HANDLING CHRONIC SOMATICS

A lecture given on
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Using Standard Procedure

This lecture will cover Standard Procedure as illuminated by the development of the Accessibility Chart which was covered in the earlier lectures. This material exactly parallels Standard Procedure as covered in the first Bulletin.

Standard Procedure includes the taking of an inventory. There is a point of accessibility which has to be established in addressing a new preclear The thing to do is to try to take an inventory, and depending on what kind of an inventory you get, to start in at that point on the Accessibility Chart which is indicated by your findings on the inventory or during the first few moments of reverie.

The Accessibility Chart belongs right above Step Two of Standard Procedure.

The first thing an auditor has to do to establish the preclear's position is to find out what his probable sense of reality is by observing his ability to receive communication and send communication to the auditor. There is a considerable ease of communication possible between a person who is not aberrated and a relatively unaberrated auditor. The person who, when the auditor says "Now, did your mother ever call you 'dear'?" replies "What did you say about my mother drinking beer?" is not necessarily deaf. This is a person, perhaps, who Hobson-Jobsons all of his words into something else, the person who doesn't get a joke easily, and so on. It is an estimate of his ability to communicate and to tell the truth and of his general reality. It is interesting that these estimates, as rough as they may be, can place the preclear on the Accessibility Chart.

When a person is unable to communicate with you easily and smoothly, with perfect vision and perfect hearing, you had better look for communication interruptions by Straightwire and find out what they are.

If a person's engrams have expressed themselves in terms of physiological defect, they might be said to have expressed themselves less seriously in terms of mental aberration. The person in whom an engram is expressed in terms of a physiological defect is actually fighting back against an engram; he is not obeying an engram as well as he might be. If he obeyed the engram perfectly that had to do with sight, for instance, his actual eyesight would probably be good but mentally he would not be able to perceive what he was supposed to perceive.

Anybody who is wearing glasses is fighting back an engram that says "I can't see." By wearing glasses he is saying, "Nonsense, of course I can see!" and a fight takes place with the engram saying "You can't see," and the person saying "I can see! " Things start to get blurry, so he hangs glasses on his nose and says, "There, I can see!" For a while he is all right and then the engram cuts in a little bit tougher and says, "You see, I said you couldn't see," and the glasses become too weak.

An ophthalmologist can explain all about how an eye normally deteriorates because of "the neurological decay and deterioration attendant to the stress of modern living and automobile horns," and so on. That is a lot of bunk. What actually takes place is that the "You can't see" engram wins slightly, and then the person gets thicker lenses and for a while he has 20/20 vision. Later the engram again cuts in and the person has to get thicker glasses, and for a while he again has 20/20 vision. That is the way it goes.

Eyesight goes into this so-called dwindling spiral, but "neurological deterioration and decay of the optic nerve" is something you will only find in books on structure, and they are all outmoded now. Anybody who wants to start picking up engrams about his eyesight, for instance, may find that his eyesight starts coming back. Sometimes he will hit right into the center of what is interrupting his eyesight and his eyesight may suddenly come back.

For instance, one very startled psychiatrist in the East got into an engram which had to do with a knitting needle through the left eye, and it was left in restimulation for several days. This psychiatrist went around with a deteriorating optic nerve until he was practically blind in one eye. In addition to that, the eye ulcerated and suppurated and was in such serious condition that he stayed home from the office.

The Director of Training in Elizabeth went over and worked him for about five hours. He found the rest of this engram and knocked out the chronic somatic (this psychiatrist had always had a very weak left eye). He evidently also pulled up some other engrams which had to do with communication breaks. They simply said "Can't see." Here was a physiological reason why this person could not see: a knitting needle through the eye. But he also had some engrams which said that he couldn't see. When the psychiatrist was brought back up to present time and the bandage was taken off his eye, there was no ulcer and there was no suppuration! When he put on his glasses, he could not see through one lens. He took that lens out, put the glasses on and he could see. The eye was perfect! It had taken place that fast.

One of the strange things in processing is that a wart or something like that will occasionally disappear within a few days without a scar. What has happened there is that the whole trouble is so thoroughly wrapped up in one engram that the erasure of that engram will permit the body to go into a big resurgence. The speed with which the body can heal varies. I have seen bodies react swiftly and I have seen them react rather slowly.

In the above example, what was suppressing the eyesight and causing the eye to deteriorate was that the person was trying to see and the engram and the injury were saying "You can't see." It was this fight between "I" trying to go on living and the engram which said "You can't have this part of living" that caused a physiological deterioration.

People who do not have enough attention units left to say "I want to go on living" do not have any chronic somatics either. This has been a matter of grave upset in past schools of mental therapy, because people would notice things like somebody's neurosis suddenly expressing itself in terms of dermatitis. They saw the intimate connection between the neurosis and the dermatitis. The neurosis would disappear and up would come the dermatitis, and then they would get rid of the dermatitis and the person would immediately develop sinusitis.

What they were actually doing was moving the person around on the track and breaking his dramatizations. Broken on one thing, it would reappear back on another. So a person could have a dramatization broken on engram after engram and show up with various chronic somatics one after the other.

Now, the main thing that you would look for would not be indicated by the chronic somatic which you see, such as a pair of glasses on the nose. You are not looking for that specifically. To some slight degree that can be straightwired, but the real one that you are looking for, the tough one, will be the one which is not being fought. It will be in the field of thought and it will not be expressing itself physiologically. However, even a pair of glasses or a bit of bad hearing are things that one would be alert toward. But one would be more alert toward the field of communication: the person who consistently confuses words, consistently mis-hears or consistently mis-sees.

Take a person who walks into an empty room and whirls around suddenly, sure that they saw somebody sitting in the chair. That manifestation says specifically, “You’re always seeing things,” and so on. Someone who thinks somebody has just walked up behind him would be having a bad time with both communication and reality. A person who has difficulties of this nature, not physiologically expressed difficulties, is particularly the person to whom you would address Straightwire on the field of communication. Communication is a very interesting subject.

As you begin your scout for accessibility, look over this communication situation, the general affinity the person has for people and his sense of reality. Sometimes you will find cases which are in beautiful shape to be run, but you should nevertheless put them into reverie and test them out in order to know what the state of the case is. You will not know accurately until you get the person in reverie. There is nothing like an attempt to run down the track to do a diagnosis for you.

For example, send a preclear back to yesterday. He sits down at the table eating a steak that he says he had yesterday, except there is no steak and there is no table, and it was last week when he had steak. You say, “Well, let’s go back to the time when you were a little boy,” and he does that, and there he is watching this little boy, but he is actually plastered on the ceiling and he guesses it’s a little boy but he doesn’t really know. And then you take him up to the time when Grandpa expired and you detect a little bit of chest motion but he says it never bothered him very much anyhow. In short, as we review this case on the track, we start to pick up very valuable data.

A person who can’t move on the track at all, for instance, has had so many attention units robbed from him that “I” is unable to boost itself back up to present time. “I” normally should be able to boost itself out of some very rough engrams. Sometimes the mechanism of the mind is unable to quite make the grade alone and the auditor merely has to say “Come up to present time,” and the person comes up to present time after riding back down the track, maybe for some time. That is not general, however. It is more usual, if a person is stuck on the track, to have to go through the several mechanisms necessary to unstick him.