastic thing you ever heard. It may be out of the prepartum bank rather than the postpartum bank, particularly when there is an older child. There is the child bouncing on Mama's lap while Mama is reading a fairy tale: "And then the fairy godmother came, and the three white mice . . ." and you run this as an engram. Mama will sit there and read and read; and she will tell them stories, talking on and on. A little child is likely to have one of those things in restimulation, because he will read fairy tales and fairy tales have been read to him. The engram which is handiest, which is the most restimulated engram, is roughly the one that is most likely to come up first. So the fairy tale engram will pose a problem to you occasionally.

You will think a child is telling a fairy tale as an engram. When a child is sick the parents are prone to read him things by Eugene Field, or stories like "Little Orphan Annie" and others hardly calculated to soothe his mind and heighten his sense of reality. So do not judge the child harshly on his data as it is most likely to be that data which has been restimulated.

Now, on Straightwire you want to know just the things you want to know from an adult. Do not treat the case differently in any way. Actually, once you have achieved the accessibility of the child, you do not break the Auditor's Code. It is Standard Procedure. Through Straightwire you can have a great deal of success with children.

The illnesses of a child are generally immediately preceded by a standard dramatization of somebody else in his vicinity. In other words, quarrels and upsets will precede childhood illnesses. There will be exact circumstances which cause an engram to go into restimulation. We can bank on engrams as the predisposing thing. The pathology of the child is not bacteria but is a lock of some sort. You will do well to go back and find the locks. Suppose a child has chronic colds, lots of colds. Go back and find out what preceded these types of colds. There will be an emotional, mental disturbance preceding the pathology in the usual course of childhood illness. It will be hard to find sometimes, but you can discover it.

Remember that a child is very often under security. He is not supposed to tell what has happened in the household. If he comes from a household which is upset and filled with quarrels or brawls, it is likely that he has had a suppressor put on him. Get his confidence, and try to find a suppressor. If you are not getting good information from this child just count on there being a suppressor there.

People are always planting forgetter mechanisms in children: "I hurt my knee."

"You will forget it in a little while." Anytime you get into that kind of reaction, you know very well that you are running up against a forgetter mechanism.

Nine-tenths of the engramic life of an individual comes before birth; remember that a child still has all that behind him. You should not stir up the case enormously if the child does not work well. Straightwire is always best with any child where you have any question whatsoever.

Run Straightwire as a therapy, not as a diagnostic. You are trying to find the first key-ins of each engram in his life and trying to get him to remember them straight. Sort them out and pick them up and get the earliest times, and the earliest times, and the earliest times he can remember that this happened. "What did your mother say about that?" and so on.

Engrams are always out of sight. Only the key-in and the locks will be in sight. If the key-in is knocked out, it is just as though the engram did not exist. Of course, that engram could key in again, but if you knock out the key-in by straight memory that engram is now completely doggo. It does not arise immediately. It is not troubling the child. Knocking out a whole set of these things will have this child in beautiful condition rather rapidly.

You will have some strange circumstances. Each case is an individual case; Standard Procedure is very standard, invariably, but every case is different.

On twins, occasionally one is on the outside and the other is on the inside, and they never receive the same force of impact or pain against them. So the intensity of one twin's engrams is completely different than the intensity of the other's. The contents are the same, but the ones that trouble them are not the same. The emphasis in the reactive bank, one from the other, is entirely different.

With an emotionally disturbed child who says "I hate so-and-so," or "I hate you," find out what his father hated, find out what his mother hated. That's a problem of accessibility. Working the standard bank or the reactive mind of the child is no different than working the standard bank or the reactive mind of a low-IQ, inaccessible case.

We are going to have much more information in Dianetics on the subject of children.