

WHAT DIANETICS CAN DO

A lecture given on
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Case Histories and Questions

There is a school of thought running in the country today that says that Dianetics is such a miracle it can do anything. I have heard two people arguing about Dianetics, neither one of whom knew anything about the subject. One was arguing for it, and the other one against it. And the one arguing for it said, "Dianetics being what Dianetics is, you could actually take a sharp ax and chop a man's spine in half, and if you picked up the engram immediately, it would grow together once more." This is not true.

Dianetic processing is a fairly precise art, but it is still an art. It is something that one does with a full knowledge of the principles and the practice of it.

A professional auditor can go into a case rather rapidly, open it up, roll it, and get places with it; whereas a person who has merely read the Handbook is sometimes so afraid of hurting somebody, or is practicing tacit consents to such a degree, or is so slightly conversant with the principles (they were there on the page, but they just weren't quite picked up), that I could imagine somebody running five or six hundred hours and accomplishing relatively little.

For instance, one gentleman has a wife who is rather afraid of him and he has some engrams that tell him if he just lost it he would die. As a consequence he is rather resistive. But he will lie down on the couch and she sits there and writes down everything he says. She will even tell him to go back down the time track. Of course what he is doing is staying in present time, running dub-in. When I found out how long they had been at this, I almost passed away. They had done it for five hundred hours! What a fantastic waste of time.

So a professional auditor went into the case. It was sitting on top of a big grief charger and a terror charge, together with three or four painful engrams that had to be resolved. This preclear went about four feet off the couch, practically knocked pieces of plaster off the ceiling, and used up a full box of Kleenex! Then all of a sudden his tone began to rise and people could start living with him.

Someone at the Foundation invented the term "patty-cake" to describe this type of ineffective auditing. I'm not responsible, really, for the terms in Dianetics. I have tried to keep it scholarly and pure. Once upon a time engrams were called comanomes. Then there was the word garbage, which isn't used much now, but it meant "dub-in." These are very colloquial terms. You introduce a very fine term, it has several syllables, it rolls nicely on the tongue, one can look rather pompous when he says it, and the professional auditors will look at you and say, "Hm-hm"; and then the day after tomorrow you find out that they are calling a chemical assists Guk.

Here is something new, and it definitely has its own language growing up around it which is spontaneous and native to it. This language isn't something somebody laboriously thinks up. It's simply "There it is. What do we call it?"

For instance, what term would someone use to designate a case that is wide open, has sonic recall, visio5 recall, no pain shut-offs,⁶ and to whom you just say "Go back to the

earliest moment of pain or unconsciousness” and the fellow goes, you run it out, and it erases? They have begun to call this the “pianola case” because it plays itself!

The difference of auditing skill is enormous from person to person. I have seen people who have merely read the Handbook who are excellent auditors, yet the worst professional auditor compares to them like light and darkness. There is a great deal of technology, evidently, which grows up and gets into the subject completely outside the Handbook. The Handbook works; you can read it and do the auditing in it, but there are degrees of how fast and how well. I don't mean to crush anybody who is working with the Handbook. Unless you are content just to sit there and write down what somebody says, you will get processing done. It is how fast you get it done that counts. Sometimes cases bog down and the Handbook isn't too adequate on starting them up again. The first bulletin of the Foundation, which released Standard Procedure, does more but there is even more that can be done on that. Dianetics is very hard to keep pace with. It can be reviewed every 30 days and it will be found to be very much in advance of what it was 30 days before. Each time one reviews it one says, “Well, it can't get any better than this,” but 30 days later it has altered again.

In Elizabeth, we had to cut the Research Department off from the school because the curriculum couldn't be set up accurately. The Director of Training would put together a beautiful curriculum and give it to the Professional Auditor instructors, and they would go in and start teaching the students very nicely. Then somebody down in Research would say, “Have you heard about such-and-such?” or “You find out the meanest person in A's life, and you keep finding out the time when this meanest person was the meanest possible to A, and you start running this out and the first thing you know, you find an ally—somebody protecting A.” Ah, this is very smart; and the next thing we know, it is in the school but it isn't in the curriculum! There sit the students waiting patiently for something to be said about how you reach an ally with this new method, and then they tell the instructor, but he has been so busy he hasn't had time to read about it yet.

So, the chaotic condition of instruction there was such that we had to put the school and the Research Department out of communication because they were continually upsetting each other.

One Sunday morning I was bored, and I had heard people talk about early lives several times. There was a young man who had been hanging around the Foundation for some time and, with his agreement, I decided to see if I could go back and find a time when he had lived before, using straight reverie. So I sent him back to a time when he died, by saying “The file clerks will give us the last time you died,” wondering what I would get. And I got a death. There he was, lying on a field of battle with the horses stepping on him and the men-at-arms screaming around him; oh, he was having a horrible time. The preclear lay there writhing on the floor. I finally got wise to the fact that something was going on here that I wist not of before. This seemed like a real engram, so I said, “The file clerk will now give us the death necessary to resolve the case,” and I got a death at 35,000 B.C. when a saber-toothed tiger was chewing on him. There was something wrong with this because there weren't saber-toothed tigers and men alive simultaneously according to anthropologists; and furthermore the language in the engram reduced as English, and I don't think they were speaking English in 35,000 B.C.

Then we contacted another engram and ran that one, which was supposed to have happened over in Ireland. It reduced in English too, so I said, “Now you will come forward to the time when this happened in your own life,” and immediately he was square in a prenatal engram which he had always avoided before, but this time we had taken the edge off it. So we ran out these engrams. They were valid engrams but he had put new

salad dressing on them, and his imagination had so completely avoided his present life that he had gone back into antiquity, on the theory that if you get far enough back it won't hurt.

Here was an early life technique. It is not a valid technique or part of Standard Procedure, but it got into the school. We found out that the dub-in cases were very eager to run early lives. (Dub-in, by the way, is caused by control circuitry.) They would sit around and do nothing but run early lives, and one of them spent about a week trying to run out the battle with the Persians at Thermopylae. It was so disruptive that the Director of Training came down on it very hard and we had to compartment the two areas.

But it means that the curriculum changes in some respect about every 30 days because new things keep being found. I get an idea and I try to work it out, and suddenly somebody whips it out of my hands and they are processing it down in Tampa, Florida. Then somebody at the university there writes in saying they have just found out that if you do so-and-so, it resolves as such-and-such. There are many minds working on this science now, in lots of universities, in lots of places, and the data comes back to us rather fast.

Usually in a university they start by saying, "Well, Dianetics can't possibly work. After all, look at those who say clearly that man has a death wish. How does this agree with Dianetics?" Well, we are not interested in how it agrees. We simply want something that works.

As one doctor of physics from Columbia told me, "The trouble with Dianetics is that it is so diabolically accurate. You predict these things and then they happen." Then he said, "What are you doing to the field of psychology?" I am not doing anything to the field of psychology. I can't help it if the mind operates a certain way. So he comes over and tells me about this, and he goes back (maybe he learned some new technique), and the next thing you know, the Department of Physics goes into a huddle with the Department of Psychology, and I hear later that they have just worked out that so-and-so and so-and-so are happening, and they are now investigating this theory.

Trying to keep all these ideas together, trying to keep them coordinated, is one of the biggest jobs that the Foundation has at the present time. They come in, in an avalanche, and the more people that know how to do this, the more ideas you get, the more refinements you get. Some of the finest minds in the United States are working on this now. In the past week I have heard from a series of prominent people concerning Dianetics and what it could do in various fields. Dr. Frederick Schuman, the authority on political science, wants to orient Political Dianetics. He is being financed by an entirely different group than Dianetics. They are in on it too. And out of this will certainly come many refinements in Political Dianetics.

Dianetics can do quite a bit. It can alleviate psychosomatic illnesses if the body has not reached the point of no return. It can also pick up a person's abilities quite markedly.

It is interesting to me that our first psychometrics data coming out of the validation project after a week to ten days of student auditing, from a series of 80 people, showed that their IQs had jumped in that time from 2 to 26 points. This was not my conclusion, nor my testing. These tests were made by Gordon Southon, a graduate psychometrist. They were supervised by Dr. Ibanez who studied with Freud and who is a graduate of the Sorbonne. We asked for validation and they decided they would give us a heavy battery validation—the kind which can't be disputed.

In other words, somebody can come up to me and say, "How high will a person's IQ go if you process him on Dianetics?" And I can tell him, "I've had it go up 50 to 60 points in

people over a period of four or five months of processing.” And he can say, “Where are the records?”

These last few years have been pretty hectic, and there has been no time to keep stenographic notes. So my records are in little notebooks, mostly scribbled in pencil. Names, addresses, doctors’ certifications and so forth have been lost, and people have moved. It has been a chaotic picture. Dr. Benton, who came into the Foundation back East asking me for notes and clarifications, trying hard to integrate the picture of validation, finally threw up her hands in horror and started in on the project, clean, all over again early last summer, because it has to be done in such a way that nobody can dispute it.

If somebody won’t believe my word about Dianetics, they won’t believe my case histories. So let’s put it into the hands of people whose word can’t be disputed—people like Columbia University, or the National Rorschach Institute or medical doctors who have no connection with Dianetics. If they say “I made a test on such-and-such a date, and made another test at a later date at such-and-such a time on such-and-such a human being,” anybody saying “No, you didn’t make this test” would be challenging such an authority, or the reputation of the institution.

This is the type of validation, then, that we have been doing now for months. Our results on this have got to be thorough. There are many people who like to say, “Well, Dianetics won’t work; everybody knows you can’t do anything with the human mind.” So, the evidence has to be incontrovertible, and we have been picking up that evidence as fast as possible. The pressure that we have put on these research and validation projects is enormous. People are working on these things 15 to 16 hours a day of hard work.

Little things keep tripping us up, too. We had 20 people that had been selected by a psychiatrist down in Los Angeles, but he hadn’t bothered to inquire what their addresses were, and they had come from anywhere from Cheyenne, Wyoming, to Houston, Texas. We managed to trace 10 of these 20, but through this administrative blunder, we were deprived of half of the benefit of a research project which was costing us about \$10,000! And yet we are going forward with testing, and we have a planned validation project which will carry forward several years and which will include 3,000 cases.

The tests being done of course include Rorschachs, TAT, medical examinations and so forth. It takes about half a day to give a Rorschach and a day to evaluate it. Rorschach is a very high order of intelligence test. So is the UCLA California Test of Mental Maturity. It doesn’t compare in any degree with the Rorschach, but it is one which shows up what is happening very swiftly. It is very carefully delivered and consists of pages of testing. It was devised by Elizabeth T. Sullivan.

Each person being tested goes up before a notary public who certifies that this is the person that the test is being administered to.

Inspecting a random sample of these tests, I see that this person is an optometrist. There is a red graph of a test which was administered on the twenty-fourth of August, and a blue graph showing the second test which was administered a couple of weeks later on the eighth of September. During that time the person had received rather minimal Dianetic processing, and yet this graph goes up; and we find that non-language factors rose from 89 to 103, that language factors rose from 147 to 155, and that the total mental factors rose from 124 to 136!

Another test is the Johnson Temperament Analysis Profile. I am fascinated right now, as is the research and psychometric section of the Foundation, to discover better and newer tests

that will show us where the engrams are and what we have to hit to resolve the case. For instance, Rorschach is a wonderful test. It will invariably show up a paranoid. The engram that causes paranoia is the “against me” engram—”They’re all against me.” And when we know from a Rorschach that a person is a paranoid, we can then go into the case immediately and look for the “they’re all against me” engram and we will find it.

Perhaps there is one for a certain type of schizophrenia, and there may be a certain type that causes manic-depressives. There may be a whole catalog of engram types, and that is the type of psychometry we are trying to do.

The psychometrist uses these tests to demonstrate what happens in the mind. They are used in universities, and they are very ably administered and very thoroughly authenticated.

Now, I want to tell you a little bit about a couple of cases. I received the following testimonial recently: “My dear Doc, I was looking for to see you for a long time, but you never came back. Now maybe you don’t even remember me. But when I saw that article in Time magazine, I figured maybe I’d better write you and thank you for my leg.

“You remember a day three years ago in Hell’s Kitchen when they were going to cut it off and you told them to go to hell? I still got my leg. I feel fine. Hoping you are the same. Joe.”

It was one night at eleven o’clock, in an ambulance clanging down in Hell’s Kitchen in New York.

There has been a lot of adventure along the line of this research. There is also a lot of satisfaction in this work, but that is personal satisfaction to me; that isn’t psychometry.

Another one is a letter I received today. A young girl, whom we will call Dot, was going to a university. She had a love affair, and her lover beat her, hypnotized her, then beat her again and then drugged her. This we found out after a lot of research. A fantastic thing to happen to a human being! So, we had an extremely hard time taking it apart.

This girl was thoroughly psychotic. All she would say was “I’m a top dog. I’m the top dog around here. I’m in the saddle. Calm down.” And she would walk around in a circle in the room and then she would say this again. Then she would scream, go around in a circle in the room and say it again. She had done that week in and week out for a long time. Her husband was a certified public accountant, a very brilliant man. He had no idea what could have happened to her. He knew that she had had several psychotic breaks in the past and that she disassociated very easily. But suddenly, one night, she had come home in this state and he brought her up to the Foundation. I had very little time and I was only able to work the case for a few hours. Yet I was able to pick out enough of it to take the tension off the case so that she wasn’t walking around in circles and would at least sit down when she said “I’m the top dog.” It was very hard because she was inaccessible. I finally got her to a point where she would say, “Well, I’ll do it if you want me to.”

And I would say, “Well, all right. I want you to.”

“But you didn’t tell me where you wanted me to.”

“Well, I want you to there.”

“That isn’t the right place.”

She finally got to a point where she would say these things in addition to her dramatizations which was an improvement.

Her husband was an auditor and he continued to work her. She was at the George Washington University Hospital and she was quite noisy. They put her under very heavy sedation and she became a bit worse. I thought this case was hopeless; I couldn't understand what had happened to it. It was the one big imponderable on the whole record, the one case nobody could do anything for. Her husband took her down to the Virginia Medical Center across the river from Washington. He asked them down there to give her some treatment, and to run Dianetics on her if possible. And one of the young internes said, "What else do you think she will have here?" (This was a surprise, since we hadn't heard that Virginia Medical was on the bandwagon.) They took her in there and today I got a letter from her. It says: "Dear Ron, I remember so well your standing there trying to help me, and I tried to tell you how much it would mean to me to be able to break through. But I couldn't. I haven't been able to for a long time. But I'm all right now, and I've been all right for a month. They are going to discharge me next week."

They broke the case with Dianetics down at Virginia Medical Institute. So that was a big load off my mind. She will go home to two children and a husband who love her.

I got a report on another case a few days ago. This was the longest, most solid case history that has been witnessed by doctors and psychiatrists to date. She had the nickname "Lady Lazarus."1

A medical doctor at the Foundation picked up this case at the Presbyterian Hospital in New York City. Prognosis: death in one month. Weight: 80 pounds, down from 115 pounds. Tone: apathy. He worked her for two hours in Dianetics. He went back a week later and he worked her another two hours and sprung the central engram. She walked out of the hospital weighing 85 pounds and ambulatory. Her weight came up to 90 pounds, then she went into a slight slump. Her psychiatrist in New York City was quite astounded by all this and started to follow the case rather carefully because he knew nothing of Dianetics. He called in consultation on her and they went over her again. They restimulated her pretty badly and she went into another little slump, out of which she came. She undulated along that line for about two months. She was well all this time, though, and her outlook was good. Her case finally stabilized, and it is still very stable. She is coming up toward clear now, being worked by her husband, and that case is getting along just fine. But the Presbyterian Hospital and the doctor have evidently been very close on the heels of this case, because I keep getting letters from them every once in a while.

We have, throughout the country, many people on the-bandwagon now that we did not have before, such as a doctor down in Beaumont, Texas, who is running a hospital there. And when any doctor comes in to operate, he says, "Do you know your Dianetics?" If not, he gives them a fast course of indoctrination in Dianetic surgery, and he won't let anybody operate unless he has these basics. All of his doctors are having processing, as well as he himself, and he says his mortality rate has dropped markedly since he instituted this.

What we are doing right now is carrying Dianetics well forward of where it has been. A study of many activities requires more than one mind and one set of hands. Sometimes I feel rather despairing about trying to find people who can run things so that I can turn my back for a moment. I had a trip scheduled to go to Asia Minor this fall for a vacation; I was supposed to leave on the first of October, but I am a long way from it. Our whole battle is to find good men, put them in good places, get processing done, make them better, and carry forward something which will make this international picture a bit smoother. You

may think this is a little conceited on our part. Well, maybe we can't, and maybe we will fail, but we can at least try.

I will now answer some questions which have been asked:

“In your book you say that psychotic cases can be treated by any auditor, but recently you have said that such cases should await physicians trained in Dianetics. Has new information made this warning necessary?”

No, it is not that a terrific warning is necessary. But perhaps at first I may have underestimated some of the slowness that would be given to the data in the Handbook. More importantly, it might be possible to make a psychotic worse. I don't know of any psychotics who have been made worse by this type of auditing, and I certainly would have been the first to hear about them, but such a possibility exists.

Another thing is a burying of the hatchet with psychiatry. At first I kept quite an aplomb about psychiatry and psychoanalysis. I said, “I don't think these people are against me” (I didn't have an engram to that effect); “I think that they will welcome this as soon as they know about it.”

People said, “Get yourself set for a terrible battle. This is going to be awful. They're going to run you off the face of the earth. You're flying in the teeth of authority.”

I didn't believe it, and I think I was justified, since those psychiatrists who have studied the techniques, and particularly those who have cared to apply them, have become very enthusiastic about Dianetics.

There was one at Missouri State Institution who was very open-minded about Dianetics. A Dianeticist talked to him and the two of them got together on a schizophrenic, a young lady who had been insane for quite a while. They worked her for several sessions, and then one day when she got up off the couch she was sane! This psychiatrist was no longer open-minded about Dianetics. He knew that he had something new with which to treat his mental patients, and so he started to work with it.

Naturally, when some engineer and mathematician suddenly walks up to men who have studied the human mind for 12 years and says, “I have the answer,” they say, “This is impossible!” because he is not a specialist, and arguments ensue. But if these gentlemen test it, they go ahead. Therefore, I don't try to sell Dianetics to any of them. I don't have to sell Dianetics to anyone. I wish sometimes that I didn't have quite as many people interested in it! But the information should be available.

It is very good medical practice and very good psychiatric practice when a person is severely ill that a psychiatrist or doctor who is interested in this case be consulted about it. An auditor should not go in just because he knows Dianetics and suddenly steal the case away and make a big show out of it. What we are doing here is trying to instill some good manners into the professions.

“How does one resolve oneself to enter therapy, even when the prospect of being clear is appealing, when one is greatly afraid of all aspects of contacting even the simplest engram?”

This problem isn't just with Dianetics. There is a certain apparent survival value in the hypochondriac, for instance. And there is the mental hypochondriac, the man who feels that by being ill he has an excuse for his social errors. This is the manifestation of it, but

actually down at the bottom of the engram bank somewhere there is an engram that says "If I lose this I will die," or "I can't go into it, it's too painful," or "I don't dare change myself; he likes me as I am."

There are all kinds of engramic computational that forbid an engram being touched or even forbid a case being opened. A skilled auditor can sometimes look at one of these cases, listen to the preclear for a few minutes, hit the engram, and after that the case will roll.

"If the reactive mind can be influenced so strongly while unconscious, why couldn't a person be put under an anesthetic and told a lot of good things which would drive out all the bad engrams?"

The reactive mind doesn't think. That is the trouble with it. You are trying to make one engram reason with another engram, and neither one is reasonable. Experiments have actually been done along this line. In hypnosis one is trying to put in a good engram to counteract bad engrams and it doesn't work. Anesthetic hypnosis is wonderful, but not other types. Anesthetic hypnosis can be picked up after the fact.

"Are alcoholics especially difficult cases?"

No, they are not. But they are certainly messy sometimes.

"Modern psychiatry has evidence that children exhibit neuroses before they reach an age where they know the meaning of language. How can you explain this when the child could not know the meaning of the words contained in its engrams?"

I remind you that the only reason words become active in engrams is because the analytical mind knows what the words are. Engrams are bodies of perceptics. Words have no meaning in the reactive bank. I tested a baby 3 weeks of age that I knew had an engram containing a swearword. I remembered this mother having received that engram, and when the baby was 3 weeks old I went over to the crib and said this swearword to her. The baby flinched. Then I said several nonsense syllables in the same voice tone and the baby did not flinch. I said the swearword again and the baby flinched. Obviously the baby was reacting on this word; but she was just reacting on syllables. It doesn't matter what the word is. An engram is like a phonograph record. It doesn't think. The dropping of a spoon, if contained in an engram, will reactivate the engram.

"What is the difference between reverie and light hypnotic trance?"

There is a world of difference between the two, and I wish to caution you that we don't any longer use counting in Elizabeth because we occasionally induced one of these light hypnotic trances inadvertently.

To induce reverie, all you do is tell a person to close his eyes. And that is not a light hypnotic trance. If you count to a person who has been hypnotized before by counting, he is liable to go into a hypnotic trance, so avoid it.

If a person were completely analytically awake, he would be in an optimum state of mind. If he had his full analyzer, he would be fully rational. In Dianetics we are trying hard to wake people up, not put them to sleep, and that is the 180-degree difference between hypnosis and Dianetics. One tries to put people to sleep and the other tries to wake people up.

“Please describe an experiment which could be performed by any medical man to demonstrate the existence of reactive memory during anesthesia, without room for scientific doubt.”

This is a very easy experiment. One puts a person under sodium pentothal or some sedation, inflicts some pain just to make sure that he has an anchor point there to go back to (like pressing hard on the person’s chest), reads some nonsense syllables to him, lets him wake up in the normal course of events, and then puts him in reverie some days later and goes back and picks up the nonsense syllables. He will get them. The best way to do it so as to prohibit such things as telepathy between the person who is doing it and somebody else is to let a couple of doctors install this engram, and then let an auditor who wasn’t even there, and who has no knowledge of it, pick it up later.

Although this experiment is very easily done, I warn you that it is very dangerous. Make sure it is done on a person who has full sonic recall, otherwise you may have to process him for 20 or 30 hours before you can get that late on his time track in order to pick up the data.

The last time I tried this experiment was in Elizabeth, and it was the last time I will do it. Two psychiatrists sent a young man over to me who had been so treated, and I was supposed to pick up the nonsense syllables. (This was a long time ago, when Dianetics was very much in question and validations were few.) It would have been all right if they had simply read him the nonsense syllables; but they also mentioned the reading of his blood pressure, respiration and so forth. They talked around him, then one of them sat on his chest, and they read the nonsense syllables, cuffed him in the face and then said, “Well, he’s certainly unconscious, isn’t he?”

“Yes. He is unconscious. He won’t be able to remember any of this, anyway. I don’t know why we’re being so careful. He’ll forget it a long time before he is in Elizabeth, even if he could remember it. And this fellow Hubbard won’t be able to do a thing with him! “ Now, because this incident had a forgetters in it, the young man came over and sat in the Elizabeth railroad station for nine hours. I couldn’t find him. I knew he had been sent to me, but it was eight o’clock at night before I discovered him sitting huddled in a corner. He had come over in the morning! I picked him up and took him back to the house and worked on him for 18 hours. He was a non-sonic case I had to take grief off the case and bring the fellow up, actually, to some sort of a fair releases before I could touch this thing. And I didn’t dare let him out of the house before I had picked it up for the good reason that he was in amnesia. So I recovered the incident, put it on a record and sent it back over to New York with considerable disgust. And I won’t do it again. But with those provisos, that test can be made. Make sure it is a sonic case, don’t say anything else but those nonsense syllables, and be sure to inflict a little pain so it is easy to find. Anybody can do that experiment if he is very careful.

“What are the requirements for being a Dianetic professional?”

The requirements are to be bright and alert and to have a fair educational background. We would dearly love to have had the educational backgrounds of psychologists, but we find out that they do not necessarily make the best Dianetic auditors. Many times their basic purpose is good; but the best Dianetic auditors, to date, have been writers, although there are not very many writers!

We have a psychiatrist from Huntington, Long Island, who is a very good auditor. He has got a certain cool, calm detachment. He was working a paranoid schiz once who, that particular day, had brought a gun with him. The paranoid schiz rolled over suddenly and

cocked the gun, and the auditor calmly took it out of his hand, put it over on the dresser and told him to go back to the engram. This man is the coolest hand with a psychotic I have ever seen. That is his natural business, and with all of his vast knowledge and experience in psychiatry, that man is invaluable.

What makes a good Dianetic auditor is, of course, a person's own alertness, his ability to think and so on, rather than his educational background. There is a sort of natural aptitude for it.

“Is it advisable to practice therapy on your own children? If so, what age are they most receptive?”

I would hate to have to cover Child Dianetics here. But a child generally can't be processed very much before he is 8 to 9 years of age. However, there was one exceptional case who at 6 years of age could go all the way back down the time track and run out incidents. He was picking up in alertness and 90 forth. They got birth off the case and a chronic set of sniffles stopped, and he worked pretty well. But that is very unusual. Many children wouldn't be workable perhaps until they were 12, 13, 14 or 15. However, you can do Straightwire—a new technique of direct memory which occasionally keys out engrams—on any child at any age from 3 on. You can nearly always pick up some grief off a child. They are seldom very badly shut down. You can certainly better a child. But stop and think of some of the things that are in the reactive mind and the engram bank, and of taking some little girl of 8 or 9 years of age and sending her back down a time track to an engram bank which, if left alone, would make a psychotic out of her when she was 20. If she gets into it, she can't handle it. It is just too much. She doesn't understand it. Therefore children should not be handled too young, but if a child can handle himself ably in life he can handle his engrams.

“Once cleared, can a person record engrams and be influenced by them following future physical unconsciousness?”

Undoubtedly. We ran a couple of experiments on this and we found out that a person could still receive engrams, but they were on the order of blowing one's nose—snuff, and they were gone. The really aberrative engrams are those which are very early in the bank. Later engrams, if they have nothing on which to hang, have nothing to hold them down.

There are too many questions here to try to answer them all, but I will try to answer them in my next book.