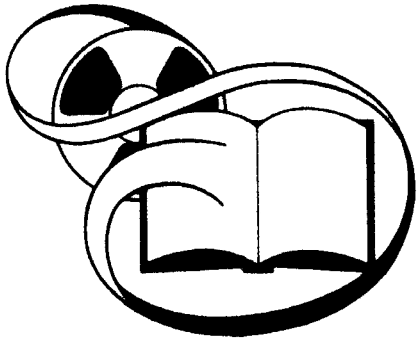
Research and Discovery Series

A Running Record of Research into the Mind and Life

Volume 1

June 1950



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INTRODUCTION

What does it take to develop a 100% workable and proven mental and spiritual technology for man?

Where would one begin?

How would one go about it?

Is it even possible?

Wouldn't one have to know mathematics? The physical sciences? Paranormal phenomena? Psychology? Electronics? Chemistry? Religion? Medicine?

How could a single person develop a technology of freedom tailor-made for all men?

In our world these questions have barely been asked. Their answers have hardly been considered, and yet—it has been done.

These answers are today found in Dianetics and Scientology.

This book and the many volumes to follow in this series tell HOW it was done.

Ron began his research and discoveries in 1930, culminating in the first published articles in 1948. Dianetics and its astounding achievements really became known to the world as a familiar subject in 1950. Finally the work was written as a text.

This was an end to 20 years of research paid for by Ron himself and completed under conditions beyond the physical endurance of any average person.

But no, the world would not have it as an end. To the rest of the world this was only the beginning. Ron's future was decided for him. From then on, there would be nowhere he could go without the overwhelming public want of what he knew and what he'd found.

The world was just recovering from a devastating and inhuman war. It needed hope and Dianetics provided it unabashedly.

What was known as "modern psychiatry" was a political and control technology. Pavlov had demonstrated he could train dogs to slaver on command, and Stalin saw in this a way to control the thoughts and actions of men. Russian psychiatry had taken its roots and was spreading to the rest of the world subsidised by governments as the latest technology of the mind. Similarly, prefrontal lobotomy had been employed by Hitler to take undesirables and make them farm slaves.

The nightmares and barbarisms of the past haunted the mental hospitals of the day.

Man had progressed no further in his mental sciences than he had in the dark ages whoen he treated mental illness as possession by the devil and patients were "shocked" by being lowered into icy lakes until almost drowned. Only the methods had changed; the results were the same.

And so Ron set himself to the task of teaching what he knew to others, perfecting his techniques and developing fast means for the delivery of Dianetics and later Scientology.

In this book and series Ron tells it exactly as it happened, day to day, week to week, and year to year. The taped lectures of the last 30 years of research and discovery will come alive again for you.

You'll find yourself caught up in the enthusiasm of his audiences, bursting with energy over his discoveries and perhaps even tearful with thanks that at last the answers have been found.

Certainly no one will read this book and series without learning something about themselves, their fellows, and the brilliant future that is now possible for the human race.

The Editors

DIANETICS THE ORIGINAL THESIS

Written early 1948

Published December 1951

Dianetics: The Original Thesis is a scholarly treatise, written by L. Ron Hubbard in early 1948, to present the basic causes of human behavior and the resolution of mental aberration and psychosomatic illness to the medical and psychiatric societies. Over three years of testing went into the final manuscript. It was originally issued in a manuscript edition and was copied and recopied and passed from hand to hand throughout the world. Called Abnormal Dianetics at that time, it elicited many letters from readers.

The startling popularity of the thesis brought publishers to offer a contract for a popular work on the subject. In just six weeks L. Ron Hubbard wrote Dianetics: The Evolution of a Science and Dianetics: The Modern Science of Mental Health. After their release and the tremendous public interest that followed there was popular demand for the original thesis to be made broadly available to all. To meet this demand, the first hardcover edition of Dianetics: The Original Thesis was published in Wichita, Kansas, in December 1951.

Read this book for the earliest source material available on Dianetics and its basics—as fresh today as it was when first circulated in 1948.

As a record of L. Ron Hubbard's researches it is a fascinating account; but, more importantly, in this text Ron makes his original and perhaps most basic statement of those timeless truths which dispel man's ignorance of the mind and himself.

TERRA INCOGNITA: THE MIND

Written late 1949

[First published in the Explorers Journal, Vol. xxvm, No. 1, New York, winter-spring, 1950.]

Probably the strangest place an explorer can go is inside. The earth's frontiers are being rapidly gobbled up by the fleet flight of planes, the stars are not yet reached. But there still exists a dark unknown which, if a strange horizon for an adventurer, is nevertheless capable of producing some adventures scarcely rivaled by Livingstone.

During the course of three minor expeditions before the war the realization came about that one of the most dangerous risks in the field of exploration is not located in the vicinity of the geographical goal, but is hard by from the first moment of planning until the last of disbanding—the unbalanced member of the party.

After some years of war it became even more of a conviction that there are some things more dangerous than the Kamikaze, just as they had been more dangerous than malaria.

For a mathematician and navigator to become involved in the complexities of the mental frontiers is not particularly strange; to produce something like results from his explorations into the further realms of the unknown definitely is.

There is no reason here to become expansive on the subject of Dianetics. The backbone of the science can be found where it belongs, in the textbook and in professional publications on the mind and body.

But in that Dianetics was evolved because of observations in exploration for the purpose of bettering exploration results and safeguarding the success of expeditions, it would be strange, indeed, to make no mention of it in its proper generative field. Based on heuristic principles and specifically on the postulate that the mission of life is survival and that the survival is in several lines rather than merely one, Dianetics contains several basic axioms which seem to approximate natural laws. But regardless of what it approximates, it works. Man surviving as himself, as his progeny, as his group or race, is still surviving equally well. The mechanisms of his body and his society are evidently intended to follow this axiom since, by following it in a scientific manner, several other discoveries came about. That Dianetics is of interest to medicine—in that it apparently conquers and cures all psychosomatic ills—and that it is of interest to institutions where it has a salutary effect upon the insane, is beyond the province of its original intention.

What was wanted was a therapy which could be applied by expedition commanders or doctors which would work easily and in all cases to restore rationale to party members unduly affected by hardship and, more important, which would provide a yardstick in the selection of personnel which would obviate potential mental and physical failure. That goal was gained and when gained was found to be relatively simple.

It was discovered that the human mind has not been too well credited for its actual ability. Rather than a weak and capricious organ, it was found to be inherently capable of amazing strength and stamina and that one of its primary purposes was to be right and always right. The normal mind can be restored to the optimum mind rather easily, but that is again beside the point.

The focus of infection of mental and psychosomatic ills was discovered in a hidden but relatively accessible place. During moments when the conscious mind (Dianetically, the analytical mind) is suspended in operation—by injury, anesthesia, illness such as delirium—there is a more fundamental level still in operation, still recording. Anything said to a man when he is unconscious from pain or shock is registered in its entirety. It then operates, on the

return of consciousness, as a posthypnotic suggestion, with the additional menace of holding in the body the pain of the incident. The content of the moment or period of unconciousness is called, Dianetically, a comanome (Gr.—unconscious law). The words contained in the comanome are like commands, hidden but powerful when restimulated by an analogous situation in later life. The pain in the comanome becomes the psychosomatic illness. Any perceptic in the comanome is capable of reviving some of the strength of that comanome when it is observed in the environment. The comanome so planted in the mind has its content of perceptics—smell, sound, sight, tactile, organic sensations. It has them in a precise order. The comanome can be played off like a drama when awake life perceptics restimulate it. Which is to say that for everyperceptic in the comanome there are a variety of equivalents in awake environment. A man becomes weary, sees one or more of the perceptics in his surroundings and becomes subject to the comanome within him. For example, a man falls into a crevasse and is knocked out. His companions haul him forth. One is angry and comments over the unconscious man that he was always a clumsy fool and that the party would be better off without him. Another member defends the unconscious man, saying he is a good fellow. The unconscious man received a blow on the head in his fall and his arm was slightly injured in the recovery.

After regaining consciousness the injured man has no “memory” of the incident, which is to say, he cannot recall it consciously. The incident may lie dormant and never become active. But, for our example, the man who criticized him one day says, at the moment when the formerly injured man is weary, that somebody is a clumsy fool. Unreasonably, the formerly injured man will become intensely antagonistic. He will also feel an unreasonable friendship for the man who spoke up for him. Now the comanome is “keyed in” or has become a part of the subject’s “behavior pattern.” The next time the injured man is on ice, the sight of it makes his head ache and his arm hurt in dwindling ratio to how tired he gets. Further, he may pick up a chronic headache or arthritis in his arm, the injuries being continually restimulated by such things as the smell of his parka, the presence of the other members, etc., etc.

That is a comanome at work. How far it is capable of reducing a man’s efficiency is a matter of many an explorer’s log. A case of malaria can be restimulated. A man has malaria in a certain environment. Now having had it he becomes far more susceptible to malaria psychosomatically in that same environment and with those people who tended him. He can become a serious drag on the party, for each new slight touch restimulates the old one and what should have been a mild case is a highly painful one, being the first case of malaria plus all the subsequent cases. Malaria is a bug. As a bug it can be handled. As a comanome it will defy cure, for there is no Atabrine for comanomes short of their removal.

Almost all serious comanomes occur early in life—amazingly early. The early ones form a basic structure to which it is very simple to append later comanomes. Comanomes can wait from childhood to be “keyed in” and active at 25, 50, 70 years of age.

The comanome, a period of unconsciousness which contained physical pain and apparent antagonism to the survival of the individual, has been isolated as the sole source of mental aberration. A certain part of the mind seems to be devoted to their reception and retention. In Dianetics, this part of the mind is called the reactive mind. From this source, without otherwise disclosing themselves, the comanomes act upon the body and cause the body to act in society in certain patterns. The reactive mind is alert during periods when the analytical mind—or conscious mind—is reduced in awareness.

It is a matter of clinical proof that the persistency, ambition, drive, will power and personal force are in no degree dependent upon these comanomes. The comanome can only inhibit the natural drives. This unconscious experience is valuable in an animal. It is a distinct liability to man who has outgrown his animal environment. The reactive mind, so long as it limits its activity to withdrawing, instinctively, a hand from a hot stove, is doing good service. With a vocabulary in it, it becomes deadly to the organism. Those familiar with General Semantics will understand how the reactive mind computes when it is stated that it “computes” in identities. The word “horse” in the reactive mind may mean a headache, a broken leg, and a

scream. Such a comanome, one containing these things, would be computed that a broken leg equals a scream, a scream a broken leg, a horse equals a scream, etc., etc. If the comanome contained fright, then all these things are fright. The value of such a mental computation is entirely negative, inhibits the perfect calculations of which the analytical mind is capable and reduces the ability of the individual to be rational about, as noted, horses. Comanomes also contain complimentary material which can bring about a manic state and which, again, is of slight use in computations.

The technique of Dianetics deletes from the reactive mind all comanomes. They were hidden beneath layers of unconsciousness and unknown to the conscious mind before therapy. They were inhibitive to good impulses and productive of bad ones. After they are deleted by therapy the conscious mind gains certain attributes it did not possess before, the individual is capable of greater efforts, his actual personality is greatly heightened and his ability to survive is enormously enhanced.

Comanomes are contagious. A man has one he dramatizes as a rage pattern, and everyone has many. He dramatises it while another individual is partly unconscious. The comanome has now been implanted in the second individual.

Deletion of all comanomes is practicable. The technique is relatively simple. There is little space here to give more than a most cursory glance at it but an expedition commander can use it without any great knowledge of medicine and no other knowledge of psychiatry, which was the original goal at the beginning of research 11 years ago.

Therapy does not depend upon hypnosis. A state has been found which is much more desirable. Hypnosis is amnesia trance for the purpose of planting suggestions. The problem of hypnosis is to put the patient to sleep. The purpose of the Dianetic reverie is to wake the patient up. Narcosynthesis and other drug therapies have some slight use in Dianetics. But the primary technique consists of stimulants. The best stimulant is Benzedrine. In its absence an overdose of coffee will do.

The patient is made to lie down and shut his eyes. The operator begins to count. He suggests the patient relax. At length the patient's eyelids will flutter. (Medicine drumming will also accomplish this without producing a harmful amnesia hypnotic state.) He is permitted to relax further. Then the operator tells him that his "motor strip" (his sensory perceptions) is returning to a time of unconsciousness, the time being specifically named. With coaxing the patient will begin to feel the injury and sense himself in the location and time of the accident. He is then asked to recount all that happened, word for word, feeling by feeling. He is asked to do this several times, each time being "placed back" at the beginning of the incident. The period of unconsciousness he experienced then should begin to lighten and he can at length recount everything which went on when he was unconscious. It is necessary that he feel and see everything in the period of unconsciousness each time he recounts the incident. Nothing is said about his being able to remember and no hypnoanalysis technique is used. He merely recounts it until he can no longer feel any pain in it, until he is entirely cheerful about it. Then he is brought to present time by just that command and told to again recount the incident. He may have to do this twice or three times in present time, for the somatic pains will again have returned. The treatment is repeated two days later. All feeling of injury from it and all aberrative factors in the incident will vanish.

This technique is outlined here for use on a patient who is not "cleared" of comanomes prior to this new accident. A Dianetic clearing from the first unconsciousness of a lifetime to the present time places a man in a situation which is almost injury and aberration proof.

The emergency aspect of this technique is valuable. Clinical tests have shown that when shock is Dianetically removed immediately after an injury, the rate of healing is enormously accelerated, so much so that burns have healed in a few hours. Malaria and various fevers, when their peak effects are Dianetically removed, improve with great speed.

Incidents of hardship and deprivation can be markedly lightened in the recovery period by removing their psychic shock.

It is quite remarkable that the various manifestations and “cures” of native witchcraft and shamanism can be uniformly duplicated and bettered by a modem science like Dianetics. A comanome can bring about a mental hallucination (with a simple command like, “You can only listen to me!”) which gives a demon aspect. The individual containing such a comanome would be considered by a shaman to have within him a demon, for the demon is the only sonic memory the individual would have.

While Dianetics does not consider the brain as an electronic computing machine except for purposes of analogy, it is nevertheless a member of that class of sciences to which belong General Semantics and Cybernetics and, as a matter of fact, forms a bridge between the two. There can be as many comanomic commands as there can be words in a language and as many comanomic injuries as there can be illnesses and accidents. Therefore, it is no surprise that circuits can be set up in the brain which approximate any school of witchcraft, shamanism and religion known to man. The Banks Islander sitting around talking to his deceased relatives and getting answers would be found, on examination, to have a fine array of comanomes and a very active reactive mind. The selection of personnel who will not be subject to sullen or hostile behavior and who will not become ill under various climatic conditions depends in a large measure on the perceptions of the individual. If an individual can recall things he has heard by simply hearing them again (audio imagery), if he can recall things he has seen simply by seeing them again, in color, in his mind (visio imagery), if he can imagine in terms of color-visio and tone-audio (imagine in terms of color motion pictures with sound) and if he can recall his father and mother as of early childhood, the chances are very good that he will prove to be a very stable man. Additionally, he should prove to be, within the limits of his intelligence and physical being, an able man. Unfortunately, such persons are quite rare.

If a man has definite anger patterns, worries about things and has unthinking prejudices, he may prove difficult, for these are the outward manifestations of a large reactive mind.

Taking a man back into a geographical area where he has many times been may be profitable from an experience standpoint, but a record of accidents and misadventures in that area would be a definite point of consideration. While it would not mean entirely that a man was a bad risk, there is a double factor involved. He might have had his accidents because he contained a variety of comanomes which commanded that he have accidents (the accident prone is the extreme case) and having had accidents in the area he probably gained several comanomes there which would reduce his efficiency in that area.

A man whose service in point of experience would be invaluable to an expedition might be, in point of potential aberration, a risk to that expedition. There is a remedy for such a valuable man: he can be cleared of his comanomes, in which case his past record of accidents and failuresbecomes entirely invalid as a criteria for future conduct.

Dianetics has been variously tested and has been found to work uniformly and predictably in all cases. There are many more aspects to it than have been elucidated here, but it is possible to use just these facts to obtain excellent results. In a true, complete erasure of past moments of unconsciousness, the comanome disappears utterly. In the above case it will probably only alleviate, return slightly in three days and then reduce to a null level of reaction and stay that way, no longer affecting the patient.

The science has the virtue that it can be worked by any intelligent man after only a few weeks of study. That is, for the entire art of clearing a case. An intelligent man could learn all he needed to know about alleviation of a case in a few hours of reading.

The original goal was to provide expedition commanders and doctors with a therapy tool which would increase the efficiency of personnel and reduce incidence of personnel failure.

Dianetics, after 11 years of research and testing, bit off a trifle more than it had bargained for. There had been no intention to go holistic and solve the ills of mankind. That it began to cure psychosomatic illnesses such as arthritis, migraine, ulcers, coronary, asthma, frostbite, bursitis, allergies, etc., etc., that it did quick things about mental derangement on the institutional level and began to replace that strange barbarism, the prefrontal lobotomy, was entirely outside the initial scheme of research. That it would now sail off on a new course to chase down the cause of cancer was not on the chart.

If it does these things, as it appears to be doing, it is in the medical and psychiatric province. No such intentions existed when the Terra Incognita of the mind was explored for its answers. It was intended as a tool for the expedition commander and doctor who are faced with choosing personnel and maintaining that personnel in good health. It is hoped that to these it will be of good value. If it is not, then despite acclaim, it will in some measure have failed.

DIANETICS: THE MODERN SCIENCE OF MENTAL HEALTH

A Handbook of Dianetic Therapy

Written January 1950

Published May 9, 1950

Dianetics: The Modern Science of Mental Health was written by L. Ron Hubbard at Bay Head, New Jersey, in January 1950 at the urgent behest of a publisher of psychology textbooks, Hermitage House.

This work has long been hailed as one of the ultimate achievements in the history of mankind. In impact it has been compared to the Bible. As an organized scientific approach to life, it is a first.

It was also the herald of what was yet to come. Since it was first published it has remained a best seller and found its place in the eager hands of millions of people who have now achieved their own miracles.

Overnight it changed the world's ideas of what the human mind consisted of and how it worked. What's more, it provided a route to sanity for every man.

In the rush it trod on the toes of authority and put other methods in question, but at the same time it complemented adjacent subjects such as biochemistry, physiology, medicine, cytology and other fields of research.

Its value to education, sociology, politics, the military and other human studies was soon evident, and has been employed by many.

The basic nature of man was discovered, and would never again be guessed upon. The average person operates on less than 5% of his true potential. Dianetics showed and is still showing how to wake up the other 95%.

And that is a potential for mankind which can only be dreamed about.

DEMONSTRATIONS AND LECTURES

The following transcriptions of recordings are research into “repeater technique,” which is mentioned in “Dianetics, the Modern Science of Mental Health,” and was one of the earliest auditing techniques. The auditor is L. Ron Hubbard.

The auditing style is exemplary for the period of 1950, being the application of of the discoveries current at that time. The recordings of the sessions are marred by gaps, mostly brief ones. These points have been marked.

The lectures were given by Ron to the first ten students of the original Foundation at 275 Morris Avenue, Elizabeth, New Jersey. They are the first lectures and demonstrations given by him on the subject of Dianetics.

Ron was at the time working out a refinement of the repeater technique. Twenty years later this material was refined into Expanded Dianetics. This research was the earliest probe to discover the basic cause of insanity. The subjects in these research lectures and demonstrations are the students themselves.

AUDITING DEMONSTRATION

Session with Mrs. White
7 June 1950

Bringing Preclear to Present Time

In a diagnosis when you're going through a case, if you strike a moment of pain you can't handle right away, immediately bring the patient up to a point when he is all well, and then firmly establish him in that moment. The purpose of this is to digest the track again.

Don't do what a man did recently. He sent his wife back to the time when she had measles and then said, "Well, that's very interesting. Now come up to present time." Two days later she was covered with spots and went to the doctor to find out what was wrong with her.

And the doctor said, "Well, this is a strange case of measles, because there's no respiratory infection, but these are undoubtedly measles spots."

Of course, in three or four days they were all gone again when the engram destimulated. But if he had used amnesia trance or narcosynthesis on her and gone through this measles incident just once, it would have stayed there and then the person would have been sick with measles. It really would have keyed in.

You don't do this with reverie. The person is perfectly well aware of you. The worst you will get by yanking a person out of an engram straight on up the line and bringing the engram up to present time is some slight kickback on the person. But by leaving the incident on the track and bringing the person forward to a day or so after he is well, you firmly establish him as being well in present time.

That is a caution that is not much stressed in the Handbook, because here was a man who read the Handbook and gave his wife a case of "measles." These things are not serious, but they have to do with the comfort of the patient.

LRH: Close your eyes. Now any time in the future that I say the word canceled, whatever I've said to you while you're lying here with your eyes closed will be canceled and will become null and void and unaberrative. Okay?

PC: Hm-hm.

LRH: All right. Let's go back to the time when you won a fight with your husband.

PC: Hm. Never did.

LRH: Ah, yeah? (laughs) Well, let's see if we can contact a moment you did.

PC: Let's see.

LRH: See if we can contact the moment when you won a fight with him. (pause) What are you contacting?

PC: I'm not contacting anything. I'm just trying to think of a fight we had.

LRH: All right. Trying to think of a fight.

PC: Yeah.

LRH: All right. Let's go back to the time when you get a brand new dress. A beauty.

PC: Yes.

LRH: Now, let's take a look at it.

PC: Yes.

LRH: What color is it?

PC: Navy blue.

LRH: How does it smell?

PC: Smell ?

LRH: Yes, just smell it. Take a look at it and smell it.

PC: Hm, it has a smell. It smells like rayon.

LRH: Smells like rayon.

PC: Hm-hm.

LRH: Well, how does the dress look?

PC: Looks lovely.

LRH: How does it sound when you handle it?

PC: A little crisp.

LRH: Hm-hm. And who's there with you?

PC: Henry.

LRH: Hm-hm. And what's he saying about it?

PC: He says it's all right.

LRH: Aha.

PC: A little surprised, but very nice.

LRH: Hm-hm.

PC: Because it's a two-piece and it has a sailor collar on it which should make me look very wide on top but somehow manages to make me look nice, which is just what I thought.

LRH: Aha. So he's in perfect agreement with this. How does he look when he's talking to you?

PC: He's smiling.

LRH: Okay. Let's go back to the time when you're having a dinner party.

PC: Hm-hm.

LRH: All right. Who's there?

PC: Hm....

LRH: Let's take a look at them. Just take a look at them.

PC: I see them.

LRH: What are they saying?

PC: All kinds of nice things.

LRH: All right. Let's pick up the nicest thing you hear there.

PC: You mean the nicest thing somebody's saying?

LRH: Yes.

PC: That is a very smart little girl.

LRH: Okay. Let's go over that.

PC: That is a very smart little girl.

LRH: Who is saying it?

PC: The piano teacher.

LRH: Oh? Now what's being said?

PC: That is a very smart little girl. Very unusual, very quick.

LRH: You feel good about this?

PC: Sure.

LRH: Oh, fine. Fine. Well, let's go back to the first day you go to school.

PC: (breathes in) Hm-hm.

LRH: The first day you go to school.

PC: Hm-hm.

LRH: Now let's get the moment there. Did your mother take you to school?

PC: Yes.

LRH: All right. Let's pick up the moment when she's leaving you in school.

PC: Hm. Perfectly all right.

LRH: All right. How does she look? What's the last thing she says?

PC: My mother?

LRH: Yeah.

PC: I don't remember.

LRH: Oh, let's try and take a look at her.

PC: I don't even see her very well. I don't see her at all as a matter of fact. I guess she didn't take us to school, although she must have.

LRH: All right.

PC: My brother and I went together.

LRH: At the same moment?

PC: Yes, hold ing hands.

LRH: Aha.

PC: As far as I know she brought me in, yes. She had an argument because they didn't put my brother and me in the same room. They insisted on putting me downstairs, because I was two and a half years younger.

LRH: Aha.

PC: I remember now.

LRH: And what did they say about your brother?

PC: He belongs upstairs, he's a big boy.

LRH: And what did they say about you?

PC: That I didn't belong upstairs. (laughs) I didn't care, even if I am very small.

LRH: Well, all right.

PC: We were very big. I was seven and a half, or eight.

LRH: Do you feel upset there as you're talking about the teacher?

PC: No.

LRH: How does she look?

PC: Well, she looked as though she had a wig on, it was very high and dry and fuzzy, and the kind of permanent wave that ladies used to wear. And she was covered with rouge and lipstick and she had those kind of glasses that you pinch, and black eyebrows. And I think it must have been false teeth and a big smile.

LRH: How does she sound when she talks?

PC: She had rather a musical high voice and she didn't speak exactly correct grammar, but she was very nice.

LRH: All right. Let's listen to her voice there as she's saying something. YC: Hm-hm.

LRH: All right. How does it sound?

PC: Very nice.

LRH: Now, what's she saying?

PC: Oh, I think she al be very happy here, she can sit back down here and she can see her brother when he goes by in the hall to get a drink.

LRH: Okay. Now, let's pick up a moment when you're getting spanked.

PC: Hm, that's easy.

LRH: All right. Let's pick up the moment, get a moment there when you're getting spanked.

PC: Hm-hm.

LRH: All right. The first moment you're grabbed to be spanked.

PC: Yes.

LRH: All right. Where are you grabbed?

PC: Hm, by the hair.

LRH: Okay. Now what occurs?

PC: Oh, I get walloped.

LRH: All right.

PC: Then I get told to shut up, or I'll get hit some more.

LRH: All right. Where do you get grabbed first?

PC: By my arms.

LRH: Hm-hm, and where's the wallop?

PC: My pants are pulled down and I'm smacked.

LRH: All right. Let's contact that moment of smack.

PC: Hm-hm. I can feel it.

LRH: All right. What's said there?

PC: I just hear yelling, and I 'm being shaken.

LRH: Uh-huh.

PC: And I'm screaming very loud.

LRH: Can you feel this being shaken?

PC: Yes.

LRH: Hm-hm. How do you feel?

PC: And then my head hurts. I'm probably being shaken by my hair.

LRH: Okay. And how do you feel about this?

PC: I'm very angry.

LRH: What do you say about it?

PC: I think I just scream.

LRH: Hm-hm. What's being said to you while this is happening?

PC: I just hear noise.

LRH: Just noise. Let's.go back to the moment of the first grab. (pause) The first moment you're grabbed.

PC: Yeah.

LRH: Now what occurs?

PC: I just get shaken very hard.

LRH: Then what occurs?

PC: Then my mother says, Bend over my knee.

LRH: Continue.

PC: The longer you wait to bend over, the more you're going to get smacked, (laughs) until you finally do bend over.

LRH: Hm-hm.

PC: so I just scream louder and louder and louder, and stand there.

LRH: Then what occurs?

PC: She shakes me some more . . .

LRH: Okay.

PC: and I scream louder and then she finally pulls my pants down and pushes me over her knee.

LRH: Okay. And then what?

PC: She whacks me.

LRH: Well, okay. What happens then? YC: Nothing. As far as I know I'm still there.

LRH: All right. And does she say, Stay there?

PC: No, she just smacks as hard as she can, and her hand keeps going up and down and she is very, very, very angry.

LRH: What is she shouting?

PC: I don't know.

LRH: Now, let's go back to the beginning, honey, and get the first smack.

PC: Uh-huh, it hurts.

LRH: All right.

PC: It's not with her hand, it's with a stick.

LRH: Okay, let's keep going on it. Now what occurs?

PC: I'm probably screaming something like, You're cutting me, or I'm bleeding. (laughs, coughs) You know, I think I'm enjoying this being spanked.

LRH: Okay. Continue.

PC: I'll teach you . . . something—I don't know what. Whack, whack, whack, whack, whack.

LRH: Continue.

PC: But she doesn't stop.

LRH: All right. What does she keep on doing?

PC: Well, I don't feel anything anymore. Her arm just keeps on going up and down.

LRH: Well, let's go through it again. What does she say? The first moment of it. The first whack. Contact that first whack. Is it as sharp as it was, or sharper?

PC: All I know is that my head aches.

LRH: Okay. Now what's she saying?

PC: She yells very loud .

LRH: All right. Let's contact the yell. (pause) Just keep on rolling.

PC: And her face is shaking and her mouth is very wide open.

LRH: Okay. Continue.

PC: My hands are sweating.

LRH: Okay. Continue. What's she saying?

PC: I'm trying to think.

LRH: Just listen to her.

PC: I'm listening to her. She just makes a lot of noise.

LRH: Hm-hm.

PC: But I don't hear; there's no sound coming out of her.

LRH: Hm-hm. Okay. Let's get to the end of it, the end of the licking.

PC: There is no end to the licking. Her arm just keeps going up and down and up and down. And I guess I don't yell and scream so much anymore and I stop kicking my legs. I must be hanging over her knee with my arms and hair hanging down this way.

LRH: Are you watching yourself? Or are you there over her knee?

PC: No, I'm up here.

LRH: Are you seeing yourself?

PC: No, I feel my hair and I can see my hands.

LRH: Okay. Let's go back to the beginning of it, and get the first whack again.

PC: But the first whack is up here someplace because I wouldn't pull my pants down.

LRH: All right. What did she do then?

PC: She shook me.

LRH: All right, can you feel that shaking?

PC: Yes, of course. My arm hurts.

LRH: Okay. What happens next?

PC: Then she pulls my hair and she slaps the back of me, here.

LRH: Hm-hm. Continue.

PC: I don't know what she's got in her hand, but it's not her hand.

LRH: Continue.

PC: Then she hits me—that's all. I wouldn't bend over.

LRH: Okay.

PC: so she pushed me over and she pulled my pants down.

LRH: What's she yelling as she does this?

PC: I will teach you you I will teach you,you....

LRH: Go over that again. I will teach you....

PC: I will teach you, you.... She doesn't say any more because she gets stuck on the word you.

LRH: All right. What else goes on now?

PC: That's when she spanks me. The more she spanks the more I scream, because if I scream very loud maybe she'll stop.

LRH: What are the sounds of the blows?

PC: There's no noise. All I hear is screaming and she is yelling and telling me to stop yelling.

LRH: How does she say it?

PC: Stop yelling or I will give you something to cry for. I'll give you something to cry for.

LRH: Hm-hm. And?

PC: There, how do you like that? You want some more? I'll give you plenty to cry for.

LRH: Continue.

PC: I'll teach you. I'll teach you. I'll teach you, you.... I'll teach you, you....

LRH: Continue.

PC: I don't know, because by then I gave up. My hands are down here.

LRH: All right. Let's contact the beginning of it and roll on through again. Get the first whack and the shake.

PC: She doesn't say anything, she's just . . . yellmg.

LRH: Continue.

PC: I don't know.

LRH: Continue.

PC: I can't hear anything except moans.

LRH: All right. Now what's going on there? Where does it hurt you?

PC: My arm hurts and my head hurts because she has my arm and she keeps shaking me. I told you to bend over, I told you to bend over.

LRH: Continue.

PC: No, I won't—I won't say anything, I just stand stiff because if I say anything she'll hit my face.

LRH: Hm-hm. Then what occurs?

PC: I just scream.

LRH: Okay. And then?

PC: And then I get whacked on the back of my head and she pushes me over and she holds my hands down and she whacks me.

LRH: What's she saying while that's going on?

PC: Moan, moan, moan. I don't hear anything.

LRH: Let's go over it.

PC: Just screaming, and tears are running down my face and I can see them. I mean they run down my face and then I see them drop down here, and some of them are dropping on her skirt.

LRH: Hm-hm.

PC: And I can taste them . . .

LRH: Hm-hm.

PC: and I can feel them, and I can feel air going down my throat while I'm screaming, because when I'm through screaming I go Eeeeh (loud inhaling noise) backwards and I make a nice, big noise. (laughs)

LRH: Hm-hm.

PC: And then she whacks me some more. And she says, Stop that, stop that, do you hear me, stop that! And then she shakes my shoulder.

LRH: Hm-hm. Continue.

PC: And then I stop. Because she's going to go on longer than I do.

LRH: Okay. What does she say about that?

PC: Nothing, I'm just tying there.

LRH: Does she say, I can go on with this longer than you can?

PC: No.

LRH: Hm?

PC: No.

LRH: What does she say about keeping it up?

PC: I warn you.

LRH: Go over that again.

PC: I warn you

LRH: Go over it again.

PC: I warn you I warn you I warn you (pause)

LRH: Continue.

PC: Oh, I get very frightened.

LRH: Hm-hm.

PC: She must be telling me she's going to do something because I feel frightened.

LRH: Hm-hm.

PC: But I can't hear anything.

LRH: Okay. Letb contact the first part of it when you can hear something. (pause) Let's contact the first part of it when you can hear something.

PC: She started telling me not to do that.

LRH: Continue.

PC: (pause; then murmurs) You bend over, you bend over. Because I wouldn't bend over she grabbed my arm and shook me.

LRH: Let's feel that shaking.

PC: I feel being shaken.

LRH: Okay. Now what's she saying?

PC: Bend over

LRH: Continue.

PC: Bend over. The longer you stand there, the worse it's going to be for you Bend over.

LRH: Hm-hm. Continue.

PC: But I can't bend over because I'm too stiff to bend over. I couldn't bend for anything.

LRH: Okay. Continue.

PC: so she hits the back of my head and turns me around. I had been looking at her till then.

LRH: Hm-hm. Then what occurs?

PC: She says, Take that face off.

LRH: Okay. Continue.

PC: Take that face off

LRH: Continue.

PC: I can't help my face.

LRH: Continue. (pause) What occurs then?

PC: (small moan; pause) Well, I began to scream because I knew she was going to hit me.

LRH: How does the ruler sound?

PC: I don't hear any blows at all. She pushed me over. And I can feel my pants coming down . . .

LRH: Yah.

PC: and I can feel my behind afterwards, it's very hot. And I can see it too, because I looked at it in the mirror (chuckles) and it was very red, and it had little streaks across it, but I can't feel it. And I can't hear anything except her yelling.

LRH: This won't hurt you?

PC: Oh, no. Stop screaming like that. Do you want the neighbors to think that I'm killing you? You really want something to cry for? I'll give you something to cry for. Go ahead, scream, see if I care. Scream, scream pretty loud, I'll really give you something to scream for. I'll teach you. But I don't know what I did.

LRH: She says she's going to teach you.

PC: I'll teach you. I'll teach you to.... (pause)

LRH: Now let's contact the beginning of it. Are the pains as sharp this time as they were on the first shake? Are they as sharp as they were?

PC: No, I just feel as though I'm being roughly pushed.

LRH: Okay.

PC: She didn't roughly push anybody, she pinched when she took hold of you.

LRH: Uh-huh. Feel the pain of the pinch?

PC: Ooh, no, not really. I mean I can feel it but it doesn't hurt.

LRH: Did it hurt?

PC: It didn't really pinch, she just kind of did this. It didn't really hurt, I just screamed.

LRH: All right. Continue on through with this. Roll it right on through. Just give me what's occurring there.

PC: I told you if ever you did that again. I told you. Turn around and bend over and take your pants down. You know what you're going to get.

LRH: Continue.

PC: Take that face off

LRH: Continue.

PC: You'll get one more for that.

LRH: Continue.

PC: I can't help my face. Don't talk back to your mother.

LRH: Continue.

PC: Turn around, I said . The longer you stand there.... (murmur)

LRH: Continue.

PC: Bend over, bend over. Wham.

LRH: You feel the pain of that?

PC: No, I feel pain on the back of my neck.

LRH: Well, let's go back to that blow on the back of your neck. Give me the words right there at the moment of the blow. The sounds and the words of that blow.

PC: I feel as if she has punched me in the stomach—she certainly never did that.

LRH: All right. Let's go back to this incident there and pick up those blows.

PC: Turn around. Turn around and wipe that face off, wipe that face off. (laughs)

LRH: What?

PC: Wipe your own face off!

LRH: Is that what you say?

PC: No. I never said that to my mother. Maybe I wanted to say it, but I certainly never said it.

LRH: What did she say?

PC: Nothing. Wipe that face off. Turn around.

LRH: All right. When did she say, Hold still, or anything like that?

PC: Stop kicking.

LRH: Go over that again.

PC: Stop kicking.

LRH: Run it again.

PC: I scream and scream. (panting noise)

LRH: It was a rough deal, wasn't it?

PC: Yes, on my back, I can feel it. She's either beating my back or punching me in the stomach and maybe that's the line my mother mainly used.

LRH: Well, come up to the moment when you've completely recovered from this beating.

PC: I'm not recovered, I'm just tying there, I'm removed.

LRH: The moment you're completely recovered, a day afterwards.

PC: Errh.

LRH: Now do you remember being beaten up yesterday?

PC: Certainly.

LRH: How do you feel about it?

PC: Errh—since then she hugged me and kissed me a hundred times . . .

LRH: Oh?

PC: I . . and told me how sweet I was and how naughty I was and how bad I made her feel, and how I must never do such a thing again because I'm such a sweet little girl, and such a good little girl and how I make her upset and angry.

LRH: How do you feel about her when she's doing this?

PC: I feel very bad! That's very sad to do such things to your mother.

LRH: Oh, dear.

PC: Terrible.

LRH: Now let's come up about a week from there.

PC: Hmm.

LRH: What about getting that beating?

PC: Do you mean am I mad ? I forgot about that beating, I had another one soon.

LRH: (laughs) Okay. Come on up to present time.

PC: Ooh.

LRH: Present time.

PC: (quickly) I'm here. That's all.

LRH: Right. Just a moment now, give me a flash answer of any reason you have to be motionless at this point?

PC: The only thing I can think of is that I'm happy to stay here. If I move something will happen.

LRH: All right. Go over that line. If I move something will happen. I can't move.

PC: That's funny, my legs are....

LRH: Go over it, I can't move.

PC: I can't move.

LRH: It isn't moving.

PC: It's not I can't move.

LRH: It isn't moving.

PC: It isn't moving?

LRH: Uh-huh.

PC: It isn't moving

LRH: Don't move.

PC: Don't move. (pause) Stand still.

LRH: Huh?

PC: Stop.

LRH: Stand still. Stop.

PC: (murmurs) Stand still. Stop. Don't move. (louder) Don't move.

LRH: All right. Go over it again.

PC: I'm not moving. Don't move. I'm not moving.

LRH: Run over that again.

PC: Don't move

LRH: What somatic do you get with that Don't move?

PC: I'm not moving

LRH: I'm not moving. What somatic do you get with that? (pause) What somatic do you get with it? (pause) Does pain show up there someplace?

PC: Oh, I'm holding things very tight so that I won't have a pain.

LRH: All right. Go over that again.

PC: I'm not moving. Don't move. I'm not moving.

LRH: What's this about holding things so tight you won't get a pain?

PC: I'm not moving at all. I can't relax.

LRH: What incident is this?

PC: Relax. I don't know. I don't even know who that is.

LRH: Go over I can't move, I'll get a pain.

PC: I can't move. If I move, it hurts. It hurts if I move.

LRH: Go on over that again.

PC: It hurts if I move.

LRH: Go over it again.

PC: There's somebody perfectly strange standing there that I never saw before, never.

LRH: What does he say?

PC: Relax.

LRH: About what?

PC: But I can't relax. I have no idea what this is all about, absolutely none.

LRH: How does the back of your neck feel?

PC: I don't know who he is.

LRH: How does the back of your neck feel?

PC: The back of my neck is stiff and sore, and my legs too, and so are all my muscles, and I don't know who he is at all.

LRH: Now what does he say?

PC: I don't know. I don't even know who he is.

LRH: All right. Let's come up to a week after this experience. Come up to a week after this experience.

PC: I don't even know what it is.

LRH: (chuckles) All right. You can identify it. Give me a flash answer, what is it?

PC: Oh, it must have been my mother, and somebody she knew that was a doctor.

LRH: A doctor?

PC: Must have been. It's a man I don't know.

LRH: Hm-hm.

PC: It seems very serious.

LRH: Is this an operation?

PC: No.

LRH: An injury to you?

PC: Just a man.

LRH: Birth?

PC: No.

LRH: Sickness?

PC: No. I can't believe it.

LRH: Go over that again.

PC: I can't believe it.

LRH: Go over it again.

PC: I can't believe it, that that's what she's got.

LRH: Go over it again.

PC: (small moan)

LRH: Go over it again. I can't move.

PC: I can't move, you'll have to loosen them.

LRH: Go over that again. PC You'll have to loosen them.

LRH: Can't move. Go over it again.

PC: Can't move. They're stuck that way, I can't move them, I can't move them at all, they won't move.

LRH: All right. Letb go over those lines again. Let's see if we can contact the sonic on it and run it again.

PC: (scattered murmurs) I can't move them, I can't....

LRH: Continue.

PC: I know they're stiff. I can't move them.

LRH: How's that pain in the back of your neck?

PC: can't do it, I....

LRH: How's the pain in the back of your neck?

PC: My legs are stiff, I know they're stiff. I can't move anyplace. I can't move anyplace at all.

LRH: Continue.

PC: He's just standing there. He doesn't say anything. He's just standing there looking.

LRH: Well, what are the words that come through on this?

PC: But he's not saying anything.

LRH: Who's saying, I can't move?

PC: I am.

LRH: You sure? Go over I can't move.

PC: Or somebody else is saying it, but it's I

LRH: All right. Go over those words again. I can't move.

PC: I can't move, I can't move anyplace, plus my legs hurt. (pause) Everything hurts.

LRH: Continue.

PC: I just can't move anywhere.

LRH: Continue.

PC: (sigh)

LRH: Continue.

PC: (crying)

LRH: Continue.

PC: (murmurs)

LRH: What?

PC: (exhales)

LRH: Run over it again. I can't move. Repeat the line I can't move.

PC: (murmurs)

LRH: I can't move. Let's look at this thing. I can't move.

PC: It all went away

LRH: All right. Go over that again.

PC: Ooh.

LRH: It all went away. Repeat the line It all went away.

PC: It all went away. They're all gone. They're all gone. I can't move my legs. I can't move my legs at all. I can't move I anything and it's all dark. There's nobody anywhere, they've all gone home. There's nobody there to talk to.

LRH: Continue.

PC: There's nothing there; everybody's gone. There's no sound, there's nothing.

LRH: Continue.

PC: Something is spinning around and around and around and around and around.

LRH: Continue.

PC: (couple of grunts) I feel dizzy.

LRH: Do you hear somebody talking?

PC: Nobody's saying a word. There's just silence, there's just the thoughts. I think somebody has me by the throat.

LRH: All right, let's contact it.

PC: That's strange.

LRH: Let's contact the first part of this, the first moment you get a somatic on this.

PC: There's nothing. It's all quiet and it's all dark. Then there's something in my throat. Somebody picks me up by the back of the legs—it's not my legs, it's where my legs would be.

LRH: Hm-hm.

PC: I'm just going round in a circle all by myself. I'm in the center of the room.

LRH: Hm-hm.

PC: Going around in a circle.

LRH: Hm-hm.

PC: There's nobody there, not even me.

LRH: Hm-hm.

PC: I'm absolutely sick to my stomach.

LRH: Go over the words There's nobody there.

PC: Theres nobody there.

LRH: Repeat the words again.

PC: There's nobody there.

LRH: Repeat the words again.

PC: There's nobody there. There's nobody there. There's nobody there.

LRH: I feel so sick to my stomach.

PC: Hmm....

LRH: Go over it again.

PC: I feel so sick Oh, I feel so dizzy.

LRH: What?

PC: I feel so dizzy. My head's going around, and something's wrong with my throat.

LRH: Uh-huh.

PC: And the back of my head hurts, and the back of my legs hurt. And my legs feel stiff.

LRH: Does it make you feel tired?

PC: No, it doesn't feel anything. I don't feel queasy.

LRH: Hm-hm.

PC: Right there.

LRH: Hm-hm.

PC: My legs, I can't move my legs.

LRH: Continue.

PC: Around and around and around and around I go, and my head hurts, and I can't move my legs.

LRH: Continue.

PC: I can't move my legs, I can't move my legs. Oh, somebody's rubbing them.

LRH: Continue.

PC: It hurts, my head hurts. My head. I can't move my legs. (heavy grief, howls and sobs) I can't move my legs. (more sobs)

LRH: Continue.

PC: (panting, howls)

LRH: Continue.

PC: (sobbing then howls)

LRH: Continue.

PC: (sobbing, sobs out words for a minute or more, then recovers calmer tone of voice) Take her away. Take her away or I'll scream! I hate you. (breathing hard and spitting out sounds) Go away. Take her away.

LRH: Continue.

PC: Take that cat out. I don't care what you do with her, take her out, take her out.

LRH: Continue.

PC: The poor cat.

LRH: Let's return to the beginning of this incident. Let's return to the beginning of this incident.

PC: (pause) The cat is sitting in the middle of her.

LRH: What?

PC: Take her away, the cat is sitting on her. (pause)

LRH: Let's contact the beginning of the incident.

PC: She's got a cat there. Take that cat out, take the cat out. Take it out.

LRH: Okay. You know about this, you can remember this. You can remember this. (pause) You can remember this.

PC: (murmur)

LRH: Aya! You can remember this.

PC: The cat? It's a yellow cat.

LRH: Let's go back to I can't move. Let's repeat I can't move.

PC: But I can move.

LRH: Huh?

PC: I can move.

LRH: You can move?

PC: Certainly I can move. Of course I can move.

LRH: Okay. Come up to present time. (pause) All the way up to present time. Canceled. (pause) Canceled. Okay.

PC: (murmur)

LRH: How was it?

PC: (draws in breath; pause)

LRH: Now, what on earth?

PC: Strange that I couldn't move.

LRH: Now who couldn't move?

PC: I couldn't. I mean me.

LRH: Before you were born?

PC: Before I was born. When I was born I was paralyzed.

LRH: Who said this?

PC: My mother (coughs) told me that when I was about 7years old.

LRH: Want to lie down and let me run this thing out now?

PC: All right.

LRH: Okay. Lie down and let me run this out. Close your eyes. Let's go back to the beginning of the incident of I can't move. I can't move. I can't move. Repeat it. I can't move.

PC: I can move.

LRH: Well, all right, but give me the line I can't move.

PC: I can't move.

LRH: I can't move—early, early, early, early, early, early—I can't move.

PC: (pause) I can't move, I can't move, I can't move, I can't move.

LRH: Contact it very early.

PC: I can't move, I can't move.

LRH: All right, contact it.

PC: I can't move.

LRH: Okay. I can't move.

PC: It's all over me.

LRH: Uh-huh. Now let's contact the voice there. I can't move.

PC: Oh, but it's not my voice.

LRH: All right.

PC: It's somebody else's voice.

LRH: Good. Let's roll it. Just tell me what you hear there.

PC: I can't move, I can't move, I can't move, I can't move.... I can't move my legs. I can't move my legs.

LRH: Continue.

PC: I can't move my legs.

LRH: Continue.

PC: I can't move my legs.

LRH: Is there sonic on that?

PC: I cantmovemylegs

LRH: Continue.

PC: (raises pitch) Oh, my ears.

LRH: Continue.

PC: Oh, she's screaming at the top of her lungs.

LRH: Continue. What's she saying?

PC: She's not saying anything. She's just screaming. My ears!

LRH: Continue.

PC: Oh. Oh, my legs. Oh, I can move. She's saying, I can't move.

LRH: Fine. What's she saying there? Pick up what she's saying.

PC: She's saying, I can't move, and she's screaming at the top of her lungs. She's shrieking. Everybody's running around saying, Who is that?

LRH: Continue.

PC: They're all running around. There's somebody in a white dress. She's fat and she has red hair and she's running. She's running like mad. Why am I hanging here all full of grease, and stiff? I can't move, I can't move a thing. I can't move a thing.

LRH: Continue.

PC: I can't move, and they shut it all down. Shut it all down. And I'm all full of grease and I can't move.

LRH: Continue.

PC: I'm hanging by the legs, I tell you, full of grease and dizzy.

LRH: Hm-hm.

PC: Full of grease and dizzy and somebody has me by the throat.

LRH: Okay. Continue.

PC: I wish they would let go of my throat. How can they do this? And I'm all full of grease and my head is still hanging down, and there it hangs. Hanging down, hanging down and nobody's doing anything about it. She's screaming her lungs out. I can still

hear her. How can she go on so long? Ooh, I can't move, I can't move. I'm hanging there, I'm all tied up.

LRH: Go over that again.

PC: All tied up, with my head hanging down and I don't know what I'm hanging by, and somebody 's swinging me, and somebody else has me by the throat. (coughs)

LRH: Continue.

PC: (constricted noise in throat) I can't move, I can't move, I can't move.

LRH: Continue.

PC: She's stopped. I can't move, I can't move.

LRH: Continue.

PC: I can't move and I'm all tied up and I can't breathe, and the back of my head looks like the insides of somebody's stomach.

LRH: Okay. [gap in recording]

PC: And it smells.

LRH: Now, what are you getting there? You know what this is all about.

PC: I am right back here.

LRH: You know what this is all about.

PC: Right back here. There's no covering on it, it's rolled up, it's a funny shape. She told me it was shaped like a turnip; it isn't shaped like a turnip at all. Isn't that funny looking. And I'm all covered with dark grease and I can't move. My hands are tied up. They have let go of my throat, thank goodness.

LRH: Uh-huh.

PC: That's good. And she's stopped screaming. But I can't move. I'm just stuck there.

LRH: All right. Go over stuck, stuck, stuck.

PC: My head and my shoulders are out, and my arms are tied up.

LRH: Uh-huh. Who says stuck?

PC: Oh, nobody, nobody.

LRH: Go on. Let's see. Stuck.

PC: Stuck, stuck. Oh, my head hurts.

LRH: Go over the word stuck.

PC: Stuck. She's stuck.

LRH: Go over that again.

PC: Shes stuck

LRH: Go over it again.

PC: She's stuck She's stuck. She's stuck. It doesn't make any difference anyway.

LRH: Why?

PC: What difference does it make whether she's stuck or not? Forget about her.

LRH: Go over that again.

PC: Hm.

LRH: It doesn't make any difference.

PC: She's stuck it doesn't make any difference whether she's stuck or not. They do all the rest. See what you can do about that mess up there. What are you going to do about that? That same guy is there and there's somebody else there talking to him. .

LRH: Uh-huh.

PC: What are you going to do about that mess up there? Never mind about that mess up there.

LRH: Continue.

PC: (groan) Oh, my head hurts and I can't....

LRH: Contact the voices.

PC: They must try to get that out of there. No, no. It's no use. It's no use, I'm telling you.

LRH: Go over that again.

PC: It's no use.

LRH: Go over it again.

PC: It's no use.

LRH: Can you move?

PC: No. I can't move.

LRH: Okay. Go over She's stuck.

PC: She's stuck

LRH: Go over it again.

PC: It doesn't make any difference whether she's stuck or not. Can't do anything for her, she's gone.

LRH: All right. Let's go over that again.

PC: She's stuck Sure she's stuck, you'd be stuck too. It doesn't make any difference whether she's stuck or not, can't do anything about her. What are we going to do about that mess up there? (murmur) I think I'm falling asleep.

LRH: Hm-hm. That's right. (sharply) Aya! We want the time when you're all the way out. All the way out.

PC: Hm-hm. I'm still all tied up and I can't move.

LRH: All right. Let's see if we can't wrap you up in a blanket.

PC: No, it 's not a blanket.

LRH: What is it?

PC: It's more of that same grease. (goes into howling sob)

LRH: Continue.

PC: (sobs, cries out) Oh, oh.

LRH: Let's move forward.

PC: (sobs)

LRH: All right. Listen. Two minutes more time gone by.

PC: Um.

LRH: Now five minutes have gone by.

PC: Um.

LRH: Now five minutes more have gone by. (pause) Now an hour has gone by. (pause) All right. It's now five hours later than that. Where are you lying five hours afterwards? (pause) Let's contact the moment they wrap you up in a blanket.

PC: It isn't a blanket.

LRH: What is it?

PC: It looks like torn sheets.

LRH: All right. Torn sheets.

PC: Oh, it's turning warm.

LRH: Are you warm?

PC: Yes.

LRH: All right. Now let's bring this to a moment when you first get hungry. PC; (pause) I'm not hungry.

LRH: You're hungry some time along there.

PC: Um.

LRH: A couple of days go by.

PC: I just have a headache.

LRH: All right. Let's come up five days after birth, five days after birth.

PC: I'm still tying in the same place and I have the same bandages on me.

LRH: Uh-huh. Let's come up ten days after birth. What are you doing ten days after birth?

PC: Somebody kneads the back of my head because it hurts. But I'm in the same place with the same sheets wound around me.

LRH: All right. Go over this: She can't move, she's paralyzed.

PC: They roll me over.

LRH: What do you get?

PC: A lot of hair.

LRH: Okay.

PC: A lot of hair. It will never go down. (Who's saying these things?)

LRH: All right. Let's pick up a moment about being paralysed. Can't move her legs.

PC: She's got a lot of hair. It's very pretty, very curly. It will cover the bump. Makes me want to cover it up for her. It's very pretty curly hair. There's such a lot of it and she's so fat. She'll never move. She'll never move.

LRH: Go over that again. She'll never move.

PC: She'll never move.

LRH: Contact that voice.

PC: Hah, I guess it's somebody I don't know.

LRH: And what are they saying?

PC: She'll never move.

LRH: Run it again.

PC: She's shaking her head.

LRH: Go over it again.

PC: She should have long hair and it isn't long. (murmur)

LRH: All right. Come on up to the time when you're creeping around on the floor. Hiyah! Come on up to the time you're creeping around on the floor.

PC: Um.

LRH: Hah! Take your hands off from your head.

PC: Um.

LRH: Up to the time you're creeping around on the floor. (pause) How does it feel creeping around on the floor? How does the carpet feel under you?

PC: All right.

LRH: Let's contact the floor.

PC: All right. Feels good .

LRH: Feels good.

PC: Um.

LRH: All right. Come up to the time you're sitting in a high chair.

PC: I'm in a rocking chair.

LRH: All right. Feel the rocking chair?

PC: Yeah.

LRH: How does it feel to be rocked?

PC: It's scary.

LRH: All right. What's happening in this rocking chair?

PC: It just moues back and forth. Every time it goes forth I feel as though I'm going to fall off; now it comes back, I like the feeling on the back of my head.

LRH: Oh.

PC: Hm-hm.

LRH: Okay. Come on up to your first day at school.

PC: Okay.

LRH: What are you doing there on the first day of school?

PC: De-chalking erasers.

LRH: All right. How does it feel?

PC: Fine, wonderful.

LRH: How do they smell?

PC: (chuckles) They hare no smell really, stuff gets in your nose, but it doesn't smell.

LRH: Uh-huh.

PC: No smell.

LRH: What are the other kids doing?

PC: They're busy, they didn't finish their work.

LRH: And how do the erasers sound?

PC: Just some thuds. Funny noise, I never heard it before.

LRH: You happy?

PC: Sure.

LRH: You feel very cheerful?

PC: Uh-huh.

LRH: How do you feel physically?

PC: Wonderful.

LRH: You feel good physically?

PC: Sure.

LRH: How big are the desks around here?

PC: Ooh, not so big.

LRH: Not so big?

PC: Nah.

LRH: How high are they?

PC: Ooh, I can put my hand on them when I stand up.

LRH: Aha.

PC: I'm much taller than everybody else.

LRH: Okay. Come on up to the time you get married.

PC: Yes.

LRH: How does that feel?

PC: Kind of silly. (chuckles)

LRH: Kind of silly?

PC: Yes.

LRH: Happy though?

PC: Ooh.

LRH: Hm?

PC: It's all right.

LRH: All right. Now come up to present time.

PC: Uh-huh.

LRH: Present time.

PC: Yes.

LRH: Canceled. Five-four-three-two-one (snap! snap!).

PC: You know, I must have been at school about six weeks, and had the most wonderful time while I was there.

LRH: And then what happened?

PC: My mother didn't approve of school. I She took us out. She took me out first, I guess. It was only an old schoolhouse and they didn't hare enough textbooks and they didn't teach us right and she didn't think I should be clapping erasers. That wasn't what a lady's daughter did.

LRH: (chuckles) Well?

PC: Ooh, but I feel like I can still see myself wrapped up in the funniest looking torn sheets, all greasy. In a strange bed, I don't know what the bed was.

LRH: Come up to present time! (three loud snaps; pause)

PC: (chuckling)

LRH: Okay.

AUDITING DEMONSTRATION

Sessions with Alan White
7 June 1950

Auditing Toward Clear

LRH: So we'll work now to discover what your mechanical recall is. I would like very much to see if we can't recover a moment when you were really winning and felt good.

PC: Well, winning, I don't know. I can think of lots of moments when If eat good.

LRH: Well, how about when you won something, or what's the last piece of real good news you got?

PC: Nothing comes into my head particularly.

LRH: The last piece of real good news, your somatic strip can go to it.

PC: Well, there have been several pieces of good news since I got my new job.

LRH: Hm-hm?

PC: I think of one very good one which in a sense was me winning, was when I made an outline for a possible series of articles on a book about a political figure . . .

LRH: Hm-hm.

PC: and all of its potentialities for other articles and a very important campaign and gave it to Peters and he took it up with the publisher, Frederick. And Frederick sent back a memo in which he was very pleased and very impressed, and said that I had done a wonderful job.

LRH: Let's pick up the moment somebody's telling you there that you have done a wonderful job.

PC: That's when I'm reading the memo from Frederick which Peters has handed to me.

LRH: Okay. Let's be right there and read that memo.

PC: Yup.

LRH: See it?

PC: Yup.

LRH: Good. Now what do you contact with regard to it? What does it say?

PC: Uh....

LRH: Take a look at it.

PC: Yeah. It's a page and a half memo, typewritten.

LRH: Hm-hm.

PC: And it goes into the whole plan very thoroughly as I outlined it. Mentions one problem in connection with the articles and suggests a way of overcoming them by getting quotes from prominent businessmen. And this one aspect is covered in the last paragraph which says, White is to be congratulated on having done a very thorough and intelligent job.

LRH: Now let's take a look at that line, let's feel some of the pleasure you felt there as you were reading it.

PC: Hm-hm.

LRH: Let's be right there.

PC: It was good, I felt fine.

LRH: All right. Let's read the line and feel that pleasure.

PC: Yeah.

LRH: All right. Now, what are the sounds there right after you finish reading that line? Go ahead and look it over. Read the line.

PC: Yeah. As I'm reading it I don't hear anything. But afterwards I hear Peters' voice saying, Well, you see, so he likes it.

LRH: Hm-hm.

PC: In his very gruff way in which he talks but with a smile which shows that he is pleased too. Then he says, Can you go ahead and get those quotes Frederick wants ? And I said, Yes. I'm sure I can.

LRH: Okay. Now, how does it make you feel there?

PC: Fine.

LRH: Are you sitting on anything there?

PC: Yeah, on a leather-upholstered chair with wooden arms.

LRH: Can you feel it while you hear those words?

PC: ah—kind of.

LRH: Okay. Let's listen to the words again, and feel the chair.

PC: Yeah.

LRH: Okay. Do you feel pleased while you're sitting there?

PC: Sure.

LRH: Good.

PC: Very nice.

LRH: Good. Now let's see if we can't return to the time when you're talking to your father. Is your father alive?

PC: Yes, he's alive.

LRH: All right. Let's return to a time when you're talking to your father.

PC: Hm-hm. .

LRH: How does he look while you're talking to him?

PC: Well, we saw him Christmas time, but I remember particularly when he came back from Europe last summer. I can see him sitting in the living room.

LRH: All right. Let's be there with him.

PC: Yeah. By the big table, and he's going through a lot of the postcards of all the pictures he saw. He went to all the museums he could get in, in one month. And he's going through the cards and talking about them. Martha is standing beside him looking at them.

LRH: How do you feel while you're standing there?

PC: Just fine, it's a very nice scene there, because I'm very fond of him and I'm very fond of Martha, and it's nice to see them enjoying the same thing together.

LRH: Well, now let's go back to when you're talking to your mother.

PC: Yeah.

LRH: All right. Let's take a look at her.

PC: Hm-hm.

LRH: What does she say?

PC: Well, Ipicture her last as she was in the hospital before she died.

LRH: Uh-huh. What is she saying to you?

PC: She's saying, I don't know what I would have done without you during this time.

LRH: Okay. Can you pick up the sonic on her voice there?

PC: Not too well. I can't really hear it, Ijust know the words.

LRH: All right. Let's take a look at her.

PC: Yeah, she's pretty sick. Very, very deep dark circles under her eyes.

LRH: How do you feel while you're looking at her?

PC: It's hard to say. All during that I had almost no feeling. But I feel good that she feels good that she has had somebody during a time when she was so sick that would come and see her and help her. So it's a good feeling to know that I was able to do that.

LRH: Uh-huh.

PC: But the feeling directly about her, however, almost doesn't exist as a feeling.

LRH: Hm-hm. Well, do you think maybe she'll die while you're standing here?

PC: No, not while I'm standing here. But I think she's very likely to die during the course of the time she's in the hospital.

LRH: Uh-huh. Now let's come up to the time when she dies.

PC: Yes.

LRH: What's the first moment you hear the news of her death?

PC: Jean came home from the hospital early in the morning. She had gone to see her very early, about 8 o'clock, and came home and told me that she had died.

LRH: All right. Let's take a look at her while she's telling you.

PC: Yeah.

LRH: How is she saying it?

PC: She's saying it very quietly to me, I believe in the hall, because she doesn't want the kids to hear. She doesn't know yet how to tell them about it—Martha particularly, who knew my mother and was fond of her. And she's saying it under her breath pretty much and telling me the details. She had died just a very short time before she got to the hospital.

LRH: Hm-hm.

PC: And that she went into the room, as a matter of fact, without knowing that she had died.

LRH: And what occurred?

PC: I don't remember. I think she went and found a nurse.

LRH: What's she telling you?

PC: Jean is telling me this about my mothers death, that she found a nurse and the nurse said she had died just a very short while before.

LRH: All right. Let's go back to the first moment you receive this news of your mother's death.

PC: Yes. The first word was when Jean came home.

LRH: And what does she say?

PC: She said, She's dead. She died just a few minutes before Igot there.

LRH: How do you feel when you hear this?

PC: No feeling.

LRH: All right. Let's contact the moment she says this and let's go through it again. Let's see her as she comes in and let's contact what she says. You know where you are there now?

PC: Yeah. I'm in the hall of the apartment. And Jean'& come in the door, and she says, She's dead, she died just a few minutes before Igot there. I can see it and remember it

but I can't hear it though. And there was no particular feeling that I had one way or another. I'd been expecting her death for quite a while, so it was no surprise.

LRH: Let's go back over it again, and let's see if we can't contact this very solidly. How does she look when she comes in? What is she wearing?

PC: I don't know. All I can picture her in is what she has on today and has had on recently. I've no idea what she has on.

LRH: All right. Let's take a look at her. Does she come in the front door?

PC: Yes.

LRH: And where does she walk to as she comes in the front door?

PC: I can't see it. The apartment has been changed since that time, the arrangement of rooms, and I keep seeing it as it is now, not as it was then. I don't know whether she rang the doorbell and I went to the door to let her in or not. My father is there in the apartment.

LRH: What is he saying?

PC: He's not there at the moment she's telling me, he's in his room, whatever room it is he's using.

LRH: Hm-hm. Now you're not sure then what he's saying?

PC: No. It begins to come a little bit now. I think that I went into his room and he had been getting dressed. He was sitting on the edge of his bed, he had his coat off, but he was dressed except for that and I believe he was doing his nails. I'm not sure, but I have that picture.

LRH: Okay.

PC: I don't know if Jean went in with me when I told him or not. I can't see, but I remember saying it to him. He looked up and said, Hello, son, which he calls me once in a while. And I said, Mother died a little while ago. And he said, Oh? and I can't hear anything else. Then I said, Yes, Jean just got back. She had died just a few minutes before she got there early this morning.

LRH: What did he do?

PC: He sort of stops looking at me and turns his head and looks at the floor for a bit. I can't hear what he says, I think he's quiet for a little time.

LRH: Okay. Now let's go back to the moment when Jean first walks in.

PC: Yeah.

LRH: Now what's she saying?

PC: She says, She is dead. She died just a little while before I got there.

LRH: What's her voice tone?

PC: Very low. Not a whisper but sotto voce.

LRH: Hm-hm. And what is your reaction to this?

PC: I don't have much feeling. I asked for the details about it, how it had happened and at what time and I asked her what the doctor said.

LRH: Is it getting clearer this time?

PC: Not really.

LRH: All right. Let's go back to the time when you receive this bicycle.

PC: Received what?

LRH: Bicycle.

PC: Bicycle ?

LRH: Yes.

PC: I don't remember the details of getting it, but I can picture my first ride on it. I believe it was my first on the street in front of our house. The bike was in the street and I stood on a stone.

LRH: Let's take a look at the bike as you're standing on the stone there. Let's stand on that stone and take a look at it.

PC: Yeah.

LRH: How does the stone feel under your feet?

PC: Well, the stone looks to me about five times as big as it must really have been.

LRH: Oh, good. (chuckles)

PC: Because if the stone were as big as I see it, I couldn't haue gotten on the bike from it without jumping down on the bike. It looks like a very big stone, about two feet high.

LRH: Okay. Now what's occurring there?

PC: Well, the bike is leaning against it, I'm standing on the stone and I have one hand on the handle bar. My brother Sam is a few years older and knows how to ride a bike. He's standing in the street on the other side of the bike, steadying it by the other handlebar and the seat. And I step on one pedal and swing my leg over and sit on the seat and grab the handlebars.

LRH: Okay.

PC: And then I start pedaling. Sam gives a little push and I make him promise that he won't let go.

LRH: How does he sound when he's talking to you?

PC: All right, I won't let go. You just go ahead, I'll hold on to the seat.

LRH: Okay.

PC: And I pushed down the pedal and he pushes ahead and I can feel his hand against me at the back where it's holding the back of the seat.

LRH: Good. You feel pleased there?

PC: Oh yeah, this is wonderful but I'm a little bit scared that I'm not going to be able to ride or that he's going to let go. .

LRH: Can you feel this being scared?

PC: Yah, but elated at the same time.

LRH: Okay.

PC: And I don't want him to let go because I'll fall, but also I don't want to fall, I want to learn how to ride.

LRH: Okay. Let's come on up to present time.

PC: Yeah.

LRH: All the way. Canceled.

PC: Yeah.

LRH: Thank you.

To an auditor all of this material is very obvious—that when a person goes through an emotional experience, particularly one which is varied, he is off the edge of it a little bit. This means that we have uncovered a moment there which the psychoanalyst calls an affect. But we are right on the ground of it. Now as we examine it we see clearly that the diagnosis means that there is an emotional charge upon the preclear's mother's death, but the charge is such that the person cannot approach the actual incident. Sooner or later that incident must be discharged.

It is not whether or not the person can remember, it's whether or not he can re-experience it. He should be able to re-experience it by smelling the hall, by seeing what the people had on and so on.

Any effort by an auditor to challenge the validity of the patient's recall would make him shaky the next time he went back to it for fear somebody might challenge the line again, and that would shake his confidence in the recall. I have seen a person do this—he fixed up a case so that it ran for scores of hours over what it should have and finally, halfway through therapy the patient, instead of feeling better, was getting to be a wreck.

Then the Dianeticist has to go back and pick up all of these times when the person's validity has been questioned. Only after he has picked up those incidents all by themselves will therapy then go forward. But it may take a long time to pick them up.

It isn't memory. The person is right at the moment of the recording.

There are two forms of memory. One form of memory is like a photographic shop. Down in the standard banks and the engram bank, that photographic shop turns out exact duplicates of the recording of memory, which it pulls up to the analytical mind for computation. As they come up, the analytical mind looks these things over, and that is memory in present time.

Using the same analogy, the other form could be depicted as the person getting right to the moment when it was recorded on the track. He is in the photographic shop, and not only in the photographic shop but behind the lens of the camera, reading off the whole thing. He is not recording it and he is not remembering. He is rerecording.

That is what very often baffles a psychiatrist when he is watching someone in reverie. He says, "But my people are doing this all the time."

We are not talking about a conceptual recall which would be this little print sent up to the main office. We are looking over the initial record, and we are looking it over with great thoroughness.

If there is something on that record which is painful, it is going to come off the record, and that is all that is going to come off the record. Pleasure is stet data. You can't shake it. You can go over a pleasurable moment a hundred times, or two hundred times. The person may get bored with going over it, but it's still there. And if he goes back to it in the next session, he can still go over it, and still feel good about it. But on a painful incident, that's a different thing. You can only go over those things—particularly when you treat the whole engram bank—a few times and they blow up in your face, and are gone.

The Schopenhauer philosophy that all was pain happens to be wrong. The only thing in the mind which is a real permanent recording is pleasure.

This process is like "I" being the overall manager of a magazine. He has always had a printer's devil and an errand boy that brings him up the material. And now, in order to straighten out the whole layout and get the organisation really traveling, he gets up out of his chair and starts looking at the files and looking over the organisation and sorting the thing out. That is a good analogy.

A very definite principle that an auditor must follow is never bring a person up short. I have tested it and have done just that, occasionally— challenged the person's memory, particularly when he was going over an incident that was very painful to him, and told him, "Well, you must be imagining it," just as a test, and I have had them precipitated into an awful state of mind.

The person is already being attacked from within because he is re-experiencing. Here he is right here, and now suddenly he can re-experience this because he has an auditor there giving him a hand. Two analytical minds are working on the same subject. Now if all of a sudden the auditor seems to take an antagonistic role and the auditor's analytical mind is suddenly reversed against him, this person's analytical mind, already cut down by the fact that he is going over something painful, receives the full impact of the auditor and the engram and at that moment succumbs, and he will go through a crying spell that is really of no great value. He becomes very nervous and quite upset.

If you do this to a psychotic that you are treating who is having breaks every day or so in an institution, you can put him into a fit that will last him for several days.

A patient, as long as he is helped, along with the fact that he is doing his best, will all of a sudden start coming up with the real material, and then he can't be shaken about how real it is. But that takes a while and the mind has to be unburdened.

One of the commonest things that happens in America is Mama to the child, "Oh, it's just your imagination." Or, Papa to the wife, "Oh, so you have a headache. Well, it's just your imagination. It's all in your mind, for heaven's sakes. Come out of it."

Actual test evidence demonstrates that psychoses and neuroses can be perpetuated by challenging the person's recalls, which is fascinating in view of the fact that in 1911 they made this a cornerstone of their work, and there has been a curve of increasing psychosis and neurosis in this society since that doctrine's promulgation. There is a parallel curve.

Session, 7 June 1950

LRH: Close your eyes, Alan. Any time in the future I say the word canceled, it will cancel out what I have said to you when you are lying here in session. All right. Now let's go

back to the time when your wife is about to go to the hospital and you slam the door. Remember we covered this before? This is the key-in.

PC: Hm-hm.

LRH: Okay. Let's contact that moment, slam the door.

PC: Yeah. I've just slammed the left-hand door of the car.

LRH: All right.

PC: And Igo around the back to the other side, and as I get near the left rear fender I get a terrible pain in my stomach.

LRH: Let's feel that pain.

PC: (pause) No.

LRH: Well, continue.

PC: And I doubled up with pain and felt that I had to throw up but I didn't want to. I couldn't help it, and finally threw up. And the pain gradually went down a little bit after I threw up. But still was very strong.

LRH: Okay. Let's go back and close the door of the car now and let's pick up the sonic on your wife's voice.

PC: She got in the car and I shut the door.

LRH: What's she saying?

PC: Nothing. She climbed in just before I shut the door.

LRH: Okay.

PC: Then she said, I think it's silly, it may be silly going so early. I don't know if the pains are coming close enough.

LRH: Continue.

PC: I said we ought to go anyway. It's a long way to the hospital and we don't want to be late.

LRH: Okay.

PC: Then I shut the door, and started back towards the rear of the car....

LRH: What do you hear?

PC: Nothing.

LRH: Come on, there's something sounding there as you go back toward the rear of the car.

PC: My footsteps in the gravel.

LRH: Okay. And what else?

PC: Nothing.

LRH: What time of night is it?

PC: About 10:30.

LRH: How does the house look?

PC: Light in the house.

LRH: Hm-hm.

PC: The back of the apartment house was in front of me as I stood there. And it looked very dark but there were lights in a few windows.

LRH: Hm-hm.

PC: Just two or three windows.

LRH: And?

PC: And it was very quiet.

LRH: What are the sounds there?

PC: Leaves rustling in the trees.

LRH: Okay.

PC: And there's a cool breeze.

LRH: Uh-huh.

PC: In the 40s.

LRH: Then what occurs?

PC: Then I get a terrible pain.

LRH: Okay.

PC: And I grab the left rear fender of the car, right above the license plate.

LRH: Okay. Continue.

PC: And bend over and hold my stomach and I just sweat. And I feel nauseated as if I'm going to throw up. And I try to swallow hard, and my mouth fills up with saliva.

LRH: Uh-huh.

PC: And I keep swallowing and trying not to throw up, and I'm thinking, oh, this was a hell of a time to get sick.

LRH: Aha. Continue.

PC: Well, all of a sudden it comes up. I can't help it and I throw up.

LRH: How's it taste?

PC: (groan) I know it tasted awful but I can't taste anything.

LRH: All right. Let's go back to the time you put your wife in the car.
PC: She said, It may be silly and we may be going too early, the pains aren't very close——.

LRH: How does she look when she's saying this?

PC: I can't really see any expression, it's dark.

LRH: Okay.

PC: And I said, No, we ought to go anyway, it's a long way to the hospital. It's better to be early than late.

LRH: Continue.

PC: I shut the door and walked back towards the back of the car and got a terrible pain in my stomach——.

LRH: Let's feel that pain.

PC: Hm-hm. Yah, a little bit.

LRH: What do you hear, what are the sounds there?

PC: (pause) There's a breeze stirring . . .

LRH: Hm-hm.

PC: the trees . . .

LRH: Aha.

PC: (pause) . . . the sound of my swallowing . . .

LRH: Hm-hm.

PC: trying to hold things down.

LRH: Any vehicles or anything like that?

PC: Well, I know I said streetcar but I can't hear it.

LRH: All right. Let's go back to the moment . you put your wife in the car.

PC: Yeah.

LRH: All right. Now how does it feel there? What's the tactile on the door?

PC: I can feel the flopping of the coat, it was a black coat, as I held it to me.

LRH: Okay. Now what's occurring?

PC: And I put my left hand on the door of the car which was open. That was when she said, This may be silly and we're probably going way too early, the pains may not be close enough together yet. And I said, We 'd better go anyway, it 's a long way to the hospital. It's better to be early than late.

LRH: Uh-huh.

PC: And I shut the door of the car, and started walking towards the rear of the car. I can hear my steps on the gravel, in the yard back of the apartment. And Igot a terrible pain and Igrabbed the end of the car and it (pause) hurts. (pause) And I tried to swallow to keep from vomiting but I couldn't help it at all. It came up very hard.

LRH: Let's feel the force of it come up.

PC: No. I just feel the pain.

LRH: What do you hear as you feel that pain?

PC: (sighs, grunts)

LRH: All right. Let's return to the moment you put your wife in the car.

PC: Yeah.

LRH: Okay. What's she saying?

PC: She says, It may be (sigh) silly, we're probably going too early. I don't think the pains are close enough together.

LRH: Continue.

PC: I said, No, we ought to go anyway. It's a long way to the hospital and we don't want to be late. It's better to be early.

LRH: Continue.

PC: And I shut the door and went to the back of the car, and there's a terrible pain in my stomach. And I had to vomit. I didn't want to vomit then and I kept swallowing to try to keep from vomiting. But then it came up, all of a sudden as I bent over and it hit me.

LRH: Continue.

PC: Ifelt a little better but it still hurt badly.

LRH: What are the sounds you hear there?

PC: (exhales; pause) Now Iget a sound of her opening the car door.

LRH: Hm-hm.

PC: (labored speaking) She opened the car door and got out, and came back to me. I can't hear what she says really. But at first she said, Can I get you something? And I said, No, I'll be all right in a few minutes. I don't know what happened, just nervous I guess. I'll be all right in a minute. You just sit down in the car, just wait a minute. And she put her hand on my shoulder and said, I can run inside and get something for you to make you feel better. I said, No. No, that's my fault. I'll feel better in a few minutes. It just came over me all of a sudden. I'll be all right.

LRH: Okay.

PC: She didn't go back and get in the car, she stood there.

LRH: All right. Now the somatic strip can go straight to the source of this pain. The source, the first time. Source. Source. Early. Early. Early. Prebirth if possible. Source. Source of the pain. First time. I (PC groans) First time. What do we get? First time. (pause) Does your wife say, Stay here and wait a minute there at the car? We'd better stay here?

PC: No, she didn't say, Stay here, she just stayed there instead of getting back in the car

LRH: Did she say, You've got to wait?

PC: I told her to get in the car and sit down, and I'd be all right in a few minutes. But she didn't. She stood there beside me.

LRH: What does she say while she's standing there beside you?

PC: Are you sure I can't get something for you ? No, no, I'll be all right.

LRH: Did she say, You'd better stay anyplace?

PC: No.

LRH: Did she say, You'd better wait?

PC: No.

LRH: Okay. Let's go 10 minutes before you put her in the car. 10 minutes before you put her in the car.

PC: (whispers) Yah.

LRH: All right. How do you feel 10 minutes before you put her in the car? Where is she?

PC: In the living room of the apartment.

LRH: All right. What do you see there, while you're in the living room?

PC: (pause) It's not too clear. There'd been some labor pains, not terribly severe, for the last two or three hours. And we had been watching the time to see how close they were coming.

LRH: Hm-hm. Continue.

PC: And it wasn't very clear because some of them were fairly strong and definite, and others weren't.

LRH: Hm-hm. Continue.

PC: But we finally judged that it was probably about—I can't remember how many minutes, (mutters) I would have guessed 10 minutes, 10 or 11 minutes, something like that.

LRH: All right, let's go back to birth, Mike. Let's go back to birth. When your mother's going to the hospital. Birth. Mother's going to the hospital.

PC: Mother didn't go to a hospital, I know that.

LRH: All right. Birth. Mother stays at home.

PC: Hm-hm.

LRH: All right. Let's see if we can't pick up a somatic here. (pause) Let's see if we can contact it.

PC: I guess I'm a little bit nervous.

LRH: Let's repeat it.

PC: I guess I'm a little bit nervous.

LRH: Let's go early on this. I'm just a little bit nervous.

PC: I'm just a little bit nervous.

LRH: All right. Now, The pains are coming close together. Let's contact this on the track. Pains are coming close together. Pains are coming closer together. Pains, coming closer together. Let's return to it. (pause) You can repeat it.

PC: Pains are coming closer together. Pains are coming closer together.

LRH: Let's repeat it.

PC: Pains are coming closer together.

LRH: Let's repeat it.

PC: Pains are coming closer together.

LRH: Let's see if we can repeat this, down to the point where it occurs. Let's pick up the somatic, this stomach somatic, back in the prenatal area if we can. Let's see if we can pick this up. Just as early as we can get it. You moving on the track?

PC: I've got a pain.

LRH: All right. Let's see what we get with this pain. What do you contact with that pain? Right there, any noise you can contact with it?

PC: (pause; mutters)

LRH: Hm? (pause) When I count to five a phrase will flash into your mind. One -two-three-four-five .

PC: There is a green doily in front of me that I can see.

LRH: Any words flash in?

PC: No.

LRH: Green doily?

PC: Green. Just a green doily on top of some glasses, and there are glasses on the doily. It's funny, I don't know why it should be there.

LRH: Don't know why it should be there. Go on.

PC: Don't know why it should be there on top of the glasses.

LRH: Don’t know why it should be there.

PC: I don’t know why it should be there.

LRH: Go over that again.

PC: I don’t know why it should be there.

LRH: Go over it again.

PC: I don’t know why it should be there.

LRH: Give it to me again.

PC: I don’t know why it should be there.

LRH: What would be the next phrase to this?

PC: I don’t know why it should be there. It really belongs underneath.

LRH: Okay. Go over that again.

PC: I don’t know why it should be there. It really belongs underneath.

LRH: Let’s contact it more solidly.

PC: I don’t know why it should be there. It belongs underneath.

LRH: Okay. Let’s go over it again, more solidly.

PC: I don’t know why it should be there. It really belongs underneath.

LRH: All right. Let’s get the phrase just before this I don’t know why it should be there.

PC: I don’t know why it should be there.

LRH: The phrase just before it.

PC: Whats it doing there?

LRH: Go on over that again.

PC: What’s it doing there?

LRH: Go over it again.

PC: I don’t know what it’s doing there.

LRH: Continue.

PC: Whats it doing there?

LRH: Continue.

PC: What’s it doing there? I don’t know why it should be there. It really belongs underneath.

LRH: Okay. Let's get the first phrase of this. First phrase in this sequence. Somatic strip can pick up the first phrase in this sequence.

PC: Pass it to me. Pass it to me.

LRH: Earlier phrase?

PC: (muttering) I don't know what's wrong.

LRH: Go on over that.

PC: I don't know what's wrong.

LRH: Go over it again.

PC: I don't know what's wrong.

LRH: Next line.

PC: I don't know. (pause) I don't know what's wrong, but something's got to be done about it.

LRH: Next line.

PC: I don't know what's wrong but something's got to be done about it.

LRH: Continue.

PC: Somebody's got to do something about it.

LRH: Continue.

PC: (sigh)

LRH: Continue.

PC: (pause) Somebody's got to do something about it.

LRH: Go over it again.

PC: He'll be here any minute.

LRH: Go over it again.

PC: He'll be here any minute.

LRH: Go over that again.

PC: Somebody's got to do something about it. Well, he'll be here any minute.

LRH: What's next?

PC: I wish he'd hurry.

LRH: Continue.

PC: I wish he'd hurry.

LRH: Continue.

PC: He'll be here any minute. I wish he'd hurry, because it hurts.
LRH: Continue.

PC: I wish he'd hurry, because it hurts.

LRH: Continue.

PC: It hurts more all the time

LRH: Continue.

PC: It hurts.

LRH: Continue.

PC: It hurts.

LRH: Continue. (pause) Continue. (pause) Continue. (pause) Go over that again.

PC: It hurts more all the time

LRH: Continue.

PC: It seems as if I can't breathe.

LRH: Okay. Continue.

PC: (exhales, mutters) You'd think he could come—you'd think he could come anyway.

LRH: Continue.

PC: You'd think he could come anyway (grunt)

LRH: Continue.

PC: ah—Why don't you....

LRH: Continue.

PC: Why don't you call him again.

LRH: Continue.

PC: Why don't you call him again. You'd better hurry. (pause) Better hurry. (pause) Or go and get him. Maybe that would be best.

LRH: Continue.

PC: (pause) Maybe that would be best.

LRH: Continue.

PC: (mutters) No. Don't know. Don't know.

LRH: Is this the earliest one of this sequence?

PC: Don’t know.

LRH: Give me a flash answer. Has this happened before? What’s the first thing that flashed through your mind?

PC: No.

LRH: Hasn’t?

PC: No.

LRH: All right. Let’s contact the first part of it now and run it on through. The first part of it. The somatic strip can contact it.

PC: I think the pains are getting closer together.

LRH: Continue.

PC: (sigh) I think the pains are getting closer together.

LRH: Continue.

PC: Maybe you’d better send for him now.

LRH: Continue.

PC: That can’t be McCarthy.

LRH: Continue.

PC: (pause; mutter)

LRH: Continue.

PC: (pause) It’s not so bad. (pause) It’s a lot better than it would have been....

LRH: Continue.

PC: It will be a while after all. (pause)

LRH: Continue.

PC: (mutter)

LRH: Continue.

PC: (mutter)

LRH: Continue.

PC: You know. I think I don’t feel any pain at all.

LRH: Continue. (pause) Continue.

PC: I don’t know. I don’t know how often the....

LRH: Contact it. Continue.

PC: I don't know.... (mutter)

LRH: Continue.

PC: Yah, this is starting up again. Yeah, I think it's starting up again.

LRH: Continue.

PC: (mutter)

LRH: Continue.

PC: I keep getting these false alarms.

LRH: Continue.

PC: That's why it's so hard to tell.

LRH: Continue.

PC: Sometimes you think you're getting a pain and then it doesn't amount to anything. (exhales) They say time them, but—(sigh) but they don't seem to be regular at all.

LRH: Continue.

PC: Until the end.

LRH: Continue.

PC: And then they get regular right at the end.

LRH: Continue.

PC: (mutter)

LRH: Continue.

PC: Are you sure he's home? (pause) Yes, I am sure he will be coming.

LRH: Continue.

PC: It feels fairly comfortable now.

LRH: Continue.

PC: And it will be quite a while.

LRH: Continue.

PC: It's getting pretty late.

LRH: Continue.

PC: Later than ever I think.

LRH: Continue.

PC: I feel very sleepy all of a sudden.

LRH: Continue along.
PC: I always do in between pains.

LRH: Continue.

PC: I guess that's because Iget tired.

LRH: Continue.

PC: It's just fine now. I don't know, you never can tell about these things.

LRH: Continue.

PC: (murmur; pause)

LRH: Continue.

PC: No. No. It's all right.

LRH: Continue.

PC: (pause; deep breath; pause)

LRH: Okay. Let's return to the beginning of this. Let's return to the beginning of this, the very beginning of this. (pause) Contact the very beginning of this.

PC: (pause) I don't know, I don't know. (pause) There have been a few.

LRH: All right. Let's see if we can pick up Father's voice there. Let's see if we can pick up Papa's voice. Come on. Get the question that's asked right before that answer. What does Papa say, if that is Papa?

PC: How do you feel? (pause) It feels better. Have you had any real pains yet?

LRH: Continue.

PC: There's a few but not many. I don't know how close together they are, but they're not very close.

LRH: Continue.

PC: Is there anything I can get you?

LRH: Continue.

PC: Is there anything I can get you? No, I don't think so.

LRH: Continue.

PC: Anything?

LRH: Continue.

PC: It's foolish. That's the trouble, we can never be sure.

LRH: Continue.

PC: (grunt)

LRH: You're doing fine. Continue.

PC: It won't hurt much anyway. Are you ready? (pause)

LRH: Continue.

PC: I'll be downstairs.

LRH: Okay. Continue.

PC: (mutter)

LRH: Continue.

PC: It's so damned uncomfortable.

LRH: Continue.

PC: (pause; mutter; pause; mutter)

LRH: Continue making good contact. Keep going.

PC: (breathes heavily, mutters) My lip keeps getting dry, I wish I had a few more.... (voice trails away)

LRH: Continue. (pause) Go back to the beginning and contact what we were receiving there at the beginning. Let's be right there at the beginning of this. And let's see if we can contact the somatic this time as we run it through. Let's see if we contact your own somatic this time as we run it through. (pause) Right from the beginning. You can contact it. You're doing swell. See if we can't contact it right at the beginning there. Pains are closer together.

PC: Can't see. (pause; mutters) That's not the beginning.

LRH: All right. What is the beginning?

PC: (mutters) The pains are closer together.

LRH: Okay. Continue.

PC: Maybe you had better call him again.

LRH: Continue.

PC: You'd think he'd come. (pause) Maybe you'd better go over and get him very soon.

LRH: Continue.

PC: (pause; mutter, labored speech)

LRH: Continue.

PC: (mutters several phrases)

LRH: Continue.

PC: Oh. (pause) I think I'm beginning to get used to it. I still don't like it. (mutters phrase)

LRH: Continue. Continue.

PC: It's right there. (sigh)

LRH: Continue.

PC: (whimpers)

LRH: Continue.

PC: (whimpered words, heavy breathing) No.

LRH: All right. Let's go right straight through to the moment you come out. The moment you're lying on the table. Come straight through to the moment you're lying on the table.

PC: (whimpers)

LRH: Straight through to the moment you're lying on the table. You can remember this. Straight through to the moment you're lying on the table. (pause) Contact the moment you're lying on the table.

PC: (grunt, small cry)

LRH: You can remember this.

PC: (grunt)

LRH: Now contact the moment when you're about 5 days old, 5 days old.

PC: (breathes heavily)

LRH: Contact the moment when you're about 5 days old.

PC: (breathes heavily)

LRH: How do you feel when you're lying there about 5 days old?.

PC: Hot.

LRH: Okay. How hot?

PC: (croaks a word)

LRH: Okay. Let's come up to the time when you're 1 month old.

PC: (exhales)

LRH: 1 month old.

PC: (grunt)

LRH: 1 month old. How do you feel when you're 1 month old?

PC: (exhales; pause; mutter)

LRH: Pretty good?

PC: Sleepy.

LRH: Hm? Sleepy. All right. Let's come up to the time when you're 6 years old and getting on the bicycle.

PC: Um.

LRH: How big's the rock?

PC: (mutter)

LRH: All right. Let's feel the emotion on this, as we're getting on the bike.

PC: Yeah, I feel it.

LRH: Pretty good?

PC: No, I can't feel it.

LRH: All right. Let's just step aboard this bike.

PC: Yeah.

LRH: Step aboard the bike? Now let's start it off down the street.

PC: Hm-hm. (exhales)

LRH: How does it feel riding down the street?

PC: (grunt) I can't feel it.

LRH: Hm?

PC: Can't feel anything.

LRH: All right. Can't feel anything. All right. Let's go over the line, Can't feel anything. Only let's pick it up early prenatal. Early, early, early prenatal. Can't feel anything, can't feel anything. Early.

PC: Can't feel anything.

LRH: Early. Much earlier.

PC: Can't feel anything.

LRH: Early. (pause) Let's pick it up a long time before birth there.

PC: Can't feel anything.

LRH: Can't feel anything. Early.

PC: I can't feel anything.

LRH: Early. Now what are you contacting there very early on this? What do you contact? (gap in recording)

LRH: Let's contact something.

PC: Okay.

LRH: Now let's go up to the time you're 6 years old riding the bike.

PC: Hm-hm.

LRH: How do you feel there as you're riding the bike?

PC: I feel pretty tall.

LRH: All right. PC On the back of the seat.

LRH: Sounds fine. Let's go up to the time when you just beat the daylights out of some kid.

PC: Okay.

LRH: All right. Let's contact the moment you're just beating the daylights out of someone.

PC: Oh gee, he took my basketball away from me, by golly, I came right after him.

LRH: Okay.

PC: I jumped him and Ifell on the ground with him, I just pounded his face and banged his head against the ground.

LRH: How does he sound while you're pounding his head?

PC: He was yelling, Stop it, stop it, I didn't mean it.

LRH: Okay. What are you doing to him there?

PC: Pounding him. I'm crying loudly at this point. Pounding him in the face....

LRH: All right. Let's come up to the moment when you're really pounding the daylights out of him. Now let's come up to the moment where you feel like you really won on him. Did you really win in this fight?

PC: Oh, I sure did.

LRH: Now, how do you feel standing there after you had really won?

PC: Wonderful.

LRH: How does the kid look?

PC: He looks bloody.

LRH: Good. Okay. Take a good look at him. What does the boy say to you?

PC: He runs away when I let him up. He didn't say a thing.

LRH: Oh, anybody else say anything to you?

PC: Nobody else is around.

LRH: Aha, you feel pretty cocky?

PC: Uh-huh.
LRH: Well, good.

PC: Hm-hm.

LRH: Come up to present time.

PC: Yes.

LRH: All the way. (pause) Give me a flash answer, how old are you?

PC: 43.

LRH: Okay. All the way up. Canceled.

PC: (pause; exhales) Hello.

LRH: You been through anything?

PC: I've been through a lot. (laughs) Just what it is I don't know.

Evidently the reactivation there has so many holders in it that it makes it difficult to key it out after there's a key-in.

What we did in the above was.to run over what is probably the original incident on it. There may be earlier incidents in the bank, but we have got to clip this early and late. Now tell me this, just as a matter of record, when did your grandparents pass away?

My grandparents? Oh, my mother's mother lived with us for two years when I was a very little kid and then she moved out to my aunt in California and lived there. She died when I was in my teens.

Did you like her?

No, never really knew her. I didn't see her except when I was a little kid about 2 or 3 years old.

You saw her when you were a little kid?

Yeah.

Didn't know her?

No. She was the one who came in and said, "Nasty icky poo," when I'messed my pants, which was told me later. As a baby she was at our house at that time.

You miss her?

No. My mother's father I never knew, he died long before I was born. My father's mother and father I can remember when we were little kids living in Topeka. I was about 9. They lived on a farm outside of town and once in a while on Sunday we had to go visit my grandparents and the kids all hated that. They were a couple of very old folks in their late eighties, and their house stank very badly. And it was dark and dingy. She died, then he came and lived with my uncle and his half-brother, and I used to go once in a while and see him then. And he was a nice old gentleman then, I remember. But he died I think at 92 when I was about 7 or 8 years old.

That's the great-grandfather.

No, grandfather.

How many great-grandparents?

Never knew them. In fact his father was considered the black sheep of the family, for dying so young, at 92.

Well, there is one of two things I can do here. We can either locate Grandma's moving away, or we could just let this gestate for the moment until you have another run. I can promise you that because of that birth, the early part of your therapy is not going to be too comfortable. Because we've got to take those phrases and run them out earlier in the bank so that we can get this birth period there released. I'm just talking now by experience on the matter. Because it wasn't releasing, it was tightening up, it was getting rougher. But you were coming out of your mama's somatic and going into your own. That's just my observation. I'm not even trying to force the evaluation on you that that was birth.

Okay. Dad was very quiet there; all his life has been, particularly in situations where there's a little difficulty. He believes the best thing to do is just keep his mouth shut and he won't get in trouble. He's been following it all his life. He's a very quiet guy and always has been. But my father and mother have been in a fight because my father wouldn't. It used to infuriate my mother once in a while. She would try to get a fight going and when he saw she was annoyed he would say one or two nice placating little things and if they didn't work he'd say, "Well, I think I'll go out now, excuse me."And she would just fume. How can you have a fight with somebody who won't answer back? And he wouldn't. I remember when they were separated later and she would write him a letter, mad at him, and there was a fight going on by mail, he would put the letter unopened in a safe deposit box. And they're still there, unopened. He kept them in case something important might come up later and he could refer to them, but he wouldn't read them. They're still there and some of the letters are 30 years old! And when he did read a letter where she had been very nasty, he would write back about the weather and cute little things like that.

Well, then, we can expect any fulminations on the case to be your mama's.

Yeah, there were plenty of those.

Sure.

She was pretty vocal.

Let's see if we can't take a little charge off this. Just so that you feel better, a little more comfortable.

Hold it, Ron, here's the thing that throws me though, now I have got a pain in the stomach. What I'm wondering is, am I having my mother's labor pains?

That's what's known as valence.

A feature of my stomach ailment is that finally along about 2, 3 or 4 o'clock, after I have a bad night, I'm okay and then I always sleep very well late in the morning.

What was the hour of the day you were born?

I don't know. I seem to think of noon. That's what comes back to me.

How many hours labor?

I don't know.

It would be out of the birth engram. Those people get very vocal. "Oh, now-now, dear. Now just keep bearing down. Well, we'll call him back now. Call him back. You just lie still and rest there. You'll be comfortable now. Just be comfortable, dear. Do you suppose he can come? Better call him. Yeah, they're right here now." This is the kind of talk one gets. "He should come now," and "He'd better hurry and get here," or something like that, which affects the person going along in present time who then gets called down to birth, which is a little bit confusing at times. Once he is in the birth engram he gets the somatic. Those are the mechanics. The only reason I'm talking about this is not to evaluate anybody's case, but just as a demonstration.

Whenever I go through one of these attacks I say that if I could have a baby as a result of it to show for it, it would be all right.

Let's not dramatise the thing all the way now, all right? Now let's see if we can find Grandma. We don't have to find her but let's see if we can. Okay?

Yeah.

LRH: Close your eyes. Now let's see if we can't contact the moment there when Grandma is standing by the crib. See if we can contact it. See if we can contact it.

PC: Hm-hm.

LRH: Standing by the crib.

PC: My shoulder's tensing. Ipicture my crib on the sleeping porch right near the door reached from the back hall.

LRH: Hm-hm.

PC: And farther out there's a great big sleeping porch with two or three double beds. My crib was in a narrow entrance section of the porch, because it's right near the door into the house.

LRH: Hm-hm.

PC: And I don't know what the crib's made of. I've always pictured wooden cribs but now I see a brass one.

LRH: Okay.

PC: It's a shiny brass crib.

LRH: Is it very small?

PC: No, it's a good-sized.

LRH: Okay. Are you outside it or in it?

PC: I'm in it.

LRH: Okay. How big does it look around you?

PC: Quite long and high.

LRH: Hm-hm.

PC: And the door to the back hall is over to the left here. It's a wooden door with a glass panel in the upper part of it, with white curtains on it.

LRH: Hm-hm.

PC: And there's a metal floor on the porch.

LRH: Hm-hm.

PC: And a tin roof too. Sounds wonderful when it rains.

LRH: Hm-hm.

PC: I can see the whole thing. (pause)

LRH: Okay. Let's pick up the moment when Grandma comes in, if you can contact her there, if she is there.

PC: Um. Well....

LRH: See if you can contact the moment when Grandma shows up.

PC: I see her as she looked a few years later.

LRH: Let's contact her. See if we can contact her while you're in this crib, if she's contactable, if she ever comes near this crib. The somatic strip can pick up a moment when she does, if it exists.

PC: Well, I see a stiff black dress. I don't ever see her in anything else but this black dress.

LRH: Hm-hm. How did she look while she was in this black dress?

PC: Well, I don't know. It's very hard to look at the dress right now with the pain in my stomach.

LRH: Oh. Now what's she saying? Contact the phrase there. Let's just contact the phrase.

PC: (exhales) I don 't know. (pause) What 's the matter with you? (pause; heavy breathing) What's the matter with you? Why don't you call? (pause)

LRH: Contact it, Alan.

PC: (mumble)

LRH: What's she saying now?

PC: Never do it there.

LRH: Go over that again.

PC: Never do it there.

LRH: Okay. Now what else has she got to say here?

PC: (mutter)

LRH: Go over the line Never do it there.

PC: Never do it there.

LRH: Continue.

PC: It hurts. Never do it there.

LRH: Continue.

PC: (sort of a groan) Never do it there. (sigh; pause)

LRH: What's her next line?

PC: I don't know.

LRH: Never do it there.

PC: Never do it there. Never do it there.

LRH: How does she look when she says this? Let's roll it.

PC: Shakes her head.

LRH: Okay. Let's go over that again.

PC: Shaking her head.

LRH: What's she saying?

PC: What haueyou done now?

LRH: Okay. Continue.

PC: No. (sigh) Why don't you call? One shouldn't ever do it there.

LRH: Continue.

PC: (moan) It hurts.

LRH: Continue.

PC: (moan, sigh) Well, can't you?

LRH: Continue.

PC: (pause) Maybe thatch teach you.

LRH: Continue.

PC: It hurts. (moans)

LRH: Continue.

PC: (moans)

LRH: Continue.

PC: (moan, mutters) . . . it hurts. Maybe thatch teach you. (moans, sigh)

LRH: What's she do to you?

PC: (mutter)

LRH: Let's go over when she's doing something to make it well.

PC: (sigh)

LRH: Did she do anything to make it well?

PC: Now I've got to clean this all up.

LRH: Run over that again.

PC: Now I've got to clean this up.

LRH: Go over it again.

PC: Now I've got to clean this up.

LRH: Continue. What's she do for you? Let's go to the moment when she does something for you.

PC: Nothing.

LRH: Nothing for you?

PC: No.

LRH: Now let's come up to the time when your stomach is well.

PC: (sigh)

LRH: Now what's happening when your stomach's all well?

PC: (pause; mutter)

LRH: Hm?

PC: (breathing, mutter)

LRH: Contact it. Do you have any pain?

PC: (mutters words draggingly)

LRH: Now let's get up to the moment when she goes away and says good-bye to you.

PC: (grunt)

LRH: Contact the moment when she says good-bye.

PC: (mutter)

LRH: Can you contact it?

PC: I don't want her to kiss me in this way. I can't picture Grandma. Let's see. She's trying to kiss me. But I didn't want her to kiss me.

LRH: Okay. (pause) All right. Let's come up to a time when you're beating up this kid on the basketball field.

PC: Yes.

LRH: All right. How do you feel there, how do your knuckles feel? Let's pick up the somatics in your knuckles. There must be some in your hand as you're watching him run away.

PC: Yeah, they hurt but it doesn't bother me.

LRH: All right. Let's feel these somatic Now what's the triumph you feel there?

PC: Oh, it's the first time I ever got in a fight. I never got in a fight ever before.

LRH: Okay.

PC: I've bloodied his nose, he has blood all over his face.

LRH: Any blood on your hands?

PC: Yeah, a bit, when Igot my followthrough.

LRH: Okay.

PC: And on my clothes.

LRH: Come up to present time.

PC: Yeah.

LRH: How old are you?

PC: 43.

LRH: Canceled. Five-four-three-two-one (snap!). (PC exhales) So she wasn't an ally was she? (chuckles)

PC: She was an old bitch. (laughs) I didn't realize that before. I was amazed.

LRH: How are you feeling, Alan?

PC: Very good.

LRH: Okay.

At the very beginning of a case one tries to pick up the perceptics and locate the key incidents. Then one tries to find some painful emotion. In this case we have been very unsuccessful on the subject of painful emotion. There must be some somewhere. Ordinarily the grandparents can be looked to, particularly if the child's mother or father has abused him.

So you get a diagnosis on the case on the following basis: The grandparents are not allies. Something is wrong here. The child loves his father and mother. And for some peculiar reason what they did to him was not particularly antagonistic.

If we had a number of AAs back down the line, or if mother and father have done a lot of punishment or have been very antagonistic, then the grandparents, even when they are pretty

irritable, are the allies. If one can contact them leaving, or something like that, one gets a tremendous emotional discharge.

Today we have succeeded in establishing a closer contact with incidents, known technically as greasing the track.

In Alan's case it will not be one of these knockdown-drag-out affairs, because we have got a very clean setup here.

An ally is terrible to have anywhere in the case. The ally is not created by somebody loving the child. Previous to Dianetics people have alleged that a feeling of sympathy with the child seemed to be somehow aberrative. This was a bad observation. If they had gone back and looked they would have found the child terrified of other people in the vicinity, maybe father or mother or both. Then, while the child was sick and in the perfect situation to receive an engram, this ally sympathised with him.

That actually takes the form of the ally, and the loss of such a person causes an upset.

This particular case isn't a good case of ulcers. It's never shown up in an x-ray plate, has it?

Yeah, once.

Once it did show up in an x-ray.

My mother had terrible ulcers. That's what caused her death.

All right. I don't make any prognostications on the case. But there aren't the enormous complications here that you find in even the average case. However, an aberration which has existed for a long time in the society is that one is supposed to be very neurotic, and that the person who is really going ahead is the person who is driven by these neuroses. This meant he would have had to have a bad background, and therefore that engrams were necessary to the formulation of a good brain. If one looks over your career, one would have a hard time trying to challenge the fact that you have been constructive and very brilliant.

My neurosis has got in the way of all that, repeatedly.

Of course.

It's doing it right now.

Hm-hm. That's right.

It's wasting two days out of every week for me.

When I discover a case where some gentleman who is enormously productive has had a very bad time of it, then immediately these facts can be seized upon, and someone says, "This man had an awfully rough time of it which drove him into being productive." That is not true. This is known as a valence question.

My analyst suggested, without using the word valence, that I was reputedly my mother.

Sure. According to Dianetics that is exactly what one looks for. If one is in a person's valence, and that person dies, it would be the same as part of oneself dying. But now we have to throw a valence over the fact that the person is dead and that is sort of what happens to the mind on the subject, but it lowers the amount of analytical power available. This is where the analogy comes from that painful emotion seems to pick up life units and activate the engram bank, because it is just as though at that moment the engram can come to life and part of the analytical mind appears to ease off the track. The object in getting off painful emotion is to

get the analytical mind back into circulation again, and we get a situation whereby the analytical mind is now much more highly alert and the physical pain engrams are not so strong because that is where they get their power from.

Yes, but all you're getting out of me is physical pain, not emotional pain.

Okay. That's all right. This way we can'take some basic power off the early bank. We can'take off some engrams. Painful emotion will come later in this case. There are evidently some physical pain engrams to be picked up here.

I could name half a dozen.

Yes, they can be picked up and then the next time we go back to that death of your mother's, it may spill right then. A funny thing about this that really mystifies me, but is what is very convincing to me too, is the theory behind the two types of mind. They are both operating to a certain extent. As I was going through this thing, I wasn't being consciously aware of thinking of any of these things that came out, until after they came out. But then I suddenly remembered when I said during one of the incidents, "Is there anything I can do for you? " That was the way she said it when I was stand ing at the rear of the car, "Is there anything I can do for you?"

And you will probably find out that Papa's commands will have more force. Because you were going through Mama's action there but not getting any of Papa's. Papa was the missing link there. Papa says something in there. A person has a tendency to cover up the closer ally. In this case we have got the parents properly as they should be, both of them allies. However, a person won't give the dialogue of the closest ally but will handily give up the dialogue of the person who is not quite so close. We will have to have another session on that. We are not getting a very fast entrance on this case, because we are not into the basic area yet. Painful emotion has got to be discharged in the area of your mother's death, and then we have got to get whatever the pain is in the basic area.

Session, 9 June 1950

I knew when you left here after the last session that you were probably going to be in for a very rough time. And I fully expected to see you back yesterday.

Last night it was very bad.

After an incident is hit, it sometimes takes a little while to develop, something like a photographic plate.

Wow!

And there is not a great deal you can do, Alan, when you ask the file clerk for something and he winds you up in an incident which you know is not going to do more than desensitise.

Yes.

Now that was what happened and I couldn't have done a lot about it. I didn't want to scare you by telling you you would be back. So I just expected you back.

Well, I wondered about this pain and I suddenly thought—this is the original pain, and all these other pains I've been having are physiological although kicked off by this one. There was no complete intestinal spasm that day at all so that had reduced.

That's right.

Well, by now I've had several things happen to me which hit me there.

However, we could not have touched those things obviously without relieving that birth.

Yes.

It's one of those tough entrances.

I actually got the emotional reason and the pain subsided a good deal. But by that time my wife was in pain too.

She is stuck in the middle of birth.

She is?

Yes. All I was trying to do in her last session was desensitise the case and test her recalls. We ran an incident where her mother was busy spanking her and she suddenly started crying and was in birth. Every punishment Mama administered was evidently sitting squarely on the front of birth. So I figured this probably would come back yesterday and at the outside today.

She felt wonderful yesterday.

She's in the manic right now, at the end of that sequence.

Oh, she felt all right last night. She had slept all afternoon, she told me, but she woke up this morning with a stomach ache. And you know what she said to me when I asked her how she was?

What?

(This is one of the tip-offs to me, I'm learning a little bit about this.) She said, "It's all right if I don't move."

That's the whole sequence there in birth.

"Can't move."

Yes.

So I decided to do what you suggested and said to her, "Let me run you through a few pleasant things recently."

Here are two people living together. They've both for some cock-eyed reason been suffering a restimulation of just one special engram. Now for you to have started out to have run her might very well have doubled you up quite badly right there, and vice versa.

Hm-hm.

So I figured out as soon as you came over that I would desensitise birth along your line. And then we could knock her back to birth and do the same for her.

LRH: Okay. Lie down and relax for a minute. You had a very rugged case entrance here. They're seldom this rugged. Now, let's come up to present time.

PC: Hm-hm.

LRH: Close your eyes. Anything I say to you while you are lying there with your eyes closed in session will be canceled and be rendered null and void the moment that I say the word canceled. Okay?

PC: Yes.

LRH: All right. Let's pick up the beginning of birth. The first contraction of birth. Your somatic strip can go to the first contraction of birth.

PC: Hm-hm.

LRH: First contraction of birth.

PC: I don't get it.

LRH: Hm?

PC: I don't get it.

LRH: You'don't get it?

PC: No.

LRH: All right. You can in a moment. Go over I'm stuck, or He's stuck. What is the phrase?

PC: He's stuck

LRH: Go over that again.

PC: He's stuck

LRH: Go over it again.

PC: He's stuck

LRH: Go over it again.

PC: Hes stuck (exhales)

LRH: Go over it again.

PC: He's stuck

LRH: Go over it again.

PC: Hes stuck

LRH: Go over it again.

PC: Hes stuck I'm going to have to turn him around.

LRH: Go over that again.

PC: He's stuck I'm going to have to turn him around.

LRH: Go over it again.

PC: He’s stuck I’m going to have to turn him around.

LRH: Roll it again.

PC: He’s stuck I’m going to have to turn him around.

LRH: Roll it again.

PC: He’s stuck I’m going to have to turn him around.

LRH: All right. Let’s contact this more solidly. Go over it again.

PC: He’s stuck I’m going to have to turn him around.

LRH: Let’s contact the somatic on this. Go over it again.

PC: Umm. He’s stuck. I’m going to have to turn him around.

LRH: Go over it again.

PC: He’s stuck I’m going to have to turn him around.

LRH: Go over it again.

PC: (exhales) He’s stuck. I’m going to have to turn him around.

LRH: Go over it again.

PC: He’s stuck I’m going to have to turn him around.

LRH: Go over it again.

PC: He’s stuck I’m going to have to turn him around.

LRH: Roll it again.

PC: He’s stuck I’m going to have to turn him around.

LRH: All right. Let’s contact the beginning of the sequence. Beginning of the sequence. First moment, first moment. First contraction. The somatic strip can pick up the first contraction.

PC: Hm-hm.

LRH: First moment of birth. P(5: Um.

LRH: First moment of birth.

PC: Um.

LRH: When I count from one to five a phrase will flash into your mind. One-twothree-four-five (snap!).

PC: Birth. (small pause) Birth

LRH: Go on over it again.

PC: Birth. Birth

LRH: Now the whole phrase, beginning with birth, will flash into your mind. One-two-three-four-five(snap!).

PC: It’s always hard.

LRH: Go over that again.

PC: It’s always hard.

LRH: Go over it again.

PC: It’s always hard.

LRH: Go over it again.

PC: It’s always hard.

LRH: Next line.

PC: It’s always hard, no matter what they do.

LRH: Go over it again.

PC: It’s always hard, no matter what they do. It’s always hard, no matter how many times you go through it.

LRH: Continue.

PC: It’s always hard.... Oh, you idiot. (begins to sound under stress)

LRH: Continue.

PC: (groan)

LRH: Continue.

PC: (groan) It hurts. There’s a pain. There’s a pain. (groaning with contractions) It hurts, it hurts—the pain.... Oh, there’s another one.

LRH: Continue.

PC: (groan) Pretty close together.

LRH: Continue.

PC: They re pretty close together.

LRH: Continue. PC They re pretty close together. (speaking very painfully) Can’t you give me something?

LRH: Continue.

PC: Can’t you give me something?

LRH: Continue.

PC: (prolonged grunts and groans)

LRH: Continue.

PC: (groans and mutters painfully) ... Ouch! It hurts. It hurts. It.... Push . . . push . . . push. It hurts right there.

LRH: Continue.

PC: As if they're poking right there. Big dolt. They're pushing me against my will. Pushing it out.

LRH: Continue.

PC: (gasping) Oh, hell.

LRH: Continue.

PC: (moan)

LRH: Continue.

PC: (more moaning, gasps)

LRH: Continue.

PC: (groans, panting) He's stuck. He's stuck. Oh, thepain. Thepain.(more gasps)

LRH: Continue.

PC: Can't you give me something? (gasping) He's stuck, he's stuck.

LRH: Continue.

PC: (series of horrible gasps and groans)

LRH: Continue.

PC: (moaning)

LRH: Continue.

PC: (moans, groans)

LRH: Continue.

PC: Just dying, just dying. It hurts.

LRH: Continue.

PC: (groans) It hurts. Oh, my goodness. (groans)

LRH: Continue.

PC: (groaning) Give it to me. I see purple.

LRH: Continue.

PC: I see purple, purple, purple, purple.

LRH: Continue.

PC: (heavy breathing)

LRH: Continue.

PC: Purple's gone. I'm not sure. What are you doing? What are you doing? (breathing heavily)

LRH: Continue.

PC: (muttering disjointedly)

LRH: Continue.

PC: It hurts.

LRH: Continue.

PC: Oh, I'm stuck.

LRH: Continue. (pause) Go over it again. PC I'm stuck (whispering and gasping)

LRH: Continue. (pause) Continue. What's the line again?

PC: I'm stuck

LRH: What's being said?

PC: (whispered words)

LRH: Go over it again.

PC: (murmur)

LRH: Go back to the beginning of birth now. Earliest part of birth. Earliest part of it. The somatic strip can pick up the earliest part of birth. First contractions. First part of birth. Let's pick it up. Contact it. Now, let's roll it, Alan.

PC: (exhales)

LRH: What's the first material that comes through?

PC: (breathing, muttering slowly) . . . haven't had any real ones yet. Just false alarms, that's all.

LRH: Attaboy. Go over that again.

PC: Haven't had any real ones yet. Just false alarms, that's all.

LRH: Go over it again.

PC: Haven't had any real ones yet, just false alarms.

LRH: Continue.

PC: I hope it won't be too long. I'd like to get it over with. (mutters several phrases)

LRH: Continue.

PC: (groan, long mumble)

LRH: Continue.

PC: (sighs) Oh, Doctor.

LRH: Continue.

PC: (mutters several phrases)

LRH: Continue. [gap in recording]

LRH: Let's go to the beginning of it now, first contraction. First contraction. (pause) False alarm.

PC: I don't know. I don't know. I don't know yet.

LRH: Continue.

PC: (monologuing, exhales sharply)

LRH: Let's return now to the first moment of the birth contractions again. (PC exhales) First moment. First moment. Let's return to the first moment of birth. The somatic strip will go to the first moment of birth. First moment of birth. First moment of the birth contractions. (PC exhales) First moment of the birth contractions. First moment of the birth contractions. False alarm. It's not anything real yet. It isn't anything real yet. Repeat that. It isn't anything real yet.

PC: It isn't anything real yet. It isn't anything real yet....

LRH: Continue.

[gap in recording]

The case couldn't have been touched unless we'd run birth out of it. Everything below and above seems to be latched on to just this one incident. There are call-backs. All right. Now the last time you went through that was it easier than the other times or wasn't it?

The next to the last time was the easiest.

And then the last time was rougher again. Well, if you had been tracking on it you would have found out you were picking up skipped incidents.

On that last one?

Yeah. That's right.

You were filling it in. Now we're getting the full birth.

Once or twice there when you said, "Go back and start again," I thought, "Ah, the hell with it. (laughing) Not again!" (more laughing) You might be getting bored with it. I am. You aren't bored enough with it.

Do you feel tired now?

Yeah, I didn't have much sleep last night of course, that's one factor.

Yes, baby's always tired after birth. When we put somebody through the birth engram they're always tired.

It's quite an ordeal.

On this reality proposition, did you catch the words at the beginning of that having to do with reality?

It was something about "real ones." "There aren't any real ones, they're false alarms. Now there's a real one."

A very lovely little computation is started with that phrase. It's a very common one.

"False alarms"?

Yes, "Maybe it's a false alarm." Have a cigarette for a moment, then we'll go over it some more. I'm knocking that thing flat today.

I'm not sure how much I've moved here. I'm not my mother at all; I'm all me.

Hm?

Am I?

Oh, you're swinging off Mama.

Hm?

You're slipping off Mama quite a bit there.

Of course, a lot of the talk is Mama but that's natural, isn't it?

Oh, yeah. This thing is running off routinely.

As long as the feelings aren't Mama. As a matter of fact yours is a rare case where birth can be flattened.

Ha.

After all, your file clerk handed it up. I didn't ask for it.

You'didn't?

No, I did not ask for it. I said, "The file clerk will now give us what is the trouble with your case," and there we were at the beginning of birth. My chances of flattening it right then were very slight.

But do you think that the whole thing concerns this, no matter what other incidents are there?

Oh no, the whole thing is not this.

I mean that they're all hooked into this?

Yes. This has got to be gotten out of the road and then we can get at the rest of it.

Yes. That's what I'meant. But these others are subsidiary to this one.

Oh, absolutely.

You know, it still doesn't seem real.

Okay. Now let's not evaluate for you. Reality in the matter is a secondary consideration. What we want to do is get birth out of the road.

Yeah. I'll agree with that. I don't care what it is, real or not, if you can get rid of that pain. Will birth get rid of that pain?

I don't know.

Yes, because you don't know what else there is. There may be something else below it.

Yes.

But this is a big one probably.

Every once in a while we find an engram in the bank which has enough power in it to start pulling other engrams into it.

Hm-hm.

We have got to flatten the central one. Your case has this fortunate aspect, that the central one is not occluded. In lots of cases the central incident is completely out of sight. You can't contact it. The person isn't in any agonies over it because he will only get one somatic. For instance, he will curl up and argue. Or he will go into an epileptiform seizure every time he repeats any word in his reactive bank. It's all hanging up on one incident.

Yeah.

All right. So it's necessary to just keep plugging away at the case. And eventually that incident is going to show up. And when it shows up you have got to run it, regardless of whether it will lift completely or not. Then it will free the rest of it.

You can strip the incident if it won't run. The sequence is to take the incident and run it, then take the first phrase that you can find in it and run that as early as you can get it. Release that, then take the next phrase in it and run it as early as you can, and then run it right back on up again and release that. And just take it phrase by phrase, in sections. But your central incident, I don't think, will have to be run that way.

I feel that something happened there that I'missed.

Why? Do you think there's something more in birth that you haven't contacted yet?

Well, yes. It's probably just because of the existence of this pain. Nothing that happened to me that I've gone through accounts for that much pain.

Hm-hm.

Maybe Mama poked at me? Sure, that hurt. And there was the doctor, the clumsy idiot, when he jerked me up. He really kicked me. (laughs)

Okay.

I don't know. It is just the degree of pain talking.

Well, we will find it.

But here's one thing I find myself having a tendency to do and that is to go into the boredom of tearing it apart and saying, "Oh, skip that, we know about that. " Is that common?

No, but it is a very good sign.

Yeah?

It's becoming less aberrative. As long as it is aberrative a person is intensely interested in it.

Oh.

But you have got to run them all the same.

Yeah, but we have got to go through an awful lot. You've got it all on the record, why don't you just go ahead and play the record ! (both laugh)

LRH: That's all right. Let's retum to false alarm, and see if there's anything earlier than the phrase false alarm.

PC: Um, there is, of course. Gosh, what I had turn off and on in the last few hours is coming in now, including the vomiting I did last night.

LRH: Uh-huh. Go over it again.

PC: (murmurs)

LRH: Now, let's get earlier than false alarm this time. Let's get to Mama's vomiting there. Does she vomit just before the contractions are really getting going?

PC: I don't know.

LRH: All right. Let's see whether vomiting is there.

PC: Oh, throwingup.

LRH: Throwing up, throwing up.

PC: (blurred exclamations) Oh! It hurts like the very devil.

LRH: Continue.

PC: (full delivery dramatisation—grunts, groans, moans, exclamations, heavy breathing—PC's voice is remarkably womanlike in the next minutes)

LRH: Continue.

PC: (mutter)

LRH: Continue.

PC: (mutter)

LRH: Continue.

PC: I can't stand it.

LRH: Go over that again.

PC: I can't stand the pain.

LRH: Go over it again.

PC: Oh! I can't stand the pain. Oh!

LRH: Contact the conversation there. Keep rolling.

PC: (suffers through it for about a minute then there are some rapid gasps and PC assumes man's voice)

LRH: Go over it again.

PC: (suddenly assumes woman's voice againj I can't stand it.

LRH: Continue. What about pain?

PC: (man's voice) Pain, pain.

LRH: All right. Let's contact the words pain, I can't stand it the first time in the bank.

PC: I can't stand the pain.

LRH: Pain, the first time in the bank. Early.

PC: I can't stand it.

LRH: Early, early, early.

PC: I can't stand this pain, I can't stand this pain. I can't stand this pain. . I

LRH: Pain.

PC: (resumes mother's delivery dramatisation, interspersed with the word pain)

LRH: Continue.

PC: (muttering)

LRH: Okay. Let's roll that again.

PC: (mutters, sigh)

LRH: Go over that again.

PC: Oh, pain (sigh coughs)

LRH: Alan, let's go to the earliest moment in the bank when this one appears. Earliest moment in the bank. The first instant in the bank. The first moment after conception that this one appears. The first one. Early, early, early, early, early. All the way down, all the way back down the line. Earliest moment. Earliest moment. Earliest moment. Earliest moment.

PC: It hurts.

LRH: Go over that again.

PC: It hurts.

LRH: Go over it again.

PC: (muffled) It hurts.

LRH: Go over it again.

PC: (muffled) It hurts.

LRH: Continue.

PC: (It hurts

LRH: It hurts what?

PC: It hurts. It hurts right there.

LRH: Go over it again.

PC: No, right there. Don't do that. It's so tender, it hurts. It hurts.

LRH: Continue.

PC: (weeping out words) It hurts. Stop it, stop it. Oh dear.

LRH: Continue.

PC: (continues for almost a minute) Oh! (inarticulate sounds)

LRH: Continue.

PC: (sob, groan)

LRH: Continue.

PC: (sob)

LRH: Continue.

PC: (sobbing)

LRH: Continue.

PC: (pounding sound) Oh, the pain!

LRH: Continue.

PC: (groans) Stop it. Let me go.

LRH: Continue.

PC: Oh! (back to a man's voice, still agonised) No, no. How could anybody like it.

LRH: Continue.

PC: Damn it. (more groans) What a terrible feeling.

LRH: Continue.

PC: Oh.

LRH: Continue.

PC: But it hurts, it hurts. (pounding sound)

LRH: All right. Let's go back to an earlier one. Is this the same one you went over before?
PO: (grunts) When?

LRH: Give me a flash answer now, is there an earlier incident of this character in the bank?

PC: I don't think so.

LRH: All right. Let's roll it from the beginning.

PC: It hurts too much. It hurts too much. It hurts.

LRH: I can't go through this again.

PC: (groaning) It hurts.

LRH: Okay. Let's contact the first moment of it, Alan. You can remember this. You can contact the first moment of it.

PC: (groan)

LRH: All right. Let's contact the first moment of it. Now what do we get there? The first statement made. The first phrase that is going to flash into your mind now. One-two-three-four-five.

PC: It hurts.

LRH: Go over that again.

PC: It hurts, it hurts, it hurts. Don't you understand—it hurts!

LRH: Continue.

PC: (wailing)

LRH: Continue.

PC: (heavy breathing) It hurts. I can't stand it. It hurts. (sobs)

LRH: Continue.

PC: (pounds something) It hurts.

LRH: Continue.

PC: It hurts, bad.

LRH: Continue.

PC: Stop that, it hurts.

LRH: Continue.

PC: It hurts. It hurts really bad. It burns.

LRH: Continue.

PC: (wails)

LRH: Continue.

PC: (prolonged moaning)

LRH: Continue.

PC: (panting)

LRH: Continue.

PC: I'll never get over that hurt.

LRH: Continue. Next line.

PC: (continues same noise) I'll never get over that hurt. I'll always remember it.

LRH: Well, okay. Let's contact the beginning of it, Alan. The beginning, earliest moment of it, earliest moment of it, earliest instant.

PC: (groan)

LRH: Earliest instant.

PC: It hurts, it hurts. It hurts. Can't you understand, it hurts. (sobbing out the words)

LRH: Continue.

PC: It hurts. Please, it hurts too much. Please stop this, stop this, it hurts too much.... (groaning out words for over a minute) What's it doing? (voice changes to that of a man mid-groan) No, no, oh.

LRH: All right. Let's pick up the beginning of it. Let's pick up the first instant of it this time. Let's pick up the first instant of it this time. And contact there. Roll it through now but get Papa, Papa, all the way through on this one too. Get them both. Let's roll it.

PC: (cough)

LRH: Nausea, vomiting. Is there nausea on the front end of this?

PC: No.

LRH: Throwing up on the front end of this?

PC: No.

LRH: All right. Just roll it on through there with Papa.

PC: It hurts. It hurts.

LRH: Continue.

PC: It hurts when you do that.

LRH: Continue.

PC: It hurts when you do that.

LRH: Continue.

PC: Oh, it hurts. I'm being very careful. Don't you understand?

LRH: Continue.

PC: Why? It shouldn't hurt. I'm being very careful.

LRH: Continue.

PC: It hurts too much.

LRH: Continue.

PC: Just stop it, just stop it. No, I can't. Just stop it, that's all, it hurts too much. I can't help it, it just hurts too much.

LRH: Continue.

PC: (groan)

LRH: Come on.

PC: Um, Come on....

LRH: Go over it....

PC: come on, come on. Nope.

LRH: Hm?

PC: come on. Nope.

LRH: All right. Let's contact the beginning of this thing now and roll it.

PC: (murmurs)

LRH: There may be something before It hurts. That first It hurts.

PC: It hurts. (groan) Please be careful, please be careful, it hurts.

LRH: Continue.

PC: Does it feel any better? No, it still hurts. How many times do I have to tell you it hurts? Please stop, that's all. Please stop. It gets worse, not better. I can't help it. I can't help it, it hurts too much. I can't help it. I can't stand it. Some other time, that's all. Some other time, that's all.

LRH: Continue.

PC: (pause)

LRH: All right. Let's contact the beginning of this thing now, Alan. Contact the beginning of it.

PC: All right. (mutters) All right.

LRH: Continue.

PC: It hurts.

LRH: Continue.

PC: (talking groggily for over a minute)

LRH: Let's contact the beginning of it. Who says, Go to sleep? Anybody say, Go to sleep?

PC: Go to sleep. I'm awfully tired.

LRH: Go over it again.

PC: I'm awfully tired.

LRH: Go over it again.

PC: I'm awfully tired; Not tonight. It hurts. Please.

LRH: Let's contact the beginning of it and see if we can't get a somatic off the beginning of it. The first moment of it. Let's see if we can get the somatic.

PC: I'm tired.

LRH: Your somatic. (pause) Your somatic. Whose somatic have you got there?

PC: Don't know.

LRH: Let's contact your somatic. Run it through from the beginning again. Let's see if we can contact it more closely.

PC: Let me see here, I'm tired.

LRH: Get that Go to sleep, I'm tired, or whatever it is.

PC: (mutters) It hurts. I'm so tired. It shouldn't hurt. But it does. By that time she was saying it hurt when it didn't anymore.

LRH: All right. Let's contact the beginning of it and roll it on through. I'm tired, go to sleep, or whatever it is.

PC: I'm tired, not tonight.

LRH: Go over that again.

PC: I'm tired, not tonight.

LRH: Go over it again.

PC: I'm tired, not tonight. I'm tired, not tonight. Please. I feel a little queasy.

LRH: Continue.

PC: Yes, but it hurts me all the same

LRH: Continue.

PC: It hurts.

LRH: Continue.

PC: No, it hurts too much, you'll just have to stop. No, don't you understand. I'm sorry but I just hurt too much, that's all. Some other time. Please.

LRH: Hm?

PC: (mutters)

LRH: What's that?

PC: I don't think it did any harm. It just hurts, that's all.

LRH: Okay. Let's contact it at the beginning and roll it again. Let's see if we can contact your somatics, your somatics, right at the beginning of it. What's the tactile as you're lying there at the beginning of this incident?

PC: I don't have any.

LRH: Okay. And what comes now? What does your tactile show on it now?

PC: There's a long tingle.

LRH: Okay. Now what comes through to you there as you're lying there?

PC: (grunt) Talk.

LRH: All right. What do we hear there in the way of talk? We will have to get it.

PC: Not tonight.

LRH: Hm?

PC: Not tonight, I'm tired.

LRH: Okay. Continue.

PC: (pause; groan)

LRH: What comes through to you as you're lying there?

PC: (groan)

LRH: Uh-huh.

PC: (mutter)

LRH: All right. Let's contact that pain in there. What's the visio there?

PC: Darkness.

LRH: It's dark, huh?

PC: Hm-hm.

LRH: Okay. Everything's as it should be. Keep rolling.

PC: (pause)

LRH: What's it doing now?

PC: Paining.

LRH: Where's the pain?

PC: In my middle.

LRH: Okay. Continue.

PC: It's steady, hard digs.

LRH: Okay.

PC: Steady and hard. It spreads through the middle up there. (groan)

LRH: Okay.

PC: It's a steady pressure.

LRH: Continue.

PC: It's going up and down. It hurts all the time. I keep getting worse and worse.

LRH: Continue.

PC: More and more and more.

LRH: Continue.

PC: Damn. It hurts. The pain hurts. (groan)

LRH: Continue. What are the voices coming through to you there?

PC: Had to do something. Had to do something there, all right. Had to do something. Push. (panting)

LRH: Continue.

PC: (breathing) Ooh.

LRH: Continue. What are the sounds coming through to you there?

PC: (cries out) Damn it, ooh! Damn that pain! Oh! Oh! I can't go on anymore, oh, anymore. Oh, it hurts, it hurts, it hurts.

LRH: Continue.

PC: (grunts and groans, whispers words, then coughs) It hurts.

LRH: Continue.

PC: Down there.

LRH: Did you have real pain in that one?

PC: There sure was.

LRH: All right. Was it your pain or your mother's pain?

PC: My pain.

LRH: Your pain, huh?

PC: Yeah.

LRH: All right. Let's run back to the first instant that we get that pain. First instant we get that pain.

PC: Which one? I've had two or three.

LRH: Hm?

PC: Had two or three now.

LRH: All right. Let's get to the first instant you get the first one.

PC: All right.

LRH: All right. Now, what is it? What does it say?

PC: Um, No, not tonight. I'm tired.

LRH: Is that the very first one?

PC: Yeah.

LRH: All right. Now what comes with it?

PC: (mutters for about a minute)

LRH: All right. Let's get that first one again. Let's get that first one. Letb contact it good and solid. Now let's contact that thing. What's being said just as you feel that pain? Let's get that pain just as you feel it that first time. What are your perceptics just as you feel that pain? What do you feel there with it? What do you hear?

PC: Pain.

LRH: And what next?

PC: It hurts.

LRH: What else?

PC: (mutter)

LRH: Okay. Let's get that first bump you feel there.

PC: Aha. (groan) It hurts. Please be careful. You know I'm always careful. (groan) It hurts. Something just pushes a little bit harder and harder, steadily pushing going up and down. A pushing pain.

LRH: Let's go back to the beginning of this thing now and roll it again from the first little thing you feel straight on through. We won't stop on this one, we'll just keep rolling through. Let's contact the first beginning little bump there.

PC: Hm-hm.

LRH: Got it?

PC: Yeah.

LRH: All right. Let's contact that, tell me everything you see, feel, hear, all the pain. Now, just roll it.

PC: It hurts.

LRH: Continue.

PC: It shouldn't hurt. But it does hurt. (groan) It hurts. No, it doesn't anymore. That's strange, she says it does when it doesn't hurt me anymore. That's all.

LRH: Continue.

PC: (groans) Pushing up.

LRH: Continue.

PC: (groans) It hurts. (groan) Pushing. (groan, exhales)

LRH: Continue.

PC: Ah.

LRH: Tell me everything you see, feel, hear there.

PC: Nothing.

LRH: Hm?

PC: Nothing anymore.

LRH: All right. Let's get that Go to sleep out of it.

PC: Go to sleep.

LRH: Go over it again.

PC: Go to sleep.

LRH: Go over it again.

PC: Go to sleep. (moaning weakly)

LRH: Repeat it again.

PC: Go to sleep.

LRH: Once again.

PC: Go to sleep.

LRH: Once again.

PC: Go to sleep.

LRH: Go over it again.

PC: Go to sleep.

LRH: Go over it again.

PC: (very groggily) Go to sleep.

LRH: Alan?

PC: Go to sleep.

LRH: Alan?

PC: Yeah?

LRH: Come on up to the time you're eating an ice cream soda when you're a little boy.

PC: (pause) We used to go to the parlor and have chocolate smoothies after school.

LRH: All right. Let's just get one there.

PC: Hm. I've got it.

LRH: How is it?

PC: Nice.

LRH: How does it taste?

PC: Very good. It's cool, all chocolaty.

LRH: What's your emotion as you're eating it there?

PC: Um, I feel good.

LRH: Aha. Feel good in your mouth?

PC: Yah, mmm....

LRH: Okay. Come up to present time.

PC: Hm-hm.

LRH: Present time.

PC: Yah, present time.

LRH: Canceled. Five-four-three-two-one (snap!). How do you feel?

PC: Better. Igot there.

LRH: Huh?

PC: I got there.

LRH: Yah, sure you got there. You were right in that there was something before birth.

PC: Well, I even knew there was something before something leapt out.

Birth is a tough one to have to hit first. Alan, this will take the rest of the charge out of it.

When?

Let me give you a cigarette. You recognise what kind of an engram that was?

I think so.

What kind do you think it was?

Well, Papa was laying Mama a little after conception sometime in there and it hurt. I mean it hurt me very mildly but it hurt a little bit. Most of her hurt talk was phoney too.

How did Mama feel about sex?

Something a woman had to go through to get a husband.

Oh, I see.

She was a beautiful woman too, full of sex appeal. It was a damn shame, it really was. I don't think she ever had an orgasm in her life. Never really enjoyed it. There's where I got the idea that that was the way women were and only men enjoyed it. Women kind of put up with it. She didn't say that men were beasts or anything quite like that, but men were like that and a woman just had to recognise it. (laugh)

Yah? You're working very well. There seems to be a lot of line charge on Mama's valence.

Yeah. I get over in there once in a while.

Well, you've been starting out in her valence. Once we get you out of that valence and properly on the track you will be getting visio and sonic.

I still keep having a pain.

Alan, do you want me to run out your whole case this afternoon?

Could you stand it?

Oh, you mean you'd be willing to?

Well, you know more about this than I do. Am I supposed to be able to stand it?

(laughs) No, Alan, 15, 20 hours should release most of the line charge. In your book you say it begins to get less effective in long sessions. Yes. What I'm talking about is after 15 or 20 hours of therapy you will have a release on all these line charges. And you should feel much more comfortable. But if someone gets many hours of therapy with not enough sleep and then

more hours of therapy, the next thing you know, why, you get him into an incident and he has no push left, and he feels miserable. So sometimes it comes down to this rock-bottom choice of whether or not throwing him into the engram would restimulate him to the degree that he wouldn't have the energy to get out of it easily. You're carrying quite a cargo, Alan.

A man must be aware himself of the whole damn system when you come down to it.

Yes. You ought to be taking vitamin B1.

Why's that?

Otherwise you're liable to come up with a nightmare. Your endocrine system must be getting a little fagged already and the muscles must be tired.

I've done enough cavorting here to wear me out.

Yes, well, you're dramatizing the engrams back in the basic area rather than being on the receiving end of them. Mama won in your family, I take it. Did she?

Oh, yes. Dad's of little help.

But she won.

She won.

That was the real survival valence.

She won. Gee, in her own little way. Except with me. I was the first guy that told her to go to hell in her whole life, I think. When I was about 18 or so. And, boy, did I begin having trouble.

How do you feel?

Not too good.

Is something hurting?

(burp)

Is something hurting specifically?

No. There's some nausea.

Nausea. You want me to pick up the nausea?

I'm more likely to upchuck. Does that happen?

Never saw it happen yet. I sure did a lot last night. But that was when it was over. There's this feeling of pain that I have in my stomach, intestines, whichever it is, and when I have a spasm it tightens up. And behind that gas backs up. So there's a physical condition as well as everything else.

Yes. A self-generated physical condition.

Yeah.

Sure. Do you know anybody who used to string the line in your family, "It's all in your imagination. That pain is in your mind"?

I don't think anybody ever did in my family.

All right. There's lots of material there that's charged merely because it's charged verbally. And believe me that stuff goes out in a hurry. Somebody says, "It's unbearable, I can't stand it. I'll never forget this pain...."

Oh, the first time that came out of me, the pain was just about as bad as it was when my wife phoned you last night. And all of a sudden it just disappeared when that sentence came out. Woo! Some pain came back again, sure, but it never came back to that peak.

You mean on the next succeeding run.

Yeah.

How was it on the last run?

Oh, there wasn't much pain here this last time, it was very mild.

Well, you see we're working against it a little bit here. We haven't got any unconsciousness off your case yet.

No.

And there's unconsciousness in the basic area, there always is.

Really?

Yes, yawns, dope-off, boil-off.

What is the unconsciousness? Why will you always run into it? What is it from?

You just always run into it.

What's it from?

Oh, a person gets knocked unconscious and there is the impact going in and the way it comes back out again is as unconsciousness. It's a two-way circuit. But worse than that, it seems to have a physiological aspect in that it is contained in the system or something of the sort, and it comes back out again.

But what goes on during that period of unconsciousness as I go through it? Do I say anything?

Sure, when you go through a boil-off, you sometimes dope off and dream. And then, after a while, you will begin to pick up a somatic and a phrase and start to run the engram with yawns. You yawn the thing out and when it's all yawned out the engram is gone, the unconsciousness is gone, the words are gone, the pain's gone and the whole works are gone. That is when you are working in the basic area. What we are doing up here along the line is deintensifying one Alan to keep him from exploding out of the atom bomb so that down the line we will be able to find material. What we're taking out is line charge.

You mean we weren't getting real material ?

Oh! This stuff is all real, but what we are taking off is line charge, the charge that goes along a person's whole life. Now that's a valence. We're taking charge off your mother's valence. Boy, she really had you backed up in there.

Yeah. That's exactly what my analyst found out. It took him over a year where it took you about an hour and a half, but he was smart enough to know that, as he expressed it, I was my mother.

But you're not your mother. Tell someone that he is his mother, and you are liable to reinforce the valence. You can go down the track and shift the person into various valences. So in present time you could tell a person he was his mother, and thereby shift him into her valence.

Grim.

Let's make a little experiment. Let's just shift valence over to your father's valence. How does your father act?

He always tried to act consciously, quiet.

Hm-hm.

He never quarreled, he never lost his temper.

You're not rubbing your stomach now, are you?

No.

Do you see the point?

Yes.

This is a therapeutic technique that is used in Dianetics in order to run out the valence. And then you run out Papa's valence; he's the secondary valence in this case, not from the value of the human being, but merely in the engrams. And then we get the baby. That was the last thing one wanted to be was the baby, caught betwixt.

I've got to get rid of being the baby.

Yes. But right now what we're getting rid of is Mama.

[There is a gap in the recording here.]

LRH: All right. What are you contacting there?

PC: Nothing.

LRH: Can you contact anything at the beginning of track?

PC: No, I don't seem to get anything at all.

LRH: All right. How does it feel around you at this end of the track?

PC: A little warm, fairly comfortable.

LRH: Hm-hm.

PC: I mean dark.

LRH: Dark. What's the tactile on it?

PC: Warm and moist.

LRH: All right. Now let's move forward. The somatic strip will move to an instant of discomfort in the vicinity of the beginning of track. An instant of discomfort. Mild or otherwise.

PC: (pause) If eel a little pain.

LRH: Hm-hm. Okay.

PC: There's a gurgling sound.

LRH: All right. Let's see if we can pick up the first instant of this tiny bit of whatever I you're feeling there. The first instant of it.

PC: No. You'll never belieue it.

LRH: All right. You can contact it again. (pause) The somatic strip will contact it again. (long pause) Is there a phrase that goes with it?

PC: No, I can't hear any talk.

LRH: Can't what?

PC: I can't hear any talk.

LRH: Get that gurgle?

PC: Yes. But there's gurgling in my own intestines and it's hard to tell.

LRH: Go over this: It's hard to tell.

PC: It's hard to tell.

LRH: Go over it again. Earliest time it appears in the bank. It's hard to tell. Earliest moment on the track.

PC: It's hard to tell.

LRH: Hard to tell.

PC: It's hard to tell.

LRH: Hard to tell.

PC: It's hard to tell.

LRH: Earliest instant this occurs.

PC: It's hard to tell.

LRH: If it does occur. It's hard to tell.

PC: It's hard to tell. It's hard to tell. It's hard to tell. It's hard to tell whether it will do any good or not.

LRH: Let's go over that again.

PC: It's hard to tell whether it will do any good or not.

LRH: Earliest moment this is uttered. Go over it again.

PC: It's hard to tell whether it will do any good or not.

LRH: Go over it again.

PC: But I'll try anyway.

LRH: Go over it again. It's hard to tell.

PC: It's hard to tell if it will do any good. It's hard to tell if it will do any good or not.

LRH: All right. Let's see if we can contact the sonic on that incident there.

PC: It's hard to tell if it will do any good or not. Hard to tell if it will do any good or not, but I'll try anyway.

LRH: Go over it again.

PC: It's hard to tell if it will do any good or not, but I'll try it anyway. It won't do any harm.

LRH: Go over it again.

PC: It's hard to tell if it will do any good or not, but I'll try it anyway. It won't do any harm, not at this stage anyway.

LRH: Continue.

PC: Of course I really don't know. I'm not sure. Oh yes, I'must be pregnant. (sigh) Oh, but I've got to moue my bowels some way.

LRH: Continue.

PC: I Me got to moue my bowels some way.

LRH: Go over it again.

PC: I Me got to move my bowels some way.

LRH: Continue.

PC: I Me got to move my bowels some way. I've got to move my bowels some way.

LRH: Continue.

PC: This is certainly the safest.

LRH: Continue.

PC: They re always so violent.

LRH: Continue.

PC: Oh, my head hurts.

LRH: Continue.

PC: I seem to fill up so fast. I seem to fill up so fast.

LRH: Continue.

PC: I seem to fill up so fast, this pain is uncomfortable. It ought to do some good.

LRH: Continue.

PC: Very uncomfortable, but it ought to do some good.

LRH: Next line. PC That ought to be enough (sighs and mutters)

LRH: Continue.

PC: (groan)

LRH: Continue.

PC: A lot of gas.

LRH: Continue.

PC: A lot of gas. It's so uncomfortable.

LRH: Continue.

PC: Oh, it hurts.

LRH: Continue.

PC: Not very comfortable.

LRH: Continue.

PC: Not very comfortable. I'll go lay down for a little while.

LRH: Continue.

PC: (sighing) It hurts so bad. That's better.

LRH: Continue.

PC: (pause) It hurts. (sigh)

LRH: Continue.

PC: It's as hard as a rock, I can't stand it, it hurts so much.

LRH: Contact it from the beginning now. Contact the somatic with it. It's hard to tell.

PC: It's hard to tell.

LRH: Continue.

PC: (muttering) . . . it hurts. (more muttering)

LRH: Continue.

PC: It doesn't move. (muttering)

LRH: Continue.

PC: It hurts.

LRH: Continue.

PC: It hurts. (inarticulate sounds, muttering and small groans) Now it's worse.

LRH: Continue.

PC: (mutters disjointed sounds, and sighs)

LRH: Continue.

PC: (coughs)

LRH: Contact the cough.

PC: Huh?

LRH: Get a sonic on her cough?

PC: (mutters) Kind of—kind of—kind I of.... (exhales)

LRH: Continue. (pause) What's happening to her now?

PC: Huh. Jiggles.

LRH: Jiggles. Okay. Continue.

PC: Jiggles, jiggles.

LRH: What's she doing?

PC: Coughing.

LRH: Okay.

PC: (panting)

LRH: Continue.

PC: Okay. (grunts and mutters) . . . pushing. Keeps on pushing.

LRH: Continue.

PC: (grunts several times) Right there. Right across there. Right across there.

LRH: Continue.

PC: Something's just sore right across there. (groans)

LRH: Continue.

PC: (groan)

LRH: Continue.

PC: (exhales)

LRH: What's she doing?

PC: (murmurs)

LRH: Let's go back to the first jostle.

PC: (muttering)

LRH: First anything that disturbs you there in the engram.

PC: Okay.

LRH: What are you contacting?

PC: Being pushed down.

LRH: All right. Let's feel that push.

PC: (mutters)

LRH: Feel that push.

PC: (murmur)

LRH: Okay. Continue.

PC: (breathing, mumbles)

LRH: Continue. What's being said with this pushing and jostling?

PC: (muttering)

LRH: Contact it.

PC: (moving about, muttering)

LRH: All right. Let's go back to the moment there when shed saying, It's hard to tell.

PC: Hard to tell.

LRH: Continue.

PC: Phone Joe, he'll help you out.

LRH: Continue.

PC: At least not this time

LRH: Continue.

PC: (mutters isolated words and short phrases) It hurts so much.

LRH: Continue.

PC: (more muttering)

LRH: Let's go back to hard to tell.

PC: It's hard to tell.

LRH: Is there anything earlier than hard to tell?

PC: It's hard to tell.

LRH: Anything earlier?

PC: My tummy hurts.

LRH: Okay.

PC: My tummy hurts.

LRH: Is that what she says?

PC: Yes, My tummy hurts.

LRH: Okay. Letb go over that again.

PC: My tummy hurts, I think it's from gas.

LRH: Continue.

PC: My tummy hurts.

LRH: Continue.

PC: It hurts bad.

LRH: Continue.

PC: Boy.

LRH: Continue.

PC: I've got a lot of gas, I guess. It hurts.

LRH: Continue.

PC: I d better take something. It's hard to tell, though. Hard to tell. (whispering) Better try it anyway. It tastes bad. I wonder why it should hurt so.

LRH: Continue.

PC: Yes. I'll be safe anyway. It will probably help.

LRH: Continue.

PC: (whispering)

LRH: Continue.

PC: (whispering and sighing) Oh, it hurts, oh. (sighs)

LRH: Continue.

PC: (sighing)

LRH: Continue. Repeat the words at the beginning now. My tummy....

PC: My tummy hurts.

LRH: Go over that again.

PC: My tummy hurts.

LRH: Get an audio on it.

PC: (exhales)

LRH: Keep rolling.

PC: (exhales)

LRH: Contact the somatic. Keep rolling.

PC: (yawns)

LRH: Continue.

PC: (whispers) It hurts. (pause) It hurts. (yawn)

LRH: Continue.

PC: Oh, I don't know. (pause; sigh) Oh, I don't know. I don't know, I don't know. They don't believe me. (yawn)

LRH: Continue.

PC: (lengthy mutter)

LRH: Continue.

PC: She's rocking in a rocking chair.

LRH: Okay. Continue. What are you contacting there?

PC: (murmurs)

LRH: Continue that.

PC: Pushing him away.

LRH: Hm?

PC: Pushing him away.

LRH: Hm-hm. Let's contact the beginning of this. My tummy hurts.

PC: (whispers) My tummy hurts.

LRH: Contact it solidly now. Get the somatic with it. My tummy hurts. (pause) My tummy hurts.

PC: come here.

LRH: Hm?

PC: Come here. (Who's saying that?) Come right here.

LRH: You've got come here there?

PC: No. Right here.

LRH: All right. Contact My tummy hurts.

PC: My tummy hurts.

LRH: Go over it again.

PC: My tummy hurts, my tummy hurts.

LRH: Go over it again.

PC: My tummy hurts.

LRH: Contact her vocal there.

PC: My tummy hurts.

LRH: Hm-hm. Let's go over that sequence again there. My tummy hurts.

PC: My tummy hurts.... (muttering)

LRH: Continue.

PC: (barely audible mumbling)

LRH: Continue. Contact the somatic through there.

PC: (muttering)

LRH: How do you feel?

PC: All right.

LRH: Hm?

PC: All right.

LRH: Feel fine?

PC: Not fine.

LRH: Why don't you feel fine?

PC: I have a little pain in my tummy.

LRH: Well, where do you get that? My tummy hurts.

PC: Hm-hm.

LRH: All right. Let's contact that.

PC: My tummy hurts. (suddenly speaks more clearly) But it was her tummy that hurt, not mine.

LRH: What?

PC: It's her tummy that hurts.

LRH: All right. Let's roll it.

PC: (resumes muffled speech) It's her tummy that hurts, not mine.

LRH: What?

PC: Why should mine be hurting?

LRH: Okay.

PC: It's her tummy, not mine.

LRH: Okay. Let's roll it, let's roll it. My tummy hurts, she says.

PC: My tummy hurts.

LRH: Continue.

PC: My tummy hurts. My tummy hurts. I'd better get something for it.

LRH: Continue.

PC: Nausea.

LRH: What's the matter?

PC: I feel nausea. LRH. You feel nausea?

PC: Hm-hm.

LRH: What's she say about nausea?

PC: She felt nauseated so I feel nausea.

LRH: What's she saying about nausea there?

PC: Gee, she says, I feel nauseated.

LRH: Continue.

PC: That's a good one. I'm going to throw up, there's a burning taste down the back of my throat.

LRH: Hm-hm. Continue.

PC: Yes. I'd better do something for it.

LRH: Continue. What have you got there? The earliest moment of it?

PC: I don't know, sometimes I'm in one, and sometimes I'm in another. I don't know what I've got.

LRH: Sometimes you're in one what?

PC: Sometimes I'm me and sometimes it's her.

LRH: Okay. Let's contact the earliest moment of this.

PC: (grunt; long pause; murmurs)

LRH: Continue.

PC: (pause; murmur) Ijustgotpushed around.

LRH: Did you feel the pushes?

PC: Hm, sure, and it hurt.

LRH: All right.

PC: General pushes.

LRH: Let's contact the first part of this and roll it through again.

PC: (murmur)

LRH: Come on. Let's roll it through again. Contact the first part of it.

PC: (mumble)

LRH: Hm-hm. Contact the first part of it.

PC: (mutters)

LRH: No, let's go back to the tummy hurting. Pick up the full somatic now in your own valence, all the way through on it.

PC: Hm-hm. Oh yes, yes.

LRH: Okay. Let's roll her on through from the beginning.

PC: Yes, Iget somebody pushing her. No wonder her tummy hurts.

LRH: Okay. Let's contact the first moment of it.

PC: (murmur)

LRH: What else does she say there?

PC: (murmur)

LRH: What's she saying through all that? Contact the somatic.

PC: Sick at the stomach.

LRH: What's she saying?

PC: Sick at the stomach.

LRH: Go over it again.

PC: Sick at the stomach. (pants)

LRH: Go over it again.

PC: Sick at the stomach, sick at the stomach. (belches)

LRH: So what's she saying?

PC: (sigh) .

LRH: What's she saying?

PC: Don't worry, don't worry.

LRH: Continue. What's next?

PC: (murmurs)

LRH: Continue.

PC: (sigh) Oh, dear, I don't want to.

LRH: Go through that again.

PC: Oh, dear, I don't want to.

LRH: Continue. [the recording ends at this point]

Session, 10 June 1950

LRH: Okay, Alan, close your eyes. At any time in the future when I say the word canceled, it will cancel whatever I have said to you while you're lying there on the bed with your eyes closed. Okay?

PC: Yup.

LRH: Now what we want to find right now is the first moment of sympathy which your father gave your mother. Prenatal, the first moment of sympathy that Papa gave Mama because Mama was sick.

PC: (pause) Yeah, he wouldn't say very much but he was very sympathetic.

LRH: Okay.

PC: (pause) No, don't try to do anything, just lie there.

LRH: Let's see what we can contact there.

PC: No, don't try to get up. Just lie there.

LRH: Continue.

PC: I'll take care of things.

LRH: Continue.

PC: She says, Oh no, this is natural. This is just part of it. Let's call the doctor. I'll call him for you. Maybe he can give you something to make you rest a little more. Oh no, I'll be better if I can just lie down for a while. Is there anything I can get for you? No. No, I don't think so. Didn't the doctor give you something that would settle your stomach or do something? Yes, but it really doesn't do any good. It seems to have to run its course and then it's all right. And I feel better. Be sure to tell me if there's anything I can do. Well, I know one thing, better get the basin from the bathroom and put it here near me just in case it comes over me all of a sudden, and I can't make it to the bathroom. You can put it on the chair right there. Oh, and the towel too. (pause) Htn, I can hear the basin when he puts it on the chair. All right. Nothing else? (pause) Not right now. Well, just take it easy.

LRH: Continue.

PC: I haven't got any more.

LRH: All right. Let's contact it from the beginning now. Contact the first moment of it.

PC: (coughs)

LRH: That's it. Let's get that cough.

PC: Boy, that's my dad.

LRH: Okay.

PC: Hm-hm, his cough.

LRH: Okay. Continue.

PC: Oh, that's too bad, dear. Is there anything I can do for you? No, I can't think of anything. Do you want me to call the doctor? Oh no, it doesn't really feel bad. It's natural, it's part of the whole thing. One just has to go through it, that's all. You know it has always been this way, and I will have to put up with this for a while, that's all. But it always passes in time. Didn't he give you something that you could take to settle your stomach when you feel this way? Something like bisenthol, wasn't it? Yes, but it doesn't do any good. Nothing seems to do any good. Just have to let it run its natural course.

LRH: Continue.

PC: As a matter of fact it's better that I can go ahead and throw up because then it seems to pass more quickly. Iget rid of it faster. It is just tying here feeling the pains and feeling as if you're going to throw up which is so uncomfortable. It's always better to go ahead and do it, and then you feel much better.

LRH: Continue.

PC: I know how you feel. Don't you worry about a thing, I'll take care of everything. You just lie there. Are you sure there isn't anything I can do before Igo? No, I can't think of anything. Oh yes, there's one thing, if you could get the basin from the bathroom and put it up here in case it comes over me all of a sudden and Ijust can't get to the bathroom.

LRH: Okay.

PC: Oh yes, and get a towel too. Put it right there on the chair. Thank you. Will you call me if there is anything you need? Yes, I'll call you.

LRH: Okay. Let's contact the beginning of it. Let's pick up any somatic you might have there. What's your tactile there at the beginning of it?

PC: Don't seem to have any.

LRH: Roll it from the beginning.

PC: (muttering)

LRH: Continue.

PC: It's usually better if you can'throw up.

LRH: Continue.

PC: You get over it quicker that way, but only if you throw up.

LRH: Let's go to the earliest moment now we get the words. The earliest moment. The first time the words appear in the case. Throw up. First time they appear on the track. The first moment after conception that the words throw up appear. Repeat it.

PC: Throw up

LRH: Earliest time.

PC: Throw up Throw up Throw up Throw up. I feel as though I'm going to throw up.

LRH: Continue.

PC: You know what that means. It's not a terribly strong feeling but I certainly don't feel like eating.

LRH: Continue.

PC: It's not terribly strong. It's uncomfortable of course, but it's the beginning when I just fizzle.

LRH: Continue.

PC: Is there anything special that the . doctor recommends? It's best not to see the doctor. I'll go up and lie down. It will pass in a little while. Yes, do that, please. That's a good idea. (pause) Go ahead. Jenny will take care of all these things. I'll tell her you're not feeling well. I'll be upstairs. Hm. Well, maybe I'd better go up now. Aren't you going to say anything about what it means? Oh, oh yes. Well, you can't be really sure of anything. All right. I haven't seen a doctor. Of course I'm very tired. Are you sure you're all right? Yes, of course I am. Yes, I am, in a way. We'll see what the next nine months is going to mean. I don't know why I said that. Only I do hope it will be a girl this time. Yes, that would be nice to have a girl. Would you rather have a boy? Well, it doesn't really make any difference to me, but it does to you. You've wanted a girl. Oh, but I don't really mind.

LRH: Continue.

PC: You'don't seem too enthusiastic.

LRH: Any somatics through here?

PC: Oh, not really.

LRH: Hm?

PC: Not really. I hear a few things, I hear a dish and a chair scrape across the floor a little bit. Nothing else. Nobody else there.

LRH: Okay. How do you feel about this one? This is the second time through it.

PC: Feels fine.

LRH: Let's roll it again just to make sure.

PC: Oh dear, I feel as if I'm going to throw up. You know what that means? No, what? I'm pregnant again. Oh, really? Has the time gone by? No, not yet but I know the feeling.

LRH: The file clerk will now give us the first incident in the case that's necessary to relieve it.

PC: How does the file clerk know what relieves ?

LRH: (chuckles) Well, relieves, that's a restimulative word isn't it?

PC: I don't know.

LRH: Okay. Let's see if we can contact the earliest engram there that we were running last night. Let's contact it, the first end. Earliest one in the bank. First end of it. (pause) My tummy hurts. First words. First time we hear My tummy hurts in this.

PC: Oh, the file clerk hands me about fiue thousand My tummy hurts.

LRH: Let's get the first one. First time she said it.

PC: My tummy hurts. Isn't there something I can do? No, no, there's nothing you can do for it. It passes. You just have to go through it. Sometimes it lasts half an hour and sometimes it lasts more. Just go now, please.

LRH: Continue. (pause) Go over that line. Just go now.

PC: Just go now.

LRH:. Continue.

PC: (whispering)

LRH: Continue.

PC: (whisper, changing to mutter) Yes, of course.

LRH: Continue.

PC: (more muttering)

LRH: Let's roll it again.

PC: (still whispering) Oh dear, men are so stupid sometimes.

LRH: Hm?

PC: Men are so stupid sometimes

LRH: Run over that again.

PC: Oh, dear. Men are so stupid sometimes.

LRH: Okay. Let's contact the beginning of it now, the beginning of the sequence.

PC: (grunt) What's the matter, don't you feel well? No, my tummy hurts. I'll try to get my mind off of it.

LRH: Run over that again.

PC: Try to forget the pain. Try to get your mind off of it.

LRH: Let's contact the incident.

PC: Try to forget the pain, try to get your mind off of it.

LRH: Did you contact something there? (pause) All right. Forget the pain, get your mind off of it. Go over those words.

PC: Forget the pain, get your mind off of it.

LRH: Go over it again.

PC: Forget the pain, get your mind off of it. Forget the pain, get your mind off of it. Forget the pain, get your mind off of it.

LRH: Go back to sleep.

PC: (muttering) Go to sleep.

LRH: Go over Go to sleep.

PC: Go to sleep. There's a doctor talking.

LRH: Okay. Let's roll it.

PC: Forget the pain, get your mind off of it. It's not too likely to be like this. You'don't seem to know how bad it is. Yes. Yes, I know, but you're just making it worse.

LRH: Continue.

PC: You re dwelling on it so much that you make it worse.

LRH: Continue.

PC: If You could get your mind off of it, it wouldn't be so bad.

LRH: Continue. You're dwelling on it. Go over that.

PC: You re dwelling on it

LRH: Go over it again.

PC: You re dwelling on it

LRH: Go on over it again.

PC: You re dwelling on it

LRH: All right. Let's contact the beginning of this engram and run it on through.

PC: You re dwelling on it. (pause) You're dwelling on it.

LRH: Continue.

PC: I don't know how I can stand this pain, I feel terrible.

LRH: Contact your own pain there now. Roll it.

PC: It hurts. (shifting position, moaning, panting, crying)

LRH: Continue.

PC: (sobbing words) .It hurts. It hurts. It hurts.

LRH: Continue.

PC: (moan)

LRH: Continue.

PC: (speaks with difficulty)

LRH: Hm-hm.

PC: (moans a few words)

LRH: Continue. Keep rolling it.

PC: (moans a few words)

LRH: Attaboy. Roll it.

PC: (sigh, heavy breathing)

LRH: Continue.

PC: (whispers urgently) Come on. What's going on?

LRH: Continue.

PC: What's going on anyway? (exhales) I don't know.

LRH: Continue. (brief pause) All right. Contact the beginning of it.

PC: (exhales)

LRH: Contact the beginning of it. There. Repeat there.

PC: (aloud)There.

LRH: There. Contact the somatic with it.

PC: There.

LRH: Continue.

PC: (painfully) There. There. No. Do it.

LRH: Continue.

PC: There. It hurts. (pant) I don't want it to blow up. (groan, seems to be breathing with difficulty)

LRH: Continue.

PC: (groan; pause)

LRH: Continue.

PC: (groan)

LRH: Continue. What's she saying? What are the noises?

PC: (exhales, breathes heavily) I don't know.

LRH: All right. Let's contact the beginning of it again. Contact the beginning of it. First moment of that pain in your stomach.

PC: (groan) It hurts.

LRH: Contact it.

PC: (groans, inarticulate sounds)

LRH: Continue.

PC: (groans, inarticulate sounds, breathes deeply) It hurts. I want to make it better.

LRH: Continue.

PC: (moans out inarticulate words; sounds as if forcing words past a barrier)

LRH: Continue.

PC: (groans, breathes deeply) Whoo.

LRH: Contact the beginning of that again.

PC: (exhales)

LRH: The first moment that you were disturbed in there. Pick up the first instant you were disturbed. The first instant you were disturbed. What do you get with that, before the poke? First instant you're disturbed. First instant you're disturbed.

PC: (cough)

LRH: The cough?

PC: No. (whispers a few words)

LRH: All right. Contact the first instant of disturbance.

PC: (writhing around)

LRH: Contact the first instant of disturbance there. What's happening at the beginning? You're lying there comfortably, fairly comfortably? Are you or aren't you?

PC: No, I'm not. I'm a little twisted around.

LRH: All right. Let's get back a few minutes before this when you're comfortable, if there is a period here just before this.

PC: (exhales)

LRH: The somatic strip can go to the comfortable moment just prior to this. A nice comfortable moment before this sequence. The somatic strip's there now. How do you feel?

PC: I don't know.

LRH: Feel twisted?

PC: No, the pain

LRH: What?

PC: Pain.

LRH: Where's the pain?

PC: Here. It's in my chest right now.

LRH: All right, now tell me something. Was there a stomach pain on the other one?

PC: Yeah.

LRH: Are there two distinct pains there or just one?

PC: I don't know.

LRH: First one and then the other?

PC: It's hard to tell. My stomach's all right now.

LRH: All right. Now give me a flash reply. Which is first? Chest or stomach?

PC: Chest.

LRH: All right, chest was first. All right, let's contact the chest. What are the words that come with the first instant of chest pain? When I count to five you'll give me the words that come with it. One-two-three-four-five (snap!).

PC: Oh, I don't know.

LRH: Hm?

PC: My chest.

LRH: I don't know?

PC: I don't know, but that is mine.

LRH: That's yours. Okay. Now what's hers? (pause) Come on, chest pain.

PC: (sigh)

LRH: Chest pain. The first instant there you receive that chest pain. Your somatic strip can locate it now.

PC: I've got an idea what the trouble is.

LRH: What?

PC: It's hurting now.

LRH: It's hurting now. Go over that.

PC: It's hurting now.

LRH: Go over it again.

PC: It's hurting now.

LRH: Go over it again.

PC: It's hurting now. It's hurting now.

LRH: All right. Give me a flash phrase. Any flash phrase. One-two-three-four-five (snap!).

PC: Yes, it's hurting now. That's what she says.

LRH: Okay. Go over it again.

PC: Yes, it's hurting now

LRH: Next line.

PC: Yes, its hurting. Yes, it's hurting.

LRH: Next line through this.

PC: Chest pain. Chest. Oh, my chest.

LRH: Okay.

PC: (groaning words) Oh, my chest.

LRH: Continue.

PC: (few groans)

LRH: Let’s get back to the first moment of discomfort, now, of this sequence.

PC: Okay.

LRH: First moment of discomfort of this sequence. Contact it in your own valence and roll it.

PC: (pause; exhales, groans words) Where does it hurt? Oh, it hurts right there.

LRH: Continue.

PC: (groans) It’s right where it always hurts.

LRH: Continue.

PC: It hurts so much Iget tired of it.

LRH: Continue.

PC: That’s what she’s saying. Now I really feel a little better.

LRH: Continue.

PC: It hurts.

LRH: Continue.

PC: (pause) Oh, no place.

LRH: Let’s contact the somatic on that chest pain now.

PC: Mine?

LRH: Your somatic on the chest pain. What do you get?

PC: The chest pain, I guess.

LRH: Well, contact it to its fullest intensity now. The instant of receipt.

PC: Igot that before. First time.

LRH: All right. The instant of its receipt. Now what have you got with it?

PC: (mutters)

LRH: Continue.

PC: I don’t know what she said after that. Something like, It hurts so much that sometimes I can’t stand it.

LRH: Continue.

PC: (murmur)

LRH: Continue.

PC: Oh gosh, I forgot about that. (mutters a few phrases disjointedly)

LRH: Continue.

PC: Who's she talking to? (whispers) Who's she talking to? (mutters) I can't hear her say anything. The pain of the thing will always come back.

LRH: What's that?

PC: She's saying, The pain will always come back.

LRH: Go on over that again.

PC: It was a lot better for a while but the pain always comes back.

LRH: Continue.

PC: It always comes back, but it's worse.

LRH: Continue.

PC: I don't know how I can stand it. I don't know how I can stand it. I don't know how I can stand all that pain.

LRH: All right. Let's contact that other one. Right there. There. Right there.

PC: (dragging out the words) Where does it hurt? Oh, there, there, right there.

LRH: Come on, let's get this moment there where you're being poked. Your pain. Your pain.

PC: (mutters)

LRH: All right. Let's contact the moment when you got a pain.

PC: (murmur)

LRH: Personally now, do you feel that poke?

PC: (exhales)

LRH: Poke.

PC: Oh no, Ijust can't stand it. It really hurts but it's not as strong as it was. It's out there. (sigh)

LRH: Go over it again.

PC: Where does it hurt? Oh, I can just feel it, over there.

LRH: Hm?

PC: I can just feel it over there. The poor man doesn't know what to say so he says, Just where does it hurt? She says, Where does it hurt? There, there, that's where it hurts. I've told you a million times.

LRH: Let's go over that again.

PC: Where does it hurt? There, there, that's where it hurts. I've told you a million times. Right there. It hurts so much sometimes I feel like dying.

LRH: Continue.

PC: (pause; sound of breathing) It always comes back to me. When it comes back it feels worse than ever. When it comes back it feels worse than ever.

LRH: Go on over that again.

PC: When it comes back it feels worse than ever.

LRH: All right. Now let's contact your own personal pain. A pain in your stomach.

PC: All right. It's a pain in my chest that was my own personal pain, it wasn't yours or anybody else's.

LRH: Okay.

PC: But it was in my chest.

LRH: All right. Now let's get the one in your stomach. Let's get the one in your stomach.

PC: Yeah.

LRH: Contact that one in your stomach. The first moment you receive it. Contact the one in your stomach.

PC: (breathing audibly) There, that ought to do it.

LRH: Go over that again.

PC: That ought to do it I

LRH: Continue.

PC: It hurts, but it ought to make it better.

LRH: Continue. The next line.

PC: It hurts, but it ought to make it better.

LRH: Continue. The next line.

PC: (says with a sigh) Oh.

LRH: Continue. The next line.

PC: It hurts, but it ought to make it better.

LRH: Continue. Next line.

PC: Had to do something to make it better.

LRH: Run over that again.

PC: Had to do something to make it better.

LRH: Go over it again.

PC: (sigh) I had to do something to make it better.

LRH: Next line.

PC: Oh, it hurts in my stomach. Do something to make it better.

LRH: Next line.

PC: Can't get it. Had to do something to make it get better.

LRH: All right. Give me a bouncer. (pause) Give me a bouncer. (pause) What kind of a bouncer? Got to get it out?

PC: No.

LRH: What is the bouncer? (pause) Now go over the sequence again and let's see if we can locate it. Get that stomach pain there the first instant you receive it, the stomach pain at the first instant you receive it, the stomach pain at the first instant you receive it, the first instant there.

PC: Yes.

LRH: All right. Now roll it.

PC: (breathing audibly)

LRH: There.

PC: There, that's that.

LRH: Continue.

PC: There, that ought to do it. I locked the door.

LRH: Continue.

PC: It hurts. It ought to make it better. (sigh) It hurts, but it ought to make it better. (sighs, mutters some sentences) Had to try something anyway. (pause) I can't stand the pain. Had to try something anyway, couldn't stand the pain. Don't know if I feel better or not.

LRH: All right, let's contact that stomach pain the first instant you receive it.

PC: Get out of there.

LRH: Contact the somatic with it. Go over it again.

PC: Get out of there.

LRH: Contact the somatic with it. If it exists, there might be another phrase.

PC: Get out of there.

LRH: Is that it?

PC: No, Get out of there doesn't fit.

LRH: Get out.

PC: Get out. Get out. (mutters)

LRH: Go away. This will make it stop?

PC: Go away.

LRH: Go away.

PC: Go away. Go away.

LRH: All right. What are the first sentences of that poke in the stomach?

PC: There, that ought to do it. That ought to do it.

LRH: Continue.

PC: It hurts.

LRH: Continue.

PC: But I have to try something.

LRH: Go over that again.

PC: It hurts but I have to try to do something.

LRH: Go over it again.

PC: It hurts but I have to try to do something.

LRH: Go over it again.

PC: It hurts but I have to try to do something.

LRH: Next line there.

PC: The pain was so bad.

LRH: What's that?

PC: The pain was so bad.

LRH: Go over that again.

PC: The pain was so bad.

LRH: Go over it again.

PC: The pain was so bad. It hurts. It was so bad.

LRH: Let's contact the somatic now on that sequence. The stomach somatic on that sequence. Did you contact it?

PC: Ooh, a little bit.

LRH: All right. Let's try and contact it.

PC: (pause) Oh, boy.

LRH: All right. Contact the initial pain.

PC: (sigh) First there's not so much pain, it's just pressure.

LRH: Yah, then what occurred?

PC: It hurts but maybe it'll feel better. It hurts but maybe it'll make it feel better.

LRH: Continue.

PC: I had to try to do something. The pain is so bad.

LRH: Continue.

PC: The pain is so bad. I had to try and do something, the pain is so bad. It hurts, couldn't get any relief.

LRH: Continue.

PC: I know, but this is really something else.

LRH: Continue.

PC: But they couldn't make it any worse anyway.

LRH: Hm-hm.

PC: Im not getting any worse.

LRH: What other phrase is there? Does the word come appear there, or come out?

PC: Come ? No I wish all that stuff would come out.

LRH: Go over that again.

PC: I wish all that stuff would come out.

LRH: Go over it again.

PC: I wish all that stuff would come out.

LRH: Continue.

PC: I wish all that stuff would come out.

LRH: Continue.

PC: (muttering)

LRH: Continue.

PC: (mutters several disjointed phrases)

LRH: All right. Lets go back to the original stomach pain now.

PC: Yeah.

LRH: Okay. Contact the beginning of it, now. What's your tactile there at the beginning?

PC: (exhales) Chestpain.

LRH: All right. Let's go over what that chest pain's all about. Let's regress back to the first moment you received the chest pain.

PC: Yes.

LRH: Got that?

PC: Yes.

LRH: All right. What does he say?

PC: He's saying, Where's the pain? She says, There, there. Right there, I've told you a million times, there. It hurts so much sometimes I feel like pounding it, and sometimes it even makes it feel a little better.

LRH: Continue.

PC: But that pain always comes back. It always comes back worse than ever. [LRH turns the session over to another auditor who completes it.]

Session, 16 June 1950

LRH: Okay, Alan, tell me something. Do you remember the time when this feeling first kicked in on you?

PC: The first somatic? It happened many times, sure. The earliest one I remember is when I took my wife to the hospital.

LRH: All right. You think that's the first time it kicked in?

PC: The first pain of this sort, yes.

LRH: When you were taking your wife to the hospital?

PC: Hm-hm.

LRH: Okay. Close your eyes.

PC: Hm-hm.

LRH: Let's go back to the time when you put her in the car.

PC: Hm-hm.

LRH: Now what occurs?

PC: It's night, about 10:30. Pretty quiet out, summertime. The car was parked in the back of the apartment lot with the old Dodge next to it. We go to the car, Iput the bag in. She says, This may be silly, the pains aren't very close together really. We may be going a little too early. And I say, No, let's go over to the hospital. It's better to be early than late. Then I shut the door.

LRH: Letb go over the words Better to be early than late.

PC: Better to be early than late.

LRH: Let's repeat it back to the earliest part of the bank that we can find it.

PC: Better to be early than late.

LRH: Better to be early than late.

PC: Better to be early than late.

LRH: Go over it again.

PC: Better to be early than late. It's better to be early than late. It's better to be early than late. Earlier than late.

LRH: Contact it again. Better to be early than late.

PC: It's better to be early than late. It's better to be early than late.

LRH: Let's see if we can contact anything early on. Better to be early than late.

PC: Better to be early than late. (coughs)

LRH: Hm-hm. Go over it again.

PC: Better to be early than late.

LRH: Let's contact it.

PC: Early than late. Early than late.

LRH: Better to be early than late.

PC: Better to be early than late.

LRH: Go over it again.

PC: Better to be early than late.

LRH: Contact the somatic in this.

PC: Early than late. Better to be early than late. Better to be early than late. Better to be early than late. I can't pick up a thing.

LRH: Okay. Let's see if we can contact the earliest moment of pain or unconsciousness now in existence. The earliest moment now in existence.

PC: (coughs)

LRH: What do we get with that cough?

PC: Um. (coughs) Coughing makes it hurt. Coughing makes it hurt. (coughs)

LRH: What do we get with that Coughing makes it hurt?

PC: Coughing makes it hurt. Coughing makes it hurt. Why did I have to get a cold now? Coughing makes it hurt. Why did I have to get a cold now? Coughing makes it hurt. Why did I have to get a cold now?

LRH: All right. The somatic strip can contact the first jolt of this incident. The first jolt.

PC: (long pause) Coughing makes it hurt. Why did I have to get a cold now ?

LRH: All right. Let's contact this again. Roll it through.

PC: (clears throat) Coughing makes it hurt. Why did I have to get a cold now ?

LRH: Let's go back to the cough. First moment of the cough.

PC: Yeah. I can hear it.

LRH: All right.

PC: It's my mother.

LRH: Okay. How does it feel on you when she coughs?

PC: I don't feel much of anything.

LRH: All right. Let's just contact the first moment of it.

PC: She's talking to my father. It's funny. His cough sounds entirely different. Oh, he coughs then, just when she's talking about it to him. This is more like a clearing of the throat than a cough, I would say, both together.

LRH: Continue.

PC: He keeps saying something, about hearing her cough makes his throat tickle and makes him cough too. Yes, you ought to have that operation on your nose the doctor told you about to fix that. Why don't you go and have that fixed? He said it wasn't much of an operation and it would stop all that coughing you do every morning.

LRH: All right. Letb contact the first part of this and see if we can put some tactile on it now as we go through it.

PC: Yeah. I hear her cough. It's a tight cough. I get a little feeling across the back mainly. Then she says, Coughing makes it hurt. Why did I have to get a cold now? I should probably have some cough medicine. Well, then you do it.

LRH: Continue.

PC: There's more. Then my dad says, Hearing you cough makes my throat tickle. But I have to cough. And she coughs again and it hurts right in the back of my neck. Then my dad says, Why don't you go ahead and get that operation the doctor said you ought to have? She coughs again and says, Oh, damn. Then he says, Do you hear me? Yes. The doctor said it wasn't much of an operation. You ought to have it done. Then you won't cough so much every morning. Then she coughs again. Oh, dear. That will do it. That will stop this coughing. I don't mind the cough so much but it hurts my tummy every time I do it.

LRH: Okay, let's go back through this thing again. Pick up the first cough. And see if we can get some tactile there. What's your sensation of visio, any sensation of visio there as you go through this?

PC: No, not really. What I see when I speak of my mother and father saying anything, it's only as I know they looked during the last few years. I don't see them as they were then.

LRH: Okay, let's go through it again and see if we can get a visio sensation at the moment these words are being said.

PC: Hm-hm.

LRH: The visio sensation you had the moment these words were being said.

PC: Hm-hm. There's a cough, Coughing makes it hurt. Why did I have to get a cold now? It hurts.

LRH: Continue.

PC: It hurts so much when I cough.

LRH: Okay. How do you feel through this incident?

PC: Okay.

LRH: Now let's go to a much earlier incident, a much, much earlier incident. The somatic strip can go to a much earlier incident than this.

PC: (pause; coughs)

LRH: Make contact with that one.

PC: (mutters)

LRH: Hm? Contact that first cough.

PC: (long pause) Hm-hm.

LRH: Can you contact it?

PC: No.

LRH: All right. Give me the first phrase that flashes into your mind. One-two-threefour-five (snap./).

PC: Don't kiss me, I've got a cold.

LRH: Okay.

PC: (coughs) Don't kiss me, I've got a cold.

LRH: Let's go over that again. Let's contact the cough.

PC: Don't kiss me, I've a cold. .

LRH: Let's re-experience that cough, how does it feel?

PC: I don't feel it, Ijust hear it.

LRH: Let's see if you can shift over into your own valence now thoroughly and contact it. You're doing just fine. Let's see if we can feel this now.

PC: No. (coughs)

LRH: What are we getting with that?

PC: I don't get any feeling except at the moment of the cough.

LRH: All right. What are the words that follow the cough?

PC: Don't kiss me, I've got a cold.

LRH: What does your father say?

PC: That doesn't make any difference to me.

LRH: Hm?

PC: That doesn't make any difference to me.

LRH: Go over that again.

PC: That doesn't make any difference to me.

LRH: What's the next line? Continue.

PC: My cold never got well.

LRH: Continue.

PC: Then Mother says something and Dad says, To hell with the cold.

LRH: Let's roll it again.

PC: (coughs)

LRH: What words go with it?

PC: Don't kiss me, I've got a cold. That doesn't make any difference to me. (pause)

LRH: Let's go over the cough again.

PC: Yeah. (pause; muttering) I feel pushed down there.

LRH: Go over that again.

PC: I feel kind of like pushed down.

LRH: Okay. Let's go over what we get there.

PC: (pause) She says, Don't kiss me, I've got a cold. It doesn't make any difference to me. I'll never let a cold stand in my way. Oh, my back hurts. Ijust don't want to give it to you. Then she coughs. To hell with the cold, to hell with the cold, he said.

LRH: Continue.

PC: Hm ?

LRH: What do you get with it now?

PC: Nothing.

LRH: All right. Let's go over it again.

PC: She coughs and says, Don't kiss me, I've got a cold. That doesn't make any difference to me. I'll never let a cold stand in my way. I just don't want to give it to you. To hell with the cold.

LRH: All right. Let's go over it again. And let's see if we can contact it a little more closely this time. Let's see if we can feel that push.

PC: Don't kiss me, I've got a cold. That makes no difference to me. I'll never let a cold stand in my way. (brief mutter)

LRH: Let's get the cough again. Let's contact the cough again. Roll it on through.

PC: Don't kiss me, I've got a cold. That doesn't make any difference to me. I'll never let a cold stand in my way. I don't care about that. Ijust don't want to give it to you.

LRH: Continue.

PC: To hell with the cold.

LRH: All right. Now let's go to the earliest time there when your father wants to do it and your mother can't do it because she's got a pain in her stomach. He's trying to persuade her. He can't do it because she's got a pain in her stomach. The first time this occurs.

PC: Well, she says, No, not tonight.

LRH: Continue.

PC: I've got a pain. My stomach hurts. (grunts)

LRH: Continue, you're doing fine. Lets repeat those first words again.

PC: No, not tonight.

LRH: Let's go over it again.

PC: No, not tonight.

LRH: Now what does your father say?

PC: (few muttered sounds)

LRH: Continue.

PC: (muttering) I can't get the rest of what he says.

LRH: Continue.

PC: It's not how careful you are, it's that I've got a terrible pain without anything being done.

LRH: Continue.

PC: No, please. (pause)

LRH: Hm-hm. Continue. (pause) Let's go over that last line again.

PC: (mutters) No ... please....

LRH: All right. The somatic strip can contact the first part of this now. Let's see if we can contact the somatic right at the first part of this and roll it on through. (pause) What are the first words?

PC: No, not tonight.

LRH: Continue.

PC: I've got a pain in my tummy.

LRH: Continue.

PC: The thing is I couldn't possibly do it.

LRH: Continue.

PC: Sort of jerks on my shoulder.

LRH: Continue.

PC: (snorts) Please don't, that hurt. Please!

LRH: Continue.

PC: (words muttered slowly)

LRH: Continue.

PC: Oh, hell. That's what he said. Huh!

LRH: Continue.

PC: I can't feel.

LRH: Hm?

PC: I can't feel it anymore.

LRH: All right. Let's go back to the beginning of that and roll it again. Bert will take you on through this. Okay?

PC: Okay.

LRH: All right. Back to the beginning. Roll it again.

[The session is handed over to another auditor who completes it.]

AUDITING DEMONSTRATION

Session with Pearl Silverman
7 June 1950

Repairing Past Auditing

LRH: Now, Pearl, I've been hearing some very bad reports on your case, that you were being recalcitrant and generally in very bad shape.

PC: Oh, really?

LRH: Yes. Now tell me, what do you recall of your grandfather's and grandmother's deaths?

PC: They're both occluded .

LRH: What do you recall of them right now in present time?

PC: Well, let's see. I'd better take them one at a time.

LRH: Okay. Who died first?

PC: My grandfather.

LRH: See, you do know something about it, so it's not occluded.

PC: (laughs) All I seem to remember is that I lost a little mealtime as a result. (chuckles)

LRH: Okay.

PC: I know damn little about it.

LRH: How old were you?

PC: It was in '41. I was—uh—(laughs) I couldn't say.

LRH: You can take your glasses off.

PC: That's really funny.

LRH: 1941, when were you born?

PC: I was born in '22.

LRH: Okay. And your grandfather? What was your pet name for him?

PC: Grady.

LRH: And did he used to be nice to you?

PC: Very.

LRH: Very nice. And what did he used to bring you?

PC: His gifts were usually monetary, fire dollar gold pieces, five dollar bills on my birthday....

LRH: Hm-hm. Did you enjoy getting these?

PC: I think I had a funny feeling about getting money from him. He gave all his grandchildren money on their birthdays and other holidays.

LRH: Hm-hm.

PC: But I think there was some sort of a funny feeling about getting money from him. I don't know why. It was a family custom.

LRH: Hm-hm. Now you felt funny about getting it from grandfather?

PC: Yes. Uncomfortable. Why, I don 't know.

LRH: Hm-hm. And how did you feel at the time he died?

PC: (pause) There again I 'm occlud ed, completely.

LRH: Well, what kind of an old looking gentleman was he?

PC: Oh, I can see him all right. He was short, very neat, always very well dressed. No matter what he had on, even in his fishing coat, he was immaculate.

LRH: Okay. He was always immaculate, huh?

PC: Quiet, always kind, very fine looking.

LRH: Were you his girl?

PC: Yes, I think I was his favorite grandchild. I was the eldest.

LRH: Hm-hm. What do you see? (pause) Shut your eyes. Let's contact a moment when he's talking to you. What's he saying to you?

PC: (pause) I can hear him talking to my grandmother.

LRH: Okay. What's he saying to your grandmother?

PC: Telling her she's not feeding me enough, she'should give me more food. He's taking some chicken off of his plate and putting it on mine.

LRH: And what's he saying?

PC: That's all you re giving her? That isn't enough for her. And then he's putting some chicken on my plate and she's getting angry. She's saying, What are you doing that for? She doesn't need it, she's got enough. And he's saying, No, she hasn't got enough. Here, Pearl, here, have some more chicken. (laughs) That scene I get very clearly.

LRH: Okay. Now let's taste this chicken.

PC: Hm-hm.

LRH: Okay, how does it taste?

PC: Delicious.

LRH: Can you taste it now?

PC: Hm-hm.

LRH: How does it smell?

PC: Good.

LRH: What is your emotional reaction here as you get this chicken from him?

PC: I'm enjoying it.

LRH: What kind of clothes has he got on?

PC: (pause; sigh) Can't get it.

LRH: Well, let's take a look at him. He's sitting right there at the table. What's your grandmother wearing?

PC: Can't see either of them.

LRH: All right. What's the table like?

PC: (pause) I'm not getting it.

LRH: Okay. Now how does this chicken taste that you get? What does he say to her?

PC: Thats not enough for her, you don't giue her enough to eat.

LRH: Hm-hm. What language does he say it in?

PC: English.

LRH: Good. And what does your grandmother say?

PC: Don't be like that, she's got plenty.

LRH: Run over it again.

PC: Don't be like that, she's got plenty.

LRH: Okay. Now pick up a moment when you feel particularly proud of yourself in the vicinity of your grandfather, particularly proud of yourself in the vicinity of your grandfather. (pause) Particularly proud of yourself in the vicinity of your grandfather. You've just done something that really should be praised. (pause) Now when I count from one to five, an incident will flash into your mind. One-two-three-four-five (snap!). (short pause) Come on, some sort of an incident flashes into your mind here, some sort of an incident flashes into your mind. Grandpa proud of you. How would he say it if he was proud of you? (pause) The phrase he would use will flash into your mind, there. One-two-three-four-five (snap!).

PC: Oh, this is miserable. (sigh)

LRH: Come on, what would he say to you? (pause) Come on. What would he say to you? Would he say, That's a good girl? What was his pet name for you?

PC: Pearl.

LRH: All right. Let's pick it up. Let's pick up the moment he's saying your name to you in a very complimentary fashion. Pearl. (pause) Pick up his voice.

PC: (pleased voice tone) I can hear him, he could never say coat, he always said coit. (laughs) I can see him admiring a navy blue chinchilla coat I have, a new coat. And he's looking at it, and saying, That's a very nice 'coit'you'ue got there.

LRH: Yah.

PC: I can hear him, I can see him looking at it and touching it and fuzzing it up.

LRH: That's fine. How does the coat feel on your shoulders?

PC: I don't know.

LRH: Come on. Throw it on your shoulders. And he's feeling the coat, and what's he saying now?

PC: That's a very nice coit you re wearing. (laughs)

LRH: All right. Let's see if we can get that jacket hanging around your shoulders.

PC: (pause) I guess I'm exterior right here.

LRH: Are you seeing yourself exterior?

PC: I don't see myself. I see the coat on someone.

LRH: Oh, yah?

PC: The face isn't clear.

LRH: Hm-hm. Let's go over this again. What does he say there?

PC: That's a very nice coit you're wearing. The coat has just changed. It is now a tan one. I don't even remember what they used to call them but I can feel it. It's like fur. I can see the buttons on it, I know what they're like.

LRH: Uh-huh. Is the coat on you?

PC: It has no button holes, it's loose.

LRH: All right. Let's feel this coat; and what's he saying?

PC: There again, I see the coat and nothing else.

LRH: Hm-hm. (very calm voice) Well, it's all right. Let's just take a look at the coat. Let's just take a look at the coat. Now what's he saying again? Let's go over it again.

PC: That's a nice 'coat' you're wearing.

LRH: Hm-hm. Let's go over it again.

PC: That's a nice coit you're wearing.

LRH: Where's he standing when he says that? (pause) Where's he standing?

PC: I can't see him. I don't know where he's standing.

LRH: Well, aw heck, he must be someplace. He's not in Timbuktu. Now where is he standing there in relationship to this? (pause) By context it says you're wearing the coat. Well, let's just pretend we've got the coat on there. Now what is he saying?

PC: It's a Very nice 'coit' you're wearing.

LRH: Now let's take a look at him while he's saying this. Now let's go over the lines again and let's see where he's standing there as he says these lines. Pick up the sonic on this.

PC: (pause) I can't.

LRH: Come on, what does he say? Just repeat it. Repeat it as he says it there.

PC: That's a nice coit you're wearing.

LRH: Let's go over it again.

PC: That's a nice coit you're wearing. (exhales)

LRH: Where is he standing in relationship to you? What kind of looking face does he have? Kindly?

PC: No. High cheekbones. A little reddish moustache. Faded blue eyes.

LRH: And what is he saying?

PC: And he's bald on top and he just has hair on the sides.

LRH: And what's he saying?

PC: I see him. Very well.

LRH: All right. What's he saying?

PC: You know what else I can see? I can see his masonic pin in his buttonhole.

LRH: Good.

PC: (laughs) It's coming, but it's coming slowly.

LRH: All right. Now what's he saying there? (pause) Coit. Now what's he saying there?

PC: (chuckles) That's a nice looking 'coit' you're wearing.

LRH: Hm-hm. Does his face light up as he says it there?

PC: Yeah, he says it with animation.

LRH: Hm. How does he look when he's animated like that?

PC: His eyes twinkle.

LRH: Okay. Let's take a look at him there. What's he saying to you? What's he doing with the coat? Is he touching it?

PC: Yah, he's feeling it.

LRH: Aha. And what's he saying?

PC: That's a nice coit you're wearing.

LRH: How does he look when he's touching it? (pause) All right. Where is the coat? Have you got the coat on?

PC: Yeah.

LRH: Okay. And which side of you is he standing on when he says this?

PC: Standing in front of me.

LRH: Okay. And how does his height compare to yours?

PC: He was just a short man.

LRH: Shorter than you?

PC: No, but it's not an overwhelming comparison. (pause)

LRH: Okay. And what is he saying as he stands there?

PC: That's a nice looking coit you're wearing, Pearl.

LRH: How does he look when he says this? Let's pick up the sonic on it as he says it. Let's take a look at him and pick up the sonic on it as he says it. (pause) Contact the sonic on it, honey. Right there at the time it happens. This is before 19—what?

PC: Oh, I must have been about 8 years old.

LRH: All right. And how does he look?

PC: I come up to his waist. I don't think I'm really there.

LRH: All right. How does he look, honey?

PC: I come up to about his waist.

LRH: All right. How does his face look from this angle?

PC: I don't really see it.

LRH: All right. How does his face look from this angle? Let's go back over it again. Nice looking coat you're wearing.

PC: I'm not really in it. I really don't have any big deal on this.

LRH: All right. Let's take a look at him now. What is he saying? Just repeat the line he is saying there.

PC: That's a nice looking coit you're wearing.

LRH: Okay. Let's take a look at him. Now what is he saying again? How tall is he while he's saying that?

PC: I don't really see him.

LRH: Well, let's go over it again. What's he saying?

PC: Nice looking coit youre wearing. (sigh, sob)

LRH: All right. Let's go over it again. Now, how does he look when he is saying this?

PC: Nice looking man.

LRH: What's he saying?

PC: It's a nice looking 'coit'you're wearing.

LRH: Take a look at him.

PC: (tearfully) I can't.

LRH: Oh, sure. You can take a look at the old man. He's a nice fellow, you liked him. He loves you very much. (PC sighs) You can certainly look at him. Now, let's take a look at him as you're standing there. Where has he got his hands?

PC: I can see his hands.

LRH: Okay. Now what's he saying?

PC: That's a nice looking coit you're wearing. He's got his left hand on his left knee and he's sitting down.

LRH: Uh-huh.

PC: And he's feeling the coat with his right hand. And now I can see his hands, he's got red hair on his hands and he's got short fingers.

LRH: Uh-huh.

PC: And long, clean finger nails

LRH: What's your emotion as you look at him, pleasurable?

PC: Well, I like him.

LRH: Uh-huh? All right. Let's take a look at him again. Now what's he saying?

PC: That's a nice looking coit you're wearing. (pause)

LRH: Is he a nice guy?

PC: Yes. It's a funny thing, the scene shifts between my home and my father's store. I don't know where we are. I'm in both places, I keep shifting back and forth.

LRH: All right. Let's go to the one there and let's go over it again. (PC sighs) Now what's he saying? He's sitting down. And what is he saying to you?

PC: That's a nice looking coit you ue got there.

LRH: You can get a sonic on his voice now. Let's go over it again and take a look at him.

PC: Can't get the sonic. (pause) I don't hear his voice. I know the words but I don't hear him saying them.

LRH: All right. Just take a look at him. Now what's he saying?

PC: That's a nice looking coit you're wearing.

LRH: Let's go over it again.

PC: That's a nice looking coit you're wearing. (sigh)

LRH: How does he look there?

PC: Ha. I'm not seeing the rest of him clearly.

LRH: Hm?

PC: I don't see him.

LRH: How high do you come in relationship to him? How does he look when he's dead?

PC: Huh?

LRH: How does he look when he's dead?

PC: Very sepulchral. (laughs)

LRH: How does he look when he's dead?

PC: Very pale and small.

LRH: Very pale and small. What kind of coffin

is it? (pause) What kind of a coffin is it? White satin?

PC: White satin inside.

LRH: All right. Have they fixed him up so he looks well?

PC: No.

LRH: Well, how have they fixed him up?

PC: I think they did a hurry-up job.

LRH: Why?

PC: I know that they did from what I heard, I think they fixed him up in the house. People were saying things like, Don't go into the other room. Think the undertakers did all their work in there and it's pretty messy. Somebody else was saying that they saw somebody emptying a pail of blood into the toilet. Heard some very nice stories.

LRH: Uh-huh.

PC: He just looks very pale and small and still and he's covered in white, white satin I think.

LRH: Hm-hm. How did he die?

PC: (yawn)

LRH: How did he die?

PC: Cerebral hemorrhage.

LRH: Cerebral hemorrhage, huh? Was it suddenly, at night? Or....

PC: He was dying for several days.

LRH: Several days.

PC: Yes, with a cerebral hemorrhage.

LRH: Of course he wanted to see you.

PC: Well, before he died, I remember—I remember (I'm not supposed to use that word)—um....

LRH: Before he died, come on. He wanted to see you, didn't he?

PC: I had a very pleasant hour or so with him. Sitting on the bed and listening to him tell me about his youth, before he met my grandmother. And I was very intrigued by this story. He really loved another girl. But he was in the Russian army and he felt he didn't have any right to ask her to wait for him. He went off to war and when he came back she had married someone else. He was recounting all his youth and for some reason he had to tell it to me or he had to tell it to someone. And he was very animated and it was one of the few really intimate talks we had ever had.

LRH: Hm-hm. What's he saying?

PC: (yawns)

LRH: What's he saying?

PC: You know, I'm remembering all this here.

LRH: That's okay. As you will. What's he saying? How does he look—he's so very animated.

PC: He's got on a pair of white pajamas with nary blue stripes.

LRH: Uh-huh.

PC: He still looks immaculate.

LRH: Hm-hm. And what's he saying about the army?

PC: (yawns)

LRH: What's he saying about the army?

PC: I don't get his exact words.

LRH: Well, give me the approximation. (pause) Give me an approximation of his words. You just got through doing something.

PC: Huf! (exhales) I'm trying to get the words but I can't. I can't pick up his words. The data is somewhere, but I can't pick up his words.

LRH: Okay. Well, just give me a concept of what he's saying.

PC: (burp) Pardon me, but before he married my grandmother, he was in lose with a very sweet girl and he wanted to marry her.

LRH: Hm-hm.

PC: But he had to go off to war and he didn't feel he had a right to ask her to wait for him, because he didn't know if he'd ever come back.

LRH: Hm-hm.

PC: And then, much to his great dismay when he did return, he was quite brokenhearted to find That'she had already married someone else. And I got the impression that my grandmother was second fiddle. She was second best. Perhaps he was trying to tell me indirectly that he was never happy with her because he felt that he had always missed something, he really should have married the other girl. That was the feeling that I picked up from the conversation.

LRH: Does he tell you he likes you?

PC: (pause) I d on't hear him.

LRH: Does he say he likes you?

PC: (pause; tearfully) He said all those things, but I don't know. I mean——.

LRH: Let's see if we can cover that again now. What does he say—he likes you? (pause) How would he say, I like you, Pearl?

PC: Thats my Pearl, that's my oldest grandchild, whenever he would introduce me to his friends, great pinochle players. His friends would be over at the house and he'd say, Come, Pearl. This is my oldest grandchild. Very proud.

LRH: Hm-hm.

PC: And he'd probably say to me, That's my Pearl, my old est grand child . You 're my oldest grandchild. My first grandchild. That was his way of endearing me. The only way I recall.

LRH: Okay. Now let's recall what he's saying there on the bed. (pause) You're my oldest grandchild. That's my Pearl. Go on over that. That's my Pearl. As he's lying there on the bed. Go on over it.

PC: That's my Pearl. That 's my Pearl. That's my Pearl.

LRH: Go over it again.

PC: That's my Pearl.

LRH: Take a look at him.

PC: That's my Pearl.

LRH: Take a look at him and go over it again.

PC: That's my Pearl. (small burp) Oh, d ear.

LRH: Go over it again.

PC: That's my Pearl.

LRH: Just pick up the moment he's burping you there.

PC: (pause) That's my Pearl.

LRH: Hm-hm.

PC: (belches) Pardon me.

LRH: That's all right. Let's pick up the moment he's burping you.

PC: (laughs)

LRH: All right. Let's pick up the moment the old man's burping you. What does he say when you burp?

PC: That's my Pearl.

LRH: All right. Let's get a concept there. Where are you in relationship to him when he said this?

PC: I can't uisualize anything. I don't know how anybody would look when they're burping the baby.

LRH: Okay. How does it feel there when you're over his shoulder? What is he doing to you? How do you feel over his shoulder there?

PC: That's precisely the point. I can't get into this so that I know. I don't pick up any of these perceptics. (gap in recording)

LRH: What does he say again now? Go over that again. What is he saying?

PC: Mrs. Silverman has now been seen by more doctors and psychiatrists, and some new doctor from New Jersey.

LRH: Continue.

PC: He's smiling when he says this. He's all embarrassed. (burp) She'saw a doctor yesterday. And she hasn't had any stool since the visit.

LRH: Continue.

PC: And Dr. Johnson is nodding his head very professionally, he's saying, Well, that's fine. I'm glad to hear it. That's fine. And they very quickly go on to the next thing.

LRH: Okay. Who is the first doctor that challenges the fact that there's something wrong with your treatment?

PC: Oh, I don't know if this is the first one, but this is another one that comes to mind immediately, a student who had stopped by my bed several times because he noticed an Astounding Science Fiction magazine on my bed tray. He says, Do you read this? I read it all the time, it's wonderful, etc. And after Bob had seen me, I called him over and I said, Gee, I'm glad to see you. I was hoping you'd drop in, how are you? Got something to tell you. Read this. It was a teaser in the April issue. Read this article about Dianetics. And he reads it and says, Well? Well, I had two hours of Dianetic

therapy yesterday, and I haven't had any diarrhea since. What do you think of that? And he is saying, Oh, come now, you . . .

LRH: That's right. Go over that again.

PC: Oh, come now

LRH: Hm-hm.

PC: And he was going, Well. Oh, come now, this is very good fictional reading. This is very good fiction but you don't want to take any of it seriously.

LRH: Hm-hm.

PC: And I'm saying. But this is not fiction, this is a fact article. And I'm saying. How do you account for the fact that my diarrhea stopped ? And he's saying. Look, you're the kind of a kid who needs a lot of attention, and any guy who would spend two hours with you would stop your diarrhea. Anybody who would give you a lot of their time would stop your diarrhea.

LRH: Hm-hm.

PC: And I'm saying, Well, I still say that you should investigate it further. And he's saying, Well, I agree with you, I'll follow it up. I'm giving him a pep talk about reading the article. And he's taking out his medical notebook and he's making a note of the name of the article, the author and the date of the issue.

LRH: All right. Now come up to present time, Pearl.

PC: Okay.

Let's separate the two subjects now. What we want to run out of your case very specifically is this: You're lying there sick, isn't that right, a lot of people came by and they saw you. When you told them about where you thought you had been and so forth, did some of those people say that it was probably your imagination, or delusion?

Suggestion.

Oh, they thought it was suggestion? And a delusion? Did anybody say it was imaginary or a delusion?

The lady in the next bed said, I can't believe it.

She said, I can't believe it. Okay. There's a good enough trigger. Now that's a female voice. But the point is, did any one of these psychiatrists say it was a delusion on your part that you had recall or whether Dianetics would work?

I don't think anybody believed in Dianetics at the time. Nobody believed in it. But did anybody make the flat statement? That is the flat statement we are looking for. It does not have to be there.

Yes, I think one was. I don't think he said delusion, but he said, It sounds like a highly suggestive type of therapy to me.

Yeah, well it would to Collins. He is in very bad shape himself. So, in other words he bats you down, doesn't he, a little bit?

Oh, sure.

Because there was sag in the case.

Yes, I know. The next time Bob saw me, it took him about an hour and a half to get me running again.

All right. Now this stuff is said to you in the interim?

Oh, sure.

All right. And you have just been up before the psychoanalysts in New York, right?

Uh-huh.

And you've had a remission up to that point and all of a sudden it goes blank.

Oh no, do you know when this thing started ?

When?

When I went out to see George about six weeks ago; before he went to Washington.

Oh?

I started this business, it has sure gotten very serious. I went down to George because the diarrhea was starting again and I wanted him to stop it immediately.

Okay. What happened immediately before you went down there to George? I don't know.

Yes, you do, you know.

I could find out. I know where to check it.

All right.

I've got a desk diary with all my activities in it.

And you've got a better desk diary right there in your head. Now is this salesmanship that you have been doing to general public on the subject of Dianetics? How good a salesman are you?

Very convincing.

Okay.

I'm a walking ad. Because they all know how sick I was, none of them expected me to live.

All right, then the only thing we have to find is a little bit of this material, particularly what happened just before you went down to George. The somatic strip can find that incident. What happened just before you went to George?

Well, I know.

What?

I went to my grandmother's unveiling the year after she died. She died last year.

Okay. Now you've got it there.

LRH: [to auditor taking over session] Here is a restimulator. Grandma's death was not picked up in this case. This was a serious error in Dianetics, a very serious error, because there is an emotional charge on Grandmother's death and I was taking Grandfather here in the early part of the case figuring it would not be quite as serious. There may not be a terrific emotional charge on Grandfather's death. I have a tendency to believe there is.

LRH: [to PC] I believe these two emotional charges are sufficient to dislocate the emotional synchronisation as you're running these things. It has a tendency to valence off these shut-offs. Now you notice you're getting sonic on people but not on Grandpa. And not on Mama when Grandpa's around. I don't know whether you get sonic on Mama.

With difficulty. I get my father the best.

LRH: [to auditor] With difficulty.

Okay, there's difficulty with the sonic on Mama. This means there has not been a sufficient emotional discharge on Mama's death. There is a technique of working into the thing gradually. One doesn't have to slug hard to get into a case. He doesn't have to hammer a person to pieces because of it. But the first thing I would do on it would be to relieve the visit to Grandmother's unveiling. I would go in and try to pick that up. Then I would pick up that early moment there that goes across the line that we were running, where somebody says, She's dead, I can't believe it. Grandpa, Grandma, and so on. There may be a series of childhood illnesses.

[PC] Where somebody says I'm dead ?

Hm-hm. Look, somebody screaming on the phone made you terrified. You were burping at the time. We just went over it a moment ago. So you weren't feeling too well when that news came through the wire.

Oh, I see. You mean the time when I wasn't feeling well ?

I don't have to evaluate your case for you. I'm just telling him what to look for.

Oh, I understand.

All right. That early incident there is an engramic lock on some even earlier incident. But it's a severely aberrative lock just the same. So I'm having trouble contacting it. All right. It may produce a new sequence, a new change in words. And it did. This thing is locked up evidently on Grandma's and Grandpa's deaths. There is something thrown out of gear there. Now if we tackle Grandma the same way I was tackling Grandpa, and if we work these things out gradually, we are going to get a release off Grandma, Grandpa and Mama. I'm sure that the charge is not off Mama, because we are not getting sonic on her.

[Auditor] Do you still want to take up George first?

Yes. Sure. Take up that first and then knock along the line on that. Take off the last restimulator. [PC] I understand.

And this lady in the next bed says, I can't believe it. She might have picked that up too while she was in the hospital.

[Auditor] Yes.

That's a real nice key-in. Now I've got the thing pretty well figured out.

[PC] Hm-hm. I'm glad, Ron.

Why, sure.

That makes me feel good, you know.

I was quite shocked the other day when I found out that there was affect on probably three deaths that can be released. Release that, and the rest of it can be removed.

It's not that I'm mad, I can become well. I've got something to help me now. Why should I go on suffering and being miserable? It isn't necessary. Before when I was sick there was nothing I could do. I was really helpless. I could run to the psychiatrist, but there was no release there. I know that I've got something here.

Good, very good.

LRH: [to auditor] Technically speaking, an error has been made right at the beginning of the case. The emotional pain engrams were not picked up.

This should be done with every severe psychosomatic illness and, although they are not in the same classification ordinarily, with every psychosis or severe neurosis. Just pick up the emotional charge that is lying on real bad spots in the case.

That is vital. Ellen Jennings in Washington got well because I slugged out her husband's death. Then she stabilized and began to pick up incidents earlier, and life started to become clearer.

[The session is turned over to the new auditor.]

Session, 8 June 1950

LRH: Now let's take up the incident where your grandfather's burping you. Letb see if we can't take a close look at him. (long pause) Come on, what does he say when he burps you? That's my Pearl. Go over that line. While he's burping you. The somatic strip can find this. Roll the line. That's my Pearl.

PC: That's my Pearl. That's my Pearl. He's burping me all right. Something's happening.

LRH: All right. That's my Pearl.

PC: That's my Pearl. And that's all I'm getting.

LRH: That's my Pearl. What tone is it in? That's my Pearl? Or is it That's my Pearl? Which is it? When he burped you? Come on, you can pick one or the other.

PC: (pause) That's my Pearl.

LRH: Hm-hm. How does he burp you? How many times does he pat?

PC: About eight.

LRH: Now let's pick up the first pat, next pat, next pat, next pat, next pat, next pat, next pat....

PC: (burp, starts to laugh)

LRH: There, we got the burp now. What does he say now?

PC: (laughs)

LRH: Aw, what does he say now? What does he say?

PC: Thats my Pearl.

LRH: Okay. Now let's go back through this burp sequence again. (PC gasps) Go through this burp sequence again. First pat, next pat, and pick them up, next one, right straight on through. Then what happens? Next pat, next pat, next pat, the next one, next one, next one . . .

PC: (laughs) It's there, but it's not coming, Ron.

LRH: I.. next one, what does he say now?

PC: Thats my Pearl.

LRH: And then what does he do with you? (pause) Does he ever say you like to be held?

PC: (whining tone) I can't hear anything, Ron.

LRH: Did he say you like to be held? She likes me to hold her. She likes me to hold her. Is that it? She likes to be held. She likes to be held? What's the line, honey?

PC: {I. love to hold her.

LRH: Go on over that again.

PC: I lose to hold her.

LRH: Go over it again, honey.

PC: I love to hold her. (belch)

LRH: Go over it again.

PC: I love to hold her. (laughs a little)

LRH: Contact the moment there. How does the old man look while hey holding you there? I love to hold her. Go on, repeat his lines.

PC: I love to hold her. I love to hold her.

LRH: Repeat his lines.

PC: (belches) Pardon me. Thought we were past that part.

LRH: All right.

PC: I love to hold her.

LRH: Repeat his line.

PC: I love to hold her. I love to hold her.

LRH: Next line. I love to hold her. Next line after it. (pause) I love to hold her.

PC: I love to hold her. I love to hold her. I love to hold her. I love to hold her.

LRH: Go over it again.

PC: I love to hold her.

LRH: Go over it again.

PC: I love to hold her.

LRH: Go over it again.

PC: I love to hold her.

LRH: Go over it again.

PC: I love to hold her.

LRH: Go over it again.

PC: I love to hold her.

LRH: Go over it again.

PC: I love to hold her. I love to hold her.

LRH: All right. Letb get to the time you get your diarrhea when you're a little baby. Little baby. Diarrhea. What is the old man saying? I'll hold her. I love to hold her. I'll hold her. What does the old man say? Hold her there. What does he say? Come on, what does he say? When I count from one to five you'll tell me what the words are. One-two-threefour-five. Whatb he saying? (snaps) The moment you had diarrhea. (three snaps) Diarrhea. The old many holding you. The old many holding you. Whatb he saying?

PC: Uh-uh, you take her. (snicker)

LRH: Go over that again.

PC: You take her.

LRH: Go over that again.

PC: Uh-uh, you take her.

LRH: Go over it again.

PC: Uh-uh, you take her.

LRH: What else is said? (pause) What else is said? (pause) What else is said?

PC: Poor little thing, she isn't feeling well. That's my mother.

LRH: Run over that again.

PC: Poor little thing, she isn't feeling well.

LRH: Go over it again.

PC: Poor little thing, she isn't feeling well.

LRH: Go over it again.

PC: Poor little thing, she isn't feeling well.

LRH: Go over it again.

PC: I'm actually getting sick.

LRH: Go over it again.

PC: (inhales) Poor little thing, she isn't feeling well.

LRH: Go over it again.

PC: Poor little thing, she isn't feeling well.

LRH: What does your grandfather say?

PC: (pause; belch)

LRH: What does your grandfather say? (pause) What does Grandfather say? (pause) Does he say, Poor little thing, she isn't feeling well? What does he say? Does he say, Don't let anything happen to my grandchild?

PC: What's wrong with her?

LRH: Go over that again.

PC: What's wrong with her?

LRH: Go over it again.

PC: What's wrong with her?

LRH: Go over it again.

PC: What's wrong with her?

LRH: What does your mother say?

PC: Her stomach is upset.

LRH: Go over it again.

PC: Her stomach is upset.

LRH: Go over it again.

PC: (murmurs) Her stomach is upset.

LRH: Go over it again.

PC: (very faintly) Her stomach is upset.

LRH: What does your grandfather say?

PC: She isn't eating a thing. That's my mother.

LRH: What does she'say?

PC: My mother's saying, She isn't eating a thing.

LRH: Go on over it again.

PC: She isn't eating a thing.

LRH: What does your grandfather say? (long pause; PC: breathing audibly) What's he saying? (pause) Contact what hey saying.

PC: My mother's saying, I'm really worried.

LRH: Go over it again.

PC: I'm really worried.

LRH: Go over it again.

PC: I'm really worried.

LRH: Go over it again.

PC: I'm really worried.

LRH: Go over it again.

PC: I'm really worried.

LRH: Contact the moment she's saying that. Go over it again.

PC: I'm really worried.

LRH: What does he say?

PC: You'd better do something about it right away.

LRH: Go on over that again.

PC: You'd better do something about it right away.

LRH: Whob saying that?

PC: My grandfather.

LRH: Okay. Lets roll it again.

PC: You'd better do something about it right away.

LRH: Next line.

PC: Why don't you take her to the doctor? Why don't you call the doctor?

LRH: Go over that again.

PC: Why don't you call the doctor?

LRH: Is he concemed?

PC: Yes.

LRH: Then what does your mother say?

PC: (pause; belch)

LRH: What does your mother say? (pause)

PC: (grunts)

LRH: What does your mother say? (pause) When I count to five, it will flash into your mind. One-two-three-four-five.

PC: Nothing.

LRH: I'll count to five again. Now it really will flash into your mind. One-two-three-four-five.

PC: I tried to get her words but I can't. Couldn't contact her.

LRH: Go over that again.

PC: I tried to get her once already and I couldn't contact her. Oh, that's delightful, honestly. (sounds disgusted)

LRH: Let's go over that again.

PC: I've got a million of them. I tried to get her once already and I couldn't contact her.

LRH: Go over it again.

PC: I tried to get her once already but I couldn't contact her.

LRH: Next line. (pause; PC breathes deeply) You can contact it now. Next line.

PC: (pause) I'll try again.

LRH: Go over it again.

PC: I'll try again.

LRH: All right.

PC: I'll try again.

LRH: Continue. Next line. (pause) Next line. (pause) Next line.

PC: You'd better get her as soon as possible.

LRH: Go over that again.

PC: You'd better get her as soon as possible.

LRH: Go over it again.

PC: You better get her as soon as possible.

LRH: Next line.

PC: Shouldn't let this go on.

LRH: Go over that again.

PC: You shouldn't let this go on.

LRH: Go over it again.

PC: You shouldn't let this go on.

LRH: Next line.

PC: It could be serious

LRH: Go over it again.

PC: Could be serious.

LRH: Go over it again.

PC: It could be serious

LRH: Go over it again.

PC: It could be serious

LRH: Next line.

PC: She's so tiny

LRH: Go over it again.

PC: She's so tiny and helpless.

LRH: Go over that again, dear. You've said it. Go over it again, honey.

PC: She's so tiny and helpless.

LRH: Okay, honey. Go over it again.

PC: (laughs slightly) She's so tiny (laughs a little) and helpless.

LRH: Okay. Roll it again.

PC: Oh, I've got a million of them. They fixed me up fine.

LRH: Have you contacted this phrase before?

PC: No.

LRH: Go over that line again, honey.

PC: She's so tiny and helpless.

LRH: Go over it again.

PC: She's so tiny and helpless.

LRH: Next line.

PC: (pause)She's so tiny and helpless.

LRH: Go over it again.

PC: She's so tiny and helpless. (belch)

LRH: Thereb more to it. Go over it again.

PC: She's so tiny and helpless.

LRH: Go over it again.

PC: (belch, sigh, mutter)

LRH: Go over it again.

PC: She's so tiny and helpless.

LRH: Is there more to that line? She's so tiny and helpless. Give me the rest of it.

PC: She's such a delicate thing it frightens me.

LRH: Next line.

PC: Anything could happen to her.

LRH: Oh, dear. (chuckles) Next line.

PC: (sigh; pause)

LRH: Next line.

PC: I wouldn't want anything to happen to her.

LRH: Go over that again.

PC: I wouldn't want anything to happen to her.

LRH: Go over it again.

PC: I wouldn't want anything to happen to her.

LRH: Go over it again.

PC: I wouldn't want anything to happen to her.

LRH: Next line.

PC: (pause) It's taking all the good out of her.

LRH: Run over that again.

PC: (That isn't all it's taking out of her.) It's taking all the good out of her.

LRH: Okay. Let's go over that again.

PC: It's taking all the good out of her. Poor little thing, it's taking all the good out of her.

LRH: Okay. Next line.

PC: (belch)

LRH: Next line.

PC: Poor little thing, it's taking all the good out of her.

LRH: Next line.

PC: You can tell there's something wrong, she's so irritable, she's not herself. Oh! If I could only get my hands on them.

LRH: Run over that again.

PC: She's not herself. You can tell she's not herself.

LRH: Go over that line again.

PC: Oh, I hate euery one of them for what they did to me. (laughs)

LRH: Okay. Go over that line again. Irritable.

PC: She's so irritable, you can see she's not herself.

LRH: Go over it again.

PC: Those are beautiful words. You can see she's not herself

LRH: Go over it again.

PC: You can see she's not herself. She's so irritable.

LRH: Go over it again.

PC: Poor little thing, she's so irritable. You can see she's not herself. It's taking all the good out of her.

LRH: Continue.

PC: (belch)

LRH: Continue. Next line. (pause) When I count to five, it will flash into your mind. One-two-three-four-five. (pause; PC: sighs) One-two-three-four-five. Next line. Next consecutive line. One-two-three-four-five.

PC: Poor little thing, she's a mess.

LRH: Go over that again.

PC: Poor little thing, she's a mess. I've got the concept here very clearly.

LRH: All right. We can erase it.

PC: Her little bottom is raw

LRH: Hm-hm.

PC: Um. That's nice.

LRH: Okay.

PC: They fixed me fine.

LRH: Continue.

PC: (long pause) You have to put something on it right away.

LRH: Continue.

PC: (pause) Can't get the next word.

LRH: Yes, you can get the next word. You're so helpless. He said so. Lets get the next word.

PC: (pause) It's a blank.

LRH: All right. When I count to five, the next phrase will flash into your mind. One - two-three-four-five.

PC: Sure, that ought to make you feel better.

LRH: Yes, sure. Bottom is raw, that makes you feel better. Let's go over that again.

PC: There, that al make you feel better.

LRH: Okay.

PC: You won't have to wait much longer. We'll get you fixed up. Oh, did they fix me up!

LRH: All right. Go over that line.

PC: You won't have to wait much longer, we'll get you fixed up.

LRH: Next line.

PC: Mother will take care of you don't worry.

LRH: Continue. (pause) Continue. (pause) Mother will take care of you, don't worry. Now this is one of these high survival things. Oh, thatb a beauty!

PC: And how!

LRH: Well, let's find out what they say so we can just have a good time with it. All right. Let's roll it. What are they saying there? (pause) Next phrase. One-two-three-four-five.(pause) Next phrase. One - two- three - four- five .

PC: (mutters)

LRH: What is it?

PC: I'm going to put you down here, maybe you'll go to sleep.

LRH: Run over this again.

PC: I'm going to put you down here and maybe you'll go to sleep.

LRH: Okay. Lets go over this again.

PC: I'm going to put you down here and maybe you'll go to sleep.

LRH: Next line.

PC: Maybe you it be able to sleep.

LRH: Next line. (pause) I'm going to put you down here. Maybe you'll be able to sleep. Okay. Next line. (pause) You're doing good. Keep rolling.

PC: She's walking away and she is saying, I really am worried.

LRH: Go over that again.

PC: I really am worried. I'll have to take her temperature.

LRH: She'd going to take it, huh? Go over it again.

PC: I really am worried. I think she has a temperature too.

LRH: Go over that again, dear.

PC: I really am worried. (small pause) I think she has a temperature too.

LRH: Go over that again, dear.

PC: (belch)

LRH: What's she'saying?

PC: I really am worried. I think she has a temperature. She feels as if she has a temperature too.

LRH: Aha, that's fine. Go over it again.

PC: I really am worried. She feels as if she has a temperature too.

LRH: Go over it again.

PC: I really am worried. She feels as if she has a temperature too.

LRH: Let's go over it again.

PC: I really am worried. She feels——.

LRH: Contact it.

PC: I really am worried. She feels as if she has a temperature too.

LRH: Next line.

PC: Oh, there's more to being a mother than meets the eye.

LRH: Hm-hm. Go on. Go over that again.

PC: There's more to being a mother than meets the eye.

LRH: Go over it again.

PC: Damn bunch of aberrees.

LRH: Go over it again.

PC: (pause; deep breaths)

LRH: Next line.

PC: Stuck again.

LRH: One-two-three-four-five. We got it. That bit about being helpless. Right. Go to the next line. One-two-three-four-five. You're doing good. You're doing fine. Come on. One-two-three-four-five.

PC: That seems to be the end.

LRH: That's the end? Go over that line.

PC: That's the end.

LRH: Once again.

PC: That's the end.

LRH: Go over it again.

PC: That's the end.

LRH: Go over it again.

PC: (whispers) That's the end.

LRH: Go over it again.

PC: Thats the end.. (belch)

LRH: Hm-hm. That's the end.

PC: That's the end.

LRH: Go over that again.

PC: Thats the end.

LRH: Next line. That's the end.

PC: I think I must be vomiting.

LRH: Okay. That's the end.

PC: She's throwing up her hands in despair, Oh, this is the end.

LRH: Go on. That's the end.

PC: Thats the end.

LRH: Anybody say, It's all over? (pause) All right. Let's roll that line.

PC: It's all over. It's all over. She's all right. Don't worry.

LRH: Go on over it again, dear.

PC: She's all right (belch)

LRH: Go over it again.

PC: She's all right. It's all over. It's just a little messy, that's all.

LRH: Go over it again.

PC: She's quite ruffled by now.

LRH: What's she'saying?

PC: Boy, it's one thing right after another.

LRH: Go over it again.

PC: It's one thing right after another.

LRH: Go over it again.

PC: One thing right after another.

LRH: Next line.

PC: One thing right after another.

LRH: Hm?

PC: I'm trying to get the next words.

LRH: You can contact it. One-two-three-four-five. (long pause) One-two-three-four-five.

PC: She's really sick

LRH: Go on over it again, dear.

PC: She's really sick

LRH: Go over it again.

PC: I'm frightened.

LRH: Continue.

PC: (pause) Oh, when is that doctor coming?

LRH: Continue.

PC: Why doesn't that doctor get here? (pause)

LRH: Continue.

PC: (pause; belch)

LRH: What's the line with it?

PC: These feelings are not real.

LRH: She's really sick. Go over that again.

PC: She's really sick

LRH: Go over it again.

PC: She's really sick

LRH: Next line.

PC: Why doesn't that doctor get here?

LRH: You know what it is. Go over it now. She'd really sick.

PC: Oh, you poor little thing, you don't feel well, doyou?

LRH: Go over that again.

PC: Poor little thing, you don't feel well, do you?

LRH: Whom saying this?

PC: Mother.

LRH: Whereb your grandfather in this?

PC: I don't know what happened to the old boy.

LRH: Continue.

PC: I don't know, I have the feeling that it's the end.

LRH: That's the end of what?

PC: That people are just saying this to me.

LRH: Well, that's okay. I just wondered if he was standing by.

[gap in recording]

LRH: Let's go to the moment of death of Grandma. Let's go right straight back to it. Straight back to the moment of death of Grandma. The moment she died. The first moment you hear the news. The first moment you hear the news. Somatic strip's right there. Now tell me the first words you get out of it. The first words you get.

PC: I can hear Arnold yelling at me. I'm upstairs on the fourth floor. He doesn't even come up. He's just screaming at me.

LRH: What's he saying?

PC: Theres a phone call.I'm asking for some knitting instructions and I just ignore the fact completely. Somebody's yelling up the stairs that's really angry, It's a long distance phone call. I'm running down the stairs now.

LRH: Continue.

PC: And I'm saying, What's the matter? What's all this fuss anyway?

LRH: Continue.

PC: He's saying, It's long distance, it's Debbie. And then I naturally know what it is.

LRH: Get yourself racing down those stairs. Are you short of breath?

PC: Yeah.

LRH: All right. Now lets get to the moment you get to the phone.

PC: I got to the phone. I'm at the phone in the hall.

LRH: How does that phone feel against your ear? Whose voice is it?

PC: It's my cousin Debbie.

LRH: What are her first words?

PC: And I'm looking out of the window as she's talking to me. (belch)

LRH: Continue. What are her first words?

PC: Hello, hello Debbie? What's the matter? And she's saying, Bobbie died.

LRH: Continue.

PC: And I say, That's funny, I can't believe it. I was expecting it, and yet I just can't believe it.

LRH: What does she'say again?

PC: I'm saying, What's the matter? Bobbie died. Bobbie died? She's saying it in a sort of an impatient voice because she's probably been waiting there on the phone for quite some time. I can hear the inflection in her voice.

LRH: Okay. Let's go over it again now. Let's come downstairs. Feel your breathlessness as you come downstairs. Feel your breathlessness.

PC: For heaven's sakes, what's the matter? I'm annoyed at Arnold because he has interrupted my knitting instructions.

LRH: Okay. Now lets run forward.

PC: It's Debbie. It's a long distance call. Where the hell were you? It's Debbie. Oh, just a minute now. Debbie—what's the matter? I know what's the matter but I don't want to accept it and I say to him, What's the matter? And he says, Here she is, you talk to her.

LRH: Here she is, you talk to her. Continue.

PC: Hello, Debbie, what's the matter? Bobbie died. Bobbie died ?

LRH: Continue.

PC: (belch)

LRH: Go on, honey. Bobbie died.

PC: (pause) And I'm saying, Oh, I can't believe it. Isn't that funny, I can't believe it. I was expecting it and yet I don't know, I just had a feeling That'she'd go on living forever.

LRH: Continue. What's said then?

PC: Um. That Benzedrine is working, I feel jumpy. I feel as though my heart is beating faster.

LRH: Okay. Continue.

PC: I can feel it beating. I'm very conscious of it. (deep breath)

LRH: All right. Let's go straight into the prenatal area now where we get, I can't believe she's dead. Go over this line, She's dead, I can't believe it. I can't believe it. Prenatal.

PC: She's dead.

LRH: She's dead. I can't believe it.

PC: She's dead. I can't believe it.

LRH: She'd dead. I can't believe it.

PC: She's dead. I can't believe it.

LRH: Go over it again. She's dead. I can't believe it.

PC: Oh, she's dead.

LRH: I can't believe shed dead. Go over it.

PC: I can't believe she's dead.

LRH: Go over that again.

PC: I can't believe she's dead.

LRH: Let's contact it. I can't believe shed dead.

PC: I can't believe she's dead.

LRH: Prenatal. Let's contact it.

PC: I can't believe she's dead.

LRH: Prenatal. Let's contact it.

PC: I can't believe she's dead.

LRH: Let's contact it. I can't believe she's dead.

PC: These are my own words in reference to my mother. I can't believe she's dead. She'll never be dead to me.

LRH: Go on over that again.

PC: She'll never be dead to me. She'll always be alive. She'll never be dead to. me.

LRH: She'll always be alive, she'll never be dead to me.

PC: She'll always be alive. I didn't get the emotional charge of this thing. I don't think I ever really grieved for my mother, if I didn't believe she was dead in the first place.

LRH: All right. Let's contact this in the basic area.

PC: I can't believe she's dead.

LRH: Pick up the sonic on Mama. I can't believe shed dead. She'll always be alive. She'll always be alive for me.

PC: She will always be alive for me. She'll never be dead. She'll always be alive to me. (belch)

LRH: Go on, honey. Contact it in the basic area. She'll always be alive to me, I can't believe it. You know what it is.

PC: She'll always be alive to me. I can't believe it. She'll never be dead to me.

LRH: Contact it. She'll never be dead to me.

PC: She'll never be dead to me.

LRH: Contact it.

PC: She'll never be dead to me.

LRH: I can't believe it.

PC: I can't believe it. She'll always be alive to me, she'll always be alive, she'll never be dead to me, I can't believe she's dead.

LRH: Contact it, honey.

PC: I can't believe it. I can't believe she's dead, she'll never be dead to me.

LRH: Go over it again, honey.

PC: I can't believe she's dead. She'll never be dead to me. I can't believe she's dead. She'll never be dead to me.

LRH: Contact it.

PC: I can't believe she's dead, she'll always be alive. She'll never be dead to me. I don't know who they're talking about. I don't hear anything, I'm just repeating the words.

LRH: Okay. Let's go over it. I can't believe it.

PC: I can't believe it. I can't believe she's dead.

LRH: She'll always be alive.

PC: She'll always be alive to me.

LRH: I can't believe That'shed dead.

PC: I can't believe she's dead. She'll always be alive to me.

LRH: Go over it again.

PC: She'll always be alive to me. (belch)

LRH: Contact that, honey. Contact the somatic on the earliest moment that it's on in the bank. Earliest moment in the bank. Earliest moment that you can hear Mama (PC: belches) saying this. Earliest moment. (pause) Earliest moment.

PC: I can't believe she's I get a chill.

LRH: Okay. Lets go over it. Earliest moment in the bank.

PC: (sigh)

LRH: The phrase is coming. Earliest moment.

PC: I can't believe she's dead. She'll never be dead to me. She'll always be alive.

LRH: Go over it again.

PC: I can't believe she's dead. She'll never be dead for me. She'll always be alive.

LRH: Contact it and go over it again. I can't believe it.

PC: I can't believe it.

LRH: I can't believe it.

PC: I can't believe it.

LRH: Contact it with this chill.

PC: I can't believe it.

LRH: Go over it again. I can't believe it.

PC: I can't believe it. I can't believe it.

LRH: Go over it again.

PC: I can't believe it. I can't believe it.

LRH: Continue.

PC: I can't believe it now.

LRH: What's the next line?

PC: (belch) It isn't true.

LRH: Go on over that again.

PC: It isn't true.

LRH: Go on over it again.

PC: It can't be true. I won't believe her. I can't believe her. I won't believe her. It isn't true.

LRH: What are the consecutive lines here now? Let's go to the first moment of this somatic, the first moment of this somatic. The first moment of it. The somatic strip can shift to the first moment of it. Now give me the first phrase of this engram. First phrase of the engram with the chill in it. I want the engram with the chill in it. The somatic strip will shift over to give me the first phrase. When I count to five the first phrase will flash into your mind of this engram. (PC: starts a belch) One-two-three-four-five. What is it? One-two-three-four-five.

PC: It isn't true

LRH: Go over that again.

PC: It isn't true.

LRH: Go over it again.

PC: It isn't true.

LRH: Go over it again.

PC: It isn't true.

LRH: Contact the sonic on it. Go over it again.

PC: (pause) It isn't true.

LRH: Contact the sonic on it.

PC: It isn't true.

LRH: Contact it. Have you got a somatic with this? It isn't true.

PC: Well, I don't feel warm like I did before. That one moment I told you about is the only time I felt an actual shock.

LRH: Shock. Shock. Go over the shock.

PC: I'm shocked.

LRH: Go over it again.

PC: What a shock.

LRH: Go over it again.

PC: What a shock.

LRH: Go over it again.

PC: What a shock.

LRH: Go over it again.

PC: What a shock. I got that feeling.

LRH: Go over it again.

PC: What a shock.

LRH: Go over it again.

PC: What a shock.

LRH: What's the beginning of this What a shock engram?

PC: I think those are the first words.

LRH: Okay. What a shock. What are the next words? What a shock.

PC: (pause) What a shock.

LRH: Continue.

PC: Oh no, it isn't true. I can't believe it.

LRH: Continue. (pause) Go on over That'sequence again, with the chill somatic. What a shock.

PC: What a shock.

LRH: Now, give me a yes or no on a flash answer here. Is this chill one the first one in the bank?

PC: Yes.

LRH: All right. Let's roll it. What a shock.

PC: What a shock.

LRH: Continue.

PC: Do you want one of the first engrams in the bank or the first engram with a chill on it?

LRH: The first engram with a chill on it.

PC: Yes, hm-hm.

LRH: All right. Let's roll it. Start at the beginning of it and roll it right on through.

PC: (murmurs) What a shock. (pause)

LRH: Continue. The next phrase will come right through.

PC: (pause) Nothing comes.

LRH: What?

PC: Nothing comes.

LRH: Nothing comes?

PC: Nothing comes. (pause)

LRH: All right. Lets contact it at the beginning. What a shock.

PC: I feel shocked myself, I just feel numb all over.

LRH: That's right. Feel numb all over.

PC: (laughs) I feel numb all over.

LRH: Run that line.

PC: I feel numb all over

LRH: Go over it again.

PC: I feel numb all over

LRH: Go over it again.

PC: I feel numb all over

LRH: Go over it again.

PC: I feel numb all over

LRH: Get a more solid contact on this, more solid contact on this.

PC: It's a shock. What a shock.

LRH: Much more solid contact. Its a shock. What a shock. Let's roll that now.

PC: What a shock.

LRH: Continue.

PC: Oh no, it isn't true. I can't believe it.

LRH: Continue.

PC: Oh, I really feel sick.

LRH: Continue.

PC: (belch, belch)

LRH: Continue.

PC: Oh, I've got a chill.

LRH: Continue.

PC: I think I've got a chill.

LRH: Okay. Continue.

PC: (murmur)

LRH: Continue.

PC: I can't believe it.

LRH: Continue.

PC: I can't believe it.

LRH: Continue.

PC: (groan; pause)

LRH: Continue. Next line. (pause) Go over it again now from the beginning.

PC: The damn somatic is interfering; it's not in the engram, it's just that I have a terrible headache. I feel queer. I get these pains right up here. They come and they go all over. The therapy is immaterial. I contact the thing, but when I can't be sure on the way I feel, I lose the engram. (pause)

LRH: Let's get What a shock.

PC: What a shock.

LRH: Continue. (pause) Continue. (pause) What a shock. I feel sick.

PC: What a shock. I feel sick. I can't go on.

LRH: Continue. (pause) Let's contact it from What a shock.

PC: What a shock.

LRH: Continue. (pause) Next phrase. One - two- three - four-five .

PC: Shock. What a shock, I can't believe it.

LRH: Continue.

PC: When did it happen?

LRH: Continue.

PC: It's a very long one.

LRH: Continue. You're doing good. Continue.

PC: (murmur)

LRH: Continue.

PC: (belch)

LRH: Continue. (pause) Continue.

PC: (murmur)

LRH: Continue. (pause) Next line. One-two-three-four-five. The next line will flash into your mind when I count to five. One-two-three -four-five.

PC: (pause) I just got an impression of who dies.

LRH: Go over that again.

PC: Well, the person who died was an uncle that my mother was very fond of.

LRH: Aha.

PC: I've got his name.

LRH: Okay. What's his name?

PC: She called him Uncle Benjamin.

LRH: Go over Benjamin.

PC: Benjamin. I don't know about the time element here at all.

LRH: When did it happen? (short pause) Go over that.

PC: When did it happen?

LRH: When did it happen?

PC: When did it happen?

LRH: When did it happen?

PC: When did it happen?

LRH: When did it happen?

PC: When did it happen?

LRH: Next line. Go over the word Benjamin.

PC: Benjamin.

LRH: Benjamin.

PC: Benjamin. Benjamin. It doesn't tie up.

LRH: Hm?

PC: It doesn't tie up.

LRH: Okay. When did it happen? I feel sick.

PC: (murmurs) When did it happen? I feel sick.

LRH: Numb all over.

PC: Numb all over (murmur, small belch)

LRH: Continue. I feel sick. Go over that.

PC: I feel sick I feel sick

LRH: Might be another phrase right with it. Let's go over it again. I feel sick.

PC: I feel sick

LRH: What is the proper phrase there? (PC: belches) I feel sick. Go over it.

PC: Oh, my God, I'm sick.

LRH: Go on over that again.

PC: Oh, my God, I'm sick.

LRH: Go over it again.

PC: Oh, my God, I'm sick.

LRH: Next line. Oh, my God, I'm sick. Next line. (pause) Next line. Oh, my God, I'm sick. Its all over.

PC: It's all over.

LRH: That's the end.

PC: The end ?

LRH: I just feel numb all over.

PC: I just feel numb all over.

LRH: Go over it again.

PC: I just feel numb all over.

LRH: Go over it again.

PC: I feel numb all over

LRH: Go over it again.

PC: I feel numb all over.

LRH: Go over it again.

PC: I feel numb all over

LRH: Contact her voice saying it. Go over it again.

PC: I feel numb all over

LRH: Contact her voice saying that. Go over it again.

PC: I feel numb all over

LRH: Contact her voice saying that. (pause) Contact her voice saying that. Go over it again.

PC: I feel numb all over. I feel numb all over.

LRH: Next line.

PC: I feel numb all over

LRH: Next line. One-two-three-four-five (snap!).

PC: I'm shaking like a leaf.

LRH: Go on over that.

PC: I'm shaking like a leaf. I'm shaking like a leaf.

LRH: Continue. Contact her voice now, Pearl. Contact her voice as she goes through this. Contact her voice.

PC: (pause; murmur)

LRH: Continue.

PC: I can't get over it.

LRH: Go over that.

PC: I can't get over it. I can't get over it. I can't get over it. I can't get over it. I can't get over it. It doesn't seem possible.

LRH: Continue.

PC: (murmur) Oh, what a shame.

LRH: Continue. (pause) Continue. One-two three-four-five (snapl). (pause) Continue.

PC: so somebody knows it

LRH: Run over that again.

PC: There's a name in there but I can't get it.

LRH: Go over it again.

PC: Does Harry know yet?

LRH: Go over it again.

PC: Does Harry know yet?

LRH: Who's Harry?

PC: He might be my father.

LRH: Lets run over it again.

PC: Does Harry know?

LRH: Continue. Next line.

PC: Oh, he al feel terrible.

LRH: Go over it again.

PC: Does Harry know yet? He it feel terrible.

LRH: Next line.

PC: He'll take it awfully badly.

LRH: Go over it again.

PC: He'll take it awfully badly.

LRH: Go over it again.

PC: He'll take it awfully badly.

LRH: Next line.

PC: I don't know if there's anything more or not. Just seem to have run out of words.

LRH: I can't say anything.

PC: I don't know what to say.

LRH: Don't know what to say. Go over it again.

PC: I just don't know what to say.

LRH: Go over it again.

PC: I just don't know what to say.

LRH: Go over it again.

PC: I just don't know what to say.

LRH: Go over it again.

PC: I just don't know what to say.

LRH: Next line.

PC: Oh, sickness.

LRH: Go over it again, next line. (pause) What are your somatics with this, honey?

PC: Oh, that damn nausea. f

LRH: I'm so nauseated.

PC: I'm so nauseated, I'm sick.

LRH: Go on over that again.

PC: I'm sick

LRH: Go over it again.

PC: I'm just sick from this

LRH: Go on over it again.

PC: I'm justsick from this

LRH: Go on over it again.

PC: Too sick, maybe. No, I'm just sick.

LRH: Go over it again.

PC: I'm just sick

LRH: Go over it again.

PC: I'm just sick

LRH: Next line. (pause) Next time you come back into this area will you know all about it?

PC: Yes.

LRH: Come up to present time. What distance are you running this thing from?

PC: What do you mean, how far am I from the prenatal area?

LRH: Yes.

PC: I don't know.

LRH: Go over Stay there.

PC: Stay there.

LRH: Shut your eyes. Stay there.

PC: Stay there.

LRH: I'll wait here.

PC: I'll wait here.

LRH: What's the holder? Stay there. I'll wait here.

PC: Stay there, I'll wait here.

LRH: Well, either one or the other. Is it Stay there, or I'll wait here? What's the holder?

PC: I don't know. Why? Do you think there's a holder in this prenatal area?

LRH: I know damn well thereb a holder in the incident you're running right this minute. Now let's contact the holder. Your somatic strip can contact it. Thereb a call-back and a holder here.

PC: You stay there, I'll call you back.

LRH: Go on.

PC: Wait for me, I'm going over.

LRH: Go over it, honey.

PC: I'm trying to get the right words. (pause) Stay there, I'll call you right back.

LRH: Go on over it again.

PC: Stay there, I'll call you right back.

LRH: Go on over it again.

PC: Stay there, I'll call you right back.

LRH: Get the contact on this. Go over it again.

PC: Stay there, I'll call you right back.

LRH: Go over it again.

PC: Stay there, I'll call you right back.

LRH: Go over it again.

PC: Stay there, I'll call you right back.

LRH: Go over it again. Contact her sonic on this. Contact the somatic on this. Contact the emotion on this. How does she'say That'stay there, I'll call you right back?

PC: Stay there, I'll call you right back. Stay there, I'll call you right back.

LRH: All right. Go on over it.

PC: She sounds like somebody just hit her on the head with a club.

LRH: I'm stunned.

PC: I'm stunned. I'm stunned. I'm stunned.

LRH: Go over it again.

PC: I'm stunned.

LRH: Go over it again.

PC: I'm stunned.

LRH: Okay. (pause) Come up to present time. (pause) How old are you?

PC: 28.

LRH: Okay.

[recording ends at this point]

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LRH: Okay. Now shut your eyes and pick up the sonic and visio of the holder you're in. You say you're 16. Okay. Thereb a holder then at 16. Lets contact it. Now what is it?

PC: I can't....

LRH: You can't what?

PC: I can't contact....

LRH: You've got an audio there with it. Just listen for a second and you'll pick up exactly what the holder is, in audio. (pause) What is it?

PC: I don't know, I'm not getting anything.

LRH: All right. Where might you be there at 16?

PC: (pause)

LRH: When I count from one to five, you're going to tell me exactly what location you're in when you're 16 there in that holder. One-two-three-four-five (snap!). What is it?

PC: That's all I get.

LRH: Tell me what it is.

PC: Uh—uh....

LRH: You know where it is. Now give me a flash answer to this. How old are you?

PC: It sounds like 16 again.

LRH: Well, what happened? Is it 16 still?

PC: Think so.

LRH: All right. Now tell me, whatb happening there while you're 16? (pause) Give me a yes or no answer on this one. Are you in a hospital?

PC: No.

LRH: Are you at home?

PC: I don't know. My first answer was no.

LRH: Are you at school?

PC: No.

LRH: In a doctor's office?

PC: I don't know.

LRH: Go over the words I don't know.

PC: I don't know.

LRH: Go over them again.

PC: I don’t know.

LRH: Contact them again.

PC: I don’t know.

LRH: Go over it again.

PC: I don’t know.

LRH: Go over it again.

PC: (yawning) I don’t know.

LRH: Okay. Let’s go over it again.

PC: I don’t know.

LRH: Go over it again.

PC: I don’t know.

LRH: Over it again.

PC: I don’t know.

LRH: Over it again.

PC: I don’t know.

LRH: Contact it squarely. A voice saying, I don’t know.

PC: I don’t know. (pause) I don’t know.

LRH: Go over it again.

PC: (whispers) I don’t know.

LRH: Go over it again.

PC: I don’t know.

LRH: All right. The next thing that flashes into your mind will be the name of the person who is with you. Flash!

PC: My mother.

LRH: All right. The next phrase that flashes into your mind is the words your mother is uttering. Flash!

PC: We’re in some doctor’s office. I don’t know whether it was an appeal to me that that was it. I wasn’t sure.

LRH: I’m not sure. Go over I’m not sure.

PC: I’m not sure. I’m not sure.

LRH: Go over I don’t know, I’m not sure.

PC: I don't know. I'm not sure.

LRH: Go over it again.

PC: (sighing) I don't know. I'm not sure.

LRH: Go over it again.

PC: I don't know. I'm not sure.

LRH: Go over it again.

PC: I don't know. I'm not sure.

LRH: Contact it more closely. I don't know. I'm not sure.

PC: (pause) I don't know. I'm not sure.

LRH: All right. Your eyes are closed. There are visios going to show up when I count to five. One-two-three-four-five (snap!). What's the visio?

PC: Oh, I can see a doctor's office.

LRH: Okay. Where is your mother standing?

PC: She's sitting down.

LRH: Whereb the doctor?

PC: He's sitting behind his desk.

LRH: Where are you?

PC: I'm sitting in front of his desk, opposite him.

LRH: What's he doing to you?

PC: My mother's asking him about a mole I have on my nose which is pretty miserable looking.

LRH: Hm-hm.

PC: And, I've gotten after her. I'm very conscious of it. She has taken me to the doctor. I don't know if this is why she's mainly taking me but she's asking him if it can be removed safely. And he's saying, I'm not sure. I don't know enough about it. But I'll give you the name and address of one of my professors where I went to school. He knows all about this stuff.

LRH: Continue.

PC: He really would know what to advise you. He's a very good man. I can recommend him.

LRH: Continue.

PC: And he's writing down his name and address. I know the name of the doctor too.

LRH: What else does he say?

PC: (pause) If I'm not mistaken my mother has brought me there because I'm complaining of not having any energy. I'm always sleepy, I'm always tired.

LRH: What does she'say about it?

PC: (sigh) Let me go back and get her words. I don't know what's wrong with her.

LRH: Continue.

PC: I don't know what's wrong with her.

LRH: Continue.

PC: She just doesn't seem to hare any energy. She's always complaining of being tired.

LRH: She'd always what?

PC: She's always complaining of being tired.

LRH: Continue. (pause) Pick up the words run down there, honey.

PC: Run down is there all right.

LRH: Go over it again.

PC: (pause) I think she must be rundown.

LRH: Go over it again.

PC: I think she must be run-down.

LRH: Who's saying it?

PC: My mother.

LRH: What's she saying now?

PC: I d like you to give her a good physical and see what's wrong. I think she's pretty run-down.

LRH: Go over that again.

PC: I think she's pretty run-down. (deep breath)

LRH: Go over it again.

PC: I think she's pretty run-down.

LRH: That's beautiful. Okay.

PC: That's a very nice one.

LRH: Contact it again. How does she look when she's saying this?

PC: Worried.

LRH: All right. Now, whatb she'saying?

PC: (Dear, good old mother.) We should give her a good physical and find out what's wrong. I think she's pretty run-down. She must be pretty run-down. And she's very nervous. She cries at the least little thing. I can't do a thing with her.

LRH: Hm-hm. Continue.

PC: At which I squirm and feel very uncomfortable.

LRH: Hm-hm.

PC: I'm being exposed to the doctor.

LRH: Hm-hm.

PC: I'll tell you the truth, I can't do a thing with her. She cries at the least little thing. That's all I'm picking up of her conversation.

LRH: Hm?

PC: That's all I pick up of her conversation

LRH: What does the doctor say?

PC: Well, Mother's saying, I've really got my hands full with her.

LRH: Go on over it again.

PC: I He really got my hands full with her.

LRH: Go over it again.

PC: I He really got my hands full with her.

LRH: Now what does the doctor say? (pause) Does the doctor say run-down?

PC: Yes, he says run-down too.

LRH: All right. Lets pick up what he says there.

PC: Well, it might be any number of things. She might be run-down as you say. She might have a thyroid deficiency. I can't find anything right here. She does look a little anemic. And I'd like to give her a basal metabolism test to make sure That'she doesn't have a thyroid deficiency.

LRH: Let's go over that again.

PC: I'd like to give her a thyroid test first to make sure she doesn't have a thyroid deficiency.

LRH: Okay. And what does the doctor say about run-down?

PC: (pause) Hm. She might be just run-down and anemic. But I'd like to give her a basal to make sure That'she doesn't have a thyroid deficiency.

LRH: Lets go over that again. You've clear visio on him now?

PC: This is the first time I've seen his face since I've been running this. It just came in and it disappeared again.

LRH: Hm?

PC: I just saw his face for a fleeting instant for the first time and now I've lost it.

LRH: Okay. What does he say? Run-down.

PC: She might be just run-down and anemic. But I'd like to make sure That'she doesn't have a thyroid deficiency. I'd like to give her a basal metabolism test.

LRH: All right, lets go over that again.

PC: She may be just a little run-down and in need of a tonic.

LRH: Have you got a visio on him now? (pause) Go over it again.

PC: It's coming in. (laughs) It's coming in worse.

LRH: Okay. Lets go over it again.

PC: Oh, it's starting to come in now.

LRH: Hm?

PC: He's starting to come in now.

LRH: All right. What's he saying?

PC: She may be just run-down and need a tonic to build her up. She is a little anemic.

LRH: The guys going along a straight line that has in it run-down and then build up—that's very interesting.

PC: Hm.

LRH: Okay. Lets run it over again. Let's get the visio on his face there.

PC: He keeps coming and going.

LRH: What's he saying?

PC: She may be just a little run-down and need a tonic to build her up but I'd like to make sure.

LRH: All right, honey, repeat run-down going straight into the prenatal area with it, all the way down into the prenatal area.

PC: Run-down.

LRH: Run-down. Run-down. Run-down. Run-down. Run-down. Lets go straight into the prenatal area with it.

PC: Run-down. Run-down.

LRH: Run-down.

PC: Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. (PC: actually does run down as she repeats the phrase)

LRH: What are you contacting there now, honey?

PC: I have a feeling that this is tied up with my mother's early discovery of being pregnant—or maybe she doesn't even know she's pregnant yet—and someone is telling her she's probably just a little run-down.

LRH: Okay. Lets go over that again.

PC: That's just an impression.

LRH: Okay. I'm not trying to sell you anything.

PC: Yah, I know, I just thought I'd let you know.

LRH: All right. We've got the bottom of the chain now. Okay?

PC: Good. I'm glad for that.

LRH: All right.

PC: (belch)

LRH: Run-down. What have you got there?

PC: (grunt)

LRH: Let's contact that again.

PC: Whats wrong....

LRH: Roll it again.

PC: Whats wrong? You're....

LRH: Complete with somatic, lets roll it again.

PC: What's wrong? You're not your old self these days. What's bothering you lately ? You're not the same girl you were a few months ago.

LRH: Okay.

PC: Those aren't the words but it's something similar.

LRH: That's all right. Run the concept that you want, honey.

PC: You're not yourself these days. (Oh, that's a nice one.)

LRH: Continue.

PC: Oh, I don't know. I'm just not feeling right. I don't know what's wrong with me. Oh, you're probably just a little run down after all the excitement of the wedding.

LRH: Continue.

PC: You know, it was quite a strain. It all happened so suddenly. You were so busy beforehand, you had so much to do, and all the excitement and everything. This is probably just the reaction from it. (pause)

LRH: Continue. (pause) Lets contact the beginning of it, and see if we can pick up the somatic on the beginning of it now. Lets roll it, honey.

PC: (long pause) I don't know who's talking to her.

LRH: Hm?

PC: I have no idea who is talking to her yet.

LRH: Okay. Lets start at the beginning and just roll what you've got there, honey.

PC: What's bothering you lately?

LRH: Hm?

PC: What's bothering you lately anyway? You just don't seem to be yourself these days.

LRH: Continue.

PC: You're not as cheerful. You seem to have lost something. (Oh, that's a nice one too.)

LRH: Hm-hm.

PC: You seem to have lost something. Is anything wrong?

LRH: Continue.

PC: You're not the same as in the old days.

LRH: Continue.

PC: Something is missing

LRH: Continue.

PC: (exhales)

LRH: Continue. Something is missing. Go over that again.

PC: (whispers) Something is missing.

LRH: Youseem to have lost something, something is missing. Go over that again.

PC: You seem to hare lost something, something is missing.

LRH: Continue.

PC: A certain part of you is missing.

LRH: What?

PC: A certain part of you seems to be missing. You're lost your pep. (Very true.)

LRH: Continue.

PC: You seem to hare lost all your pep, and all your good nature. Oh, I don't know, I don't know what's bothering me. I'm just not feeling right these days.

LRH: Continue. Just not what?

PC: I'm just not feeling right these days.

LRH: Okay. Continue.

PC: Oh, I've got a million of them. (sigh)

LRH: Let's run this basic engram.

PC: (deep breath, breath catches momentarily)

LRH: Continue.

PC: (sigh) I'm just not feeling right these days.

LRH: Continue.

PC: I'm not myself. I don't know what's wrong.

LRH: Continue.

PC: (inhales then belches) Pardon me.

LRH: Continue.

PC: (pause)Oh, you're probably just a little run-down.

LRH: Continue.

PC: Hm, just a little run-down. You're probably feeling the aftereffects of the wedding and all the excitement. It all happened very fast, you know.

LRH: Continue. (pause) Continue.

PC: I'm getting something about the first few weeks of marriage. You know, terrible strain.

LRH: Continue.

PC: Something comparable.

LRH: Okay. Keep rolling.

PC: I'm not getting the exact words. Somebody's giving some very so-called mature advice of, I've been all through it, I know. That's the impression I get.

LRH: I've been all through it, I know.

PC: (laughs) I've been all through it, I know. You don't have to tell me, I know. (I'd lose to know who the hell this is.)

LRH: Run over it again.

PC: You don't have to be afraid to tell me, dear, I know. Or, You don't have to keep anything from me, dear, I know what's happening. You don't have to be ashamed, dear, or afraid to tell me.

LRH: All right. Lets contact the beginning of the engram and roll it again. Let's contact the beginning of the engram. Lets contact the first somatic on this line.

PC: (long pause) I can't get the first words.

LRH: When I count from one to five, they'll flash into your mind. One-two-threefour-five(snap./).

PC: What's botheringyou lately? I've been wanting to talk to you about this for some time. I've been watching you and you're not the same. Is anything wrong? She's saying, What do you mean? Oh, I've noticed it. You don't seem to be happy. You seem to have lost a lot of your spirit and vitality. (pause; deep sigh)

LRH: Continue. (pause) Continue.

PC: You're just not the same girl I used to know.

LRH: Run over that again.

PC: You're just not the same girl I used to know.

LRH: Continue.

PC: You're just not the same girl I used to know.

LRH: Continue.

PC: What happened to you? You know you can tell me. I've certainly had enough experience. (Who is this?) (exhales)

LRH: Let's go over it again. Let's contact the first part of it. Now thereb an earlier somatic on that. Lets get the somatic, honey. Let's contact the somatic. I know it says you're run-down. Run that phrase over a few times. Run-down. Run-down.

PC: Run-down.

LRH: Run-down.

PC: Run-down. Run-down.

LRH: Run-down.

PC: Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. (belches) Pardon me. Is that it?

LRH: Go over it again. Run-down.

PC: Run-down. Run-down. Run-down. (belches) Heh. Run-down. Run-down. Run-down. Run-down. (inhales, belches) Well, there's something there!

LRH: All right. Let's roll it with Run-down.

PC: Run-down. Run-down. Run-down. Run-down. Run-down. (inhales, belches) Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. Run-down.

LRH: Contact the somatic with it.

PC: Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. Run-down. Run-down.

LRH: What's the full phrase?

PC: You must be run-down.

LRH: What?

PC: You must be run-down.

LRH: Go over it again.

PC: You must be run-down.

LRH: Contact it again.

PC: You must be run-down.

LRH: Contact the somatic with it. Go over it again.

PC: You must be run-down. (breathes) You're probably just a little run-down.

LRH: Which is it?

PC: (inhales, belches)

LRH: Which one is it? You must be run-down, or You're just a little run-down?

PC: You're probably run-down. You're probably run-down.And if you think I'm sure, I'm not. I'm not sure of anything today.

LRH: Go over I'm probably run-down.

PC: I'm probably run-down.

LRH: Contact the somatic.

PC: I'm probably run-down. I'm probably run-down. (yawns) I'm probably run-down.

LRH: There we are. Go over that again. I'm probably run-down.

PC: I'm probably run-down. I'm probably run-down. (belch)

LRH: Go over it again.

PC: I'm probably run-down. I'm probably run-down. I'm probably run-down. (deep breath) Ooh, that's it.

LRH: Okay. Go over it again. Lets get the sonic on this now.

PC: Ron, have I got a sonic shut-off?

LRH: Run-down.

PC: I'm probably run-down. I'm probably run-down. (yawns) I'm probably run-down. I'm probably run-down. I'm probably run-down. I'm probably run-down. (ends in a whisper, inhales, belches)

LRH: Continue.

PC: I'm probably run-down.

LRH: Contact it with That somatic.

PC: I'm probably run-down.

LRH: Good, lets contact it.

PC: I feel nice and squeamish right in here.

LRH: All right.

PC: Probably run-down. I'm probably run-down. I'm probably run-down. I'm probably run-down. (inhales, belches)

LRH: All right. Lets go over that again. I'm probably run-down.

PC: I'm probably run-down.

LRH: Contact it closely. Somatic and sonic.

PC: I'm probably run-down. I'm probably run-down. I'm probably run-down. Oh, I don't know— I'm getting these words: I don't know, everything seems to be wrong.

LRH: Run over that again.

PC: I don't know, everything seems to be wrong.

LRH: Go over it again.

PC: Everything seems to be wrong. I don't know, everything seems to be wrong. I must be run-down.

LRH: What?

PC: I must be run-down are the next words.

LRH: Okay. Lets go over that.

PC: Oh, I don't know, everything seems to be wrong. I must be run-down. (inhales, belches)

LRH: Go over That'sequence again.

PC: Oh, I don't know, everything seems to be wrong. Oh, I don't know, everything seems to be wrong. I must be run-down. After all the excitement of the wedding and everything It isn't easy. I get the words It isn't easy.

LRH: What?

PC: I get the words. It isn't easy.

LRH: It what?

PC: It isn't easy

LRH: Go over that.

PC: It isn't easy

LRH: Go over it again.

PC: It isn't easy

LRH: Go over it again.

PC: It isn't easy

LRH: Go over it again.

PC: It isn't easy. It isn't easy. It isn't easy.

LRH: Contact the somatic for this.

PC: It isn't easy. It isn't easy. It isn't easy. It isn't easy. It isn't easy. (exhales) It isn't easy. I've got the somatic.

LRH: Okay, let's go over it.

PC: I've got a sharp pain right here, in back of my leg, my thigh.

LRH: Okay. Let's go over it now.

PC: It isn't easy. It isn't easy. It isn't easy.

LRH: What comes in sequence to that?

PC: (pause) A whole new life.

LRH: Hm?

PC: I've got the impression here That she's saying something about. .. she's not using the word adjustment, but she's referring to marital adjustment in her own particular way. I can't get her words. I get the words It isn't easy.

LRH: Who is she talking to?

PC: You know it isn't easy.

LRH: Who is she talking to?

PC: I've got the impression That'she's talking to an older married cousin.

LRH: All right. Let's begin at the beginning of the engram and roll it.

PC: (murmur)

LRH: Burps and all.

PC: (grunts, exhales)

LRH: Let's roll it.

PC: I'm having difficulty getting the first words.

LRH: Let's roll it. (pause) Contact those first words. The somatic stripe right there. You know what they are.

PC: (inhales, belches, exhales)

LRH: That's what they are.

PC: Apparently.

LRH: All right. Let's go over this. Contact the sonic on that belch.

PC: (pause) No sonic.

LRH: All right, let's run it.

PC: (breathing heavily)

LRH: Is this the first engram of the series?

PC: I don't know.

LRH: If there's an earlier run-down we will go to it. The somatic strip can find any earlier run-down that is there.

PC: I don't think there is one.

LRH: All right. Lets roll this engram then. First part of it.

PC: What's wrong withyou anyway?

LRH: Continue.

PC: You're not yourself. You're not the same girl I used to know. I've been watching you.

LRH: All right. Now your somatic strip will go to the exact moment that makes you play this off the line here. The exact moment why you're not running this on the same line that its on.

PC: What do you mean?

LRH: All right. What's the statement there that's holding you off from this engram?

PC: (pause) I don't know what you're talking about.

LRH: Huh?

PC: I don't know what you're talking about.

LRH: Go over that again.

PC: I don't know what you're talking about.

LRH: Go over it again.

PC: I don't know what you're talking about.

LRH: Go over it again.

PC: I don't know what you're talking about.

LRH: Is that in the engram?

PC: Yes.

LRH: All right. Let's roll it again.

PC: I don't know what you're talking about.

LRH: Roll it again.

PC: I don't know what you're talking about.

LRH: Lets contact it very solidly now. Lets go over it again. Contact the somatic on this and go over it again.

PC: (inhales, belches)

LRH: Attagirl. Now lets get those two things simultaneously. Lets go over it again.

PC: (belches, exhales)

LRH: Contact it now. What's she saying?

PC: What's wrong with you lately Nan? I've been watching you. Wanting to talk to you about it the first chance I got.

LRH: Continue.

PC: Somethings wrong. You're just not yourself. You're not the same girl I used to know. You've lost something. There's a certain something missing.

LRH: Continue.

PC: You don't seem to laugh as much. Haven't got the same spirit, the same good nature.

LRH: Continue.

PC: Somethings bothering you You can tell me. Maybe I can help.

LRH: Continue.

PC: (pause) I'm almost sure, I think I am sure, of who she's talking to.

LRH: Almost sure of what?

PC: Of the person to whom she's speaking.

LRH: Okay. What is it?

PC: To Cousin Eva.

LRH: All right. Lets roll it.

PC: You can tell me. Maybe I can help.

LRH: Continue.

PC: She's saying, I don't know what you're talking about. And my cousin Eva's saying, You don't have to be afraid of me.

LRH: Continue.

PC: You can tell me. Maybe there's something I can do to help you.

LRH: Continue.

PC: Oh, I don't know, everything seems to be wrong. I'm just not myself these days. (belch) I'm probably run-down. It's probably only the effects of the wedding, and all the excitement. (pause; breathes) I guess I don't have to tell you it isn't easy.

LRH: Continue.

PC: It isn't easy, and I cannot get the next words.

LRH: When I count to five they'll flash into your mind. One-two-three-four-five.

PC: I guess I don't have to tell you it isn't easy. It isn't easy to. ..

LRH: One-two-three-four-five. It isn't easy. Now give me the next words. (pause) Next words.

PC: to set up a whole new life with a total stranger.

LRH: Go over that again.

PC: (Poor Daddy was a total stranger.) It's all so different. I have to get used to it.

LRH: Continue.

PC: I have to get used to it.

LRH: It doesn't matter whether you get it right or not. Lets roll it.

PC: (murmurs) It isn't easy. It isn't easy.

LRH: It isn't easy to what?

PC: (murmurs) It isn't easy. It isn't easy. It isn't easy.

LRH: Get the somatic with It isn't easy.

PC: It isn't easy. It isn't easy. It isn't easy. (inhales, belches) Gosh, it happens everywhere, doesn't it. It isn't easy to get used to living with a man.

LRH: Hm. Go over that again.

PC: It isn't easy to get used to living with a man whom you never knew before. It isn't easy to get used to living with a man, period. If you know what I mean, flush, flush, flush.

LRH: Go over that again.

PC: It isn't easy to get used to living with a man.

LRH: What?

PC: It isn't easy to get used to living with a man.

LRH: Okay. What's the next line?

PC: If you know what I mean.

LRH: Okay. Next line.

PC: Poor mother, she's very embarrassed by this time.

LRH: Continue.

PC: I get the perceptics pretty well.

LRH: Okay. Keep going.

PC: What's the matter, don't you like it?

LRH: Is she'sick at this point?

PC: She probably is.

LRH: What?

PC: Probably nauseous.

LRH: All right. Lets go to the point where she'says she is.

PC: (pause) She's saying, I don't enjoy it at all.

LRH: Go over that again.

PC: Talking about sex, I don't enjoy it at all.

LRH: What else is she saying?

PC: (inhales, belches) Well, I. . .

LRH: What does she'say?

PC: I . . I don't enjoy it at all.

LRH: Next line.

PC: I don't enjoy it at all. I can't see. .. something. I don't enjoy it at all. This is probably important to note—I can't get any further than the words I can't see.

LRH: All right. I can't see. (snaps fingers) Next line. Go over the line It makes me sick. Let's see if its there.

PC: It makes me sick

LRH: It makes me nauseated.

PC: It makes me....

LRH: To talk about it.

PC: (inhales, belches)

LRH: Go over that line. It makes me nauseated.

PC: It nauseates me

LRH: What?

PC: It nauseates me

LRH: All right. Go over that.

PC: It nauseates me just to think about it.

LRH: Okay. Let's go over that again.

PC: It nauseates me just to think about it.

LRH: Okay. Lets go over it again.

PC: It nauseates me just to think about it.

LRH: Go over it again.

PC: It nauseates me just to think about it. It nauseates me just to think about it.

LRH: Next line.

PC: I don't like it. I get that definitely.

LRH: What?

PC: I definitely get the words I don't like it.

LRH: Uh-huh.

PC: I can't see. I can't see what there is to it, or....

LRH: It makes me squirm. Go over that.

PC: Makes me squirm? (laughs) It makes me squirm.

LRH: I feel squeamish.

PC: I can't talk about it.

LRH: Run over that again.

PC: I can't talk about it.

LRH: Go over it again.

PC: I can't talk about it.

LRH: All right. Squeamish.

PC: Squeamish. Squeamish. Squeamish. It makes me feel squeamish. I feel squeamish just talking about it.

LRH: Okay. Go over that again.

PC: I feel squeamish just talking about it.

LRH: Go over it again.

PC: I feel squeamish just talking about it.

LRH: What's your somatic on this?

PC: None—outside of that little discomfort right here which has persisted.

LRH: 'Cause what?

PC: I have this persistent discomfort right here.

LRH: In your chest. Okay.

PC: On the edge of nausea.

LRH: Uh-huh. And whatb she saying about nausea?

PC: I think it's nauseating.

LRH: Run over that.

PC: I think it 's nauseating.

LRH: Go over it again.

PC: I think it's nauseating. I think it's nauseating.

LRH: Go on over that again.

PC: I think it's nauseating.

LRH: Go over it again.

PC: I think it 's nauseating.

LRH: Go over it again.

PC: I think it's nauseating. (inhales, belches)

LRH: Go over it again.

PC: (giggles) I think it's nauseating.

LRH: Go over it again.

PC: I think it's nauseating.

LRH: Go over it again.

PC: I think it's nauseating.

LRH: Contact That'somatic now.

PC: (inhales, belches, exhales)

LRH: Go over it again.

PC: I think it's nauseating.

LRH: Go over it again.

PC: I think it's nauseating.

LRH: Contact the moment she's speaking these words.

PC: I think it's absolutely nauseating. I think the whole thing is absolutely nauseating.

LRH: Let's go over that again.

PC: Oh, that's a beauty! Oh boy, I'd like to lay my hands on her!

LRH: Go over it again.

PC: I think the whole thing is absolutely nauseating. I think the whole thing is absolutely nauseating. You know, I'm getting a nice headache.

LRH: All right. Let's go over that again.

PC: I think the whole thing is absolutely nauseating.

LRH: Contact the words there. Get a sonic on it, honey.

PC: I think the whole thing is absolutely nauseating. I can't see what anyone sees in it.

LRH: What?

PC: I can't see what anyone sees in it.

LRH: Go over it again.

PC: I can't see what anyone sees in it. (Oh boy!)

LRH: Go over it again.

PC: {I. can't see what anyone sees in it.

LRH:- Go over it again.

PC: I can't see what anyone sees in it.

LRH: Go over it again.

PC: I can't see what anyone sees in it. It has to.... Let me see, there's some more here. I can't see what anyone sees in it. It seems to me you'd have to be pretty low down.

LRH: Go over that again.

PC: (laughs) It seems to me you'd have to be pretty low down to enjoy anything like that.

LRH: Go on over it again.

PC: It's not for me. (Oh boy./)

LRH: Go over that again.

PC: It seems to me a person would have to be pretty low down to enjoy a thing like that. It's not for me. I know one thing, it's not for me.

LRH: Run over that again.

PC: (inhales, belches)

LRH: Contact it, there.

PC: (slight groan)

LRH: Go on, roll it.

PC: (inhales, belches, exhales)

LRH: Go on.

PC: (grunts, sigh) I think it's pretty nauseating. To me it's all very nauseating. I don't want any part of it. It seems to me that you'd have to be pretty low down to enjoy a thing like that.

LRH: Continue.

PC: (pause) I just can't see it. I can't see it two cents' worth.

LRH: Go over that again.

PC: I just can't see it. I can't see it two cents' worth.

LRH: Continue.

PC: Theres nothing to it (inhales, belches)

LRH: Go over that again.

PC: Theres nothing to it (pause)

LRH: The file clerk will go to the earliest reason why you're having these belches now. The file clerk will go to the earliest reason you're having these belches.

PC: (pause; inhales, belches)

LRH: The earliest reason now why we're having these belches. (pause) Earliest reason we're having these belches. (pause) Lets contact it. (pause) Earliest reason.

PC: Nothing's happening.

LRH: The somatic strip will go to the earliest reason we're having these belches. Nothing happens, go over that again.

PC: Nothing's happening.

LRH: Go over it again.

PC: Nothing's happening.

LRH: Early. Go over it again.

PC: Nothing's happening. (inhales, belches)

LRH: Go over it again.

PC: Nothing's happening.

LRH: Go over it again.

PC: Nothing's happening.

LRH: Go over it again.

PC: Nothing's happening.

LRH: Go over it again.

PC: Nothing's happening.

LRH: What's the rest of it?

PC: (small sigh)

LRH: Nothing's happening.

PC: I just feel sick. (inhales, belches)

LRH: Contact the somatic.

PC: Nothing's happening. I just feel sick. If I could only get it out.

LRH: Go on over that again.

PC: Nothing's happening. I feel so sick. If I could only get it out.

LRH: Let's roll it again.

PC: (inhales, belches) I feel so sick. If I could only get it out.

LRH: What comes after that?

PC: This has really—ooh!

LRH: Hm?

PC: This has really turned the somatic fully on. I feel Very sick and I'm Violently ill.

LRH: Go on. I'm violently ill.

PC: I'm violently ill.

LRH: Let's go to the moment where Papa feels sorry for her.

PC: Nothing's happening. I....

LRH: Go on, what does Papa say when he feels sorry for her?

PC: Gee, I don't know what to do.

LRH: Go over that again.

PC: I wish there was something I could do to help you.

LRH: Go over that again.

PC: I feel so helpless.

LRH: I'll hold your head. Go over it again. (pause) Is that it?

PC: can I hold your head ? Do you want me to hold your head? No, I don't.

LRH: Who said, Hold it down, (pause) honey?

PC: Hm?

LRH: Who says, Hold it down? (pause) Hm?

PC: Try to hold it

LRH: Go over it again.

PC: Try to hold it

LRH: Who's talking to her?

PC: My grandmother.

LRH: Okay. Let's go over that again. Our ally. Okay. Let's go over that. Try to hold it down.

PC: Try to hold it....

LRH: Let's try to hold it down. Come on, now.

PC: (small sigh)

LRH: Roll the line. Contact it there. Try to hold it down.

PC: Try to hold it down.

LRH: Get a sonic on it, honey. Try to hold it down.

PC: She might not be saying this in English.

LRH: Oh. What would she be saying it in?

PC: She might be saying it in Yiddish.

LRH: Lets pick up the sonic on it.

PC: (pause; murmur)

LRH: Come on. You don't have to think about the subject of Yiddish. Lets just repeat the syllables you get. Only the syllables you get. (pause) When I count to five, these syllables will flash into your mind right there. One-two-three-four-five (snap!).

PC: Has dis plee. Keep it in.

LRH: Go on over it again.

PC: Has dis plee. I think those are the words I'm getting. That's actually what I'm getting.

LRH: All right. Roll it.

PC: Has dis plee.

LRH: Go over it again.

PC: Has dis plee.

LRH: Go over it again.

PC: And she's saying, Please try. Has dis plee.

LRH: Go over it again.

PC: Half and half.

LRH: Is that what it is?

PC: It's half English and half Yiddish.

LRH: What is it again?

PC: Try. Has dis plee.

LRH: Now what does your mother say?

PC: I'd feel much better if I could get rid of it.

LRH: Go over that again.

PC: I'd feel much better if I could get rid of it.

LRH: Go over it again, dear.

PC: I'd feel much better if I could....

LRH: Now what does Grandma say?

PC: Please try. Has dis plee. (murmurs a phrase in Yiddish)

LRH: What?

PC: Wait a minute, this is Yiddish. (murmurs sentence in Ylddish) Maybe you can hang on to it.

LRH: Go over that again.

PC: (gives same phrase haltingly in Yiddish) This is not coming easily. (repeats sentence in Yiddish)

LRH: When does Grandma agree to let it go?

PC: I don't know if she does or not.

LRH: Come on.

PC: (small sigh; pause)

LRH: All right, honey.

PC: (sigh)

LRH: How old are you?

PC: Fiue. (laugh)

LRH: What?

PC: Fiue.

LRH: Five what? (pause) Go on, five what?

PC: Fine days.

LRH: All right, honey. Just run it from the beginning there. Contact the beginning of it, and run it on through.

PC: (pause) I feel fine, I lost the somatic.

LRH: All right. Pick up Let it come up then.

PC: (inhales, belches)

LRH: Let it come up then. (pause) What language is it in?

PC: The belch? (laugh)

LRH: That Let it come up then.

PC: (inhales, belches)

LRH: Sounds like what?

PC: (giggle)

LRH: That's a push button, isn't it, honey?

PC: Yeah.

LRH: Let it come up then. (pause) What language is it in?

PC: I don't know. It's probably in Yiddish.

LRH: Let it come up then. Let it come up then.

PC: (inhales, belches)

LRH: (chuckles) Okay.

PC: See what I mean. Oh.

LRH: Let it come up then. What's the Yiddish for that?

PC: That's where my trouble is, I don't know.

LRH: Don't know what?

PC: What the Yiddish is for it.

LRH: Ah, come on, repeat, Let it come up then.

PC: (belch)

LRH: Go over it again. (pause; snaps fingers twice)

PC: Oh, no, damn it.

LRH: Just repeat, Let it come up then.

PC: Let it come up then. Try to get it up.

LRH: Hm?

PC: Try to get it up

LRH: Go on over that again.

PC: Try to get it up then.

LRH: Is it in English? Let it come up then.

PC: (pause) Damn. I'm not contacting this.

LRH: All right. Let it come up then.

PC: Let it come up then. Let it come up then. (inhales, belches) Boy.

LRH: Go over it again. Let it come up then.

PC: Let it come up then. Let it come up then. Let it come up then.

LRH: Have you got a somatic again?

PC: Yes.

LRH: Where is it?

PC: Same place.

LRH: All right. Let's go over that. Let it come up then.

PC: Let it come up then. Let it come up then. Maybe it's someone saying, Maybe if you put your finger in the back of your throat.

LRH: All right. Go over that.

PC: (A helpful suggestion.) (breathes) Maybe if you put your finger way in the back of your throat you can bring it up.

LRH: Go over it again.

PC: Maybe if you put your finger way back in your throat you can bring it up. It'll come up.

LRH: Go over it again.

PC: You can make it come up.

LRH: Go over it again.

PC: Try putting your finger way d own in the back of your throat. Maybe you can make it come up that way. (pause) I get the voice of another cousin.

LRH: What is it?

PC: Elsa.

LRH: What?

PC: Cousin Elsa.

LRH: What's she saying?

PC: She's the one who's giving the advice about putting your finger down in back of your throat.

LRH: Giving you the advice?

PC: My mother.

LRH: Yah. And what else does she'say?

PC: That ought to make it come up That ought to help you. And my grandmother is a little dismayed at this and she's saying, Well, this way she might as well get rid of it.

LRH: Go over it again.

PC: Listen, if she feels so badly she might as well get rid of it. You don't want her to feel miserable. You don't want her to go on feeling this way, do you? You want to help her to feel better, don't you?

LRH: Continue.

PC: Then you have to help her get rid of it. (Ooh—delightful./)

LRH: Go over that again.

PC: (sigh) You want the last sentence?

LRH: Yes.

PC: You want to help her feel better, don't you? You see she's miserable this way. If getting rid of it is going to make her feel better, that's the answer.

LRH: Okay.

PC: You should help her. You shouldn't feel badly about her throwing it up. (inhales, belches, exhales)

LRH: Go over that again.

PC: Yeah, that's the answer to feeling good, isn't it?

LRH: Yeah.

PC: Isn't that nice.

LRH: Go over it again.

PC: (small sigh) (Oddball computations.) Look, she's so miserable. You don't want her to go on feeling this way, do you? We're trying to help her. If she's going to feel better by getting rid of it, then the faster the better—the sooner the better.

LRH: Okay.

PC: It's the only sensible thing to do. (Isn't that nice.)

LRH: Go over it again.

PC: It's the only sensible thing to do.

LRH: Continue. (pause) Go over it.

PC: It's the only sensible thing to do. (pause) Go ahead, put your finger down the back of your throat. That's right.

LRH: Does the word pregnant appear in here?

PC: (pause) My grandmother is saying in Yiddish, Perhaps she's pregnant.

LRH: What?

PC: She's saying it with a grin, she's not nice. (laugh) Isn't it funny, I get these perceptics. Perhaps she's pregnant. Maybe she's pregnant. She's saying it as though she's kind of hopeful.

LRH: Yah? And whatb the answer?

PC: (pause) That would be nice. I don't know what the answer to that is. I don't seem to be able to pick up the next words.

LRH: Why?

PC: Oh, that would Just kill me.

LRH: Hm?

PC: Thats all I need. That would just kill me.

LRH: What?

PC: Those are the words.

LRH: Oh. That's all I need. Okay.

PC: (belches) Those aren't the exact words, but it's something to that effect.

LRH: All right. Go over it again.

PC: Yeah. That's all I need now. That would be the end of me.

LRH: Go over that again.

PC: That's all I need now. That would be the end of me.

LRH: Continue.

PC: My God, I never thought of that. Somebody's saying they never thought of that.

LRH: Okay. Continue.

PC: (sigh) How come I never thought of that?

LRH: Continue.

PC: Oh, but it's too early to tell.

LRH: What?

PC: It's too early to tell.

LRH: Go over that again.

PC: It's too early to tell.

LRH: Go over that again.

PC: It's too early to tell.

LRH: Go over it again.

PC: It's much too early to tell.

LRH: Continue. Next line.

PC: (pause)What would you do if you were? That's Cousin Elsa. What would you do if you were pregnant? (belches)

LRH: Continue.

PC: (inhales, belches)

LRH: Continue.

PC: What would you do if you were pregnant?

LRH: Continue.

PC: (small sigh) What the hell is she saying? What would you do if you were pregnant anyway? (pause) Oh, please, don't even talk to me about it.

LRH: Go on over it again.

PC: Oh, please, don't even talk to me about it.

LRH: Continue.

PC: (pause) I don't even want to entertain the thought.

LRH: Continue. (pause) Next line. (pause) Continue.

PC: (inhales, belches)

LRH: Next line.

PC: (grunt)

LRH: When I count from one to five, it will flash into your mind. One-two-threefour-five (snap!).

PC: (whimper)

LRH: Continue.

PC: I wouldn't want to entertain.... Oh, please don't even mention it.

LRH: How long does this engram run?

PC: Your guess is as good as mine.

LRH: How are your somatics?

PC: All right.

LRH: Hm?

PC: So-so.

LRH: They're so-so.

PC: Yah.

LRH: What do you mean so-so?

PC: Well, I think that the nausea has diminished. The edge has come off of it.

LRH: All right. Next time you come back to this will you know about it?

PC: Oh God, I hope so.

LRH: You hope so?

PC: Yeah.

LRH: Youwill know about it?

PC: I want to know about it.

LRH: What are the first words of it?

PC: (pause) If only I could get it out I'd feel better. Nothing is happening.

LRH: Go over that again.

PC: Nothing is happening.

LRH: Continue.

PC: Nothing is happening. If only I could get rid of it I'd feel better. (inhales, belches)

LRH: Continue. Can you pick up the compression somatic on that? Let's go back over that again. Lets see if we can pick up the compression somatic. Nothing is happening.

PC: (murmurs) If only I could bring it up. I'd feel so much better.

LRH: Lets go over that again.

PC: Nothing is happening. Nothing is happening. If only I could bring it up, I'd feel so much better.

LRH: Can you contact sonic on that?

PC: No, not really.

LRH: All right. Can we contact the somatic on it?

PC: I'm experiencing the full force of the nausea.

LRH: You're experiencing Mama's somatics, in other words.

PC: That's right.

LRH: Doyou ever experience your own somatics?

PC: I think so.

LRH: Have you ever felt an all-over pressure?

PC: No.

LRH: Never have, huh?

PC: And I've belched like crazy through a great many engrams.

LRH: All right. Let's run the line. That baby is a partofyou.

PC: That baby is a part of you. That baby is a part of you. That baby is a part of you. That baby is a part of you.

LRH: What paraphrase on this would appear?

PC: Can't get rid of it. (inhale, belch) This is somebody trying to....

LRH: Trying to what?

PC: Trying to interrupt an AA.

LRH: And what is it? (pause) Can't get rid of it? Go on.

PC: Can't get rid of it. It's a part of you. It would be getting....

LRH: What?

PC: It's a part of you.

LRH: Go over it again.

PC: It would be like getting rid of part of yourself.

LRH: All right. Let's go over that again.

PC: (inhales, belches)

LRH: Contact it again.

PC: (grunts)

LRH: What's the somatic?

PC: I still have the nausea.

LRH: What?

PC: I still have the nausea.

LRH: Nausea.

PC: Hm-hm.

LRH: Okay. Let's roll it again. That baby's a part of you.

PC: That baby's a part of you.

LRH: Go over it again.

PC: That baby's a part of you.

LRH: Go over it again.

PC: That baby's a part of you.

LRH: Go over it again.

PC: That baby's a part of you.

LRH: Go over it again.

PC: Have you no feelings ?

LRH: Go on over that again.

PC: Have you no feelings? That baby's a part of you. How can you do such a thing? Have you no feelings? That baby's a part of you. (inhales, belches)

LRH: Go on. How can you do such a thing?

PC: How can you do such a thing? Have you no feelings? That baby is a part of you.

LRH: Let's go over that again.

PC: Have you no feelings? That baby's a part of you.

LRH: Let's go over it again.

PC: Have you no feelings? That baby's a part of you.

LRH: Go over it again.

PC: Have you no feelings? That baby is a part of you.

LRH: Go over it again. Get a sonic on it.

PC: (belches) Excuse me!

LRH: Get a sonic on it.

PC: Listen, there's a john in here, isn't there, in case I vomit?

LRH: Yes.

PC: Okay, I hope it won't come. (laughs)

LRH: Go over it again.

PC: (pause) I'm feeling terribly sick.

LRH: What?

PC: I'm feeling pretty sick. I'll try running it again.

LRH: That babyb a part of you.

PC: That baby's a part of you.

LRH: I'm feeling pretty sick. I'm sick of it.

PC: I'm sick of it

LRH: What's the phrase?

PC: You make me sick.

LRH: Go over it again.

PC: You make me sick.

LRH: Go over it again.

PC: You make me sick. For crying out loud, you make me sick. That baby's a part of you. (belch) Have you no feelings?

LRH: Continue.

PC: Where's your mother instinct?

LRH: Go over that again.

PC: Where's your mother instinct?

LRH: Have you got a somatic?

PC: No.

LRH: Go over it again.

PC: Where's your mother instinct?

LRH: Go over it again. That baby's a part of you.

PC: That baby's a part of you.

LRH: For crying out loud. (sound of knocking) Come in. (sound of a door opening) Okay. Leave your somatics on the time track and come up to present time.

PC: Hm-hm.

LRH: All the way up to present time.

PC: Hm-hm.

LRH: All the way.

PC: Yes.

LRH: Forward to present time.

PC: Yes.

LRH: Five, four, three, two, one.

PC: Hm-hm.

LRH: (snap! snap!) Canceled.

PC: Thank you.

Session, 9 June 1950

PC: I still have all the symptoms. I mean the diarrhea's just as bad but no vomiting this morning. There was a little nausea but it passed.

LRH: No vomiting.

PC: No vomiting. Didn't eat much, I had very little for breakfast.

LRH: Come up to present time.

PC: Hm?

LRH: How old are you?

PC: 28.

LRH: Okay. Put your glasses down. Close your eyes. Any time in the future that I say to you the word canceled, it will cancel what I have said to you while you are lying there on the bed with your eyes closed in reverie. Now that's understood, isn't it?

PC: Hm-hm.

LRH: Okay. Now I want a flash reply. In regard to the initial cause of this colitis condition, diarrhea, I want you to tell me the age of that cause. How old were you when that cause occurred? How old were you when the cause occurred?

PC: 5.

LRH: What's the date? Give me the date. The first date that flashes into your mind.

PC: '27. I figured it out, though.

LRH: No, give me the day.

PC: The day?

LRH: Yah, day. Come on, flash.

PC: Thursday.

LRH: And month. Flash.

PC: April.

LRH: And what year?

PC: '27.

LRH: Okay. Lets contact it, honey. Lets contact it. Thursday, April, 1927. On a Thursday in April, a Thursday in April. (pause) You can return to it. Now, we're going to start with the personnel present there. Give me a yes or no on each of the following, on a flash answer basis: Mother.

PC: Yes.

LRH: Grandmother.

PC: No.

LRH: Grandfather.

PC: No.

LRH: Father.

PC: No.

LRH: Doctor.

PC: No.

LRH: Is your mother alone?

PC: Apparently.

LRH: With you?

PC: Well, I can give to you a flash answer, but I'm not getting any impressions.

LRH: Okay. Did you almost die?

PC: No.

LRH: What happened to you? (pause) When I count to five, you will tell me all about it. One-two-three-four-five (snap!). (pause) Now the phrase out of the engram will flash into your mind. One-two-three-four-five (snap!).

PC: I feel so weak.

LRH: Go over that again.

PC: It's taking all the good out of me.

LRH: Go over that again.

PC: I feel so weak. It's taking all the good out of me.

LRH: Go over it again.

PC: I feel so weak. It's taking all the good out of me.

LRH: Go over it again.

PC: I feel so weak

LRH: Go over it again.

PC: I feel so weak. It's taking all the good out of me.

LRH: Contact it. (pause) Go over it again.

PC: I feel so weak. It's taking all the good out of me.

LRH: Go over it again.

PC: I feel so weak. It's taking all the good out of me.

LRH: Go over it again.

PC: I feel so weak. It's taking all the good out of me.

LRH: Go over it again.

PC: I feel so weak. It's taking all the good out of me.

LRH: Go over it again.

PC: I feel so weak. It's taking all the good out of me.

LRH: Contact the incident. (pause) Does your mother look sad, or is it your mother talking?

PC: I think it's my mother talking.

LRH: What's your mother suffering from?

PC: Piles.

LRH: Piles. What's she'sick with, piles?

PC: Apparently.

LRH: What are you sick with, there?

PC: I think That'she's sick. I'm not the one who's sick.

LRH: All right. Let's contact the incident. How does she look when she's saying that?

PC: (pause) No visio.

LRH: What room are you in?

PC: The bathroom.

LRH: The bathroom. What's the visio? What's happening to you?

PC: It seems to me I'm in the bathroom with my mother and she's having a hard time of it.

LRH: What's she saying?

PC: (pause) I feel so weak. It's taking all the good out of me.

LRH: What else does she'say?

PC: I don't like to see all that blood.

LRH: Next line.

PC: How much longer can I go on this way?

LRH: Next line. Just keep rolling right on through, honey. (pause) Go over the last line again, How much longer can I go on this way?

PC: How much longer can I go on this way?

LRH: Go over it again.

PC: (belches) Oh. (laughs) How much longer can I go on this way?

LRH: Go over it again.

PC: How much longer can I go on.... (tearful voice) How much longer can I go on this way?

LRH: Next line.

PC: Nothing seems to help.

LRH: Go over that. Nothing seems to help.

PC: Nothing seems to help.

LRH: Next line.

PC: (pause) I just got a flash impression here That'she could also be referring to her pregnancy. My brother was born in May.

LRH: Okay. Continue.

PC: I wasn't that young really.

LRH: Keep rolling. What was the last line we ran?

PC: Nothing seems to help.

LRH: Continue.

PC: Nothing seems to help. (pause)

LRH: How much longer can I go on this way?

PC: How much longer can I go on this way?

LRH: That thing has sure got aberrative value!

PC: You're not kidding.

LRH: Roll it.

PC: How much longer can I go on this way?

LRH: Get a sonic on it

PC: I can't pick up the sonic. How much longer can I go on this way?

LRH: Continue. Repeat, How much longer can I go on this way? right down into the basic fundamental moment that the thing is uttered. The first time it appears. How much longer can I go on this way?

PC: How much longer can I go on this way?

LRH: Earlier.

PC: How much longer can I go on this way?

LRH: Earlier.

PC: How much longer can Igo on this way?

LRH: Earlier.

PC: (belch, chuckle) How much longer can Igo on this way? How much longer can Igo on this way? It doesn't seem to end.

LRH: Go over that again.

PC: There's no end to it

LRH: Go over that again.

PC: (sigh) How much longer can Igo on this way? There's no end to it. (faint voice) How much longer can I go on this way? There's no end to it.

LRH: Continue.

PC: I don't seem to be getting better, I'm getting worse.

LRH: Go over that again.

PC: I don't seem to be getting better, I seem to be getting worse.

LRH: Okay.

PC: (inhale, belch)

LRH: Go over that again.

PC: I don't seem to be getting better, I seem to be getting worse.

LRH: Next line.

PC: (pause; sigh)

LRH: Continue. Next line.

PC: I'm not getting any words here.

LRH: What?

PC: Nothing's coming through.

LRH: All right. Go over that. Nothing's coming through.

PC: (laugh in voice) Nothing's coming through. (laugh) It's a dirty lie. Nothing's coming through. Nothing's coming through.

LRH: Next line.

PC: This is hopeless.

LRH: Continue.

PC: Iguess I'm a hopeless case. It looks like a hopeless case. Something about a hopeless case.

LRH: Go over the words hopeless case a couple of times.

PC: Hopeless case. Just a hopeless case. I'm just a hopeless case.

LRH: Go over it again.

PC: (inhale, belch) I'm just a hopeless case.

LRH: Next line.

PC: (yawns;pause) Now what?

LRH: All right. Lets return to the beginning of this particular sequence and roll it again. Your sonic can pick up the beginning of the sequence. Your motor strip can go right to the beginning of it.

PC: (pause; sigh) How much longer can I go on this way?

LRH: Continue.

PC: (sigh) How much longer can I go on this way?

LRH: Continue. (pause) Roll the next line.

PC: (pause) How much longer can Igo on this way?

LRH: Next line.

PC: There's no end to it.

LRH: Continue. Pick up the sonic on it.

PC: Theres no end to it

LRH: Next line.

PC: I can't take it much longer.

LRH: Go over that again.

PC: I can't take it much longer.

LRH: Go over it again.

PC: I can't take it much longer.

LRH: Go over it again.

PC: I can't take it much longer.

LRH: Go over it again.

PC: I can't take it much longer. I'm at the end of my rope.

LRH: Go over that again.

PC: I'm at the end of my rope

LRH: Continue.

PC: I don't know what to do next.

LRH: Go over that again.

PC: I don't know what to do next.

LRH: Go over it again.

PC: I don't know what to do next. (yawn)

LRH: Next line.

PC: It seems that nothing helps. Nothing helps.

LRH: Go over it again.

PC: Nothing helps. I've tried everything.

LRH: Go over it again.

PC: Nothing helps. I've tried everything.

LRH: Next line.

PC: Nothing helps. I've tried everything. (pause) Sometimes I wonder if there's any use in going on.

LRH: Go over that again.

PC: Sometimes I wonder why I bother to go on. (belch)

LRH: Go over it again.

PC: Sometimes I wonder why I bother to go on.

LRH: Next line.

PC: (yawn, moan; pause) I'm disgusted.

LRH: Continue.

PC: What's the use? (pause)

LRH: Go over it again.

PC: There's something about a time element here, I can't get the right words.

LRH: All right. When I count from one to five, they will flash in your mind. One-two-three-four-five (snap./).

PC: Something like It seems that this will never end, or This is going to go on forever.

LRH: All right, you will pick it up on the next run through. Continue.

PC: (yawn) I might as well give up.

LRH: Go on over that.

PC: I might as well give up

LRH: Go over it again.

PC: I might as well give up (yawn) I might as well give up.

LRH: Next line.

PC: I ue got a pain right here.

LRH: Got a pain right here.

PC: I've got a pain right here.

LRH: Go over it again.

PC: I Me got a pain right here.

LRH: Go over it again.

PC: Oh! (yawn) I'm miserable.

LRH: Continue.

PC: Everything happens to me

LRH: Go over it again.

PC: Everything happens to me

LRH: Go over it again.

PC: (inhales, belch) Everything happens to me.

LRH: Next line.

PC: If it isn't one thing it's another.

LRH: Go over that again.

PC: If it isn't one thing it's another.

LRH: Go over it again.

PC: If it isn't one thing it's another. If it isn't one damn thing it's another.

LRH: Continue. (pause) Continue.

PC: I'll be glad when this is all ouer.

LRH: Go on over that again.

PC: I'll be glad when this is all ouer.

LRH: Go over it again, dear.

PC: I'll be glad when this is all ouer.

LRH: Go over it again.

PC: And I won't have to suffer anymore.

LRH: Let's go over it again.

PC: I'll be glad when this is all over and I won't have to suffer anymore.

LRH: Okay. Let's go over it again.

PC: I'll be glad when this is all over and I don't have to suffer anymore.

LRH: Next line.

PC: (inhales, belches, sob, yawn)

LRH: Next line.

PC: (belch) Oh God, how much worse can I feel?

LRH: Go over it again.

PC: Oh God, how much worse can I feel?

LRH: Next line.

PC: I'm sick as a dog. I'm sick as a dog.

LRH: Next line.

PC: And I don't want to tell anyone.

LRH: Go over that again.

PC: I'm sick as a dog and I don't want to tell anyone.

LRH: Next line.

PC: I'm sick as a dog and I don't want to tell anyone. I'm sick as a dog and I don't want to tell anyone. (pause) They're always got to ask a million questions. It's none of their business. I'll just have to go through this by myself.

LRH: Go over that again.

PC: I'll just have to go through this by myself.

LRH: Go over it again.

PC: I'll just have to go through this by myself.

LRH: Continue.

PC: That's all I get.

LRH: Go over that again.

PC: That's all I get, you mean?

LRH: Hm?

PC: Just the words That's all I get?

LRH: Hm-hm.

PC: That's all I get.

LRH: Go over All I get.

PC: All I get. All I get. All I get. All I get. All I get are—all I get are questions.

LRH: What?

PC: Questions. I'm sick and tired....

LRH: Go over it again. I'm sick and tired.

PC: I'm sick and tired. I'm sick and tired of their prying. I'm sick and tired of being cross-examined. That isn't right, I'm sick and tired of all their questions.

LRH: Okay. Let's return to the beginning of the incident now. The first somatic in this incident. Your motor strip can go to the first somatic in this incident, first one. This particular incident, first somatic. When I count from one to five—you're right there now—when I count from one to five and snap my fingers you will tell me what the first phrase is, the real first phrase of this sequence. One-two-three-four-five (snap!) .

PC: I don't know.

LRH: What?

PC: I don't know.

LRH: Go over that.

PC: I don't know what to do.

LRH: Go over it again.

PC: I don't know, what's the use. I don't know, what's the use.

LRH: Go over it again.

PC: There's just no end to it. How much longer can this possibly go on?

LRH: Continue.

PC: I can't stand it much longer.

LRH: Continue.

PC: It's getting me down.

LRH: Uh-huh. Continue.

PC: (whispers) It's getting me down.

LRH: Continue. (pause) It's getting me down. Go over that again.

PC: It's getting me down. It's getting me down.

LRH: Go over it again.

PC: It's getting me down.

LRH: Go over it again.

PC: It's getting me down.

LRH: Go over it again.

PC: It's getting me down.

LRH: Go over it again.

PC: It's getting me down.

LRH: Next line.

PC: I can't take it much longer.

LRH: Go over that.

PC: I can't take it much longer.

LRH: Continue.

PC: I can't take much more of this I know that.

LRH: Go over that again.

PC: I know that I can't take much more of this.

LRH: Continue.

PC: It's taking all the good out of me.

LRH: Continue.

PC: Nothing seems to help. I've tried everything.

LRH: Continue.

PC: Instead of getting better I seem to be getting worse.

LRH: Continue. (pause) Go over that again.

PC: Instead of getting better I seem to be getting worse.

LRH: Go over it again.

PC: Instead of getting better I seem to be getting worse.

LRH: Okay. Next line.

PC: (very softly) Instead of getting better I seem to be getting worse. (pause) I'll be glad when this is over and I don't have to suffer anymore.

LRH: Continue.

PC: Everything happens to me. If it isn't one thing, it's another.

LRH: Continue.

PC: I can't tell anybody.

LRH: Continue.

PC: I can't tell anyone. They're asking too many questions over this. I'll just have to go through with this by myself. I'm sick and tired of the way they keep bothering me.

LRH: Continue. (pause) Go over that again.

PC: I Me got my hands full I guess. I've got my hands full.

LRH: Go over it again.

PC: I Me got my hands full

LRH: Go over it again.

PC: I Me got my hands full

LRH: Go over it again.

PC: I Me got my hands full

LRH: Continue. Next line.

PC: There is no next line. I'm not getting anything.

LRH: I'm not getting anything. Go over that.

PC: I'm not getting anything. I'm not getting anything.

LRH: What's the phrase?

PC: I'm not getting anything out of this but heartaches.

LRH: Okay. Go over it again.

PC: I'm not getting anything out of this but heartaches. All the way around. (grunts)

LRH: That's right. All the way around.

PC: Right.

LRH: Hah.

PC: Why didn't she'say in a circle? (pause) I'm not getting any other words there.

LRH: All right. Go over that. All I'm getting out of this.

PC: All I'm getting out of this is a lot of heartaches all the way around.

LRH: Let's go over it again.

PC: All I'm getting out of this is a lot of heartache all the way around.

LRH: Go over it again.

PC: All I'm getting out of this is a lot of heartache all the way around. (pause; inhales sharply, belch)

LRH: Go over it again, dear.

PC: All I'm getting out of this is a lot of heartache all the way around.

LRH: Next line.

PC: Everybody else is perfectly happy but I have to suffer. Oh, no.

LRH: Go over it again, dear.

PC: Everyone else is perfectly happy but I have to suffer.

LRH: Continue.

PC: They don't have to suffer so what do they care?

LRH: Continue.

PC: As long as they don't have to go through it, it doesn't make any difference to them. Why should they care?

LRH: Continue.

PC: It's a hard, cruel world. It's each man for himself.

LRH: Continue.

PC: I get the word selfish here. It certainly is a selfish world.

LRH: Go over that again.

PC: It certainly is a selfish world. Each man for himself.

LRH: Continue.

PC: Seems to be the end.

LRH: Okay, honey. Let's pick up that first line, or there may be something a little earlier on that. Let's see if we can't pick up a somatic with this this time as we run it on through.

PC: You know I don't hear these words. They come to me uery easily but I don't hear them.

LRH: Okay. That's all right. Let's not worry about it.

PC: All right. I just wanted you to know.

LRH: Well, you might as well know That'sometimes the basic mechanism of recording isn't good clearly defined words.

PC: Hm-hm.

LRH: Okay. Let's run it.

PC: (pause) I'm not getting anyplace.

LRH: Go over that again.

PC: I'm not getting anyplace.

LRH: Go over it again.

PC: I'm not getting anyplace.

LRH: What's her emotion as she'says these words?

PC: Frustration as though I'm stuck.

LRH: Huh?

PC: I feel as though I'm stuck.

LRH: Stuck with what? You mean stuck physically?

PC: Yeah, I just feel as though I'm not getting anyplace.

LRH: Well, go over it again.

PC: It makes me feel discouraged.

LRH: Let's go over those lines.

PC: I'm not getting anyplace. I'm not getting anyplace. I'm not getting anyplace. I'm not getting anyplace. I'm not getting anyplace.

LRH: Contact it. Go over it again.

PC: I'm not getting anyplace. (belch) Pardon me.

LRH: Go over it again.

PC: I'm not getting anyplace. (inhale, belch) I don't know what to do.

LRH: Go over it again.

PC: I'm not getting anyplace. I don't know what to do.

LRH: Go over it again.

PC: I'm not getting anyplace. I don't know what to do.

LRH: Go over it again.

PC: I'm not getting anyplace....

LRH: Contact it, contact That'somatic.

PC: (belch) I'm not getting anyplace. I don't know what to do.

LRH: Go over it again.

PC: How much worse can Ifeel?

LRH: Go over it again.

PC: I don't think there's anything that they can do for me, and I don't want to tell them. Oh, no! (groans)

LRH: All right, just keep rolling, honey.

PC: (whimper) Oh, I don't think there 's anything they can do to relieve me. I've tried everything and nothing seems to work. How much longer can this go on? I'm getting weaker and weaker. (Oh, this is a beauty.)

LRH: Continue.

PC: (deep breath)

LRH: Do we have another somatic? Is this another incident?

PC: No.

LRH: All right. Keep rolling, honey.

PC: I'm just picking up more words.

LRH: All right. Keep rolling.

PC: I'm getting weaker and weaker. Can't go on much longer. I can't take it much longer.

LRH: Continue.

PC: (inhales, belch) Instead of getting better, I'm getting worse.

LRH: Continue.

PC: It isn't fair for one person to suffer this way.

LRH: Continue.

PC: And I can't tell anyone about it.

LRH: Continue.

PC: They would only ask more questions. I'm sick and tired of all their questions. I'm sick and tired of all the questions they've been asking as it is.

LRH: Sick and tired of all the questions they've been asking as it is.

PC: I'm sick and tired of all the questions they've been asking as it is.

LRH: (imitates prying questioner) How do you feel today, Mrs. Rosenberg? Now let's see, do we have a little temperature? Now what happens to Mrs. Rosenberg? Go over that last line again.

PC: I'm sick and tired of all the questions they've been asking me.

LRH: Go over it again.

PC: I'm sick and tired of all these questions they 've been asking me. I wish they 'd leave me alone.

LRH: Uh-huh. Let's go over that again.

PC: I wish they'd leave me alone.

LRH: Go over it again.

PC: I. wish they'd leave me alone.

LRH: Continue.

PC: It's none of their business.

LRH: Continue.

PC: Can't keep anything to yourself around here.

LRH: Let's go over that.

PC: You can't keep anything to yourself around here.

LRH: Next line.

PC: That ought to develop easily.

LRH: Go over that again.

PC: You can't keep anything to yourself around here. All I hear are questions, questions, questions. They're dying to know if I'm pregnant. Oh! They're dying to know if I'm pregnant. And I'll be damned if I'll tell them yet. Oh, it's getting worse. (sobs)

LRH: Continue.

PC: They re dying to know if I'm pregnant (very softly) and I won't give them the satisfaction, it's none of their business. I'll be damned if I'll tell them. (pause) Let them find out when it's all over.

LRH: Go over it again.

PC: Let them find out when it's all over

LRH: Continue.

PC: I can't understand it.

LRH: Continue. I can't understand it.

PC: I. can't und erstand it.

LRH: I can't understand it.

PC: I can't understand it. Some women go completely through a pregnancy without anyone having the slightest notion about it. But around here they keep looking for signs. (pause) I'll keep it a secret if it's the last thing I do. I'll keep it a secret if it kills me.

LRH: What's that?

PC: Oh, no, Ron! This is too much.

LRH: Come on.

PC: I'll keep it a secret if it kills me.

LRH: Okay.

PC: (whispers) Oh, no, I'll keep it a secret if it kills me. (sigh) I don't get any other words.

LRH: Go over it again.

PC: From the beginning, you mean?

LRH: Hm-hm. No, from I'll keep it a secret if it kills me.

PC: I'll keep it a secret if it kills me.

LRH: Go over it again.

PC: I'll keep it a secret if it kills me.

LRH: What's your own somatic on this? I'll keep it a secret if it kills me. What's your own somatic?

PC: No somatic.

LRH: Hm? Well, contact it.

PC: A little nausea right in through here. The whole GI tract is disturbed.

LRH: Hm?

PC: My whole gastrointestinal tract just feels disturbed, that 's all. Its general motility.

LRH: Hm-hm.

PC: (belch) You see what I mean?

LRH: Hm-hm. What is she doing while shed monologuing here?

PC: My first impression is That'she's constipated.

LRH: All right. And what else?

PC: That's the only impression I've gotten. (paused suppose if you want to become analytical you can consider it an AA too, although that never entered my mind.

LRH: No, I wasn't even considering it analytically.

PC: Hm ?

LRH: I wasn't considering it from that line. Are you sure we haven't jumped up the line to a second one of these?

PC: You mean gone from one engram to another?

LRH: Hm-hm.

PC: I don't know.

LRH: What we've got to get off is unconsciousness. So let's get earlier in the bank on this. Let's go early, early, she doesn't even know she's pregnant.

PC: (belch)

LRH: Yeah, that's right, pregnant.

PC: (laughs) Stop pushing my buttons.

LRH: Your whole gastrointestinal tract is in bad shape.

PC: (laughs) Oh. (belch)

LRH: Now let's contact it, honey.

PC: What words do you want me to track this down with?

LRH: Track it down with I don't know. Try it in the earliest part of the bank. The earliest moment it appears in the bank.

PC: I don't know. I don't know.

LRH: Earliest part of the bank.

PC: (belch)

LRH: That's right, earliest part of the bank.

PC: I don't know. (whispers) I don't know. I don't know. I don't know.

LRH: Earliest moment that it appears in the bank. Your somatic strip will go straight to it. Now what is it?

PC: I don't know. I don't know. I don't know.

LRH: Earliest part of the bank. I don't know. First time it appears.

PC: (belch)

LRH: There we are. First time it appears there. I don't know.

PC: I don't know what's going on.

LRH: Go over that again.

PC: I don't know what's going on. I never felt this way before.

LRH: Go over that again.

PC: I don't know what's going on. I never felt this way before.

LRH: Contact the somatic on it.

PC: No somatic.

LRH: Well, go over it anyway.

PC: I don't know what's going on. I never felt this way before. I don't know what's wrong with me, (whimper) I don't know what's wrong with me. I'm just not myself.

LRH: Go over that again.

PC: I'm just not myself.

LRH: Continue.

PC: I'm just not myself. I'm just not myself.

LRH: Go over the line I keep throwing up.

PC: I keep throwing up

LRH: Go over that again.

PC: I keep throwing up. I keep throwing up. I keep throwing up.

LRH: Go over it again.

PC: I keep throwing up. I keep vomiting.

LRH: I keep vomiting.

PC: I keep vomiting.

LRH: Go over it again. I keep vomiting. Go over it again.

PC: I keep vomiting (inhaling, belch)

LRH: Go over it again.

PC: I keep vomiting

LRH: Go over it again.

PC: A miserable failure. How much longer can it go on?

LRH: All right. Let's keep rolling, I keep vomiting.

PC: I keep vomiting

LRH: Go over it again.

PC: I keep vomiting.

LRH: Let's start at the earliest moment it appears in the bank.

PC: I keep vomiting. I keep vomiting. I keep vomiting. I keep vomiting.

LRH: Earliest moment it appears in the bank. I keep vomiting.

PC: Iget the words I can't stop throwing up.

LRH: All right. Go on over that again.

PC: I can't stop throwing up I can't stop throwing up. I can't stop throwing up.

LRH: Go over it again.

PC: I throw up all day long.

LRH: What was that?

PC: I throw up all day long.

LRH: Go over it, honey.

PC: I throw up all day long. I don't know what's wrong.

LRH: Continue. (long pause) Go over it again.

PC: I keep throwing up all day long.

LRH: Let's get a sonic on it.

PC: Im trying so hard.

LRH: Trying so hard.

PC: I'm trying so hard.

LRH: Continue. I'm trying so hard. Contact that. I'm trying so hard.

PC: To keep it down.

LRH: Okay. Let's go over that again.

PC: I'm trying so hard to keep it down.

LRH: Go over it again.

PC: I try so hard to keep it down.

LRH: Go over it again.

PC: But nothing helps. (moan)

LRH: Let's contact this sequence now. How early is this in the bank?

PC: Igot the flash number two.

LRH: Hm? .

PC: Two.

LRH: Well, let's see if we can run it now. Let's see if we can run it. Shift over into your mother's valence. Shift over into your mother's valence and don't worry about what the words are, just let out this steady line of complaint. Mimic her voice, mimic how she feels, what she is saying. Shift into your mother's valence.

PC: I don't know what's going on.

LRH: Just keep going.

PC: Never felt myself this way before.

LRH: Okay.

PC: This is something new.

LRH: Continue.

PC: I just feel sick all day long without any reason.

LRH: Just keep rolling. Be your mother, dear.

PC: (inhaling, belch)

LRH: Then what do you do as your mother?

PC: Probably belch.

LRH: All right. Go on.

PC: I don't know what it is, I can't understand it.

LRH: Go on. As your mother. Just keep rolling; don't listen, just roll this stuff.

PC: At first I thought it might have been something I ate.

LRH: Where are you standing while you are doing this? It doesn't matter, just pick up a point. Where are you standing?

PC: I'm not. I'm sitting down.

LRH: You're sitting down. Where?

PC: I'm sitting down in a lounge chair.

LRH: And how do you feel?

PC: Horrible.

LRH: Okay. Sit down in that lounge chair and be in your mother's valence. Now let's run this through right at the moment it's occurring. (pause) Go on, now you know it.

PC: I don't like what's going on.

LRH: Go on. Be very whiny about it.

PC: I don't know what's going on. I never felt this way before in my life. I can't understand it. Something's wrong. I can feel it in my bones.

LRH: Keep going and complain about it.

PC: I just know something is wrong.

LRH: Just go on and complain about it. Life is just too terrible. (pause) Go on.

PC: (murmurs)

LRH: Continue.

PC: (murmurs)

LRH: Continue sitting there in the lounge chair, complaining. What would you be doing with your hands while you were sitting there complaining?

PC: Got them over my belly.

LRH: And what would you be doing with them?

PC: I'm holding my belly.

LRH: Yeah. And what would you be saying?

PC: I wish I knew what was going on. I wish I knew what was wrong. I hate to • feel like this. Maybe something I ate didn't agree with me. But I shouldn't feel this way for such a long time.

LRH: Go on, keep on complaining.

PC: I'm just miserable. I wonder if I ought to go to the doctor? I won't tell anyone. (belch)

LRH: What would you be doing at that moment while you are sitting there in the lounge chair?

PC: Belching.

LRH: Uh-huh. Well, go on.

PC: I won't tell anyone. I really ought to go and put a stop to this (inhaling, belch) before it gets the better of me.

LRH: Hm-hm. Go on. Go ahead and complain about it.

PC: I wonder if its possible that I might be pregnant? I don't even want to think about it. Oh God, no, I don't even want to think about it.

LRH: Go ahead.

PC: That would be too much.

LRH: Continue.

PC: (sigh) That would be too much to bear.

LRH: Continue complaining.

PC: Don't know where I'm getting all this stuff that I am. I am not getting any words on this stuff.

LRH: Hm?

PC: I don't get any words.

LRH: That's all right, you're in your mother's valence.

PC: Oh.

LRH: Let it all out. Sit there in the lounge chair and feel so sorry for yourself. (puts quauer into voice) Oh, I'm so sick. Go ahead.

PC: Oh, that would be more than I could stand.

LRH: Sit there and feel sad about it.

PC: I better do something about this right away. I better not waste another minute. This might be more serious than I realised. (inhaling, belching noises)

LRH: Go ahead. Feel sad about it. Do you feel worried?

PC: Oh, sure.

LRH: Feeling awfully worried, distraught. Life is too cruel. Go on.

PC: I won't tell anyone I'm going to the doctor. The sooner the better. Now I'm really scared. I never thought about being pregnant before. Oh God, euerything's happening to me at once.

LRH: Go over that, honey.

PC: Everything's happening to me at once.

LRH: All right. Everything's happening to me at once.

PC: Everythings happening to me at once. (yawn) Everything's happening to me at once.

LRH: Go over it again.

PC: Everythings happening to me at once

LRH: Go over it again.

PC: Everythings happening to me at once. Everything's happening to me at once. Everything's happening to me at once.

LRH: Got a somatic?

PC: I get the sensation That'she's crying. I don't hear her.

LRH: Hm-hm.

PC: She sounds quite hysterical as a matter of fact.

LRH: Go over it again. Where would the somatic be if it were there?

PC: I have a slight pressure in my head right here.

LRH: Your head and where else?

PC: (inhales, belch) Everything's happening to me at once. Damn nausea.

LRH: Nausea. Go over nausea.

PC: Nausea. Nausea. (belch)

LRH: Nausea. Nausea.

PC: Nausea.

LRH: Nausea.

PC: Nausea. Nausea. (inhaling, belch) Nausea.

LRH: Nausea. Go over it again.

PC: (whimper) Nausea. Nausea. Nausea. Nausea. Nausea. Nausea. Nausea. Nausea. Nausea.

LRH: Diarrhea now. Go over the word diarrhea.

PC: Diarrhea. Diarrhea. Diarrhea. (inhales, belch)

LRH: Go over it again.

PC: It's all tied up. Diarrhea. Diarrhea. Diarrhea.

LRH: What's the full phrase?

PC: Nausea and d iarrhea.

LRH: Go over that again.

PC: Nausea and diarrhea.

LRH: Everything's happening to me at once. Go over that.

PC: Everything's happening to me at once. Nausea and diarrhea at the same time. Oh, no.

LRH: Go over it again, dear.

PC: Oh, everything's happening to me at once. I've got nausea and diarrhea at the same time. It couldn't be any worse.

LRH: Go over that again.

PC: It couldn't be any worse.

LRH: Go over that again.

PC: (yawn) It couldn't be any worse.

LRH: Now go over Everything's happening.

PC: Everything's happening to me at once (inhales, belch)

LRH: Continue.

PC: Everythings happening to me at once. I've got nausea and diarrhea at the same time. It couldn't be worse.

LRH: Repeat the line I've got to keep it from hurting me so.

PC: If only there was something I could do about the pain.

LRH: All right. Go over that again.

PC: If only there was something I could do about the pain.

LRH: Go over the rest of it.

PC: If only there was something I could do about the pain.

LRH: Go over it again.

PC: (very weakly) If only there was something I could do about the pain.

LRH: Go over it again.

PC: (more strongly) If only there was something I could do about the pain.

LRH: Go over it again.

PC: This is too much.

LRH: All right. Let's roll it.

PC: This is too much.

LRH: Go over, If only there was something I could do about the pain.

PC: I wish there was something I could do about the pain. I wish there was something I could do about the pain.

LRH: Next line.

PC: (pause; belch) I wish there was something I could do about the pain. That's the worst part of it.

LRH: Go over it again.

PC: That's the worst part of it.

LRH: I wish there was something I could do about the pain.

PC: I wish there was something I could do about the pain. I wish there was something I could do about the pain.

LRH: Continue.

PC: I wish there was something I could do about the pain.

LRH: Next line.

PC: I wish there was something I could do about the pain.

LRH: Next line.

PC: It's unbearable.

LRH: Hah?

PC: It's unbearable.

LRH: Unbearable? Go over it again.

PC: It's unbearable.

LRH: Go over it again.

PC: It's unbearable.

LRH: Go over it again.

PC: It's unbearable.

LRH: Go over it again.

PC: I don't think there's anything worse.

LRH: Go over that again.

PC: (belch) It's unbearable. I don't think there's anything worse.

LRH: Go over it again.

PC: It's unbearable. I don't think there's anything worse.

LRH: What else?

PC: The pains are killing me.

LRH: Go over that again.

PC: The pains are killing me. (belch) And I don't know what to do.

LRH: Go over that again.

PC: The pains are killing me and I don't know what to do. The pains are killing me and I don't know what to do.

LRH: Go over it again.

PC: And there's nothing I can do. The pains are killing me and there's nothing I can do.

LRH: Pearl?

PC: Hm?

LRH: Can we find basic-basic in your case? Shift back in your own valence. Can we find basic-basic in your case?

PC: I'd love to.

LRH: Well, the first moment of pain or unconsciousness, gee whiz, we're right down in that area. It ought to be very easy to locate. We're getting yawns off and so forth. So we ought to be able to get down to basic-basic and watch the dam thing come right on up the line. Go ahead. (pause) You ought to be able to go down and contact it. The basic. Overall pressure. Overall pressure. Early, early, early, early, early. Overall pressure. Contact that overall pressure. Early, early, early, early, early.

PC: (pause; belch)

LRH: Is that basic-basic?

PC: I don't know. Your guess is as good as mine.

LRH: Has basic-basic got a bouncer in it?

PC: My stomach is doing the talking for me.

LRH: Let's run over it again.

PC: My stomach is doing the talking for me.

LRH: Go over it again.

PC: My stomach is doing the talking for me.

LRH: Go over it again.

PC: My stomach is doing the talking for me.

LRH: Go over it again.

PC: Ooh, I get a funny feeling here. Oh!

LRH: Run over it again.

PC: There's something here all about a rubber ball that just rolled down.

LRH: My stomach is doing the talking for me.

PC: You never talked to me like that

before. I could have sworn That'something fell across my chest.

LRH: My stomach is doing the talking for me.

PC: My stomach is doing the talking for me. Oh, it was the greatest sensation.

LRH: Come on, let's contact that. My stomach is doing the talking for me.

PC: My stomach is doing the talking for me. My stomach is doing the talking for me. My stomach is doing the talking for me. My stomach is doing the talking for me.

LRH: Let's get audio on this.

PC: What?

LRH: Let's get sonic on this.

PC: My stomach is doing the talking for me. My stomach is doing the talking for me. My stomach is doing the talking for me. (belch) My stomach is doing the talking for me. (belch)

LRH: Go over that again.

PC: My stomach is doing the talking for me. My stomach is doing the talking for me. (belch, cough)

LRH: Now let's go over that.

PC: My stomach is doing the talking for me. (belch) Hem.

LRH: Go over it again.

PC: My stomach is doing the talking for me. Quite a conversationalist.

LRH: All right. What is this?

PC: It's carrying on quite a conversation right now.

LRH: All right. Let's go over that.

PC: (pause; belch) My stomach is doing the talking for me. Seems to be carrying on quite a conversation.

LRH: Go over that again.

PC: My stomach is doing the talking for me. (yawns) It seems to be carrying on quite a conversation.

LRH: Go over it again.

PC: My stomach is doing the talking for me. (belch) It seems to be carrying on quite a conversation. Somebody is replying, because those aren't all her words.

LRH: Catch the words. (pause) Catch the words and the sound of that belch, or whatever it is. From the underside now, catch the sound of that belch.

PC: (pause; belch) Damn, I'm still in her valence.

LRH: All right. Catch the sound of that belch. Now go over that again, My stomach is doing the talking for me.

PC: My stomach is doing the talking for me. It looks like my stomach is doing the talking for me.

LRH: What comes after that? A belch. Let's contact and hear that thing.

PC: It looks like my stomach is doing all the talking for me tonight. It's quite embarrassing.

LRH: Let's roll that again. Catch the belch.

PC: It looks like my stomach is doing all the talking.

LRH: How does the belch sound from underneath? (pause) Come on, let's try and contact how the belch sounds from underneath.

PC: It looks like my stomach is doing all the talking.... (belch, cough) My stomach is talking for me. I don't have to say a word. My stomach is doing all the talking. I don't have to say a word.

LRH: Okay. Let's roll it again. Let's pick up the belch and feel your compression simultaneously now. Let's get one belch out of this belch chain.

PC: Gee, nothing would please me more.

LRH: All right.

PC: (belches)

LRH: Let's go back to that first belch, whether it's at My stomach is doing the talking for me or not. Let's go to the first belch that causes you any discomfort. The first belch that causes you any discomfort. (pause) Contact it. Contact it. The basic in the belch chain. Contact that first belch. You'll contact it in a moment. When I snap my fingers you'll be right there, the first basic in the belch (snap!).

PC: (exhales)

LRH: Go over that belch again now. (pause) Go right through it. Go one minute before the belch happens. One minute before the belch happens, the first belch on the whole line. One minute before it happens, thirty seconds before it happens, two seconds before it happens, all right. Now, one minute before it happens....

PC: (hiccups)

LRH: Is there an earlier one? (pause) One minute before it happens, one minute before the first one happens, one minute before the first one happens. Come on through with it.

PC: Gone.

LRH: What?

PC: Not there anymore.

LRH: Let's contact it again.

PC: I'm lost.

LRH: What?

PC: It went away.

LRH: Now go over that, It went away.

PC: It went away

LRH: Go over it again.

PC: It went away.

LRH: The pain across there, it went away.

PC: The pain across there, it went away.

LRH: Contact it.

PC: The pain across there, it went away.

LRH: Contact that.

PC: The pain across there, it went away.

LRH: Contact it again

PC: (belch)

LRH: All right.

PC: It's just tough slugging.

LRH: What?

PC: Oh, it's tough slugging.

LRH: Let's go over it again. Pain across there.

PC: Pain across there. It went away.

LRH: Pain across there.

PC: Pain across there, it went away.

LRH: Just say, A pain across there.

PC: Pain across there. The pain across there. Pain across there. Pain across there. (belch) The pain across there.

LRH: Now what? What's the next phrase?

PC: It went away.

LRH: It went away.

PC: Pain across there——

LRH: Belch.

PC: The pain across there. (belch) It went away.

LRH: It went away.

PC: It went away

LRH: It's gone. It went away.

PC: It went away (belch) Oof

LRH: Now get That'sequence.

PC: The pain across there. My voice is getting brief. Chest pain is kind of foggy

LRH: Hm?

PC: My voice is changing.

LRH: Okay. Let's roll across that line. Pain across there.

PC: The pain across there. The pain across there. (clears throat)

LRH: Let's go over that.

PC: The pain across there. It went away.

LRH: Pick up the belch with it.

PC: The pain across there. (belch) It went away.

LRH: Let's go over that again. Contact it solidly.

PC: The pain across there. (belch) It went away. It must just have been a little gas. (yawn)

LRH: Roll that again.

PC: Must just have been a little gas. Must have been just a little gas.

LRH: Let's contact it and get the belch now.

PC: (belch) Oof, the pain across there went away. It must have been just a little gas. (belch) I'm full of them.

LRH: Go over that again.

PC: What, I'm full of them? (sounds amused)

LRH: Yes.

PC: I'm full of them. I'm full of them.

LRH: Go over it again.

PC: I'm full of them.

LRH: Go over it again.

PC: I'm full of them. I'm full of them.

LRH: Go over it again.

PC: I'm full of them. I'm full of them. (yawn)

LRH: Go over it again. I'm full of them. Contact it.

PC: I'm full of them. I'm full of them. (belch) I'm full of them. I'm full of them. I'm full of them. (belch) I'm full of them. I'm full of them. I'm full of them. I'm full of them. I'm full of them.

LRH: Now let's contact the first second. The somatic strip's going to contact the first second, the first instant now of basic-basic. First instant of basic-basic. The first instant.

PC: (breathes deeply)

LRH: What have you got there? (pause) Contact it. (pause) Let it roll through. Just roll it all on through. Roll it on through.

PC: (belch) Oh, no.

LRH: Go over that Oh, no.

PC: Oh, no. Not again. (belch) Oh, no. Not again.

LRH: Go over it again.

PC: Oh, no. Not again.

LRH: Go over it again.

PC: Oh, no. Not again. (belch, sigh) Oh, no, not again. Oh, no, not again.

LRH: Go over it again.

PC: Oh, no, not again. (belch)

LRH: Now let's get the first one in That'sequence.

PC: Oh, no. Not again. (belch)

LRH: Let's get the first belch. (pause) The first belch. (pause) The somatic strip's right there. Let's contact it now.

PC: (belch)

LRH: Then what comes? What's the next phrase? The phrases right after it?

PC: (whimper)

LRH: What are the phrases right there?

PC: I He been like this all day.

LRH: What?

PC: I He been like this all day. (belch)

LRH: Been like this all day. Honey, I want you to go now to the first belch that disturbs you as an embryo, a zygote. The first belch that disturbs you as a zygote, the first one. Number one! (pause) Are you there? Now roll it. Contact that first one. Roll it, go ahead. Re-experience it.

PC: Can't.

LRH: What?

PC: I can't.

LRH: Why not?

PC: I don't feel anything.

LRH: Go over that.

PC: I can't I don't feel anything.

LRH: Go over it again.

PC: I can't I don't feel anything.

LRH: Go over it again.

PC: I can't I don't feel anything.

LRH: Go over it again.

PC: I can't I don't feel anything.

LRH: Go over it again.

PC: I. can't I don't feel anything.

LRH: Go over it again.

PC: I can't I don't feel anything.

LRH: Go over it again.

PC: I can't I don't feel anything. (belch)

LRH: Let's get the phrase that comes just before I can't, I don't feel anything. The somatic strip is right up there. What's the phrase just before it?

PC: (yawn; pause) I don't like it.

LRH: Go over that again.

PC: I don't like it.

LRH: Go over it again.

PC: I don't like it.

LRH: Go over it again.

PC: Oh, take it away

LRH: What?

PC: Take it away

LRH: Go over that again.

PC: (belch) Take it away.

LRH: Go over it again.

PC: Take it away

LRH: Next line.

PC: My leg is starting to itch. I don't like it. Take it away. (gasp) My right leg! I don't like it. Take it away.

LRH: Go over that now.

PC: I don't like it. Take it away.

LRH: Next line.

PC: Please, I can t

LRH: Continue.

PC: I don't feel anything.

LRH: Let's go over that entire sequence now.

PC: (breathing deeply)

LRH: Go over the sequence.

PC: Please. I don't like it.

LRH: Come on, let's pick up the other voice. There's somebody else there. What's somebody else saying?

PC: An, come on.

LRH: Aw, yes, I thought so. Now lets roll that Aw, come on.

PC: An, come on. Aw, come on, don't be like that. An, come on, don't be like that. An, come on, don't be like that. Don't be that way. An, come on, don't be that way. (belch) An, come on. Don't be that way.

LRH: Continue.

PC: An, come on, don't be that way.

LRH: Contact that voice. You're giving me a flock of rephrase here. Get on that line with those phrases. Contact the voice. Contact the somatic. Sure you itch.

PC: I do, I itch all over.

LRH: All right. What is it?

PC: (yawn)

LRH: What is it?

PC: The somatic?

LRH: No. I want the voice.

PC: Oh.

LRH: Contact that voice. The somatic strip's right there.

PC: (pause) I can hear my father's voice.

LRH: All right. Let's roll it.

PC: An, come on, don't be that way.

LRH: Then what occurs?

PC: Don't be that way. (belch) An, come on.

LRH: Let's go over the engram.

PC: An, come on, don't be that way. (pause) Let's have a little love.

LRH: Go over that again.

PC: (belch) Let's have a little love.

LRH: All right. Let's get the first words spoken in this basic sequence. The somatic strip is going right to the beginning of the basic sequence now, and you're going to hear the first words spoken. (pause) The first word that was spoken.

PC: Please. Please. (pause; belch) I don't feel like it.

LRH: Go over that again.

PC: I don't feel like it. (yawns) I don't feel like it.

LRH: Continue.

PC: I'm too tired.

LRH: What?

PC: I'm so tired.

LRH: Go over that again.

PC: I'm so tired.

LRH: Go over it again.

PC: I'm so tired.

LRH: Let's roll it.

PC: I'm so tired.

LRH: Go over it again.

PC: I'm so tired. I'm so tired.

LRH: Who's saying it?

PC: Mother.

LRH: Well, contact her saying it.

PC: I'm too tired. I'm so tired tonight.

LRH: Let's contact the thing now.

PC: I'm too tired. (belch)

LRH: Now what occurs?

PC: (belch) She's belching.

LRH: Okay. So she belches

PC: Besides my stomach is a little upset

LRH: Okay. Continue.

PC: (belch)

LRH: Continue.

PC: (pause; grunt) I've got a pain.

LRH: All right. Get I've got a pain.

PC: I've got a pain. My knee hurts.

LRH: I've got a pain. My knee hurts.

PC: I've got a pain. My knee hurts.

LRH: Come on. Let's get this frigid dame's big bunch of alibis for Papa. Now come on. Pick it up there at the beginning of the sequence. (pause) Go on, pick it up at the beginning of the sequence and roll it on through. Straight in there. Let's roll it. What happens next there?

PC: I ache all over

LRH: What?

PC: I ache all over.

LRH: Okay. Go over that.

PC: I ache all over

LRH: Go on.

PC: I ache all over

LRH: What else has she got to say for herself?

PC: I don't feel well tonight.

LRH: Come on.

PC: What's wrong with you? Oh, I ache all over. And besides I'm sick to my stomach. Where the hell is the itching coming from?

LRH: Continue.

PC: Feels as though something's crawling all over me.

LRH: They say crawl?

PC: They say crawl (whispering) They say crawl.

LRH: Okay. Let's contact the beginning of it now. Let's roll it on through this now.

PC: I've got a headache.

LRH: I've got a headache, go over that.

PC: I've got a headache.

LRH: Go over it again.

PC: I've got a headache. Oh, please, not tonight. I've got a headache.

LRH: Continue.

PC: Oh, I don't believe you. Come on, let's have a little love. This will make you feel better. (belch)

LRH: Okay. Continue.

PC: Oh, I'll fix you up so you al forget all about that headache. It's the best thing in the world for it.

LRH: Okay. Continue. (pause) Let's roll it again. I'll fix you up.

PC: I'll fix you up. I'll fix you up like you've never been fixed before.

LRH: Go over that again.

PC: I'll fix you up like you've never been fixed before. You'll forget all about that headache. Oh, there's a forgetter in here too.

LRH: Okay. Let's go over that.

PC: I'll fix you up like you've never been fixed before. You'll forget all about that headache.

LRH: Now let's get this first Come on.

PC: Come on. I've got the best medicine in the world for that headache. (breathes deeply)

LRH: Go over that Come on.

PC: Come on. Come on.

LRH: Continue.

PC: come on. Come on. (pause)

LRH: Huh?

PC: I'm not getting the next words.

LRH: What's Mama doing here? (pause) Come on. What's Mama doing? What does Papa want?

PC: Papa wants to make love and Mama says no.

LRH: And what is Mama using as an alibi?

PC: She's got a headache.

LRH: And what else?
PC: She doesn't feel well. She's sick to her stomach.

LRH: All right. What else?

PC: She aches all over. She's a mess.

LRH: What else? When does Papa say she's a mess? (pause) Well, go on. When does he get disgusted?

PC: For crying out loud. You're a mess. You're not any fun. You're always bellyaching. There it goes again, you're always bellyaching.

LRH: Hm-hm.

PC: (mutters) Damn.... (knock on the door)

LRH: (aside) Come in.

LRH: (to PC) Go back to the beginning of the incident.

PC: Oh, no.... (sound of someone entering)

LRH: Go back to the beginning of the thing.

PC: You're always bellyaching.

LRH: Go back to the beginning of the thing.

PC: (belch)

[another voice in background]

LRH: All right. You will know about this the next time you go through this?

PC: Yes.

LRH: Come on. Present time.

PC: Yes.

LRH: Present time. We can contact that thing.

PC: Gee whiz, I hope so.

LRH: All right. Bob's going to take you through the rest of it. I'm sure that must be a beauty. Where do you think that is on the time track?

PC: Let's see, probably at the bottom.

LRH: Probably at the bottom?

PC: I know you asked for the bottom and the file clerk's usually pretty cooperative.

LRH: Okay.

PC: Thank you very much.

LRH: Sure.

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LRH: Okay. What we want here is a good fast release if we can get one.

PC: Okay.

LRH: All right. Close your eyes. How old are you?

PC: 15.

LRH: Okay. Let's contact the 15 year old incident. (pause) When I count from one to five the exact words on which you're sitting there will flash right straight through into your mind. One-two-threefour-five (snap!).

PC: She's so slow.

LRH: Go on over that again.

PC: She's so slow. I know the incident.

LRH: What is it?

PC: Oh, boy. I bet this will have to be run out as an engram. I was hysterical for about six or eight hours. I overheard a conversation between my mother and my aunt, her sister. Her sister is visiting us, and they are talking about me in front of me. My mother is saying, I don't know what to do with her. She's so slow. Everything she does takes her so long before she gets there. I resent it to such an extent that I rush into the room and cry it all out.

LRH: Can you go over it again?

PC: (sigh) I'm not getting any fresh words. She's so slow. Everything she does takes her all day to do it.

LRH: Let's go back over that again. How does your mother look when she's saying these words? Let's roll it again.

PC: I can't see her.

LRH: Let's roll it again. (pause) Go over the words. She's so slow.

PC: Oh, may I ask you a question, please?

LRH: What?

PC: I had a terrible feeling last night that the case was so snarled up that it might take something like 200 hours to undo the damage that had been done.

LRH: Well, that's nonsense.

PC: That's nonsense, good. I think that's what scared me. It was something I read in the Handbook. Okay.

LRH: Well, that's in the book just to scare people into doing cases straight.

PC: Good enough.

LRH: Now, let's contact this. She's so slow. It just takes her forever to get anything done.

PC: She's so slow. I can't understand it.

LRH: Continue.

PC: She's so slow it takes her all day to do something. She just walks around in a daze. I don't know. I haven't got the correct words here. The whole incident is not clear to me. I'm not there. I'm not in any of these engrams, Ron. I'm just telling you something out of my memory. I know it. I am not regressed there, I'm not getting any perceptics. I don't see or hear anything. I'm just telling you about it.

LRH: She's so slow. Let's go over that line.

PC: She's so slow. (sigh) She's so slow. I think that comes from my birth. I ran that out with Arnold.

LRH: Well, go over it.

PC: (whispers) She's so slow.

LRH: You ran what out?

PC: I didn't run out the engram. I ran out the first part of my birth.

LRH: When did he run out your birth?

PC: The first time he ever ran me, it came right up. He didn't look for it, it came up.

LRH: Has he ever been back?

PC: No. I must block him. (laughs) He ran it for about two and a half hours.

LRH: All right. Let's go over this.

PC: She's so slow. She's so slow. She's so slow. (sigh) She's so slow. She's so slow.

LRH: It takes her forever to get anything done.

PC: It takes her all day to get anything done.

LRH: Go on over that again.

PC: It takes her all day to get anything done.

LRH: Do the words run down appear here?

PC: No.

LRH: All right. It takes her all day to get anything done. Let's go over that.

PC: It takes her all day to get anything done.

LRH: All right. Where does your mama say, Come down here or Come back here? (pause) Come back here?

PC: (laughs loudly) Come back here, you're not finished yet.

LRH: Go over that again.

PC: Come back here, you're not finished yet.

LRH: Go over it again.

PC: Come back here, you're not finished yet.

LRH: Go over it again.

PC: Come back here, you're not finished yet.

LRH: Go over it again.

PC: Come back here, you're not finished yet. (breathes) Come back here, you're not finished yet.

LRH: Go over it again.

PC: Come back here, you're not finished yet.

LRH: Go over it again.

PC: (whispers) Come back here, you're not finished yet. (aloud) Come back here, you're not finished yet.

LRH: Have you got any older brothers or sisters?

PC: No, I'm the oldest.

LRH: That's right. All right, honey. Let's go to your grandmother's death.

PC: (pause) What part?

LRH: Right at the moment you'received the news of her death.

PC: I hear Arnold saying, Where the hell were you? Didn't you hear me calling you? It's a long distance phone call from Hartford, it 's Debbie. I'm saying, What's the matter? Oh God, I feel silly. It's so hard to regress when you're——.

LRH: Continue. What's she saying?

PC: Hello, Debbie. What's the matter? What's the matter? Bobbie died. Oh, I can't believe it. (yawns)

LRH: Continue.

PC: I can't believe it. (yawns)

LRH: Continue.

PC: I can't believe it. Isn't that funny, I was expecting it and yet now that it has happened I can't believe it. (pause) I actually thought she'd go on living forever. (pause) I just thought she'd never ever die. I always thought That'she'd go on living forever.

LRH: Continue. What's Debbie saying?

PC: I'm saying, When did it happen? Just now, about 15 minutes ago. Mother was right there, she just called me. And I called you right away. (yawn or sigh) Ooh. When is

the funeral? Probably be tomorrow but I don't know what time. I don't know anything, it only just happened.

LRH: Continue. Don't know anything.

PC: Hm?

LRH: So roll it. Don't know anything.

PC: I don't know anything yet.

LRH: Go on over it again.

PC: I called you right away.

LRH: Continue.

PC: Will you call Harry Miller and the girls for me?

LRH: Continue. (pause) Continue.

PC: (pause; loud sigh)

LRH: Continue.

PC: (long pause; some whimpers) Sure, I'll be glad to. Is there anything else I can do?

LRH: Continue.

PC: You know, gee, I'm sorry I've kept you waiting. I was upstairs and I didn't hear the phone. I can't get over it, I just can't believe it. (pause) How is your mother?

LRH: Run I can't get over it.

PC: I can't get over it.

LRH: Early.

PC: I can't get over it.

LRH: Early.

PC: I can't get over it.

LRH: Early.

PC: (pause; yawn) I can't get over it.

LRH: Go over it again.

PC: I can't get over it.

LRH: Go over it again.

PC: I can't get over it.

LRH: Contact it again.

PC: I can't get over it. I can't get over it.

LRH: Contact it earlier.
PC: (pause) I can't get over it.

LRH: Go over it again.

PC: (tears in voice) Oh, I feel so sick.

LRH: Go over it again.

PC: I can't get over it. (belch) Oh, excuse me.

LRH: Go over that again.

PC: I can't get over it.

LRH: Next line.

PC: I can't get over it.

LRH: I feel so sick.

PC: I feel so sick

LRH: Go on over that again.

PC: I can't get over it. I feel so sick.

LRH: Go over it again.

PC: I can't get over it. I feel so sick. Oh, (yawn) I can't get over it. I feel so sick.

LRH: Next line. (pause) Go over that. Can't get over it. I feel so sick.

PC: I can't get over it. I feel so sick.

LRH: Go over it again.

PC: I can't get over it. I feel so sick.

LRH: Go over it again.

PC: (belch) I can't get over it. I feel so sick.

LRH: Go over it again.

PC: I can't get over it. I feel so sick. I can't get over it. (yawns) I can't get over it. I feel so sick.

LRH: Go over it again.

PC: I can't get over it. I feel so sick. I can't get over it. I feel so sick. I can't get over it. (whispers) I feel so sick.

LRH: Go over that again.

PC: I can't get over it. I feel so sick. (belch)

LRH: Come on, what's the next line, honey?

PC: I feel so sick I'm sick.

LRH: Go over it again.

PC: I can't get over it, oh, I'm sick.

[gap in recording]

LRH: When did this start happening?

PC: This morning.

LRH: Go on over this. I can't get over it.

PC: I can't get over it. I can't get over it. (loudly) I can't get over it. (whispers) I'm just sick.

LRH: Go over it again.

PC: I can't get over it. I'm just sick.

LRH: Go over it again.

PC: I can't get over it. I'm just sick.

LRH: Go over it again.

PC: I can't get over it. I'm just sick. I can't get over it. I'm just sick.

LRH: Go over it again.

PC: I can't get over it. I'm just sick. I can't get over it. I'm just sick.

LRH: Next line. (pause) One-two-three-four-five (snap!).

PC: I don't know what to do.

LRH: Go on over that again.

PC: I don't know what to do. (yawn, sigh) I don't know what to do. I don't know what to do.

LRH: Go on over that again.

PC: (tearful, resigned tone of voice) I don't know what to do. I don't know what to do. I don't know what to do.

LRH: Go on over it again.

PC: I don't know what to do.

LRH: Go over it again.

PC: (deep breath) I don't know what to do. I don't know what to do. (sigh)
LRH: Go over it again.

PC: I don't know what to do. I don't know what to do.

LRH: Go over it again.

PC: I don't know what to say.

LRH: Next line. (pause) One-two-three-four-five (snap!).

PC: It's such a shock.

LRH: Go over it again.

PC: It's such a shock.

LRH: Go over it again.

PC: It's such a shock.

LRH: Go over it again.

PC: It's such a shock.

LRH: Go over it again.

PC: It's such a shock.

LRH: Go over it again.

PC: It's such a shock.

LRH: Go over it again.

PC: It's such a shock. (pause; yawn) Oh, it's such a shock. Such a shock.

LRH: Continue.

PC: (pause; few mutterings under breath, loud sigh) Oh, it's such a shock. I can't get over it. I can't get over it. I can't get over it. (louder, tearfully) I'm just saying these words. I don't know if they're right or not, I don't hear anybody saying them.

LRH: Go over that. I don't know. What is the next line after this? Come on. One-two-three-four-five (snap!).

PC: (yawn, sigh)

LRH: One-two-three-four-five (snap!). Next line.

PC: Something about being sick.

LRH: Go over it again.

PC: I'm sick

LRH: Go over it again.

PC: I'm sick
LRH: Go over it again.

PC: I'm sick (mutters under breath)

LRH: Continue.

PC: (pause; yawning) What are we going to do now? What are we going to do now?

LRH: Go over it again.

PC: What are we going to do now?

LRH: Go over it again.

PC: What are we going to do now?

LRH: Go over it again.

PC: What are we going to do now? (pause)

LRH: Continue.

PC: (breathing)

LRH: Pick it up at I can't get over it.

PC: I can't get over it.

LRH: Contact that. I can't get over it.

PC: I can't get over it.

LRH: Go over it again.

PC: I can't get over it.

LRH: Go over it again.

PC: I can't get over it. I can't get over it.

LRH: Go over it again.

PC: I can't get over it.

LRH: Go over it again.

PC: I can't get over it. I can't get over it. (belch)

LRH: Go over it again.

PC: I can't get over it.

LRH: All right. Give the words just before this one. The somatic strip will move back a few seconds earlier. Now give me the words just before this I can't get over it. One-two-three-four-five (snap!). (pause) Come on, the words just before it.

PC: Oh, no

LRH: Go on over it again.

PC: Oh, no

LRH: Go over it again.

PC: Oh, no

LRH: Next line.

PC: I can't get over it.

LRH: All right. Let's get the words before I don't know. The words just before I don't know. One-two-three-four-five. Give me the words just before I don't know. (pause) One-two-three-four-five (snap!). They'll flash into your mind. (brief pause) I can't believe it.

PC: I can't believe it. I can't believe it. I can't believe it. I don't know. I'm just saying words, and they may not mean anything.

LRH: Words, they don't mean anything. Words, they don't mean anything.

PC: Words, they don't mean anything.

LRH: Go over it again. Words, they don't mean anything.

PC: Words, they don't mean anything.

LRH: Go over it again.

PC: Words, they don't mean anything.

LRH: They're just words, they don't mean anything.

PC: They're just words, they don't mean anything.

LRH: Go over it again.

PC: Words, they don't mean anything.

LRH: Go over it again.

PC: They're just words, they don't mean anything.

LRH: Go over it again.

PC: They're just words, they don't mean anything.

LRH: Go over it again.

PC: They're just words, they don't mean anything.

LRH: Contact that. Go over it again.

PC: They're just words, they don't mean anything. You're just saying that. But you're just saying that.

LRH: Okay. Go over it again.
PC: You're just saying that. You're just saying that, it isn't true. You're kidding.

LRH: Go over it again.

PC: It isn't true, you're kidding, you're just saying that.

LRH: Go over it again.

PC: It's something like that, but I don't know what it is.

LRH: Go over it again.

PC: You're not telling the truth.

LRH: What?

PC: You're not telling the truth.

LRH: Go on over it again.

PC: You're not telling the truth. I don't believe you.

LRH: Go over it again.

PC: You're not telling the truth. I don't believe you.

LRH: Go over it again.

PC: You're just saying it.

LRH: Continue.

PC: Please don't kid me.

LRH: Go over it again.

PC: Please don't kid me. This is no time to joke with me. You shouldn't say that.

LRH: Go over it again.

PC: Please don't kid me. This is no time to joke with me. You shouldn't——.

LRH: Go on.

PC: You shouldn't say that.

LRH: Go over it again.

PC: You shouldn't say that.

LRH: Go over it again.

PC: You shouldn't say that.

LRH: Next line. (pause) Next line.

PC: (sobbing)I don't know.

LRH: Go over it again.

PC: I don't know. I don't know.

LRH: Go over it again.

PC: I don't know. (coughs) I don't know.

LRH: Go over it again.

PC: I don't know.

LRH: Go over it again.

PC: I don't know.

LRH: Go over it again.

PC: I don't know what's going on.

LRH: Go on over it again.

PC: I don't know whether to believe you or not.

LRH: Continue.

PC: I don't know whether to believe you or not.

LRH: Continue.

PC: (whimper) No.

LRH: Continue.

PC: (small sounds) I can't, I'm not in this thing.

LRH: Go on over I can't.

PC: I can't.

LRH: Go over it again.

PC: I can't . I can't.

LRH: Go over it again.

PC: I can't. I can't. I can't.

LRH: Go over it again.

PC: I can't.

LRH: Go over it again.

PC: I can't.

LRH: Go over it again.

PC: I can't.

LRH: Can’t what? Go over it again.

PC: Can’t. I can’t.

LRH: Go over it again.

PC: I can’t.

LRH: Go over it again.

PC: I can’t.

LRH: Go over it again.

PC: I can’t. I can’t. I can’t.

LRH: Next line. I can’t.

PC: I don’t want to.

LRH: What?

PC: I don’t want to.

LRH: Go on over that again.

PC: I can’t. I don’t want to.

LRH: Go over it again.

PC: I can’t. I don’t want to.

LRH: Go over it again.

PC: I can’t. I don’t want to.

LRH: Go over it again.

PC: I can’t. I don’t want to.

LRH: Go over it again.

PC: I can’t. I don’t want to.

LRH: Go over it again.

PC: I can’t. I don’t want to.

LRH: Go over it again.

PC: I can’t. I don’t want to.

LRH: Go over it again.

PC: I can’t. I don’t want to.

LRH: I can’t believe you.

PC: I can’t believe you.

LRH: I can’t believe you.

PC: I can’t believe anything you tell me.

LRH: Go on.

PC: (pause) I ‘m desperate.

LRH: Continue.

PC: (breathing, small noises)

LRH: Continue.

PC: (pause) I never know whether you’re telling me the truth or not.

LRH: Continue.

PC: Why do you tease me?

LRH: Continue. (pause) Continue.

PC: I don’t know what I’m saying here.

LRH: Go on over that again.

PC: don’t even know what I’m saying.

LRH: Go over it again.

PC: I don’t even know what I’m saying.

LRH: Go over it again.

PC: I don’t even know what I’m saying.

LRH: Go over it again.

PC: I don’t even know what I’m saying.

LRH: Go over it again.

PC: I don’t even know what I’m saying.

LRH: Go over it again.

PC: I don’t even know what I’m saying.

LRH: Go over it again.

PC: I don’t even know what I’m saying.

LRH: Continue. (pause) Continue.

PC: (belch)

LRH: Continue.

PC: It's no use.

LRH: Go over that again.

PC: It's no use.

LRH: No use what? It's no use....

PC: I don't know what's going on.

LRH: Continue.

PC: I don't know what's going on.

LRH: Continue. .

PC: I don't know what's going on.

LRH: Continue.

PC: I don't know what's going on.

LRH: Go over it again. Continue.

PC: It's too much for me.

LRH: Continue.

PC: It's too much for me.

LRH: Go over it again.

PC: It's too much for me.

LRH: Go over it again.

PC: It's too much for me.

LRH: Go over it again.

PC: It's too much for me.

LRH: Go over it again.

PC: It's too much for me.

LRH: Is this the same engram?

PC: (whimper) No, it's just a lot of words. I just keep saying a lot of different things. I don't know what I'm saying. I don't know whether they go together or if it's an engram or what it is. I'm just saying words.

LRH: How about contacting the beginning of that. Oh no, I can't believe it. Don't tell me. Say it isn't so.

PC: (sigh) Oh no, I can't believe it. That's the trouble, I don't contact a damned thing, Ron. You know I could point to other people who are really regressed and recall incidents. I was never really regressed, in my opinion. I've never gotten perceptics, heard things, seen things, touched things and been small and seen big adults. I've never really regressed. I don't think I've ever really gotten into this thing with all the hours of therapy. I just get words. I don't hear anybody saying them.

LRH: Oh, it was just bad therapy, that's all. Let's roll it, honey.

PC: (pause) I don't know. (sob)

LRH: Go on, honey.

PC: (crying) How can Iget well if I can't contact anything? Ijust roll words. (sigh)

LRH: Continue.

PC: I don't know. (crying)

LRH: Continue.

PC: (sobbing)

LRH: Continue.

PC: (sobbing)

LRH: Continue. (pause) Continue.

PC: How can I continue? I don't really know where I am. (sobbing, then louder) I don't know what's going on. I don't know where I am. How can I continue?

LRH: I can't go on.

PC: I can't go on. I can't go on. I can't go on. (louder) I can't go on. (sobs in voice) I can't go on. I can't go on.

LRH: Go over it again.

PC: I can't go on.

LRH: I just get worse.

PC: I just get worse.

LRH: Contact that.

PC: I can't go on. Ijust get worse.

LRH: Go over it again.

PC: I can 't go on. I just get worse.

LRH: Go over it again.

PC: I can't go on. I just get worse.

LRH: Go over it again.

PC: I can’t go on. I just get worse.

LRH: Go over it again.

PC: I can’t go on. I just get worse.

LRH: Continue.

PC: (pause; cough) I can’t go on. I just get worse.

LRH: Continue.

PC: I can’t go on. I just get worse. (cough)

LRH: Continue.

PC: I can’t go on. I just get worse.

LRH: Go on over it again.

PC: I can’t go on. I just get worse.

LRH: Next line.

PC: (pause; sob)

LRH: Next line. (brief pause) I can’t go on. I just get worse.

PC: I can’t go on. Ijust get worse.

LRH: Go over it again.

PC: I can’t go on. I just get worse.

LRH: Go over it again.

PC: I can’t go on. I just get worse.

LRH: Go over it again.

PC: It’s just words, Ron. (sobbing) I’m just saying words. (pants)

LRH: Go over it again.

PC: I can’t go on.

LRH: Words.

PC: Words.

LRH: I’m just saying words.

PC: I’m just saying words. I’m just saying words. (sniffing)

LRH: Go over it again.

PC: I’m just saying words. They don’t mean anything.

LRH: Go on over that again.

PC: I'm just saying words. They don't mean anything. (revives somewhat) You're just saying words. You're just saying words. They don't mean anything.
LRH: Go over it again.

PC: You're just saying words. They don't mean anything.

LRH: Go over it again.

PC: You're just saying words. They don't mean anything.

LRH: Go over it again.

PC: You're just saying words. They don't mean anything.

LRH: Go over it again.

PC: You're just saying words. They don't mean anything. You're just saying words. They don't mean anything.

LRH: Who's dead? (pause) Who's dead? I can't believe it.

PC: I don't know. (sob in voice)

LRH: Go over I can't believe it.

PC: I can't believe it.

LRH: I can't get over it.

PC: can't get over it. I can't believe it. I can't get over it. I can't believe it. I can't get over it. (sob) Oh, God.

LRH: Go over that, I can't believe it. I can't get over it.

PC: I can't believe it. I can't get....

LRH: Oh, God! (small pause) Come on, Oh, God!

PC: Oh, God!

LRH: Go on. Contact the engram. Don't contact me.

PC: (sobs) Don't you think I'm trying?

LRH: I can't believe it. I can't get over it.

PC: I can't believe it. I can't get over it.

LRH: Contact your mama running that.

PC: Oh, come on.

LRH: You can! Right there. Now come on. Throw your beads into it. (pause) Come on.

PC: (breathes)
LRH: Throw your beads into it.

PC: (sobs)

LRH: I don't know.
PC: I don't know.

LRH: I don't know.

PC: I don't know. I don't know.

LRH: Go on over it.

PC: I don't know what to say. I don't know. I feel so sick.

LRH: Go on over that again.

PC: I don't know, I feel so sick.

LRH: Go over it again.

PC: I don't know, I feel so sick.

LRH: Go over it again.

PC: I don't know, I feel so sick.

LRH: Go over it again.

PC: I don't know, I feel so sick.

LRH: Go over it again.

PC: No. (sob) I don't know, I feel so sick.

LRH: Go over it again.

PC: I don't know, If eel so sick. I don't know, I feel so sick.

LRH: Roll it again.

PC: I don't know, I feel so sick.

LRH: Go over it again.

PC: (crying) I don't know, I feel so sick.

LRH: Go over it again.

PC: I don't know, I feel so sick.

LRH: Go over it again.

PC: I don't know, If eel so sick.

LRH: Your somatic strip's going to contact your mother there. Roll it.

PC: (sobbing)

LRH: Come on, roll it. I don't know, I feel so sick.

PC: I don't know, I feel so sick.

LRH: Next line. (pause) Next line. (pause) Next line. (pause) I don't know, I feel so sick.

PC: I don't know, I feel so sick.

LRH: Is I can't get over it there?

PC: I don't know. I don't know anything.

LRH: Go on over that again.

PC: I don't know anything.

LRH: Go over it again.

PC: I don't know anything.

LRH: Go over it again.

PC: I don't know anything. I don't know anything.

LRH: Go over it again.

PC: I don't know anything. I don't know anything. I don't know anything. I don't know anything. (deep breath)

LRH: Next line. Let's roll that thing. You're right there with it. Let's roll it.

PC: I don't know anything.

LRH: Next line.

PC: What's going on here anyway?

LRH: Go over it again.

PC: What's going on here anyway? What's going on here anyway?

LRH: Next line.

PC: I'll never be able to do it.

LRH: Go on over it again.

PC: I'll never be able to do it.

LRH: Go over it again.

PC: I'll never be able to do it.

LRH: Go over it again.

PC: I'll never be able to do it.
LRH: Go over it again.

PC: I'll never be able to do it.

LRH: Contact that. Go over it again.

PC: I'll never be able to go through with it.

LRH: Go on over that again.

PC: I'll never be able to go through with it.

LRH: Go on over it again.

PC: I'll never be able to go through with it.

LRH: Go over it again.

PC: I'll never be able to go through with it.

LRH: Go over it again.

PC: I'll never be able to go through with it.

LRH: Next line. (brief pause) Repeat I'll never be able to go through with it again.

PC: I'll never be able to go through with it.

LRH: Next line. Just swing right on through to the next line.

PC: I'll never be able to go through with it.

LRH: Swing right on through to the next line.

PC: I'll never be able to go through with it. No. I f eel d opey. (pause)

LRH: Let's roll it, honey.

PC: I'll never be able to go through with it.

LRH: Next line.

PC: I'll never be able to go through with it.

LRH: Next line.

PC: I don't know.

LRH: I don't know.

PC: I don't know.

LRH: Go over it.

PC: don't know.

LRH: Go over it again.

PC: I don't know.

LRH: Go over it again.

PC: I don't know. I don't know. I don't know.

LRH: Go over it again.

PC: I don't know how I'll ever be able to go through with it.

LRH: Go on over that again.

PC: I don't know how I'll ever be able to go through with it. I don't know how I'll ever be able to go through with it.

LRH: Go over it again.

PC: (belch) I don't know how I'll ever be able to go through with it. (another belch)

LRH: Go over that again.

PC: I don't know how I'll ever be able to go through with it.

LRH: Next line.

PC: (long pause) I don't know what happened to me. I just feel very relaxed. And I don't feel like talking. (pause)

LRH: Listen.

PC: Um. (exhales)

LRH: Let's see if we can contact mother's receipt of this death. The motor strip can contact the moment your mother receives word of this death. (brief pause) The moment she receives word of this death. Prenatal, prenatal. The moment she receives word of this death. (pause) I can't believe it.

PC: so relaxed

LRH: Go over it again.

PC: so relaxed.

LRH: Go over it again.

PC: So relaxed. Oh, I feel so good, I don't have any pain anyplace or anything. I just feel perfectly relaxed. (pause) Oh no, I can't go on, oh no, I can't go on. Oh no, I can't go on. Oh no, I can't.

LRH: I feel perfectly relaxed. I feel so good. I feel perfectly relaxed.

PC: I feel so good. I feel perfectly relaxed.

LRH: Contact that incident.

PC: I feel so good. I feel perfectly relaxed.

LRH: Go over it.
PC: I feel so good. I feel perfectly relaxed.

LRH: What's the next line? Go over it again.

PC: (pause; belch) I feel so good.

LRH: Go over that again.

PC: I feel so good, I feel perfectly relaxed. (pause) I feel so good, I feel perfectly relaxed.

LRH: Go over it again.

PC: I feel so good, I feel perfectly relaxed.

LRH: Go over it again.

PC: I feel so good. I feel perfectly relaxed.

LRH: Let's go a little earlier.

PC: I just want to lie here. I just want to lie here.

LRH: Go over that again.

PC: I just want to lie here.

LRH: Go over it again.

PC: I just want to lie here.

LRH: Go over it again.

PC: I just want to lie here. I feel so good. I just want to lie here. I just want to lie here. (barely audible) I just want to lie here.

LRH: Go over it again.

PC: I just want to lie here. I just want to lie here. I just want to lie here.

LRH: Go over it again.

PC: I just want to lie here.

LRH: Go over it again.

PC: I just want to lie here. I just want to lie here. I just want to lie here. I didn't know I was in present time. I just want to lie here.

LRH: Present time. (pause) All the way up to present time. How old are you?

PC: 28. I didn't know I was in present time.

LRH: Hm?

PC: I didn't know I was in present time.

LRH: Well, I want to know what upsets you on the subject of your perceptics? Who upset you?

PC: The more time I spend here, the more I realize that I don't think I've ever really regressed.

LRH: All right. But who upset you?

PC: Well, when I was talking to Dawn.
LRH: Yah.

PC: She told me how she ran out her mother's death. She went over to the coffin and she was a little girl and she was talking baby talk and she'says, Mommy's sleeping in the box. And she could see her little hands and things like that. Well, I 'we never had perceptics. The first time I ran Arnold he could see the toilet. His head was on a level with the toilet seat and he could see the linoleum and everything. I don't see anything like that. Beyond your voice, I don't think I've been getting any perceptics. Do you know that all the time I've ever been in so-called regression, all I have done is get and run words? And they say, Next line, and I come up with the next line. I don't know if it's imagination, if I'm making it up. I don't think I am. These words come very freely, as you have seen.

LRH: Who has challenged the validity of your data?

PC: No one.

LRH: All right. Give me a flash answer.

PC: Arnold, I think.

LRH: Arnold does what?

PC: Arnold has questioned the validity of my data. The first time he did that I got furious with him. We had a nice little to-do about it. He said, I want you to go earlier than this, now. Or, You know that isn't true. I ran something about a Mrs. Goldberg. He says, Now look, Pearl, you know your father didn't know Mrs. Goldberg when you were that old. And I got very angry with him and said, Hell, it's a common name. There could be more than one Mrs. Goldberg, or it could be some other name That'sounded like that. And you have no right to question the validity of what I give you. You should take what the file clerk gives you. But that has happened more than once.

LRH: Was that the first time it happened?

PC: Yes, that was the first time.

LRH: Take off your glasses. I thought something was very odd about this case. There's something very strange about anybody who runs this much time. Okay. He questioned the validity of your data.

PC: I felt this way when I was running with Bob. I felt they were just words.

LRH: I know. But you were running. And it was going along all right. And sooner or later those perceptics would have turned on.

PC: They would have turned on, yeah.

LRH: Yes. All right. The questioning of validity of data is telling the person he is not right. Therefore, it's a challenge of the computer and it's a dirty trick.

PC: Right.

LRH: And it's a violation of the Auditor's Code.

PC: That's very true.

LRH: And, in addition to that, has precipitated here a deterioration of your case. This can happen to anybody. It isn't just peculiar to you. Shut your eyes. Go back to the time Arnold is saying this. Now your motor strip will go there. I know where your motor strip goes, whether you do or not. Your motor strip will go there. All right. What are you running just before he does it?

PC: An argument between my mother and father.

LRH: Okay.

PC: My father's saying, I'm sick and tired of all this crap, sick and tired of all this crap you keep handing me. This place looks like a pigsty. This place is a pigsty.

LRH: Continue.

PC: (pause; belch)

LRH: Continue.

PC: (whisper) This place is a pigsty.

LRH: Come on, just contact there what Arnold says, along the line. Wherever he cuts in.

PC: I 'm saying, Look at Mrs. Gold berg, look at other wives. Why can't you be like other wives? Look at Mrs. Goldberg. And he cuts in and says this.

LRH: Now what he's saying?

PC: I can't find out the right words.

LRH: Oh, yes, you can. Just roll it.

PC: Blank. (whines) Oh, I can't.

LRH: Can't what?

PC: I can't get his words. I don't know what he's saying.

LRH: Go on, what does he say?

PC: He's interrupting. He doesn't tell me this in regression, he tells me this after he brings me up to present time.

LRH: Who cares?

PC: Because we started to argue in regression.

LRH: All right, when do you start to argue in regression?

PC: He realizes it's wrong so he brings me up to present time to tell me.

LRH: All right. When does he first start to argue with you in regression? (pause) Come on. When I count from one to five, the first words he says in that argument will flash into your mind, right there where they are. One-two-three-four-five(snap!). What's the first word that flashed in? One-two-three-four-five.

PC: Pearl.

LRH: All right. Go over the word Pearl.

PC: Pearl.

LRH: Go over it again.

PC: Pearl. Pearl.

LRH: Come on. Get Arnold now. What is he saying? Pearl what?

PC: Oh, Pearl. These words aren't in there.

LRH: Go over that again.

PC: These words aren't in there.

LRH: Let's go over that.

PC: (suddenly louder) No, just give me the words you get. And I say, These are the words I get.

LRH: Continue. Get mad.

PC: These are the words I get.

LRH: Come on.

PC: No, they're not. These words don't belong here. That's what he's saying, These words don't belong here. And I'm saying, How doyou know? It's my engram, nobody else knows but me. It's not your engram, it's my engram. And these words are here. He's saying, No, these words don't belong here. Ooh, he's a stinker, isn't he.

LRH: Continue.

PC: Oh, these words don't belong here. Then he says, Now go back to the beginning of this and run it with the right words this time. How the hell do you know what the right words are? Were you there? And then I say, No, I won't run it because you say those words aren't in it. Now you've got me all mixed up. How the hell do I know? Ooooh. You've got me all mixed up, how the hell do I know? You say those words aren't there and I keep getting those words and if I run them you'll say they don't belong here. He brought me up to present time and said that we should discuss it intelligently. And then he told me that my folks didn't know a Mrs. Goldberg at that time, so I really gave it to him.

LRH: Okay. Let's go back to the beginning on this. Come on. Give him hell on this one now. (pause) What does he say to you?

PC: Give it to me this time with all the right words. What do you mean? I'm giving you just what I'm getting. Oh, these words don't belong here. He insisted I was running two engrams at once and he just wanted one. He was damn persistent about it too. You're running two engrams here and I want you to run the earliest one. Well, how the hell did he know so much in such a little bit of time without reading the Handbook. The book hadn't even come out then!

LRH: Okay. It's all right. (pause) Go over it again. What's he saying? Come on, you're running this engram.

PC: Run it again. This time, he says, give me one engram. Give me the early one. What are you talking about? I'm giving you everything I'm getting just as I'm getting it. I was just rolling the words, they were coming very freely as I remember. And I was highly indignant of being interrupted when they were coming so well. Arnold has a tendency to do that, break me right up in the middle of a sentence.

LRH: Continue.

PC: Then I don't want to run for him, I refuse to run for him. And I'll argue in reverse and I won't run things.

LRH: Now let's pick up this first incident where he bucked the Auditor's Code. Let's get sore all over again. Let's be right there, get sore at him. You've got perfect license to. Go on. (pause) Contact it, honey.

PC: No, this doesn't belong here.

LRH: Boy,is he wrong! Go on, roll it.

PC: How the hell do you know it doesn't belong here. Of course it belongs here. I'm running it. Those are the words I've got and I'm giving them to you. You're supposed to take them. But it doesn't belong here. How the hell do you know? It's my engram and I'm the only one who knows. (burp)

LRH: Continue.

PC: No, but it just doesn't belong here. Now run it and just give me what's really there.

LRH: Continue.

PC: No, I won't run it.

LRH: Give him hell.

PC: I won't run it.

LRH: What does he say there?

PC: You're not running me right. You're supposed to take everything the file clerk gives you. The file clerk knows what he's doing. If it wasn't in here I wouldn't run it.

LRH: Continue. (pause) Come on, give him hell. You know what he says there. (pause) You know what he says there, honey.

PC: That's the trouble, I don't. I'm not getting it.

LRH: Huh?

PC: I'm not getting it.

LRH: You probably skidded down the track to where the other engram was. Now let's come up to the time when Arnold is talking to you.

PC: He says, That doesn't belong here.

LRH: Continue.

PC: What do you mean, that doesn't belong here. Sure it does. No, it doesn't. Now look, Pearl, go back and run the engram and give me just what's there. Wait a minute. What are you trying to do here, ruin my engram? You're supposed to take what I give you. Now look, Pearl, you do as I say. I'm the auditor. Now, he's trying not to argue with me in regression.

LRH: Continue.

PC: Go back to the beginning of this engram and run it again. How can I run it? You don't believe anything I give you anyway. You don't want to accept it. What's the use of my running it? You question everything I say. How can I run it if you'refuse to accept it? Now look, Pearl, just go back down your track and give me only what you're getting. I am giving you only what I'm getting. What the hell do you think I'm doing? Whose engram is it anyway, yours or mine? I know what's in that engram and nobody else. You weren't there. Now look, Pearl, go back to the beginning of the engram and run it again and give me just what's there. You're breaking the Auditor's Code. You're arguing with me in regression. You're a lousy auditor, you don't know what the hell you're doing. I'll never let you audit me again. All right, Pearl, leave all your somatics on the time track, take a deep breath and come up to present time. And then we really go at it.

LRH: Then what does he say?

PC: Now look, Pearl, you're not letting me handle this right. What the hell are you talking about anyway? You don't know what's in my engrams. Come on, how would you know that this isn't in there? You have no right to say such things. Look, Pearl, you happen to be running two engrams at once. How the hell do you know I'm running two engrams at once? You have absolutely no right to make a statement like that. I know you're running two engrams at once. And I'm trying to separate them and have you run the earlier one. You have a hell of a nerve. You think you know all about auditing, don't you. Boy, you had better read that book. You have a hell of a lot to learn. I'm not going to let you run me till you'read that book. Why did you say that didn't belong in there? Figure it out. Your folks didn't know Mrs. Goldberg beforeyou were born. How do you know they didn't? Well, let's figure it out. When were the Goldbergs married? Oh, Arnold, you don't know what you're doing. This is the worst thing you could possibly do. It doesn't necessarily have to be the Mrs. Goldberg that you're thinking of. It could be any Mrs. Goldberg, or a name That'sounds like it. You have no right to question any data that's given you. He's beginning to accept it. I go to the bathroom. I'm very angry. Then he says, All right, come back and lie down again. And he wants me to run the engram out just as I get it, but I refuse to run it for him. Every time I come to those words I pull out of them. So, there's another engram that's left open without being reduced. And I think it was a pretty important one. It was at the time my diarrhea first started.

LRH: Your diarrhea first started right after this?

PC: No, I had just come back from Bob. Bob hadn't knocked the diarrhea out. He sent me home with the diarrhea. Oh, I've got to go to the bathroom now. May I?

LRH: Come up to present time. Just the mention of the word diarrhea?

PC: Apparently, I don't know.

LRH: Okay.
[short break]

LRH: Close your eyes. Now let's go back to the first time he busts the Auditor's Code. The first time. Let's see if we can find a moment before the unveiling incident.

PC: I don't think I had diarrhea prior to the unveiling.
LRH: All right. It's not terribly important. Let's find out just a moment any time before the unveiling that Arnold jumps you about something.

PC: (pause) I think that was the first time.

LRH: Was it after the unveiling, or before?

PC: It was after.

LRH: Now when did your diarrhea turn on?

PC: (pause) After the unveiling.

LRH: All right. What happened at the unveiling that turned it on? Who told you you were wrong?

PC: (pause) My father.

LRH: All right. What did he say?

PC: I'm telling him about Bob. Didn't he do a good job? Look how nice I'm looking. I know my father has all kinds of engrams about money. I shouldn't have pressed his button.

LRH: So what happened?

PC: I said, The doctor wants a thousand dollars, how about it? And I hold out my hand. And he's saying, Look, take it easy. Don't give all your money away. (pause) You're going to school and things are hard right now. Give him a little bit each month. I don't think he's saying I'm wrong.

LRH: Go on. Let's roll it.

PC: You kids are always giving all your money away. No wonderyou don't have anything for yourselves. You don't have to go without clothes and without food and without so many things. You're always giving your money away. You'll never have a dime. I'm saying, Did you know I was dying? Would you rather give the money to a doctor for making me well or would you rather spend it for a funeral? You know how sick I was? That isn't the point. (pause) I know, I know. But you kids are wrong, you'll never have a dime. You want to give everything away. Oh, Daddy, don't you give us credit for having any sense at all ? Don 't you think we know how to manage our own affairs? We haven't starved yet, have we? What's more important than health? The man certainly earns his money. That's right, that's right. But he can wait. Give him just a little bit each month. That's about the only thing I can'think of where someone said we were wrong.

LRH: All right. Let's roll it again, honey. Contact the beginning of it. You're doing good.

PC: (pause) Well, how do I look? What do you think of that doctor anyway? He said he could do it, didn't he?

LRH: Continue. You're doing good.

PC: He said he could do it and he did.

LRH: Keep rolling, honey.

PC: There's something about a thousand dollars.
LRH: Okay. Just keep going.

PC: He wants a thousand dollars. How about it?

LRH: Continue.

PC: You kids are so anxious to give all your money away. You'll never have a dime. You don't do anything right. I can't understand you kids. You never have anything, and it's your own fault. You don't have to live the way you do.

LRH: Continue.

PC: (pause) He said, We don't have that kind of money. You don't realise, would you rather give the money to a doctor for making me well or spend it for a funeral? You could come to the cemetery instead, maybe you'd enjoy that more? That isn't the point. (pause)

LRH: Continue, honey. That isn't the point. Continue.

PC: You kids are wrong. You give everything away. You have nothing left for yourselves. You never leave anything for yourselves. You want to give everything away. You want to take care of everything right away. You don't leave yourselves anything over in case of an emergency.

LRH: Does he say anything about a relapse, or you getting sick again?

PC: No.

LRH: Does he question in any way the validity of the statement?

PC: No.

LRH: Does he say anything like, How do you know it's going to last? or anything like that?

PC: No.

LRH: Does anybody?

PC: My uncle treats me like I'm an invalid. Just naturally, not knowing anything about Dianetics, he thinks I'm still sick.

LRH: What does he say?

PC: He's setting up a bridge table and I go to get the chairs and start carrying them. Oh no, Pearl, don't. Oh, put those down this minute. I'll carry them. Don't you do a thing. You sit down and rest. Here, have a glass of milk. And he pulls out the milk bottle and the glass. And I'm saying, I don't want any milk. Oh, come on, you must have it. Please drink it, it's good for you. I say, Look, you've got me all wrong. I'm not sick. Will you get that into your head ? I'm fine. I'm not sick, please don't treat me like I'm sick. If I want it I'll take it. I'm fine. They refuse to believe it. They don't say it. But I can see it from their actions. And my aunt actually gets very angry at me.

LRH: What does she'say?

PC: (laughs) She's an aberree first class. And she'says, Now, Pearl, you don't do a thing. You just rest. Oh, I wanted to clean up some dishes in the sink. You just rest. I'm saying, Look, for heaven's sake I'm not sick. Please don't treat me as though I am. I'm perfectly fine. And she's saying, Now don't start your old tricks. Don't act like the old Pearl. Don't act like you used to, or something similar.

LRH: All right. Let's go back to the beginning when you first got into this, this will come clear in a couple of runs. Attagirl. You're doing good. Okay.

PC: Let me do it. I'll be glad to help. She's saying, Now, Pearl, I don't want you to do things. You just take it easy and relax. For heaven's sakes I'm not sick, and please don't treat me as though I am. I feel fine. Now don't act like you.... No.

LRH: Don't bother, honey, it will come back to you.

PC: Don't act like you used to. That isn't right but she's saying something comparable.

LRH: Iwill help you. One-two-three-four-five (snap!). Roll it again. It will come clear.

PC: Now don't start acting like you used to. You're supposed to be different now. You used to say, 'Don't tell me I'm nervous. ' She always used to tell me I was nervous, and I would get furious with her. You're supposed to be different now. She said it in her most annoyed tone. Then she finishes the ridiculous patter, I'm your friend. Remember that. I'm your friend. And I'm thinking how the hell does this whole conversation tie up. It's certainly not rational. She doesn't know what the hell she's saying. She was very angry. Something I said just blew her off.

LRH: Okay. Let's contact the beginning of it.

PC: I just didn't answer her because it was so stupid. Please don't treat me like I'm sick. I'm fine. I'm perfectly fine. And she's saying, Now don't start acting like you used to. You're supposed to be different now. You used to say, 'Don't tell me that I'm nervous.'

LRH: You're doing good.

PC: Remember one thing. I'm your friend. Remember that. I'm your friend. Period. End.

LRH: Now let's contact that from the beginning. (long pause) Well, you can contact it, honey. Now you're standing there and where is she while you're talking to her?

PC: I'm in my cousin's bedroom.

LRH: Okay. And what's the old lady say?

PC: She is in the adjoining bedroom.

LRH: Okay. So what's occurring?

PC: I'm fine. Please don't treat me like I'm sick. I'm not sick anymore, please. Please don't treat me like I am. I feel fine. I'm getting an annoyed tone too. Now don't start up like you used to.

LRH: Go over that again.

PC: Don't start up like you used to.

LRH: Go over that again.

PC: You're supposed to be different now. Don't start up like you used to. Don't start up like you used to. You're supposed to be different now.
LRH: Continue.

PC: Now I'm at the refrigerator, I've got the door open and I'm looking inside.

LRH: Continue.

PC: I'm your friend, remember that. I'm your friend. That's all she'said.

LRH: All right. Let's go over that again. Don't start up like you used to.

PC: Don't start up like you used to.

LRH: Keep rolling.

PC: You're supposed to be different now. You're supposed to be different now. You're supposed to be d ifferent. (pause) You were always....

LRH: Hm?

PC: You were always saying, 'Don't tell me I'm nervous. ' I'm your friend, remember that. I'm your friend.

LRH: Go over it again, honey.

PC: This is the most incoherent conversation I've ever heard.

LRH: Okay. Let's roll it again.

PC: Look, I'm fine. I feel fine. I'm not sick anymore. Please don't treat me as though I'm still sick. I'm fine. Really, I am, I feel wonderful. Don't start up like you used to. You're supposed to be different now. She's being very sarcastic. You're supposed to be different now. You were always saying, 'Don't tell me I'm nervous.' I'm your friend, remember that. I'm your friend. Want me to run it again?

LRH: Hm? You betcha.

PC: (laughs)

LRH: Roll it.

PC: Look, I feel fine. I'm not sick anymore. Please don't treat me as though I am. I really feel wonderful. Well, don't start up like you used to. You're supposed to be different. You were always saying, 'Don't tell me I'm nervous. ' I'm your friend. Remember that, I'm your friend.

LRH: (starts laughing)

PC: If you can compute that, you're good.

LRH: (laugh in voice) Let's roll it again, honey.

PC: I did something to push her button, but I'll be damned if I know what. (pause) Look, I'm not sick. Please don't treat me as though I'm sick. I feel fine. Really, I feel wonderful. (exhales) Now don't start acting like you used to. (belches)

LRH: Oh-oh.

PC: (belches)
LRH: Don’t start acting like you used to. Contact it, honey.

PC: Don’t start acting like you used to.

LRH: I thought we’d smoke this one out in a minute.

PC: Don’t start acting like you used to. Do you want me to carry it early?

LRH: Yeah. Pick up that lower engram on it.

PC: Don’t start acting like you used to.

LRH: Start up like you used to.

PC: Don’t start up like you used to.

LRH: Go over it again.

PC: Don’t start up like you used to.

LRH: Don’t start acting like you used to. You know what the words are, I don’t. Roll it, honey.

PC: Don’t start acting like you used to. Don’t start acting like you used to. Don’t start acting like you used to. Don’t start acting like you used to. Don’t start acting like you used to.

LRH: Where is this on the track? (pause) Push it again.

PC: Don’t start acting like you used to. I don’t know. I haven’t the slightest notion.

LRH: All right. Your somatic strip can contact it.

PC: Don’t start acting like you used to.

LRH: Go over it again. Let’s connect the next consecutive line. You can run these things off.

PC: I couldn’t stand that. (pause) You’realize these are just words that come to me.

LRH: Hm?

PC: You’realize these are just words that come to me. I have no idea whether they’re the right ones or not.

LRH: All right. Let’s roll it.

PC: (yawns; pause) Don’t start acting like you used to. I couldn’t stand it. Don’t start acting like you used to. I couldn’t stand it. (yawn) Don’t start acting like you used to. I couldn’t stand it.

LRH: Go over it again.

PC: Don’t start acting like you used to, I couldn ‘t stand it.

LRH: Don’t call me nervous, now.

PC: Don’t call me nervous
LRH: Go over it again.

PC: Don’t tell me I’m nervous.

LRH: Go over it again.

PC: Don’t tell me I’m nervous.

LRH: Let’s pick it up. That’s a girl.

PC: Don’t tell me I’m nervous. (assumes annoyed tone) Don’t tell me I’m nervous.

LRH: Go over it again.

PC: Don’t tell me I’m nervous. Don’t tell me I’m nervous. She was pushing my buttons.

LRH: Hm-hm. Go ahead.

PC: Don’t tell me I’m nervous.

LRH: Go over it again.

PC: Don’t tell me I’m nervous.

LRH: Go over it again.

PC: Don’t tell me I’m nervous.

[gap in recording]

PC: I thought it was confusing.

LRH: That was a beauty.

PC: These are my own words, I know that. I mean I think I’m giving you my words.

LRH: All right.

PC: I know I have said them to her.

LRH: All right. Let’s contact it back to as early as we can get it. Don’t tell me I’m nervous.

PC: (yawn) Don’t tell me I’m nervous. Don’t tell me I’m nervous.

LRH: Continue.

PC: It’s about the worst thing you can do.

LRH: Continue.

PC: The worst thing you can do is to tell a person he’s nervous. Do you think he can help it?

LRH: Go over it again.

PC: (yawn) Don't tell me I'm nervous. Don't tell me I'm nervous, it's about the worst thing you can do. Telling a person he is nervous certainly doesn't help. Do you think he can help being nervous? Telling a person he's nervous is about the worst thing you can do. Do you think he can help it?

LRH: Now the somatic strip can contact the beginning of this. (pause) Continue.

PC: (pause; loud sigh) Don't tell me I'm nervous. Don't tell me I'm nervous. Don't tell me I'm nervous. That's the worst thing you can do. About the worst thing you can do is tell a person he's nervous. Do you think he can help it? I mean it won't make him feel any better.

LRH: Okay. Buttons, buttons, buttons. (chuckle) Let's contact the beginning of it with the somatic strip, honey.

PC: Don't tell me I'm nervous. (sigh) Don't tell me I'm nervous. That's the worst thing you can do. The worst thing you can do is to tell a person who's nervous that he's nervous, it's certainly no help. Do you think he can help it? Might make him worse. (loud sigh) About the worst thing you can do is to tell a person he's nervous. It certainly won't make him feel any better. Do you think he can help it?

LRH: You're okay. Run it to the time the old lady's batting at you with it.

PC: Do you think that's my mother's conversation?

LRH: I don't know, maybe it's the same old dame's conversation. (chuckles) It doesn't matter what it is. Let's roll what she'says to you at the unveiling.

PC: What I was running previously?

LRH: Yeah.

PC: Please don't treat me as though I'm sick. I feel fine, really I do. I feel wonderful. I'm not sick and I don't want to be treated as though I am sick. Now look, don't start up like you used to. You were always saying, 'Don't tell me I am nervous. ' I'm your friend. Remember that. I'm your friend. (LRH begins to laugh at last line, PC: joins in) Do you see what I mean?

LRH: Yeah, I see what you mean. All right. Let's go to the icebox or wherever you are there. Let's roll what you've got.

PC: Boy, if you ever run short and you need any cases, we had two rooms full that day.

You're supposed to be different now. You were always saying, 'Don't tell me I'm nervous.' I'm your friend. Remember that, I'm your friend. (laughs) Where does that come in, would you please tell me!

LRH: All right, let's roll it again.

PC: Maybe it's a gardener friend. This was his (laughing as talks) conversation. (pause)Now don't start up like you used to. You're supposed to be different now. You were always saying, 'Don't tell me I'm nervous.' I'm your friend. Remember that, I'm your friend.

LRH: What were you doing when she was saying this?

PC: I was at the refrigerator.

LRH: All right. Let's contact it again.

PC: Well, at least it's good for a laugh. (pause) Don't start up like you used to. You're supposed to be different now. You were always saying, 'Don't tell me I'm nervous.' I'm your friend. Remember that, I'm your friend.

LRH: (chuckles again) Okay. Come on up to present time.

PC: Hm-hm.

LRH: All the way up to present time.

PC: Yes.

LRH: All right. Canceled. Five-four-three-twoone (snap!). Well, what do you think, honey?

PC: Hm ?

LRH: What do you think?

PC: I don't know what to think. I know something's there.

LRH: Well, you see itb such a mechanical proposition. She makes a nasty remark.

PC: Yeah, she pushes my buttons.

LRH: What would you do about the nasty remark? You would negate against it, wouldn't you.

PC: And of the whole day that one little half a minute of conversation messed me up but good.

LRH: So you negate against her. People haven't let you be right very much in your life, have they? Your mama got right by being sick, didn't she.

PC: That was one way. She could never do anything. And she used to say to me, The only time your father's ever nice to me is when I'm sick.

LRH: But she could be right when she was sick.

PC: Well, she had her own way more.

LRH: She had her own way. Therefore that was being right, wasn't it?

PC: Well, her own way was always the right way. Mother knows best.

LRH: Well, Mother knows best.

PC: Pearl did everything right or as they told her to because Mother was the authority.
LRH: All right.

Breaking the Auditor's Code has such an influence upon a person because the mind is made to be right. It's constructed along the lines that it is right. So somebody all of a sudden challenges its right to be right. And the Auditor's Code is broken most flagrantly when that is done. So then, one gets left on a second echelon level of being right, which is?

To be wrong?

Yes.

Yeah.

Well, figure it out. There are two methods of being right. One is just being right, and one is by, in your case, being Mama.

Yah. If I can't be right on my own, I'll be right by being Mama. Because Mama was always right.

Yes. There's nothing wrong with being right. That's one of the aberrations in society. Insanity consists of a person's having been wrong too often.

Where did you get that, Ron?

Well, you have to look at this on a rather high echelon level of Dianetics. If a person was infinitely right he would survive forever. That is computation. Absolute right would be absolute survival.

All right. That I get. Absolute wrong would be absolute death.

Death.

We can't attain these absolutes. But the mind tries consistently to obtain the upper absolute and avoid the lower one.

It's got to be right.

That's right.

Right is survival.

Yes. To be right is survival. If the person is wrong too often, he will kick off.

Uh-huh.

All right. Your mother had worked out a technique, engramically, which has been traveling for a long time. How could she be right? That is to say, how could she push herself into a position where she could survive according to her engramic computation? That would be to be sick. This of course made her right. You can't argue with a sick person.

Yes, I understand.

All right. Therefore, if you're challenged to be wrong, what happens?

Then I'll die.

You've got another method for being right.

Oh, if I'm challenged then I go into her valence, then I'm right.

It's a mechanical identity thinking proposition. It isn't something you're doing.

No, I understand. I follow it perfectly. I knew she was wrong.

You knew she was wrong? But what was she saying?

She was pushing my buttons.

She was saying, Don't start that up again, or something comparable. So, if she's wrong, then we negate against her to be right. So what do we do?

We avoid being told it's wrong.

That's correct. Which winds us up in this case where?

Like where I am. Deathly sick.

But are you there at that point? Ask yourself?

I think I'm better.

Yes, I know, but are you at this instant?

Yes.

How do you feel?

Good. Fine.

Yes, but you see what she does here? You're crossing your fingers now.

I'm not sure of anything. I ran that out with Brian.

All right. But if you ran it out, then you should be sure of something. Now, you talked to Dawn this morning. And she's talking about these beautiful perceptics and That'sort of thing. Well, she doesn't know it, but she doesn't have any somatics although she has excellent audio in the upper register.

In other words, we can't all have everything. But we will have everything eventually.

Now, you're not wrong because you don't have these things, and your dad isn't wrong because you don't have these things, see? You're right. You're going along okay. And you had, number one, somebody who is evidently highly engramic.

Mother. (laughs)

And she comes along and says so-and-so. We negate against her, we get a spin, we get Papa and he's saying you're wrong too. Don't give that doctor your money, and so on. Okay. So you come back from the unveiling and the reactive mind says you've got to negate, you've got to get sick because you're supposed to be well, but that's not what your upper monitors want.

Of course not.

Not by a long ways. So you go down to Bob.

Yes.

All right. Then we go back to Arnold, because Bob sent us along. And what does Arnold do?

Tells us that we're wrong again.

He breaks the Auditor's Code. So we start a dwindling spiral.

Well, I know, I started to slow down.

There's nothing wrong with Bob's auditing. He did what he could. But here's something That'should have been done at the first moment you went down to see Bob. He should have picked up the exact moments of precipitation.

When this whole thing first started, you mean?

No, it was a few days before that.

Well, he did review the unveiling. He didn't review it in its entirety, but we ran out an ally computation with an uncle of mine.

In other words, it wasn't a smooth job. Now this is not Bob's fault. Because the theory and mechanism behind this has only been in development for about three weeks, and he did the best job he could under the circumstances.

He did review it. He said, Let's go back to the unveiling.

Okay. That is the stuff. But the data wasn't there. Now there's another reason why the data wasn't there. Part of the bank had to be cleaned up, maybe it hadn't appeared. Now the data is appearing. Your bank didn't quite occlude it after all, and you will get it eventually. Then with Arnold the Auditor's Code got broken. Now all you have to do is roll out the rest of the breaks on the Auditor's Code.

We have to roll them all out? They will roll out very quickly.

I have absolutely no confidence in my ability to recall.

Sure, he challenged your ability to recall at a moment when you were defenceless and expecting him to protect you. This therefore made you succumb. Okay, so you succumbed to the engram instead of attacking the engram. Your power to attack the engram was at that moment undermined. But it has been rehabilitated here.

I'm sure it must have been.

So how do you feel about it?

I can't be sure of anything. I'm not sure. My strongest answer is I hope so. That's my grandmother but definitely. Any time someone said something good was going to happen she would say, Well, I hope so. In other words, not a positive statement, but just the strongest thing she could say That'she was comfortable with. And that has been something I have always used.

LRH: Well, lie down. All right, let's pick up the first time I hope so appears in the bank.

PC: I hope so

LRH: Go over it again.

PC: I hope so

LRH: Go over it again.

PC: I hope so

LRH: First time it appears in the bank.

PC: I hope so

LRH: Go over it again.

PC: I hope so

LRH: Go over it again.

PC: I hope so

LRH: Go over it again.

PC: I hope so

LRH: Contact her. The somatic strip can contact her. I hope so what?

PC: Don't worry, she'll get well. I hope so.

LRH: Oh, brother. (LRH and PC: chuckle) Let's roll that again.

PC: Don't worry, she'll get well. She'll be all right. And my grandmother's saying, I hope so.

LRH: And what else does she'say? (pause) Can't be sure, there's an I can't be sure there.

PC: Are you sure?

LRH: Ah!

PC: How do you know?

LRH: How do you know?

PC: How do you know? Are you sure?

LRH: Hm-hm.

PC: Are you sure? (groan) I'm really messed up.

LRH: Run over that again.

PC: Are you sure? How do you know?

LRH: Okay. (chuckle in voice) Let's go over that again.

PC: Are you sure, how do you know? Are you sure, how do you know?

LRH: Continue. (pause) Let's contact the first part of this, honey. (pause) Is it The strongest answer I can give you?

PC: No.

LRH: All right.

PC: That's just my evaluation.

LRH: All right. It's I hope so, then.

PC: I hope so

LRH: Go over it again.

PC: I hope so

LRH: Go over it again.

PC: I hope so

LRH: Go over it again.

PC: I hope so

LRH: Go over it again.

PC: I hope so I hope so I hope so

LRH: What's the word just before that?

PC: (pause) Don't worry, she'll be all right.

LRH: Continue.

PC: She's saying it very gravely, very seriously.

LRH: Hm-hm.

PC: As though she doesn't really believe it.

LRH: Hm-hm. Continue. (pause; clears throat) Continue.

PC: (pause) Don't worry, she'll be all right. (long pause, whispers) I hope so, I hope so. (inhales sharply) I can't get the next word.

LRH: All right. Let's contact the somatic now.

PC: Don't worry, she'll be all right. I hope so.

LRH: Let's go over it again.

PC: Don't worry, she'll be all right. I hope so. (pause) I'm starting to feel sick again.

LRH: What?

PC: I'm starting to feel sick again.

LRH: You are, right now?

PC: Just slightly uncomfortable. It's all stirring up in here.
LRH: Okay. Let's roll that from the beginning, dear.

PC: Don't worry, I'm all right. I have no idea what's going on here.

LRH: Continue.

PC: Don't worry, she'll be all right. (pause) I don't get any other words.

LRH: Tell me the other words.

PC: I don't know.

LRH: All right. Go over that, I don't know.

PC: I don't know. I don't know.

LRH: Get the rest of it.

PC: I don't know.

LRH: Go over it again.

PC: I don't know.

LRH: Go over it again.

PC: I don't know.

LRH: Go over it again.

PC: I don't know.

LRH: Go over I hope so.

PC: I hope so I don't know. I hope so. I hope so. I hope so.

LRH: How do you feel in your stomach?

PC: Fine.

LRH: Feel a little better?

PC: Yes.

LRH: All right. Come up to present time.

PC: I'm here.

LRH: Canceled. Five-four-three-two-one.

Session, 12 June 1950

Stability is extremely necessary in your case. There's no reason why you should keep on diving off like this. If it was good auditing you would not have done so.

But with poor auditing where the auditor is challenging your information, in addition to which there is a psychiatrist entering into the case delving around in mid-therapy telling you it's all in your imagination, they are tackling you at a moment when you are still in an unsettled condition. So, it produces a greater effect than it should. As a result, we can't expect a great deal of release until we get rid of the psychiatry which has been practiced on you.

In former years, psychiatry was under the unfortunate delusion that delusion produced insanity. Well, it happens that delusion is insanity. So by telling people that they had delusions, they were producing insanity.

And it's a remarkable fact that-since the promulgation and practice of psychoanalysis along that line there has been a curve of increasing psychosis in this society.
The mind considers being right as survival. And actually it is. To survive, a mind has to be right. The more often it is impinged with the information that it is wrong, the less it is able to be right. And it at once sets in a dwindling spiral where evidently the monitor units of rightness begin to idle rather than think.

And eventually when a person is proved completely wrong (what we refer to on the electronic charts as the central monitor board is finally swamped and no longer has potential) the person is psychotic because he has no further check on what he is doing.

This can happen on an acute basis or a chronic basis. On the acute basis the analytical shutdown results in the crime passionnel or merely the acute brief breakdown. And if chronic, the person is continually swamped.

The Auditor's Code is there not because it's nice but because it has an actual part in therapy. If an auditor challenges the person's ideas about what is wrong with him, then he challenges the persona recalls and he challenges and labels as imagination what the person believes has happened to him in his life. And although these things may be wrong, the fact of challenging them is knocking out the alignment of monitor units.

Here we have a case which worked beautifully, was doing fine, and then was suddenly taken over by an auditor who was very challenging and critical of information and data, and we got an instantaneous deterioration. Now it happens to be complicated by the fact that the patient's husband's name appears in the patient's prenatal bank. And the setup is very bad. All I'm going to do is run out these auditor violations.

PC: All right. You should have a lot of fun.

LRH: Take off your glasses, honey.

PC: Yes, sir.

LRH: Okay. Close your eyes. Anything I say to you now while you are lying there with your eyes closed will become canceled when I utter the word canceled while you're in session. Okay?

PC: Uh-huh.

LRH: Okay. Just relax there for a moment. Now let's return to the moment when Dr. Collins and your husband are in conversation together and you overhear them. Let's return to this moment. (pause) Your somatic strip can go there, honey.

PC: (pause) Well, he's saying, I still say that there is very strong suggestion. It's nothing new. It sounds like very strong suggestion to me. Of course there's nothing wrong with suggestion. We use it a great deal in psychotherapy.

LRH: Okay. Let's return to the beginning of this now. Where are you standing in relationship to these two gentlemen?
PC: It's on the subway.

LRH: Okay. What kind of racket is the subway making?

PC: (pause) It's very crowded and I can see it swaying back and forth. The three of us are standing around a pole in the middle of the car.

LRH: Okay. Now what's being said there?

PC: Dr. Collins looks very serious, very aberrated. (chuckles)

LRH: Continue.

PC: I swear that guy's an AA.

LRH: All right. Continue, honey. (pause) Continue. (pause) Pick it up right there at the beginning. The thing is swinging along. Pick it up there. Get the kinesthesia of That'subway, whamitywhamity-wham.

PC: I (breathes deeply)

LRH: That's it. All right.

PC: Oh, I still say it's just a therapy.

LRH: Continue. It's all right. (pause) Now let's pick up the remark which has just been made to him. Let's piek up the remark which has just been made to him.

PC: (murmur)

LRH: All right. Let's see if we can't contact it, honey. Your somatic strip can be right there with it. (pause) How does the subway look?

PC: I can see the subway all right.

LRH: All right. You don't have to pick up the sonic on this. To hell with the sonic. Just give me an impression of what's occurring. If you tell me they're talking about cancan girls, I'll take it. Go on. Let's roll it.

PC: I can't hear what Arnold is saying somehow.

LRH: All right. When I count from one to five it will flash into your mind. One-two-three-four-five (snap!).

PC: (pause) I can't.

LRH: Hm?

PC: I can't pick it up.

LRH: Is Arnold saying something like, I can't understand it, what do you think about it? Your somatic strip can go to the moment he's speaking there. (pause)

PC: Well, he's saying something about somatics.

LRH: All right. Let's go over that. Somatics.

PC: (murmurs) Somatics.
LRH: Continue.

PC: Seems to me the somatics prove the validity of the whole thing.

LRH: Okay. Let's go over it again.

PC: It seems to me the somatics prove the validity of the whole thing.

LRH: Okay. Let's roll what Arnold is saying there. How does he look when he's saying this? Let's roll it again.

PC: It seems to me that the somatics prove the validity of the whole thing. First she gets a pain here and then she gets a pain there. The pain comes and goes away and then she gets the pain somewhere else.

LRH: Continue. (pause) Continue.

PC: Then Arnold says, That doesn't happen in psychotherapy. To which Collins replies, We've seen that happen in certain patients where they are in therapy and they start getting a somatic.

LRH: Continue. (pause) Has this gentleman ever read any book on Dianetics?

PC: We gave him a copy, but I'll bet he never even opened it.

LRH: Okay. Lets start from the beginning again. Now, lets pick it up at the beginning. What is the first objection that Collins is making there?

PC: I still say it's suggestion. I still say it's a very strongly suggestive type of therapy.

LRH: Is That'subway roaring?

PC: Yes. He's talking quite loudly, his voice is raised.

LRH: Hm-hm. Let's go over that again.

PC: I still say it's a very strongly suggestive type of therapy.

LRH: Continue.

PC: And it will work very easily on strongly suggestive people.

LRH: Oh. Let's go over that again.

PC: Oh, yes, because he said to Arnold, Have you been through this therapy too? In other words, she's highly suggestive and you're not, as much as to say, Oh, it wouldn't work on you.

LRH: Continue.

PC: He says to Arnold, Do you get the somatics ? And Arnold says, Oh, yes, you ought to have seen me, man, thrashing all over the place.

LRH: Continue. (pause) How are you feeling as you're standing there listening to all this? (pause)

PC: I suppose it is undermining me a little. I have never thought of that before. But I have mixed feelings about it. I feel sorry for the guy. I feel he could stand a little therapy himself. He was haggard and worn, and looked like a wreck.

LRH: Okay. Continue.

PC: And he looks as if he has got the weight of the world on his shoulders. He has probably been psychoanalysed too. And I also keep wondering if there might possibly be something to what he's saying.

LRH: Uh-huh.

PC: Sol do and I don't. I'm ambivalent, I guess.
LRH: Hm-hm.

PC: I don't think ambivalent is the right term but I have mixed feelings.

LRH: Okay, honey, lets run the words mixed feelings.

PC: Mixed feelings.

LRH: Early.

PC: Mixed feelings.

LRH: Early. Mixed feelings.

PC: Mixed feelings.

LRH: Early. Mixed feelings.

PC: Mixed feelings.

LRH: Contact it. Mixed feelings.

PC: Mixed feelings. (pause) Mixed feelings.

LRH: Mixed feelings.

PC: Mixed feelings.

LRH: Contact it. Mixed feelings.

PC: Mixed feelings. (pause) Mixed feelings.

LRH: All right. Lets contact that and any subsequent phrase that might appear.

PC: That's a term Collins has used to me in psychotherapy.

LRH: What does he say?

PC: In other words you have mixed feelings about it?

LRH: Oh. Lets pick up the first time he says this.

PC: Oh, no! Do we have to go through the whole damned psychotherapy?

LRH: I wouldn't be a bit surprised.

PC: Oh, no. Please, Ron!

LRH: All right. Let's contact the first time he says mixed feelings. (pause) Your somatic strip can contact the first time he says mixed feelings.

PC: (pause; yawn)

LRH: Did you ever have any drug therapy with him?

PC: No, thank God.

LRH: What drugs were you using at the time you were seeing him?
PC: Phenobarb every four hours.

LRH: Attaboy. .

PC: But I didn't take that for very long, thank goodness.

LRH: All right. Is this particular moment you're picking up here a moment when you're taking phenobarb?

PC: Possibly. The term mixed feelings was very common in our sessions.

LRH: Okay. Let's pick up the first time mixed feelings appears in the bank.

PC: (sigh)

LRH: The first time he says it. Repeat it. Mixed feelings. You can contact it.

PC: Mixed feelings. Mixed feelings. Mixed feelings. Mixed feelings.

LRH: All right. Contact it.

PC: Mixed feelings.

LRH: Continue.

PC: Mixed f eelings. Mixed f eelings. (deep breath) Mixed feelings. Mixed feelings.

LRH: What's his correct phrase on it? What's the full phrase?

PC: He often says, You're damned if you do and you're damned if you don't.

LRH: Lets go over that again.

PC: You're damned if you do and you're damned if you don't.

LRH: Let's go over it again.

PC: You're damned if you do and you're damned if you don't. (yawn) You're damned if you do and you're damned if you don't.

LRH: Let's go over it again.

PC: You're damned if you do and you're damned if you don't.
LRH: Lets go early now. Any phrase that says, Believe the doctor, early. If itb there. Believe the doctor. Believe what the doctor says. Do what the doctor tells you.

PC: You're the doctor.

LRH: What?

PC: What ever you say, you're the doctor.

LRH: Go over that again.

PC: What ever you say, you're the doctor.

LRH: Go over it again.

PC: What ever you say, you're the doctor.

LRH: What else?

PC: I'm getting nauseous.

LRH: Lets go over it again.

PC: What ever you say, you're the doctor. .

LRH: Go over it again.

PC: What ever you say, you're the doctor. (yawn) Whatever you say, you're the doctor.

LRH: Go over it again.

PC: What ever you say, you're the doctor.

LRH: Pick up the believe me there or anything like that? (pause) You'd better do what I tell you, anything like that?

PC: (pause) I don't pick it up.

LRH: All right. What ever you say, you're the doctor. Let's go over that.

PC: What ever you say, (yawn) you're the doctor.

LRH: Okay. Lets go over it again.

PC: What ever you say, you're the doctor.

LRH: All right. Lets contact the phrase just earlier than that. Lets see if we can contact the doctor there. If there is a doctor there, if there isn't somebody else. Contact the phrase just before it.

PC: (yawn)

LRH: The phrase just before it there.

PC: (pause) Follow these directions and I'm sure you will feel much better.

LRH: Go over it again.

PC: Follow these directions and I'm sure you will feel much better.

LRH: Go over it again.

PC: Just follow these directions and I'm sure you will feel much better.

LRH: Go over it again.

PC: Follow these directions and I'm sure you will feel much better.

LRH: Contact it again.

PC: Just follow these directions and I'm sure you will feel much better.

LRH: What's your somatic here?
PC: Nauseous.

LRH: Nausea and what else?

PC: I've got a lot of phlegm in my nose and throat.

LRH: All right. Let's see if we can contact this and roll it. The somatic strip can contact the first end of this. Now lets see if we can roll it through.

PC: (yawn)

LRH: Let's contact it. (pause) Let's contact it.

PC: I can't. (breathes heavily)

LRH: Go on. Contact it.

PC: Oh.

LRH: Contact it, contact it right there at the beginning. Contact the beginning. Contact the beginning of it. You can, honey.

PC: I can't.

LRH: Can't what?

PC: Don't know.

LRH: What's going on there, honey? (pause; snaps fingers) If you tell me the Sultan of India has just arrived to pay your mother a visit, why, I'll believe you. Go ahead. (pause) Contact the somatic on that.

PC: (murmur)

LRH: How about rolling into your valence down here. Into your own valence. Aren't you tired of your mothers valence?

PC: Yeah.

LRH: All right. Well, get into your own valence, its perfectly simple. (pause) How does it feel in your own valence? Can you contact it?

PC: (yawn) I don't feel sick anymore.

LRH: Okay. What's coming through there while you're in your own valence? Just give me some guesses. It's okay.

PC: I pick up some nausea in there.

LRH: All right. Into your own valence again.

PC: (pause; yawn)

LRH: All right. Switch over into the doctors valence. Let's switch over into the doctor's valence and give this ailing dame some good advice. Just give her any kind of advice

that you think would benefit her. Over to the doctors valence. Now, give this lady some advice. Tell her to pare her bunions regularly or anything you want to, but give her some advice. God knows, this gal needs it. Go on, give her some advice. Would you speak with a low voice or high voice if you were the doctor?

PC: (pause) A low voice.

LRH: All right. Give her some advice.

PC: This won't hurt. (starts laughing)

LRH: Huh?

PC: (suddenly laughing) I think she's constipated !

LRH: Go over it.

PC: Why couldn't I pick up that part of it if I had to be in her valence? Oh. (groan)

LRH: Roll it again.

PC: (laugh)

LRH: Continue.

PC: Oh, damn.

LRH: What is it again?

PC: (belches)

LRH: Okay. Get into the doctors valence. Now roll it. You're there talking to her on the subject. Would you be consoling or cross with her?

PC: Consoling.

LRH: All right. How would you console this poor woman who is so nauseated?

PC: Oh, really, it isn't anything. A million women have gone through it before, and they survived beautifully. It's the most natural thing in the world.

LRH: Go on. Give her some good advice.

PC: Of course you're a little uncomfortable, that's to be expected. But it isn't that bad. I'll give you a prescription. Just follow the directions and I'm sure you'll feel much better.

LRH: As the doctor, what would you hear from this character? Lets go back to the first part of it now and, as the doctor, what would you hear from her?

PC: (laughing)

LRH: What would you be hearing from her?

PC: How much do I get for writing this script anyway?

LRH: Now what do you hear from her?

PC: I can't hear her. (yawns)

LRH: What would you be saying to her? Let's go over that again. Come on, let's give her this little gem of advice again.

PC: Oh, come now, it really isn't that bad.

LRH: Oh, I see. Let's roll that first phrase, dear.

PC: It's the most natural thing in the world. I'm sure it isn't bothering you as much as you say.

LRH: Continue.

PC: Of course you're a little uncomfortable. That's to be expected. I'll make you out a prescription. You just follow the directions. And it should relieve you considerably.

LRH: Okay. Now lets switch over to Mamas valence and answer it. (pause) What do you complain to him about in the first place? Lets complain to him first.

PC: I'm completely miserable. I'm just not myself these days.

LRH: Complain to him some more.

PC: (laugh) Those words sound familiar to the doctor. (pause)

LRH: Go on. What do you say to him after he gives you the prescription? Just pretend you're Mama. (pause) What do you say to him?

PC: Well, I certainly hope this helps.

LRH: Go on. Keep answering back at him, whatever comes into your mind. You know how pale and wan you are lying there.

PC: Oh, I've been so discouraged lately I didn't know wher.e to turn.

LRH: Continue.

PC: (pause) If this helps me I'll be eternally grateful.

LRH: Go over it again.

PC: Him?
LRH: Go on.

PC: (murmur; pause)

LRH: Go on. Go over the phrase What ever you say to the doctor, you're the doctor. What is it?

PC: Whateveryou say, you're the doctor.

LRH: Go over it again.

PC: What ever you say, you're the doctor

LRH: Go over it again.

PC: What ever you say, you ‘re the doctor. (blows nose)

LRH: Go over it again.

PC: What ever you say, you’re the doctor.

LRH: Go over it again.

PC: What ever you say, you’re the doctor.

LRH: Go over it again.

PC: I’ll do whatever you say, you’re the doctor.

LRH: All right. Lets get into your own valence and roll the thing.

PC: I’ll do whatever you say, you’re the doctor.

LRH: Let’s get into your own valence now, from the beginning. Run it on through in your own valence.

PC: (belches)

LRH: What is your own valence doing? Come on. Lets roll into your own valence.

PC: (belches; pause; deep breath)

LRH: What do you get there at the beginning?

PC: (pause) I don’t get any somatic.

LRH: Okay. There probably isn’t any. Lets roll it.

PC: Oh, I feel so miserable.

LRH: Continue.

PC: I’m just beside myself. (That’s a nice one.)

LRH: Continue.

PC: Does that make me ambivalent or something? Ooh!

LRH: Lets roll it again.

PC: (breathes heavily)

LRH: Let’s roll it.

PC: Oh, I feel so sick

LRH: Hm?

PC: Terribly sick

LRH: Go on over that line.

PC: I’m terribly sick

LRH: Go over it again.
PC: I'm terribly sick

LRH: Go over it again.

PC: I'm terribly sick

LRH: Go over it again.

PC: I'm terribly sick

LRH: Go over it again.

PC: I'm terribly sick

LRH: Go over it again.

PC: I'm terribly sick I'm terribly sick.

LRH: Go over it again. Contact it.

PC: I'm terribly sick

LRH: Shift into your own valence and contact it.

PC: I'm terribly sick I'm terribly sick. (yawn) I'm terribly sick. I'm terribly sick. I'm terribly sick.

LRH: What comes after that?

PC: (pause) It's just unbearable.

LRH: Go over that.

PC: It's just unbearable.

LRH: Shift into your own valence and catch that one.

PC: It's just unbearable.

LRH: Go over it again.
PC: It's just unbearable. (deep breath) It's just unbearable.

LRH: Attagirl. What comes next? (pause) Continue.

PC: (murmur) You've got to do something to make me more comfortable.

LRH: Continue.

PC: I can't go on this way.

LRH: Continue.

PC: (belch) I can't go on this way.

LRH: Shift into your own valence and pick up that line.

PC: I can't go on this way.

LRH: Go over it again. Your own valence.

PC: I can't go on this way.

LRH: Go over it again.

PC: I can't go on this way much longer.

LRH: All right. Lets contact it.

PC: I can't go on this way much longer.

LRH: Shift into your own valence on this.

PC: I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer.

LRH: Let's go to the first time that appears in the bank, honey. Let's go to the first time that appears in the bank. First time. Early, early, early, early, early, early. Repeat it.

PC: I can't go on this way much longer.

LRH: Go over it again.

PC: I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer.

LRH: Lets contact it.

PC: I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer.

LRH: First time that appears in the bank?

PC: I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer.

LRH: First time.
PC: (pause; yawn) I can't go on this way much longer.

LRH: Go over that again.

PC: I can't go on this way much longer.

LRH: Fine. Go over it again.

PC: I can't go on this way much longer.

LRH: Okay. Go over it again.

PC: I can't go on this way much longer.

LRH: Go over it again.

PC: I can't go on this way much longer.

LRH: Shift into your own valence. Contact that now.

PC: I can't go on this way much longer. (belch)

LRH: Your own valence, dear. Who is saying that?

PC: My mother.

LRH: All right, lets contact your mother saying that.

PC: I can't go on this way much longer. I can't go on this way much longer.

LRH: Go on. Go over it again.

PC: I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer. (voice gets fainter and fainter)

LRH: Contact it, honey, first time it appears in the bank.

PC: I can't go on this way much longer.

LRH: The somatic strip can contact it.

PC: I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer.

LRH: Hit it.

PC: I can't go on this way much longer.

LRH: Shift into your own valence.

PC: I can't go on this way much longer. I can't go on this way much longer. I can't go on this way much longer.

LRH: Hit it. Go over it again.

PC: I can't go on this way much longer.
LRH: Go over it again.

PC: I can't go on this way much longer. I can't go on this way much longer. Something will have to be done.

LRH: Go on over that again.

PC: Something will have to be done.

LRH: Continue.

PC: I'm getting weaker and weaker.

LRH: Continue. (pause) Lets go over it again. Let's not get so weak we can't run the engram. (chuckles) Let's roll it again.

PC: Something will have to be done.

LRH: Hm?

PC: Something will have to be done.

LRH: Continue.

PC: (murmur, belch) I can't take it anymore.

LRH: Let's roll that again.

PC: I can't take it anymore. I can't take it anymore. I can't take it. I can't take it anymore. I can't take it anymore.

LRH: All right. Lets come on up to the time when you first hear the words mixed feelings.

PC: Mixed feelings. Mixed feelings.

LRH: First time. Mixed feelings.

PC: Mixed feelings. Mixed feelings.

LRH: Go over it again.

PC: Mixed feelings.

LRH: How do you feel? Mixed feelings. First time.

PC: Mixed f eelings.

LRH: First time you hear these words.

PC: Mixed feelings. Mixed feelings.

LRH: Go over it again.

PC: Well, that's what's lousing up my valence, isn't it?

LRH: Hm-hm.

PC: Mixed feelings. Mixed feelings. (pause) Mixed feelings. Mixed feelings. (pause; belch)

LRH: Uh-huh!

PC: (belch)

LRH: Uh-huh. Let's go over that. Mixed feelings.

PC: Mixed feelings. Mixed feelings. Mixed feelings.

LRH: Go over the whole phrase now, mixed feelings, that goes along with that belch.

PC: (pause) Mixed feelings. (yawn) You've got mixed feelings.

LRH: Go over it again.

PC: You've got mixed feelings.

LRH: Go over it again.

PC: You mean you 've got mixed feelings about it.

LRH: Who is it?

PC: Collins.

LRH: Let's go into the early part of the bank and pick up mixed feelings. Go early. Mixed feelings. Mixed feelings. Mixed feelings. Early.

PC: Mixed feelings. (pause) Mixed feelings. (pause; coughs)

LRH: Mixed feelings.

PC: Mixed feelings. Mixed feelings.

LRH: Get a mixed feelings that goes along with a belch.

PC: Mixed feelings.

LRH: Mixed feelings.

PC: Mixed feelings.

LRH: Mixed feelings. The somatic strip can contact it.

PC: Mixed feelings. Mixed feelings. (pause) I'm getting mixed feelings about this thing.

LRH: Go on over that again.

PC: When I feel this way I wish it had never happened. And when I feel well, I can't wait.

LRH: Let's roll it again, honey.

PC: I've got mixed feelings about this pregnancy.

LRH: Continue.

PC: (pause) I've got mixed feelings. (yawning) I've got mixed feelings about this pregnancy. (pause)

LRH: Go over it again.

PC: I've got mixed feelings about this. I've got mixed feelings about this pregnancy.

LRH: Continue. Just roll it off down there. (pause) Roll it off.

PC: I've got mixed feelings about this pregnancy.

LRH: Continue.

PC: When I feel like this, I wish it had never happened.

LRH: Continue. Continue, honey.

PC: (belch)

LRH: Continue.

PC: When I feel well, I can hardly wait. (pause) That's all.

LRH: Is that all?

PC: Hm-hm.

LRH: All right. Lets run it again. See if we can run it in our own valence now.

PC: I've got mixed feelings about this pregnancy. When I feel like this I wish it had never happened.

LRH: Continue.

PC: I have mixed feelings. When I feel this way I wish it had never happened. And when I feel well I can hardly wait. I've got mixed feelings about this pregnancy. When I feel this way I wish it had never happened. And when I feel well I can hardly wait.

LRH: Continue.

PC: That's all.

LRH: Let's go to the beginning of it again. Let's go to the beginning of it again, honey. Let's go to the beginning.

PC: I've got mixed feelings about this pregnancy.

LRH: Let's see if we can contact That'solidly with the somatic strip now and get some yawns off of it, huh? Let's get in underneath that belch. Let her belch all over you, what does it matter? (pause) Continue.

PC: I've got mixed feelings about this pregnancy. (belch) Oh, I'm so unhappy.

LRH: Go over it again, honey.

PC: I Me got mixed feelings. I've got mixed feelings. (pause) I'm falling asleep.

LRH: Let's contact the somatic on it. (pause) Are you doping off there?
PC: Yes.

LRH: Are you just going to sleep or what?

PC: I feel very groggy.

LRH: Having any dreams?

PC: No.

LRH: Just sleepy, huh?

PC: Yes.

LRH: I'm so tired. Go over the line I'm so tired.

PC: I'm so tired.

LRH: Go over it again.
PC: I'm so tired.

LRH: Go over it again.

PC: I'm so tired.

LRH: Go over it again.

PC: I'm so tired. I'm so tired.

LRH: Go over it again.

PC: I'm so tired.

LRH: I'm so tired. Go over it again.

PC: I'm so tired.

LRH: Contact it, honey. (pause) Contact it.

PC: (very faintly) I'm so tired. (belch)

LRH: Attagirl. Let's go over it again.

PC: I'm so tired. I'm so tired.

LRH: Go over it again.

PC: I'm so tired. I'm so tired. I'm so tired. I'm so tired. (pause)

LRH: All right, honey. I tell you what we will do.

PC: Hm?

LRH: Come up to present time. Are you in present time? How do you feel?

PC: Fine, but a little dopey.

LRH: Oh, how about getting up on your feet and walking in a circle for a couple of minutes.

PC: Do you mean that?

LRH: Yah. That's right. Get your circulation started again.

PC: I've got to go to the bathroom anyway.

LRH: Okay. (pause) Just a minute before you go.

PC: Yah?

LRH: Close your eyes.

PC: Yes.

LRH: Say, I've got to go.

PC: (whispers) I've got to go.

LRH: Go over it again.

PC: I've got to go.

LRH: Go over it again.

PC: I've got to go.

LRH: That's right. Go over it again.

PC: I've got to go.

LRH: Go over it again.

PC: I've got to go.

LRH: What's the rest of the phrase? I've got to go.>

PC: I've got to go in a hurry. (small laugh)

LRH: Go over it again.

PC: I've got to go in a hurry.

LRH: Contact it solidly now and let's see if we can get some anaten out of it. Let's go over it.

PC: I've just got to go in a hurry.

LRH: Go over it again, honey.

PC: I've got to go in a hurry. I've got to go in a hurry. I've got to go in a hurry. Got to go in a hurry. I've got to go in a hurry. Got to go in a hurry.

LRH: What's the rest of it?

PC: I could just pop right off to sleep.

LRH: What's this?

PC: I could just go right to sleep.

LRH: All right. Go on over that.

PC: I've got to go in a hurry and I could just pop right off to sleep?

LRH: No, I don't suppose so. If you think it's so, okay. Got to go in a hurry.

PC: I've got to go in a hurry.

LRH: What do you think the next word is?

PC: I don't know. (loud sigh) I've got to go in a hurry.

LRH: I don't know. I don't know what? All right. Let's go over it again. (pause) Let's contact what sheb doing there.

PC: (murmurs)
LRH: Go over it again.

PC: I've got to go in a hurry, I can't wait.

LRH: What's the rest of the engram?

PC: Excuse me! She's nutty. (inhales sharply) I get a feeling That'she'says early.

LRH: Okay.

PC: I don't hear anything.

LRH: Let's roll it.

PC: I've got to go in a hurry, I can't wait.

LRH: What's the first line?

PC: (yawns) Excuse me, I've got to go in a hurry, I can't wait.

LRH: All right. Let's go over that line again.

PC: Excuse me, I've got to go in a hurry, I can't wait. Got a hurried call.

LRH: Hm-hm. Go over that again.

PC: Got a hurried call.

LRH: Go over it again.

PC: I've got a hurried call.

LRH: Go over it again.

PC: I've a hurried call.

LRH: Go over it again.
PC: I've got a hurried call.

LRH: Contact the somatic with it.

PC: (belch)

LRH: Go over it again.

PC: I He got a hurried call. I just feel sick, Ron.

LRH: I just feel sick. Go over it, honey.

PC: I just feel sick (belch)

LRH: Go on over it again. I just feel sick.

PC: I just feel sick. I just feel sick.

LRH: Go over that again.

PC: I just feel sick I just feel sick I just feel sick. (belch) I just feel sick.
LRH: Go over it, honey.

PC: I just feel sick. I just feel sick. (belch) I just feel sick.

LRH: All right. Shift into your own valence. (pause) How do you feel in your own valence?

PC: All right.

LRH: Now what are you hearing in your own valence?

PC: But it comes back.

LRH: Comes back, comes back. Oh, boy! Let's go over that, honey.

PC: It comes back. It comes back. It comes back. (belch)

LRH: Go over it again.

PC: It comes back. It comes back.

LRH: Let's go over it again.

PC: It comes back. It comes back. It comes back. It comes back. It comes back. It comes back.

LRH: Roll the whole thing.

PC: (yawn) It comes back. It comes back. It comes back. It comes back.

LRH: It comes back what?

PC: Worse than ever

LRH: All right. Let's go over it again.

PC: It comes back worse than ever
LRH: Go over it again.

PC: It comes back worse than ever

LRH: Go over it again.

PC: It comes back worse than ever

LRH: The somatic strip can contact this now.

PC: (belch) It comes back worse than ever. It comes back worse than ever.

LRH: Who's talking?

PC: My mother.

LRH: What's she saying?

PC: It goes away for a little while and then it comes back worse than ever.

LRH: Go on over it again.

PC: I'm hungry. It goes away for a little while and then comes back worse than ever.

LRH: And what then? (pause) Let's roll that phrase a couple more times. Contact the somatic now.

PC: It goes away for a little while and then it comes back worse than ever. It goes away for a little while and then it comes back worse than ever. It goes away for a little while—(belch) pardon me—then it comes back worse than ever.

LRH: Honey, shift into your own valence.

PC: (murmurs) It goes away for a little while and then it comes back worse than ever. It goes away for a little while and then it comes back worse than ever. It goes away for a little while and then it comes back worse than ever.

LRH: Honey, shift into your own valence.

PC: Yeah.

LRH: Come to present time.

PC: Hm ? I feel good.

LRH: What's the date?

PC: 1950.

LRH: All right. Canceled.

PC: Yeah.

LRH: How about going and getting something to eat now and then we'll resume the session.

PC: Okay.

[Break in the session, which then continues.]

LRH: This doctor had you on a subway train. Okay. What does a subway train sound like?

PC: A roar, I think. Probably very similar conditions to those of the womb. Is that what you mean?

LRH: No. No similarity. But thereb merely a carrier wave, a volume carrier wave. In other words, those words have mechanical effort behind them in the form of that roar.

PC: Which gives them additional force.

LRH: In addition to this, this character had you on phenobarbital long before you were in therapy here. All right. Now when did this subway proposition happen?

PC: Af ter I came back from New Jersey.

LRH: Were you sick or something?

PC: No. He was interested in Dianetics and he asked me to come down. I didn't want to go down alone so I took Arnold with me, because I felt the less I had to do with him

the better. And that maybe Arnold would talk to him and we would get away from him in a hurry. At the same time I felt it would be the decent thing to do. Not that he had done anything for me but that he had tried and I think there was a financial obligation there. The clinic had been treating me for nothing.

LRH: What effect do you think That'suggestion might have had?

PC: Oh, probably a lot because, as I told you • last night, after that Arnold started to run me and insisted it was hypnosis, and I knew damned well it wasn't hypnosis.

LRH: Well, what was hypnosis?

PC: The subway, right ?

LRH: Yes, because there was a carrier wave there which was knocking against the analyzer. I just tell you this for your own information as an auditor, not to insist that the thing had any value, because what he says doesn't have any value.

PC: I understand. No, I certainly know that everything he said was so damned aberrated. But I realize that he's an aberree. We both laughed when we got home and said, Gee, that guy's in a bad way! He needs therapy worse than we do. It was quite obvious. No, at the time I didn't think he influenced us at all. I felt a lot better than he did at the time, I'm sure of that. It was just what he had said. Perhaps I was questioning what he said. But I'm sure that at the time I said to Arnold that it was hypnotism. I didn't mean it and yet there I was saying it. What made me say it in the first place?

LRH: All right. Take off the glasses. Close your eyes. Anything I say to you now while you are lying there with your eyes closed will be canceled when I say the word canceled. Okay?

PC: Yes.

LRH: Now let's go back to the moment of the subway ride, with the word hypnotism.

PC: This guy Taylor can't define the word hypnotism. I asked him to and he could n 't.

LRH: All right. Let's go over that again.

PC: Well, I still say it verged on suggestion. I asked Dr. Taylor to define the word hypnotism and he just couldn't do it.

LRH: Continue.

PC: And then I heard Arnold say, Well, you state that if it is not hypnotism, it's a hypnoidal state.Arnold was talking about a hypnoidal state, and this guy was saying, Well, he can't define hypnosis.

LRH: Go on. Let's get the phrase I'm sure it's hypnotism.

PC: Well, there's something there.

LRH: I'm sure its hypnotism.

PC: I still say it's hypnotism.

LRH: Go over that again.

PC: I still say it's hypnotism.

LRH: Go over it again.

PC: I still say it's hypnotism.

LRH: All right. Let's contact That'subway train. How does he look when hex saying this phrase?

PC: Very serious.

LRH: And what is he saying?

PC: He's convinced of his own belief. He's saying, I still say it's hypnosis. (throaty noise)

LRH: How do you feel? Do you have a cold at the time you're standing there talking to him?

PC: No. This is something I get when I'm very sad too. When I have all the other symptoms I have this throat business in my nose.

LRH: Uh-huh.

PC: It's all tied up, I know.

LRH: All tied up. Let's go over that line, honey.

PC: It's all tied up. It's all tied up. (throaty noise)

LRH: Go over the line.

PC: It's all tied up. It's all tied up. It's all tied up. It's all tied up. It's all tied up. It's all tied up. It's all tied up. It's all tied up. (pause) It's all tied up. It's all tied up. I'm getting sick again right here in the session.

LRH: Okay. Lets go over it now. Its all tied up.

PC: It's all tied up. It's all tied up. It's all tied up. It-'s all tied up. It's all tied up. It's all tied up. It's all tied up. It's all tied up. It's all tied up. It's all tied up. (voice is dwindling to a very faint murmur) It's all tied up. It's all tied up. (yawn) It's all tied up. It's all tied up. It's all tied up. It's all tied up.

LRH: Contact the somatic.

PC: It's all tied up. It's all tied up. It's all tied up. It's all tied up. It's all tied up.

LRH: Give me the first time that appears in the bank. Earlier.

PC: It's all tied up.

LRH: Earlier.

PC: It's all tied up. It's all tied up.

LRH: Earlier.

PC: It's all tied up. It's all tied up. (pause)

LRH: Go over it again.

PC: It's all tied up.

LRH: Go over it again.

PC: It's all tied up. (speaking faintly)

LRH: What's that?

PC: (murmurs)

LRH: Lets go over it.

PC: It's all tied up. It's all tied up. It's all tied up.

LRH: Let's contact the beginning of this one and roll it.

PC: (pause) I'll bet this is from an operation or even birth.

LRH: Hm?

PC: I'll bet this is from an operation or from birth.

LRH: Why?

PC: It just sounds like an expression that would be used then.

LRH: What's the expression?

PC: When they cut something, they have to tie it off.

LRH: Its all tied off. Go over that.

PC: It's all tied off. It's all tied off. It's all tied off. It's all tied off. It's all tied off. (pause) It's all tied off. It's all tied off. It's all tied off. It's all tied off. It's all tied off. It's all tied off. It's all tied off. (pause) It's all tied off.

LRH: Got a somatic?
PC: No. (pause; belch)

LRH: Go over the word somatic.

PC: Somatic. Somatic. Somatic. Somatic. Somatic. Somatic.

LRH: What are you contacting there?

PC: The first time I heard the word.

LRH: All right.

PC: I was in sociology class. I was studying the application of the social work.

LRH: All right. Let's contact the word somatic in connection with that belch.

PC: Somatic. (pause) Somatic. Somatic. Somatic. Somatic.

LRH: Contact it anyplace else?

PC: Could be anywhere through therapy.

LRH: All right. Whop the first person who uses it to you in therapy?
PC: Michael.

LRH: All right. And what does he say?

PC: You'll have a somatic with this. How do you feel? What's your somatic? (pause) You'll feel something somewhere, that's what we call a somatic. Sometimes you'll feel a pain. That's what we call a somatic.

LRH: You know about this.

PC: Uh-huh.

LRH: All right. Let's come up to the first time anybody says, Come on, come on.

PC: Come on, come on.

LRH: First time Arnold says, Come on, come on.

PC: Come on, come on.

LRH: Go back there. You're right there.

PC: First time Arnold says, Come on, come on, in therapy?

LRH: Yes, in therapy.

PC: (pause) Oh, come on, Pearl. Come on, Pearl, give me the somatic.

LRH: What incident are you running out? Let's go over it again. Let's contact the incident that you're running while hey saying that.

PC: Oh, come on, Pearl, what comes next? (pause) How the hell should I know? Run that.

LRH: Go over it again.
PC: Oh, come on, Pearl, (whispers a word).

LRH: What's the word you just said?

PC: How the hell should I know?

LRH: What's the last phrase you uttered before you said that?

PC: (pause) I don't know.

LRH: Can you feel the antagonism? Feel the antagonism, there. (pause) Feel the antagonism that you feel toward him. What's he saying?

PC: Come on, Pearl, what comes next?

LRH: How do you feel?

PC: He has no right to talk to me this way in therapy.

LRH: Can you feel that rancor?

PC: Right now? No.

LRH: Let's go over it again. Lets feel that rancor.

PC: I'm so sick of this feeling. Somatics keep interfering. Come on, Pearl, what comes next? Come on, you know, you're right there. How the hell should I know? Run that. Oh, he always feels so pleased whenever that happens. Run that. You would think it was the most important word in the whole thing.

LRH: All right. Let's go over it again.

PC: (pause) Come on, Pearl, what comes next? How the hell should I know? Run that. (pause) Am, come on, Pearl, what comes next? You know, you're right there. Come on now. How the hell should I know?

LRH: How do you feel about this now?

PC: No feeling about it.

LRH: Let's go over it again.

PC: And come on, Pearl, what comes next? How the hell should I know?

LRH: All right.

PC: Run that.

LRH: All right. Next time he says something like that. (pause)

PC: Yes.

LRH: What's he saying?

PC: Oh, you want the next time, excuse me.

LRH: Hm-hm.

PC: And, come on, Pearl. Roll it again.

LRH: Go over it again.

PC: And, come on, Pearl. Roll it again.

LRH: All right. How does he look? Or have you got your eyes closed?

PC: Yeah.

LRH: How do you feel lying there on the bed while hex saying this to you?

PC: I wish he'd go away. He's bothering me. He's annoying me. I don't think he's doing a good job of auditing anyway. I feel I'd be better off if I were asleep. I wish he would just go away and leave me alone. It feels as though his auditing me is a waste of time. And what annoys me most is his enthusiasm about it. He thinks he's doing me such a good deed, and he puts all his heart and soul into it and I know he's not doing it right. I feel I'd be better off without it. It feels as though I'm just lying there and letting him practice on me and I know that I'm not getting any good out of it. At the same time I feel he needs to practice, but never told him how I felt about it. (pause)

LRH: Okay. Can you feel that feeling while you're lying there?

PC: Yes.

LRH: Let's go over it again, honey.

PC: An, come on, Pearl, roll it again. Don't just lie there, roll it again. An, come on, Pearl, don't just lie there. Roll it again. (pause)

LRH: Go over it again.

PC: Ah, come on, Pearl, don't just lie there. Roll it again.

LRH: How do you feel when you're lying there listening to this?

PC: Oh, I just want him to go away, I'm tired, I want to go to sleep.

LRH: Okay.

PC: I want him to stop bothering me.

LRH: All right. Lets go to basic-basic. (pause) Lets go to basic-basic, honey. Lets really get this one now. (pause) Come on. Let's get this other come on.

PC: (pause) Oh, they seem to be waiting for something to happen.

LRH: Hm?

PC: They seem to be waiting for something to happen.

LRH: All right. Is somebody saying come on?

PC: I don't know that for a fact.

LRH: Hm?

PC: I don't know that for a fact.
LRH: What don't you know for a fact, honey?

PC: That that's the engram I'm looking for.

LRH: Okay. Do you know of another one? By all means get it.

PC: Nothing is past me. I'm just a blank here. (pause) I'll run Am, come on if you want me to. I just don't know.

LRH: Well, the only thing I'm looking for is the earliest moment of pain or discomfort in your entire life. Let's see if we can find Papa and Mama. We've already had Go away, stop bothering me, leave me alone, and so forth. What we're doing is looking for basic actually on the coitus chain.

PC: Hm-hm.

LRH: Go away, stop bothering me, leave me alone, I'm too sick, I don't feel well. Aw, come on, hold it for me. Aw, please. Oh, leave me alone. All I want to do is go to sleep. If we could just find that in the basic chain we can knock out these bad incidents.

PC: Hm-hm.

LRH: How about buckling up your nerve and taking a touch out of it?

PC: I'd love to.

LRH: It's well worth it. Let's feel the bumpity-bumps and everything else in the thing.

PC: (pause) Aw, come on. Aw, come on, please hold it. No, I don't like it, go away. I'm just rolling words. I don't know whether I'm making them up, or where they're coming from.

LRH: All right.

PC: It's an awful feeling. I'm so unsure. It's all so unreal.

LRH: Hm-hm.

PC: Aw, come on. Please hold it. No, I don't like it. I don't want to. (pause) Go away. Please leave me alone. I'm tired and I don't feel good. What's the matter with you now? I'm just not feeling well, that's all. (pause) I'm sick to my stomach.

LRH: Continue.

PC: (murmur; pause) I feel very, very ill.

LRH: Well, what's she saying? We know what this engrams about. We've been through these things. Now if we can just find number one.

PC: Aw, come on, please hold me. An, don't be that way. Come on, be a sport. Have a little fun. You don't know how to enjoy life. Come on, have a little fun. It's all I can do to keep myself awake. (murmur) Can't you see I don't feel well ? What's wrong with you now? Oh, I'm so sick. (belch) And besides I feel sick to my stomach. Now are you satisfied ? I'm sorry; this will make you feel better. It's the best medicine in the world. This is just what the doctor ordered. It will fix you up in no time. That could be quite a computation, could n 't it ?

LRH: Hm-hm.

PC: I feel quite dopey. I think I'm falling asleep, but I feel perfectly relaxed. (pause; belch)

LRH: Lets contact the first end of the first coitus engram now, honey. We can run out the coitus chain, just buckle up your nerve there. It has to be done, the case will resolve like a dream. Nothing to it.

PC: An, come on, please hold me. Does this dopey, drowsy feeling I have come from the basic area?

LRH: It depends. What does the command being held say?

PC: I feel kind of drugged. Oh, come on, please hold me. Go away from me. Leave me alone. I don't like it. Take that thing away from me. (pause)

LRH: Continue.

PC: (long pause) Don't laugh at me. (shrill laughter) I don't know if you'd call it a dream or what. I get the impression of a man holding his penis and banging it down as hard as he can on a windowsill, just cracking it down. (speaking happily) I've never had

anything like this happen to me before! (laugh) I'm sure nobody would do it. But the impression wouldn't go away. It kept persisting.

LRH: Roll through it again.

PC: (laugh in voice) But it's all just words.

LRH: Roll through it again. Take it up from the beginning.

PC: (pause; sighs) Am, come on. Please hold me. Oh, come on, please hold me. I know those words are there but my mother's I'm not sure of.

LRH: Keep rolling. It doesn't matter.

PC: Aw, come on. Please hold me. No. Take that thing away from me. I don't like it. Put it back, Arnold.

LRH: Continue.

PC: (breathing, small grunts, loud belch) This seems to be about the hardest thing I've ever done.

LRH: Huh?

PC: (belch) This seems to be about the hardest thing I've ever done in my life.

LRH: What?

PC: Rolling this engram. That's probably engram content. (laughter in voice)

LRH: Well, roll it then.

PC: Umph.

LRH: Contact the beginning there.

PC: (yawning) Oh. Am, come on, please hold me. Maybe there's something in here about hard, I don't know. (pause)

LRH: Oh, just repeat it, if you think maybe its there, repeat it.

PC: Hard. (loud yawn) Hard. Hard. Hard. Hard. Hard. Hard.

LRH: The right words will flash into your mind.

PC: Hard. Hard. Hard. (yawn) It's probably there. Hard. An, come on, please hold me. An, come on, please hold me. (pause; murmur)

LRH: Hardest?

PC: Hardest, hardest.

LRH: All right. Lets take up the phrase hardest thing in the world.

PC: Hardest thing.... This is one of the hardest things in the world....

LRH: Go over it again. One of the hardest things.

PC: (yawns) This is one of the hardest things in the world.

LRH: Continue.
PC: (pause) She said, What, again?

LRH: Huh?

PC: What, again?

LRH: Go over it again.

PC: (pause; deep breath) An, come on, please hold me. This is one of the hardest things in the world, you know. (long pause)

LRH: Let's go over it again, honey.

PC: Come on, please hold me. This is one of the hardest things in the world, you know. You should take good care of it, it's very precious. (laugh)

LRH: (laugh in voice) Okay.

PC: Oh. Its very valuable. And she's saying, Oh, no, not again. Don't you ever get tired of the same old thing day after day after day? You never get tired. But I do.

LRH: All right, honey. Lets roll it. You're doing good. That's my girl, you're doing good. Listen, if I were to say to you What, again? in a womanb voice, what would be your reply?

PC: Aw, come on, it's good for you.

LRH: Aha.

PC: Aw, come on, it 's good for you.

LRH: Continue.
PC: This is the best thing in the world for you.

LRH: How about it being valuable or precious.

PC: There's nothing more beautiful in the world. Don't you know that?

LRH: Continue, honey.

PC: (murmur) Oh, boy, anything to get this out.

LRH: What?

PC: (laugh in voice) I'd give anything to get this out.

LRH: Go on over that again.

PC: (laugh) I'd give anything to get this out.

LRH: Go over it.

PC: (laugh) I'd give anything to get this out. I'd give anything to get this out. I'd give anything to get this out. (yawn) I'd give anything to get this out.

LRH: All right. Get Beat it off.

PC: I'd give anything to get this out. I'd give anything to get this out. I'd give anything to get this out. I'd give anything to get this out.

LRH: Get Beat it off.

PC: You mean keep running it?

LRH: No. Beat it off. Get the phrase Beat it off.

PC: Beat it off? What do you mean?

LRH: Just get the phrase Beat it off. Just repeat that phrase.

PC: Beat it off?

LRH: Uh-huh.

PC: Beat it off. Beat it off. Beat it off. Beat it off. Beat it off. Beat it off. Beat it off. Beat it off. Beat it off. Beat it off. Beat it off. Beat it off. (belch) Beat it off.

LRH: Doyou expect me to beat if off? Try that.

PC: Doyou expect me to beat if off? Do you expect me to beat it off? Do you expect me to beat if off? Do you expect me to beat if off? Do you expect me to beat if off? Do you expect me to beat if off?

LRH: Go over it again.

PC: Do you expect me to beat if off? Do you expect me to beat it off? Doyou expect me to beat if off? Doyou expect me to beat if off? Doyou expect me to beat if off? Do you expect me to beat if off? (getting fainter) Do you expect me to beat it off? Do you expect me to beat if off? Do you expect me to beat if off? Doyou expect me to beat if off? Doyou expect me to beat if off? I'm not making any contact. I don't know what the words mean or where they would fit.

LRH: All right. I can't get it in.

PC: I can't get it in.

LRH: Or, I can't get into it.

PC: I can't get into it. I can't get into it. I can't get into it. I can't get into it. I can't get into it. I can't get into it. I can't get into it. (yawn) I can't get into it. I can't get into it. Can't get into it.

LRH: What's the next line?

PC: (pause) I don't know.

LRH: I can't get into it.

PC: I can't get into it. I can't get into it. I can't get into it.

LRH: Too tight.

PC: Too tight. (belch) I can't get into it. I can't get into it, it's too tight. I can't get into it. (makes a snorting noise) I can't get into it. It's too tight. I can't get into it.

LRH: Contact the somatic on that.

PC: I can't get into it. It's too tight. I can't get into it. It's too tight. I can't get into it. It's too tight.

LRH: I wonder what hex doing?

PC: Well, the only thing is intercourse, so there's only about one thing that he could be doing.

LRH: All right. Let's roll it from the beginning. Oh, come on. Let's get this in full. This is a hard thing for me to do.

PC: (pause) Maybe my mother is saying, It's a hard thing for me to do.

LRH: Might be.

PC: (pause) I can't. I just can't do that.

LRH: All right. Go over that one. Now we've got one.

PC: I just can't do that. (belch) I just can't do that. I just can't. I just can't. (pause) I just can't do that.

LRH: Let's contact the thing now from the beginning. And don't let what I have said there mess you up on it. Just run the thing from the beginning now.

PC: An, come on, please hold me. Oh, no, I just can 't do that. Oh, don't ask me to do it tonight. You're terrible. (pause) What a filthy thing to do. (pause) What a filthy thing to do.

LRH: What are you doing? Going up the bank a ways?

PC: I don't know.

LRH: Are you still running the first one?

PC: I hope so.

LRH: All right. Your somatic strip will contact the first one now. Do a good job on this first one.

PC: Hm-hm.

LRH: All right. What's he saying?

PC: Aw, come on. Please hold it. No. I don't want to. Oh, don't be that way. I don't want to. You don't know what you're missing.

LRH: Go over that again.

PC: You don't know what you're missing. You don't know what you're missing. (belch)

LRH: Continue.

PC: No, don't be like that. (murmur; pause) Just feel it. Just feel it.

LRH: All right. If somebody said, Just feel it, to you right now, what would you say back?

PC: I can't. Just feel it. I can't. Please don't make me.
LRH: Continue. (pause) Go over it.

PC: I can't. Please don't make me. It's one of the hardest things in the world.

LRH: Continue.

PC: Aw, come on. That's no way to act. You're insulting it. It's beautiful. (giggles; pause)

LRH: Continue.

PC: Come on. There's nothing to it. There's nothing to it, I bet you'll like it. An, come on. I want you to. Please, do it for me. Come on, I want you to, just for me. Really, I can't. (pause) Really I can't. (sigh)

LRH: Get the word hot.

PC: Hot. (pause) Hot. (pause) Hot, hot.

LRH: Hot and bothered.

PC: Hot and bothered.

LRH: This is the late twenties, isn't it?

PC: Early twenties.

LRH: All right, get the phrase hot and bothered out of there.

PC: Hot and bothered. Hot and bothered. Hot and bothered. Hot and bothered. (murmur)

LRH: I'm all hot and bothered.

PC: I'm all hot and bothered. I'm all hot and bothered. I'm all hot and bothered.

LRH: Contact it. The somatic strip can contact it if it's there.

PC: I'm all hot and bothered. I'm all hot and bothered.

LRH: You can contact that if its there.

PC: You can't leave me this way. Look, I'm all hot and bothered.

LRH: Go over it again.

PC: You can't leave me this way. Look, I'm all hot and bothered.

LRH: Go over it again.

PC: You can't leave me this way. Look, I'm all hot and bothered. You have to do it. Please do it for me. I've never done it before in my life. (laughs)

LRH: Continue.

PC: I never did it before in my life.

LRH: Go over it again.

PC: I've never done it before in my life. (belch) That makes me sick. (belch, sigh) That makes me sick.

LRH: What does he ask her to do? Let's go back to that.

PC: Come on. Please hold it....

LRH: Please hold it what?

PC: I don't get anything after Please hold it.

LRH: All right. Does the word mouth appear here?

PC: (pause) I don't know. (pause) Look, it could be almost anything as far as I'm concerned.

LRH: All right. Let's contact the beginning of it.

PC: Because you know I'm not hearing these words, I'm more or less making them • up. Nothing is real. They're just words. I believe I'm making them up. I don't know whether it's coitus, fellatio or what have you. It could be almost anything. Because I have no way of checking it, if I don't hear it and I don't see it and I don't feel it.

LRH: Where do you get that phrase from?

PC: I don't hear it or I don't see it, I don't feel it?

LRH: Yes. I have no way of checking it. Go over those words.

PC: (whispers) I have no way of checking it. Ooh, that's one of my own.

LRH: Oh, yeah? I have no way of checking it. Go over that.

PC: I have no way of checking it.

LRH: Contact it.

PC: I have no way of checking it. I have no way of checking it. I have no way of checking it. I have no way of checking it. I have no way of checking it. I have no way of checking it. I have no way of checking it.

LRH: Go over it again. I have no way of checking it.

PC: I have no way of checking it.

LRH: I don't hear.

PC: I don't hear anything, I don't see anything, I don't feel anything. Could be Mother with her pregnancy.

LRH: Let's go over it now.

PC: I have no way of checking it. I don't hear anything, I don't see anything, I don't feel anything. I have no way of checking it. I don't hear anything, I don't see anything, I don't feel anything. I have no way of checking it. I don't hear anything, I don't see anything, I don't feel anything. It could be a doctor talking about the pregnancy.

LRH: All right. Let's roll it.
PC: I have no way of checking it. I don't hear anything, I don't see anything, I don't feel anything.

LRH: Try the phrase I can't tell this early.

PC: I can't tell this early. I can't tell this early. I can't tell this early. I can't tell this early. I can't tell this early. I can't tell this early. I can't tell this early. I can't tell this early. I can't tell this early. I can't tell this early. I can't tell this early. It's too early to tell.

LRH: Go over that again.

PC: It's too early to tell. It's too early to tell. It's too early to tell. It's too early to tell. It's too early to tell. It's too early to tell. It's too early to tell. It's too early to tell. It's too early to tell.

LRH: What's the next line?

PC: I don't know a thing.

LRH: All right. Just checking it. I have no way of checking it.

PC: I have no way of checking it. It's too early to tell. I have no way of checking it. We'll have to wait and see.

LRH: Go on over it again.

PC: We al just have to wait and see.

LRH: Let's go over this again.

PC: It's too early to tell. I have no way of checking it. We'll just have to wait and see.
LRH: Continue.

PC: Come back and see me in about a month.

LRH: Go over it again.

PC: come back and see me in about a month.

LRH: All right. Lets get the phrase, I don't hear anything, I don't feel anything, I don't see anything.

PC: I d on 't hear anything, I don 't see anything, I don't feel anything.

LRH: Let's go over that again.

PC: I don't hear anything, I don't see anything, I don't feel anything. (yawns) I don't hear anything, I don't see anything, I don't feel anything. Oh God, if that's in here I'll scream.

LRH: Go over it again.

PC: I don't hear anything, I don't see anything, I don't feel anything. I don't hear anything, I don't see anything, I don't feel anything.

LRH: The somatic strip can contact it.

PC: Oh, God. I don't hear anything, I don't see anything, I don't feel anything. I don't hear anything, I don't see anything, I don't feel anything. I don't hear anything, I don't see anything, I don't feel anything.

LRH: Let's contact that now. I have no way of checking it.

PC: I have no way of checking it. (yawns) I don't hear anything, I don't see anything, I don't feel anything.

LRH: Let's contact it again.

PC: I have no way of checking it. I don't hear anything, I don't see anything, I don't feel anything.

LRH: Let's contact it again.

PC: I have no way of checking it. (yawns) I don't hear anything, I don't see anything, I don't feel anything. (exhales) I have no way of checking it. I don't hear anything, I don't see anything, I don't feel anything. (yawn) I have no way of checking it. I don't hear anything, I don't see anything, I don't feel anything. I have no way of checking it. I don't hear anything, I don't see anything, I don't feel anything.

LRH: What else is there?

PC: (belch)

LRH: All right, honey. Lets try to shift you around to your own valence. Shift around into your own valence. You're lying there all curled up, lying there all curled up, and lets see if we can get some kind of a penetration; just simulate this thing and lets see if we can contact it.

PC: Okay.
LRH: Lets be right there and see if we can't roll this while you're all curled up there. (loud belch from PC) Lets shift to your own valence and let's take it at the moment of that burp.

PC: (pause) Oogh! I have no way of checking it. I don't see anything and I don't feel anything. (belch)

LRH: Get that next burp. Get that burp again. See how we could contact it, possibly.

PC: (sigh) It's too early to tell. (mutters) I don't know what to check. I don't feel anything, I don't hear anything and I don't see anything. Come back to see me in about a month.

LRH: All right. Lets see if we can develop the tactile here. Just simulate it. See if you can develop the tactile.

PC: Do you want me to run the words too?

LRH: Yes. Just contact the moment of the words. Contact the moment of the words. Lets see if we can feel a little concussion on the front of this thing.

PC: There's no way to stop this. I have no way of checking. I can't see anything. I can't hear anything, I can't feel anything.

LRH: Okay. Lets see if we can contact this, beginning again there now. Thereb probably some punches right before this thing begins, if I know my doctors.

PC: If anybody punches me I'll punch them right back.

LRH: All right. I know my doctors now. The somatic strip can pick up whateverb going on there.

PC: (belch)

LRH: That's right. Lets contact that.

PC: You can almost imagine him punching.

LRH: All right. Lets imagine.

PC: It's too early to tell. I have no way of checking it. I can't see anything, I can't hear anything, I can't feel anything.

LRH: All right, now lets go a little bit earlier. There's probably some conversation before that. Does he tell her to lie down, or hold still, or do what?

PC: Just relax.

LRH: Go over that now.

PC: Just relax.

LRH: Just relax.

PC: Just relax.

LRH: And what else?

PC: This isn't going to hurt.

LRH: Oh, boy! Go over that again.

PC: This isn't going to hurt. (laughs) This isn't going to hurt. This isn't going to hurt.

LRH: Continue.

PC: Just relax. This isn't going to hurt a bit. (long pause) Just relax. This isn't going to hurt.

LRH: Is there a lie down there?

PC: Lie quietly.

LRH: Ah! Go over that again.

PC: Lie quietly, please. Just lie quietly, please. Just lie quietly, please. Just lie quietly.

LRH: Continue.

PC: Just lie quietly, please. (pause)

LRH: Let's go just a little bit earlier than that. Thereb probably the phrase I think I'm pregnant in there.

PC: I think I'm pregnant but I'm not sure.
LRH: Ah. Let's go over that.

PC: I think I'm pregnant but I'm not sure. I have no way of telling. Oh, (sigh) I think I'm pregnant but I'm not sure.

LRH: Continue.

PC: I have no way of telling.

LRH: Continue.

PC: (pause) I'm going to leave that part to you.

LRH: Continue. (pause) Continue. I have no way of telling, I'm not sure. Let's roll that again.

PC: I think I'm pregnant but I'm not sure. I have no way of telling. (belch)

LRH: What does she'say about not holding anything down or something of the sort? (pause) What does she'say about her sickness?

PC: I'm not able to keep anything down.

LRH: Let's go over that again.

PC: I'm not able to keep anything down these days.

LRH: Go over it again.

PC: I'm not able to keep anything down these days.
LRH: Contact it again. The somatic strip can contact it.

PC: My eyes hurt. I'm not able to keep anything down these days. My stomach hurts.

LRH: My stomach what?

PC: I don't know.

LRH: Hm?

PC: I'm not able to keep anything down.

LRH: Contact that again.

PC: My stomach feels as though it has taken a beating.

LRH: Go over that. That's a bouncer, honey. Let's contact the thing and get some anaten off of it.

PC: I'm not able to keep anything down. My stomach feels like it's taken a beating.

LRH: Hm?

PC: Which one do you want me to repeat? I'm not able to keep anything down?

LRH: Yes.

PC: Uh-huh. Yeah.
LRH: That's a bouncer.

PC: Oh, I see. Come up to present time, huh ?

LRH: Let's return to this phrase not able to keep anything down. See if we can contact this phrase.

PC: I'm not able to keep anything down. (belch)

LRH: That's all right. Let's go over that now.

PC: I'm not able to keep anything down.

LRH: What happens immediately after that?

PC: She belches.

LRH: Okay. Let's go over it again.

PC: I'm not able to keep anything down. (belch, sigh) See what I mean?

LRH: Hm-hm. All right. Let's keep repeating it, its okay.

PC: I'm not able to keep anything down.

LRH: Go over it again.

PC: (belch) And for me that's the only answer.

LRH: Hm?

PC: And for me that's the only answer.

LRH: Oh, brother!

PC: (groans)

LRH: Go over it again, honey.

PC: I'm not able to keep anything down, and for me that's the only answer.

LRH: Contact it again.

PC: I'm not able to keep anything down. And for me that's the only answer.

LRH: This appears earlier in the bank, doesn't it, honey?

PC: Hm?

LRH: This appears earlier.

PC: Sure.

LRH: Let's contact it earlier. Contact it now. The somatic strip can contact the first time I'm not able to keep anything down.

PC: I'm not able to keep anything down. I'm not able to keep anything down.

LRH: First time.

PC: I'm not able to keep anything down. I'm not able to keep anything down. I'm not able to keep anything down.

LRH: Contact it.

PC: I'm not able to keep anything down.

LRH: First time in the bank.

PC: I'm not able to keep anything down.

LRH: Let's connect with it. First time.

PC: My poor little finger aches.

LRH: Okay. Go over it. I'm not able to keep anything down. How far up the bank have you flown? Hey now, wait a minute, are we running on any other basis? When I tell you to go earlier where do you go? Flash!

PC: Earlier.

LRH: All right. Lets contact the first moment that these insidious words are uttered.

PC: I'm not able to keep anything down. I'm not able to keep anything down. I'm not able to keep anything (belch) down. I'm not able to keep anything down.

LRH: Lets go to the first time these words are uttered.
PC: I'm not able to keep anything down.

LRH: Go to the moment when they're uttered for the first time in your life.

PC: I'm not able to keep anything down. I'm not able to keep anything down. I'm not able to keep anything down. (belch) I'm not able to keep anything down.

LRH: Is there anything like It keeps coming up or It feels better when it comes up or anything?

PC: Well, there's the phrase I feel better.

LRH: Lets go over that.

PC: As soon as it comes up I feel better.

LRH: Let's go over that again.

PC: As soon as it comes up I feel better. As soon as it comes up I feel better. As soon as it comes up I feel better. As soon as it comes up I feel better.

LRH: Can you contact that one?

PC: I know it's what I say all the time.

LRH: All right. Let's see if you can contact it down below.

PC: (pause) As soon as it comes up I feel better.

LRH: Go over it again.

PC: As soon as it comes up I feel better.

LRH: What else goes with it? Is there something like I can't keep anything down, or I've got to get it up, or what?

PC: I can't keep anything down. I can't keep anything down. It has to come up.

LRH: Run over that again.

PC: I can't keep anything down, it has to come up. Whenever it comes up I feel fine.

LRH: All right. Let's go over that again.

PC: I can't keep anything down. It has to come up. I can't keep anything down, it has to come up. (burp) The minute it comes up I feel fine. The minute I get rid of it I feel good. I can't keep anything down, it has to come up. The minute I get rid of it I feel good. I can't keep anything down. It has to come up. The minute I get rid of it I feel good.

LRH: Contact the first moment it appears, the earliest moment in the case.

PC: I can't keep anything down. It has to come up. The minute I get rid of it I feel good.

LRH: Earlier time it appears now.

PC: I can't keep anything down. It has to come up. The moment I get rid of it I feel good. (pause; belch) I can't keep anything down.

LRH: Lets go over it again.

PC: I can't keep anything down. (belch, sigh; pause)

LRH: See if we can contact this now at the earliest moment. Lets take the tension off.

PC: I can't keep anything down. I can't keep anything down. I can't keep anything down. It has to come up. It's the rottenest feeling there is. The moment it comes up I feel better.

LRH: Let's go over it again. (pause) Lets go over it again. Ayah!

PC: I've lost the words.

LRH: I can't keep anything down.

PC: I can't keep anything down. It has to come up.

LRH: Let's go to the earlier one now. The rottenest feeling there is.

PC: I can't keep anything down. It has to come up. It's the rottenest feeling there is. The moment I get rid of it I feel better.

LRH: Go over that again.

PC: I can't keep anything down. It has to come up. It's the rottenest feeling there is. The moment I get rid of it I feel better.

LRH: Contact the somatic with it, honey.
PC: (pause) I can't keep anything down. (belch) It has to come up. It's the rottenest feeling in the world.

LRH: Let's roll it again.

PC: I can't keep anything down. It has to come up. It's the rottenest feeling in the world.

LRH: Let's go.... What's the matter?

PC: Nothing.

LRH: Lets go to an earlier one. Is there an earlier one?

PC: I can't keep anything down. It has to come up. I can't keep anything down. I can't keep anything down. I can't keep anything down. I can't keep anything down. It has to come up.

LRH: Earliest time we can discover this now. (pause) Take yourself down there. Let's get down there. This is a bouncer. But that's no reason why it should bounce anybody. Its just in an engram, lets roll it, honey. I can't keep anything down. It has to come up.

PC: I can't keep anything down. It has to come up.

LRH: Go over it again.

PC: I can't keep anything down. It has to come up.

LRH: Go over it again.PC: I can't keep anything down. It has to come up. I can't keep anything down. It has to come up.

LRH: Go over it again.

PC: I can't keep anything down. It has to come up. I can't keep anything down. It has to come up. I can't keep anything down. It has to come up.

LRH: Contact the first time now its in the bank. Earlier. The somatic strip can contact it now, early.

PC: I'm not contacting it.

LRH: All right. Repeat the phrase.

PC: I can't keep anything down. It has to come up.

LRH: Continue. Get the earliest phrase you can get there.

PC: I can't keep anything down. It has to come up.

LRH: Go over it again. Contact it, honey.

PC: I can't keep anything down. It has to come up.

LRH: Your somatic strip can contact it. The first time it appears in the bank. (pause) The first time it appears. (pause) The first time it appears.

PC: (belch) I can't keep anything down. It has to come up.

LRH: Go over it again.
PC: I can't keep anything down. It has to come up.

LRH: Go over it again.

PC: I can't keep anything down. It has to come up.

LRH: Let's contact the somatic strip with it now and see if we can really connect up with her saying that, honey. Let's see if we can contact her saying that. That's the super bouncer that's messing things up. Now lets see if we can't do it. Hm? I'm sure we can. Let's see if we can get the earliest moment she'says this.

PC: I can't keep anything down. I can't keep anything down. I can't keep anything down. It has to come up. I can't keep anything down. I can't keep anything down. It has to come up.

LRH: Go forward to present time.

PC: Hm-hm.

LRH: Canceled.

PC: What happened? Gee, my case is really loused up, isn't it?

LRH: Well, I see whatb mainly wrong with it. Arnold tipped this doctors examination I'm sure.

PC: He what?

LRH: Tipped the doctors examination.

PC: Yah.

LRH: DOYou'recall that happening?

PC: What do you mean, he tipped the doctor's exam?

LRH: He just ticked it.

PC: Who ticked it?

LRH: Arnold.

PC: He never ran that.

LRH: He never ran it?

PC: Bob ran it.

LRH: Bob ran it?

PC: You mean did I ever run that thing before? Yes, with Bob.

LRH: How long ago?

PC: A long time ago.

LRH: Have you had any somatics since? Yours?

PC: Yes.

LRH: Hm?

PC: Yes. That birth scene I ran with Arnold, I had one hell of a pain in my right shoulder. I was rolling all over the bed screaming, My shoulder is killing me, and the somatic was very strong. And that's one that I remember quite well.

LRH: Okay. Were there any more somatics after that? When did your somatics click off? Your own somatics?

PC: Not until very recently, I don't think.

LRH: When? (pause) Shut your eyes and go to the moment. (pause) Shut your eyes and go to the moment when the last one happened. Then what occurred?

PC: I had a headache in present time and Arnold regressed me and he got rid of it. Whether that was my own somatic or not I don't know.

LRH: So what happened?

PC: I ran a thing, Oh, I'm suffering, I can't stand it. Please get me a cold cloth for my head, don't let me suffer this way. If you have any humanity at all in your soul you'll help me. And I ran it out. And the headache disappeared. I came up to present time without a headache.

LRH: And then what occurred?

PC: That's the last somatic I had, a real somatic.

LRH: So what occurred the next day?

PC: I don't know.

LRH: All right. The somatic strip can drop to the moment when these somatics shut off. The reason these somatics shut off. (pause) What are you getting now? (pause) The exact reason why they shut off. You can go right to that. Exactly what was occurring there at the moment things shut off?

PC: (murmur)

LRH: What?

PC: Right now I've got a pain in the bottom of my right foot. It just seems to come. Now it's gone. A very sharp pain in the bottom of my right foot.

LRH: Try it again.

PC: Try to get it back?

LRH: Yes.

PC: I can't.

LRH: Why not?

PC: It won't come.

LRH: Won't come. Go over that again.

PC: Won't come. It won't come. (belch) It won't come. It won't come. It won't come. It won't come. It won't come. It won't come. It won't come. It won't come. It won't come. It won't come. It won't come. (burps twice) It'll never get here.

LRH: Go over that again.

PC: It won't come. It'll never get here. Seems like it'll never get here. I've got an awful pain in the pit of my stomach.

LRH: Go on over it again.

PC: It won't come. It seems like it will never get here. It won't come. It seems like it will never get here. It won't come. It seems like it will never get here. It won't come. It seems like it will never get here. It won't come. It seems like it will never get here. It won't come.

LRH: Can you'recover that pain in the foot?

PC: No.

LRH: Lets recover it now.

PC: No, I can't.

LRH: Hm?

PC: I can't.

LRH: Can't what?

PC: Get the pain back.

LRH: Your somatic strip can find it.

PC: (pause) Tell the somatic strip to find it.

LRH: All right. The somatic strip will go to the pain in the foot.

PC: It doesn't come.

LRH: All right. Go over It doesn't come.

PC: It doesn't come. It doesn't come. It doesn't come. It doesn't come. It doesn't come. It doesn't come. It doesn't come. It doesn't come. It doesn't come. It doesn't come. It doesn't come. It doesn't come.

LRH: Go over it again.

PC: It doesn't come.

LRH: Coritact the pain in your foot and those words.

PC: It doesn't come.

LRH: It doesn't come out.

PC: It doesn't come out. It doesn't come out. It doesn't come out. It doesn't come out. It doesn't come out. It doesn't come out. It doesn't come out. It doesn't come out.

LRH: Come up to present time, honey. (pause) How do you feel?

PC: Fine. What's going to become of me? I can see I'm just not working. I mean, something's wrong.

LRH: I know whatb wrong.

PC: You do?

LRH: I'm working out the reasons one by one.

PC: All right. I'll leave it to you. You're the man for it.

LRH: I drew it from That'scene there about you can't feel it and so forth. How many times did he run it?

PC: He didn't run I can't feel it, I can't see it, I can't hear it.

LRH: What did he run?

PC: It's too early to tell. I didn't feel anything at the time. I didn't get any somatics, that's true.

LRH: I wonder why.

PC: I can't feel anything, I can't hear anything.

LRH: Right.

PC: And then there was another one that's in there, This won't hurt a bit. Yes, I ran those words at the time, This won't hurt a bit. Just relax.

LRH: And you got a release on neither of them.

PC: Apparently not.

LRH: Well, the whole case has got a bouncer activating in it. But that's all right. A little Benzedrine will overcome the bouncer.

PC: Oh, fine, I don't care. Listen, I meant to ask you, in this therapy if you know what you're doing and you don't use positive suggestion, do you ever use narcosynthesis when you have a tough case?

LRH: Occasionally.

PC: I don't care what you do with me. I trust you. I'll let you do anything you want to break this thing.

LRH: Oh, I will.

PC: Okay. Ijust wanted to tell you

LRH: Don't worry, I will. I'll break the case.

PC: Oh, I know you'll break the case, I know.
LRH: Sure, as a matter of fact, it's about 90 percent broken now.

PC: Oh, I'm glad to hear that.

LRH: Well, there's a lot of it.

Now, for instance, the only trouble is things get scrambled down in the basic area. Material gets badly scrambled up. The main thing for a person to run smoothly is to run with confidence. As long as you have confidence, you can push against the thing. So we just rehabilitate your confidence. These are your main bootstraps.

Good.

It's your main strength. Now I haven't jumped you about anything, have I?

No.

Well, about this time you ought to get the idea that I'm not going to. Oh, I know that. You've reassured me all the way through. I know what you mean. No, I feel perfectly confident. That's why I want to tell you that in case you felt that it was necessary to take drastic measures, it's perfectly all right with me.

No. There are no drastic measures necessary. Honey, you're not in bad shape anyhow. I cut out some of the anxiety about Arnold but I would like to get more unconsciousness off the basic area. That's what I keep fishing for.
I know. And it's very difficult to reach it. Is that right out of my engrams ?

Well, you've gotten entirely too much of that. What is this right out of my engram stuff? You should realize something very clearly, that in present time and out of therapy the analyzer is just working along fine. But when a person is regressed to a moment when an engram is right there, the analyzer shutdown is practically 100 percent in view of that fact that the phrases he has when he is returned to a moment are all engramic. But a bad auditor will keep insisting that everything a person thinks of is engramic which starts his head spinning.

You don't have to explain that to me. That's one thing that I have against Bob, for crying out loud. He presses my buttons afterwards. I never could carry on a normal conversation with Bob. Every damn thing I'd say he'd smirk and give it all back to me. He'd push every button and repeat everything I had said in the engram I'd just run. And no matter what I would say he would laugh and insist that it was 100 percent engramic. And that was the only kind of an answer I could ever get out of Bob if I ever asked him a question. I could never get a direct answer from him. Everything I said was engramic as far as he was concerned. He didn't say so, he certainly implied it though so strongly. He would just laugh and feed the words back at me. And I think that's cruelty on an auditor's part.

That'sort of a system is not good.

Sure. And the Handbook tells you not to do that. Even if you feel that things are engramic, you don't go around saying, Well, that's one of your engrams.

That's right. Because the function of the mind is to be right, and even if it is using engramic language, after all it is still trying to express itself in English.

That's right. I was telling Sharon the other night I feel that that 's cruelty on the part of an auditor.

It is very definitely.

And do you know that lately I just couldn't stand to have Bob run me, because I had That'same feeling that he was laughing at everything I said to him, thinking it was engramic. Here I am suffering and I try to tell him how I feel physically and it's a big joke to him. It's all in your engrams, he says. Sure, I know you're vomiting. Go ahead and vomit. Tell me, tell me.

I would say, You know, I just can't eat. And whatever I would say he would mimic me. Well, Bob isn't a clear yet He can't help it. I don't hold it against him.

Well, I'm trying to peel the case down. I can'tell you what I am trying to do specifically if you want me to.

All right, if you want to.

I just want to find the emotional shut-offs and the feeling shut-offs in the case so that we can spring the only thing that's suppressing your case, which is Grandpa's death.

You'really feel that that's it, huh?

Yes, I know that's it.

And there was no charge on that, that I remember.

You've got three deaths there in a row.

And none of them so far have discharged. They just wouldn't when we regressed to them. That's occluded.

I think they're all occluded.

But I turned it on a couple of times, and I've gotten closer. You were running an emotional charge with Arnold. All right. What ever that was, that was releasing; I am very sure, if I regress you to the moment you were running it with Arnold and we deintensify the interruption, I'm sure the rest of the charge will proceed and come on out.

Good. Well, you certainly know what you are doing. Sure, because all I'm trying to do with your case is get an emotional release. The second you get an emotional release, you are going to snap back to battery. Physical pain engrams are not important really until supercharged with painful emotion.

The conversion of unconsciousness to painful emotion, if that is the process, is terribly jolting. All you have to do is take the emotion off the case. As a matter of fact, that's the first step in creating a release.

I know. How was it I was called release in the first place?

Well, you weren't. I didn't realize that until all of a sudden somebody said, Why, no, we haven't touched this and we haven't touched that. So, there are three deaths with no release of affect on them! That was just a few months ago.

March. When I started therapy.

Yes. And if I had taken a review of your case in March I would have absolutely slapped the brakes on any therapy at all other than very expert therapy, because obviously the emotion was not off the case.

Okay. I have been investigating the quality of these other things and what was going on and so on. Well, that's all interesting, and I've been trying to see if we couldn't find out where we hit the button to get the emotional release. The emotional release can be gained there with a drug, if worst comes to worst. But I want to turn your case back into the channel very thoroughly.

Hm-hm.

If I can get an emotional release on the case it will run smoothly again, in spite of anything that Arnold has said.

I'm sure you can do it.

But I would advise one thing.

Yah?

Because it is tough to work a person when their push is a little bit down, there are two ways you can raise your push, one is eat even when you don't want the food.

Yes. Even though the chances are one might throw it up, but then again one might not. Yes, sure. Eat things which are quickly digestible, and get plenty of rest, but much more important than that, get busy.

Yes.

There are a stack of books downstairs.

Good. How wonderful.

That's vocationally.

All right. Fine.

You have changed your environment?

Yes.

Okay.

How about keeping Arnold out of the picture? Would that help?

Sure it would.

AUDITING DEMONSTRATION

Session with Bob
8 June 1950

Auditing a Chronic Somatic

LRH: All right, Bob, let's come up to present time. How old are you?

PC: 37.

LRH: Come up to present time.

PC: 39.

LRH: Okay.

PC: When you ask me that, I start getting a . . .pain in my upper gastrium.

LRH: In your what?

PC: My upper gastrium—in the pit of my stomach.

LRH: Okay. Not to get technical.

PC: (laughs)

LRH: That's a chronic somatic? You've had that before?

PC: Yah.

LRH: When?

PC: Oh, for about three, four, five years, since 1944. Just notice it particularly after drinking something cold, like a lot of milk.

LRH: Hm-hm.

PC: It's an ulcer-like pain.

LRH: Well, we know about causes, that would be a key-in of some sort, probably. But tell me now, I want to know, Bob, (pause) name a date.

PC: February 21st . . .

LRH: Year.

PC: 1943.

LRH: Hm-hm. What happens on this date?

PC: 1943, I'm in the army. (pause) February the 21st? (pause) I'm in Denver, and I think that has something to do with being discharged from the army.

LRH: I see.

PC: I went to a board meeting about that time.

LRH: Hm-hm. Give me a holder.

PC: Wait here.

LRH: Go over that again.

PC: Wait here. (yawning)

LRH: Pick up a visio on it.

PC: (yawning) Wait here. I can see the board room. I was sitting down with a bunch of other officers at the meeting of the board.

LRH: What have they got on?

PC: They're all in winter uniforms.

LRH: Hm-hm. Are you standing or sitting?

PC: We're sitting for the first part of the ceremony.

LRH: When does the Wait here come?

PC: And then we're taken outside to a vacant room or an anteroom. (yawns) Somebody says, I guess the sergeant says, Wait here, you'll be called in one at a time.

LRH: Uh-huh. And where are you standing when he says this?

PC: I seem to be sitting down, I seem to be exteriorised here too, sitting down on a wooden chair against the wall. And I sit there talking to Lieutenant Patterson, and he and I are both rather nervous. I get a visio on part of his face, it looks so compressed.

LRH: All right. What's the tactile on that chair? (pause) Let's go back over it again.

PC: I don't get a tactile.

LRH: All right. Let's pick up the words Wait here.

PC: Wait here. Wait here. (yawns) Wait here.

LRH: All right. Let's pick up a tactile on the chair with that Wait here.

PC: Wait here.

LRH: Pick up a tactile.

PC: Wait here. (pause) Wait here. I'm sorry to say I don't get a tactile.

LRH: No tactile?

PC: No. Tactile is feeling.

LRH: It's what?

PC: It's feeling. (yawning)

LRH: Uh-huh. Let's see if we can get that Wait here again.

PC: Wait here. Wait here.

LRH: Who's saying it?

PC: Wait here. I get the impression that a sergeant is saying that, but I don't see him.

LRH: Is he tough?

PC: Not particularly.

LRH: All right. Let's go over it again. Wait here.

PC: Wait here. Wait here. In fact I'm not even certain of the validity of this. I'm just giving flash answers on it.

LRH: From where?

PC: I'm not certain of the validity of this particular scene.

LRH: You're getting flash answers where?

PC: That you asked me about. You asked me to give you a holder and Igot a flash answer.

LRH: Okay. (pause) All right. Let's contact the tactile. Are you sitting or standing?

PC: Both.

LRH: Simultaneously?

PC: No, first one and then the other.

LRH: What's the first Wait here?

PC: I seem to be standing, I guess.

LRH: All right. Lets get Wait outside.

PC: It seems to be one of the officers that I had at the board. (pause) All right. Now if you gentlemen will wait outside, we'll call you in individually.

LRH: Where are you sitting when he says this?

PC: I am sitting in the second row of a group of chairs. I think there are eight of them.

LRH: Okay. Let's go over it again. What is he saying?

PC: All right. Now, if you gentlemen will wait outside, we'll call you in individually for your hearings. (yawns; pause)

LRH: Go over that again.

PC: (laughing) All right. If you gentlemen will wait outside, we'll call you in individually for your hearings.

LRH: Okay. (chuckling) Go over it again.

PC: Now if you gentlemen will wait outside, or go outside and wait for a while, we'll call each of you in individually for a hearing.

LRH: Okay. Now let's see if we can go through this again and pick up a visio on this setup, a good one, interior.

PC: Well, there's a bunch of psychiatrists sitting around there and I recall the thought, what a stupid looking bunch of jerks they are.

LRH: Hm-hm.

PC: And they look bored and angry.

LRH: Hm-hm.

PC: I don't get a very true visio on this but I am well aware of my impression of them at the time. Ah. (pause) There's a civilian on the board.

LRH: Let's take a look at him.

PC: I don't see him sitting on the board, I see him in his office. He is fat, bald-headed, wears glasses.

LRH: Have you seen him elsewhere?

PC: I think I've seen him in his office back of the board.

LRH: Did you have your vasectomy done under general or local?

PC: Local. (pause) Had it done about this time too.

LRH: Is there a wait in it?

PC: (pause) Doesn't seem to be.

LRH: Okay. Now let's go to the moment when you carry away the prize.

PC: Him, two prizes, they're essays.

LRH: Okay. Let's pick up number one.

PC: Well, Iguess the one in high school.

LRH: All right. Where do you stand when you receive it?

PC: I don't recall receiving that prize.

LRH: All right. Let's see if we can see where we're standing.

PC: I might have. I don't see where I'm standing.

LRH: All right. Let's go to the time when you really make the old man back down.

PC: I am thinking of the time, I'm around 14 or 15. I go downtown to ask him if I can have the car. He's standing in front of the garage we have for the trucks at the store, and he's talking to somebody. Igo up to him and I say, Dad, can I have the car this afternoon? He says, You cannot. I say, Well, then stick it up your ass. And he kicks me.

LRH: All right. Let's go over that sequence. Let's get a visio on him, go over the sequence.

PC: He looks mad.

LRH: Okay.

PC: And unreasonable.

LRH: Hm-hm.

PC: Dad, can I have the car this afternoon? What do you want it for? I want just to take it around and learn to drive. You've been driving it too damn much lately. Well, can I have it? No, you cannot. All right, then, stick it up your ass. Then he kicks me. But for some reason or other it amuses me that he does.

LRH: He kicks you?

PC: Yeah.

LRH: What happens to him when he kicks you?

PC: He just kicks me, that's all, and I leave. Still felt rather triumphant that I told him off. I didn't get the car either that afternoon.

LRH: All right. Let's go over it again. Who's he standing with?

PC: Some other man. I don't see who it is.

LRH: And what has the old man got on?

PC: A dark gray suit, I would guess.

LRH: Doyou see this?

PC: Pretty well.

LRH: Okay. Doyou see it in motion?

PC: No, it seems to be still.

LRH: Go over the word still, Bob.

PC: Still. Still. Still.

LRH: Let's pick up the central incident of the case. The key. Right now. Still.

PC: Still, (pause) still Hold still Shave a lot of other still incidents.

LRH: What?

PC: Came up with four other quotations like: All through the stilly night, and Moonshine still, and I can still feel it, or something like that.

LRH: Hold still.

PC: Hold still Hold still

LRH: Lie still.

PC: Lie still

LRH: Which one is it? The incident we're looking for now is the one which will permit you to move around more accurately in reverie.

PC: Lie still seems to come up

LRH: Lie still.

PC: Lie still

LRH: Contact it.

PC: Lie still

LRH: Contact the somatic.

PC: Lie still

LRH: Contact the somatic.

PC: Lie still. I seem to get a coitus somatic. (yawns) Pressure. (yawns) Lie still.

LRH: Painful?

PC: Not necessarily.

LRH: Got a tactile?

PC: Yes. Rhythmic, very rhythmic pressure.

LRH: Tactile. fpause) What's the visio? (pause) What's your visio on this?

PC: No visio.

LRH: Go over Lie still.

PC: Lie still. Lie still (pause) Lie still Something about I want to feel it. I want to see how it feels when you don't move. Lie still for a while. I want to see how it feels when you don't move.

LRH: Go over it again.

PC: Lie still for a while. (yawn) I want to see how it feels when you don't move. (yawn) Lie still for a while, I want to see how it feels when you don't move.

LRH: Contact the somatic.

PC: There's a rhythmic, intermittent, generalized pressure.

LRH: Go over it again.

PC: It seems to be getting stronger. Lie still for a while. I want to see how it feels when you don't move. And there's some confusion here about That feels good too, or It doesn't feel so good to me. I can't, I can't hold still. Lie still for a while, I want to see how it feels when you don't move.

LRH: Now, let's have a dream.

PC: Okay. About what?

LRH: Dream about being suspended someplace, or being blind someplace.

PC: I can see a man who has been hanged by the neck, the gibbet is not visible. Hanged by the neck. He's very obviously dead. I don't see him moving around but Iget the impression his body is rotating slowly from about 90 degrees clockwise to 90 degrees counterclockwise. It's finished, end. I find myself sitting with a slight constricting sensation in the throat as I discuss this.

LRH: All right. Let's look at this figure swinging.

PC: Let's see, he's rotating.

LRH: Rotating. And what would be the last thing that the figure heard? Let's have a dream about that.

PC: (pause) I don't get any ideas about what he heard, but there seems to be a piece of paper pinned to his chest with writing on it.

LRH: What does it say?

PC: Something about shame. Shame on it, or Shame on you. For this, shame. He hangs here in shame for what he has done.

LRH: And how would his throat feel just at the moment he was being hanged?

PC: He has the constriction of choking.

LRH: Does this finish him?

PC: Yup.

LRH: And now let's have a dream about somebody cutting him down.

PC: I seem to see that he just hangs there.

LRH: He just goes on rotating?

PC: Uh-huh.

LRH: Now let's have a dream about somebody that didn't want him hanged.

PC: I seem to see a woman with her hands clasped in prayer and her eyes looking upwards. She has flaxen hair and heavy braids that hang down the front of her shoulders. She's sort of an unreal figure, looks sort of doll-like. Looks like the illustrations you'd see in a children's book. She's saying some prayers for the repose of his soul.

LRH: Is this the end of it?

PC: Yeah.

LRH: What happened to his soul?

PC: It went to heaven, or hell.

LRH: All right, now let's have a dream about somebody who's glad about it.

PC: I see a man with a thin, evil face. He's sniggering about it. He's sort of walking away sniggering.

LRH: Hm-hm.

PC: I also see the picture of Abner Dean's book It's a Long Way to Heaven. It's a picture entitled The Optimist. The picture is of a man hanging by the neck from a parapet, in the middle distance.

LRH: Hm-hm. And now let's dream about the moment this person first gets hanged.

PC: (pause) I see a picture, an illustration from a child's book.

LRH: Hm-hm.

PC: A man is standing there with his hands bound behind his back and a rose between his teeth, and there stands the headsman. He has got a black mask over his face with just eyeholes. He has got this great big headsman's axe. I see nobody hanging this guy.

LRH: All right. Let's get the crowd of little boys when they hang him. Get the crowd of little boys when they hang him.

PC: Hang him?

LRH: You. The somatic strip can locate it. What are they yelling?

PC: I don't get anything like that, Ron.

LRH: A crowd of little boys. (pause) Let's pick up the somatic.

PC: (pause) I just get the phrase Give him enough rope and he will hang himself.

LRH: Hm-hm. Let's pick up the crowd of little boys. (pause) Rope. How does the rope feel around your neck?

PC: Well, we played that but I don't recall when I was ever hanged.

LRH: All right. How does the rope feel around your neck?

PC: Scratchy.

LRH: Hm?

PC: Iget the impression of scratchiness, it's a hemp rope.

LRH: Scratchiness.

PC: I don't feel it however.

LRH: And how does it feel when the rope first gets tightened?

PC: And afterwards the—it's frightening. Again I don't get the impression that it ever happened to me, certainly not with any degree of seriousness.

LRH: And how does it feel when the thing gets tightened to the extent your feet come off the ground?

PC: I'm certain that's never happened.

LRH: And how come they would become frightened?

PC: If that happened to me, I would become frightened.

LRH: Who else would become frightened?

PC: Nobody else.

LRH: Nobody else would become frightened, why not?

PC: It's just a game.

LRH: Go over that line, Just a game.

PC: Just a game. Just a game.

LRH: Contact that neck somatic with Just a game.

PC: Just a game. There is no somatic. Only the sense of a sore throat.

LRH: He doesn't feel anything. (pause) Go over the word feel.

PC: Feel. It doesn't hurt.

LRH: Go over that again.

PC: It doesn't hurt. It won't hurt. It won't hurt. We won't hurt you. We won't hurt you. Let 's pretend. Let 's pretend. I get a very vague and disorganised memory. I'm playing with some kids. And we're playing hangman. And my mother comes out and stops us.

LRH: Hm-hm.

PC: Don't you know that's dangerous? You could kill him. Oh no, we're not, we're just putting a rope around his neck. We're not really hanging him. (pause)

LRH: Couldn't feel anything.

PC: It doesn't hurt. We're not pulling it tight. I don't want you doing that. Now cut that out right now. You stop that. I don't want to see anybody get in any trouble around here. (pause) Oh gosh.

LRH: Hm?

PC: Oh gosh, she won't let us do a thing. All right, we'll play something else, then.

LRH: Okay. Go on over that again.

PC: (pause) Something about some of the other boys who are bigger than I am. And they've got a rope and I can't see where this is. This is confused with the scene where I was playing, I was one of the older boys and playing with some younger boys. And we're playing Indians. And we've got one of the kids tied up to a tree, and we're piling leaves around him. And I have some matches.

LRH: Continue.

PC: And I'm pretending to light the leaves. And someone stops me.

LRH: Hm-hm.

PC: It seems like it's Mrs. Bunker.

LRH: Hm-hm. And what does she say?

PC: Oh, she gives me hell. She says, What are you trying to do? Burn him up? No, we were just pretending. She was really mad at us. I think she can't see that this is just a game. I wouldn't do anything to hurt him. But Ijust wanted to make it look as real as possible and outside the limits of let's pretend. It doesn't bother him any, he's not scared. Just playing burned at the stake, that's all.

LRH: What does she say?

PC: Just a boyhood prank.

LRH: Never do that again?

PC: Oh, sure. Never do that again. Don't ever let me catch you doing that again. I said, I wasn't going to do anything. I don't care. Supposing you dropped the match or something and the leaves caught on fire? I could get him out. I'm not ever going to give you a chance to do something like that again. That's not a nice thing to do. Why can't she see that there is nothing serious there? Don't you ever do that again.

LRH: Let's go back and contact how the leaves smell when you're holding the match to it.

PC: I get a vague idea of the way they smell.

LRH: All right. Let's see if we can clip it.

PC: It isn't a clear smell but Iget the impression that I have known such a smell.

LRH: All right. Let's go over it again when you're holding the match down to it.

PC: I'm kneeling. And I'm also exteriorised, partially.

LRH: Hm-hm.

PC: Now I can look down at my hands, I have them cupped and I'm holding them down by the leaves, being careful not to let the match go (yawn) in the leaves.

LRH: Hot or cold?

PC: It's a warm, sunny day.

LRH: All right. Can you feel this match?

PC: I've got it in between my thumb and forefinger of my right hand, it's a kitchen match.

LRH: Hm-hm. Pick up the moment you lit it.

PC: I lit it on the seat of my corduroy pants.

LRH: How does it sound?

PC: Iget an idea of the sound.

LRH: Hm-hm. Where would you do this?

PC: I kneel down to shield the flames and hold it by the leaves.

LRH: Okay. Let's go back and get hanged.

PC: Never was hanged.

LRH: Somebody's got a rope around your neck. Who is it?

PC: It's figurative.

LRH: Contact the somatic.

PC: I seem to feel this is hands rather than a rope.

LRH: Rope.

PC: Give him enough rope and he al hang himself.

LRH: Hm-hm.

PC: And I seem to see Jack Gordon's face, and that dream I had about him last October. And he was choking.

LRH: You'll be hanged. You ought to be hanged.

PC: I'll be hanged if I do.

LRH: You'll be hanged if you do. You'll be hanged if you kill me. They'll hang you if you kill me.

PC: They then left me to dance with feet upon the vacant air.

LRH: Let's contact this rope around your neck.

PC: I don't get it.

LRH: Don't get what?

PC: The idea of a rope around my neck. If there is such a thing it was just as a very minor part of a childhood game.

LRH: Who insisted it was a childhood game?

PC: Now, then.... (pause)

LRH: Go over the line He's dead.

PC: He's dead. I killed him. I killed her father. I'm afraid he's dead. I'm afraid I've killed him. Get Mary. It's a time when I was about 17 or 18 years old and she hit the old man over the head with a poker.

LRH: Hm-hm.

PC: He's dead, I'm afraid.

LRH: Who's saying, He's dead, with relationship to you?

PC: He's dead. He's dead. He's dead. I'll give him what I get, I won't mind for I'll give him what I get.

LRH: Okay.

PC: He's dead and I killed him and I'm glad. And then there's this laughter, Ah-ha-ha-ha.

LRH: Let's go over it again.

PC: Mad laughter. He's dead and I killed him and I'm glad. He's dead now, and I killed him, and I'm glad. Mary, what are you doing? What have you done? He's dead now and I killed him, and I'm glad. I would kill him all over now. Mary, what are you doing? He's dead now and I killed him and I'm glad. He's not your son, he's mine, and I'll do with him what I damn please. Get out of the way. Get out of here. He's all right. He's still breathing. God damn you. There's an impression of a scuffle. Get away from him. Don't you come near him again. I'll take care of him. Get away, you've done enough damage. I have the impression Mary is starting to enjoy it. Let me at him. Let me finish him off. No, by God. You stay away. Oh Bill, Bill, come in here quick. I believe the old man socked Mother then.

LRH: Hm-hm.

PC: Here, take care of her, take her out of here. What'll I do? I don't care a damn what you do. But get her out of here. Go call the doctor. (pause) Partly exteriorised view of a man trying to give artificial respiration to the baby.

LRH: How does it feel for the baby?

PC: (pause) Feels like a coitus somatic. That's what I've been calling a coitus somatic.

LRH: Early pain.

PC: Intermittent pressure.

LRH: What's he saying?

PC: That's the way. That's the way. Look at his neck. The neck's all swollen. That's the way, kid. Impression of a child crying. Impression of somebody talking in an excited, disturbed voice. There's somebody else there, and one of those post-mortems as they say in bridge, and someone says, Lucky thing for me I came here, I don't know why. I just got the idea something was going on here that shouldn't be. Lucky for me I came in when I did. Caught her right in the act. My God, I thought she was up to something. She's been acting awful Queer around here lately. Yah, he's all right now. Damn, I'm glad you came in here. I never came so close to killing anybody in my life. Imagine that. Imagine that. Doing that to a baby. Bob, call Audrey. Bob, you've got to do something about her. You can't have her around that child. She'll kill him yet. Mark my words. Mark my words. She's not responsible. She's not a fit person to be around him. Oh, I can't believe it, it's unbelievable. I don't see what could have gotten into her to do such a thing. She's a wretch.

LRH: All right. Let's go back to the moment she's closing down on your windpipe, if it's there. The moment of closing down on your windpipe.

PC: Somatic in my neck increases.

LRH: Closing down.

PC: I get the idea of a contorted face above me. There were two hands. Now is my chance, now is my chance, now is my chance to get rid of you. I'm tingling all over. Now is my chance to get rid of you. I've tried and tried. I've tried and tried time and time again. Now I'm going to do it. I'm sick of the sight of you. Now I won't have to listen to any of that squalling of yours anymore. There is a very marked feeling of terror here, and as I'm sitting, the tears are very close to the surface. Now's my chance to get rid of you at last. I've tried and tried. You little bastard, you lived in spite of me. You won't go on living much longer if I've got anything to say about it.

LRH: Continue.

PC: The somatic around my neck has disappeared. You bastard. I won't have to listen to your squalling anymore. Mary, you cut that out. What the hell are you doing with that kid? Skilled him, and I'm glad, he's dead, I'm glad. She says this with hysterical laughter. Clunk, crash, as if somebody got knocked over. Bill, oh Bill, come up here right away. Impression of rhythmic pressure.

LRH: Continue.

PC: Compression of the chest seems to cease. (exhales)

LRH: All right. Let's start back at the very beginning of this. Very, very early beginning of this.

PC: I was thinking about the singing.

LRH: Yes.

PC: (imitates singing) Da, da, da-da.

LRH: Continue.

PC: Da di-da.

LRH: Let's get it (chuckles) at the first moment there. The first moment.

PC: (hums words to self about a little baby) Impression of a baby crying. A little tired and fretful, hot and warm. Oh, shut your trap and stop your crying. Stop it, do you hear me. Stop it. I'll give you a good shaking. (pause) Exteriorised view of a woman shaking a baby. (breathes deeply)

LRH: Continue.

PC: Then she sort of throws the baby down. The baby's about six months old there, I guess. Stop it. Of course after that the baby cries all the more. (pause} Stop it. (breathes deeply) I can't stand that crying. Either you stop it or I'll make you stop. Shut up for keeps. I'll make you shut up for keeps. Stop it, do you hear me, stop it, stop it. Stop it. (breathes deeply; pause) Stop it. Stop it. Now's my chance. There's nobody watching. Pressure on my mouth. And now, you little bastard, I'm going to get rid of you. Somatic on my chin. (breathes deeply) Impression of a hand on my throat. (yawns) A hand over my nose and mouth. Be quiet. Be quiet. Be quiet. I'll be so glad when you stop that crying. (breathes deeply, sigh) The impression that there's more than one incident here. More than one similar incident. Stop it. Stop it.

LRH: The next time you come back here you'll know all about where these incidents are, won't you?

PC: That's right.

LRH: All right. Let's come up to the time you're 5 years of age and having a good time.

PC: The first answer is, I didn't have a good time.

LRH: Come on. Let's pick up that good time you had at 5 years of age. It's absolutely impossible for a kid 5 years old not to have a good time some time, isn't it?

PC: No.

LRH: You don't think you had a good time anytime there?

PC: No.

LRH: All right. Letb pick up a moment when Ducky's reading to you.

PC: A good time is not 5 years, it seems to be some time when I was playing with my building blocks. That I used to enjoy. The things that I remember having made were never quite right. But yet I always hoped to do a little bit better the next time. They were never quite as I wanted them to be but still I enjoyed it. (yawn) I had my stone blocks, and I can see the little man that I had that came off a fire engine, a little iron man, and he had a couple of prongs where his buttocks would be and he'd fit into the seat on the fire engine. And the hands were outstretched so they could

fit on the steering wheel. And there was one of these stone blocks that was just exactly the right height to be a seat for him. And I used to build a throne for him and have him sit on it master of all he surveyed. (exhales)

LRH: Present time.

PC: Okay.

LRH: Present time. How old are you?

PC: 37.

LRH: Contact the 39.

PC: (breathes deeply) 37 was the time I had my cystotomy. Okay, 39.

LRH: Abracadabra.

PC: Yah.

LRH: Five, four, three, two, one.

PC: Yah.

LRH: (snap!)

DIANETICS: FIRST LECTURE OF SATURDAY COURSE

A lecture given on
10 June 1950

Techniques

Two people got into an argument—one was for Dianetics and one was against Dianetics and neither one of them knew anything about Dianetics. The argument had something to do with the fact that one of them maintained that if a spinal cord was severed and Dianetic therapy was thereafter immediately applied, the spinal cord would go back together again. Well, this doesn't take place in Dianetics.

So in order to clarify some of these minor points, we were forced into the publication of a textbook before Dianetics was completely and utterly developed. Perhaps in another two or three thousand years Dianetics will be developed, but at the present time this is not the case. This is true of any live, young science.

The Dianetic techniques in the Handbook work, but since that book was written there have been about four major developments in the Seld, all of which tend to shorten a case and make it possible to achieve our results even more swiftly. As a result, I expect next week there will probably be a fifth one, and so on.

For instance, what is the push button between sanity and insanity? What is the difference between a neurosis and a psychosis? It does not appear to be a graduated scale, yet there is some definite difference.

The same techniques apply to the psychotic but we have trouble attracting his attention, and we have spent quite a few hours with the psychotic tapping away at the case, trying to get his attention. So there is a difference, which led to the fact that there must be a push button.

We have talked for some time about a one-shot clear. That is to say a person walks into the office and gets a shot of something in the gluteus maximus, rises two feet off the floor, settles back gradually, lets out a couple of pale screams and suddenly gets up and is cleared!

That may be almost a ridiculous goal, but it has been postulated for some time; and last night we saw the first inklings of the fact that it might be possible. In view of the number of biochemists who are working with us, we will probably have something approximating this shortly, at least to the degree that we could give somebody a pill and spill all the painful emotion on a case, which would be very valuable.

The difference between a psychotic and a neurotic (as far as we know now) concerns the concentration of painful emotion upon a case. Therefore, the object is to get rid of the painful emotion. There is also unconsciousness on a case, but what is unconsciousness? Well, that might be related to painful emotion. So, if you could convert unconsciousness into painful emotion artificially (there is a tears reaction between painful emotion and a release of affect, and because of that there is some kind of a chemical reaction taking place), there would be the push button. ,

But how do you get the push button? Exactly what chemical compound would be required? This may sound way up in the air, but you can expect Dianetics to go on advancing. Just how far it advances is in a large measure due to those people who know about Dianetics. I am making that very plain right here at the beginning that although the techniques of Dianetics work, do they work as well and as fast as they could be made to work? Where are the holes in the techniques which are slowing up cases?

It is no fun to sit down and slug away at a non-sonic, non-visio, dub-in case for four or five hundred hours. It's no fun listening to large quantities of delusion over and over, knowing very well it is delusion and yet unable to inform the patient of the fact. One would merely try to move him onto something else and find his lie factory. But if we could simply short-circuit this so that he would go straight on through and not give us the delusion, and if we could turn on sonic and visio in everybody, that would be a big advance!

The subject of this lecture concerns the study of cases and a method which is under very cursory examination (and not yet ready for public release) but which is giving results in the vicinity of about 60 percent of the cases.

However, we only have a series of 30, which is not good enough in Dianetics. I have had series of 2 and 3 that have looked wonderful and then on 4, 5 and 6 it was a complete flop.

In running a series of cases in Dianetics we have very carefully tried to keep away from the tendency to be optimistic. The Handbook reads as though a wild-eyed utopia is now opening up for all. That may be true, but the work that went in behind that is very carefully not optimistic.

In this current series of cases there will be several people on whom this new method of turning on sonic will be tried, and we will have more information. So you are not a spectator. You are a fellow conspirator on the attack on aberration.

There is no closed shop in Dianetics. It is so far out of our control at the present time that if somebody wants to set up an office someplace in San Francisco after reading the last two chapters of the Handbook, unfortunately he can do so and unfortunately he will do so.

For instance, I received a letter from two people in New York stating, "We are setting up an office in midtown Manhattan to practice Dianetic therapy." I have never heard of them. Who are they? Lay analysts? Psychiatrists? But to stop them? It is not likely that it could be done.

The sole danger in Dianetics was that it remained underground and was known to only a few. If a person knows what is being done to him, and that he is feeling badly because Jinks is busy pushing his buttons, then the ability of Jinks to push those buttons is vastly decreased. Whereas, if we only put this out to a very few Jinkses who then go around pushing everybody's buttons, and the general technique and theory is not known, that would be far more dangerous than releasing it widely.

The most dangerous thing in the world is to suppress science. It takes it out of general circulation where it definitely belongs and gives it into the hands of small power groups where it does not advance with the rapidity it should, and in addition is used to wreak harm against mankind. Things known to everybody are relatively safe, whereas things known to one or two become just that much less safe.

In a science you have first the axioms. Now you have cause; now you have effect; now you have application, and application is always an art. One cannot practice medicine with penicillin alone. You have to know a little bit more about it. There has got to be personal experience involved. For instance, you will know more having opened three or four cases than you could ever hope to know by reading. That is application. That is an art. So we have the art of Dianetics.

Book Three of the Handbook is mostly art. Therefore, erected on the axioms, erected on the cause, we now have the art of application, and that is a shifting theory. It says in the Handbook that we know nothing very much about painful emotion, which is absolutely true, but we can do things with it. We want to do better things. Why sonic was turned off we didn't know, but we now have a good inkling of it; and having that, if we know it thoroughly, we can turn it on—and we should be able to turn it on euery time.

For instance, we have a gentleman who very recently had been a nonsonic, non-visio case, except for a few little moments in his life, now running in the basic prenatal area with sonic, tactile and visio.

So there is a brand-new way of opening a case now in existence which we will be using until we have figured it out even better. An advancing live science will do this. Dianetics doesn't depend on faith.

To start this indoctrination, let me first stress two or three points of the Auditor's Code.l The Auditor's Code isn't there because it reads well. That code is there so that Dianetics won't hurt people. Any time one has the cause for insanity, one can also create insane people. For instance, a Colt .45 in the hands of a 2 year old child loaded and cocked is dangerous! So is Dianetics to that degree.

We recently received a letter in which somebody decided he didn't like his uncle. So he invited him up to his house, hit him over the head with a lead pipe, read a lot of material over him, kicked him a few times and then keyed it in to "Music, Music, Music" and sent him on his way!

The uncle wound up in the local asylum and the person who did it was wondering whether or not he should really have any conscience about it. He had thought it over carefully and wanted some information as to how to undo the deed. Unfortunately he gave us no name and address. But that sort of thing is going to happen, as it has in the field of hypnotism.

Enter the field of the human mind with Dianetics and one starts to get behind the scenes of the great sacred American home. One gets behind the myth of mother, dear mother. One also finds out that hypnotism is very common in this society. I never realized it was that common before. I have taken enough pervert hypnotism out of banks now to discover that about half a percent of all cases run have had pervert hypnotism in the bank—a very large percentage. "You will forget all about this now, you will forget all about this and no one will believe you if you ever tell them, and you couldn't believe it yourself if you thought you would remember it, and besides if you did tell anybody and if it was discovered, then your father and mother would throw you out." I found this in three banks of people when they were about 13 or 14.

So the axioms of Dianetics (not Dianetic therapy) can be used by a sadist to implant insanity. Fortunately when insanity is implanted by Dianetics, it can be undone by Dianetics, but that it is going to be implanted you can be absolutely certain.

What I am discussing here, however, is an accidental upset of a case. There is only one way that therapy can be thoroughly, completely upset and that is by a deviation from the Auditor's Code. I want to make the Code even clearer than it is in the Handbook. One case, which was up to a good release, deteriorated because of a break in the Auditor's Code, and one case was driven into psychosis by a break in the Auditor's Code. The extent of the deterioration on this one case that had attained a release is minor and can be mended easily, but in the other one, although the Auditor's Code break was only a very small part of it, it was very definitely a part. The husband screamed and hammered his wife around (she was an incipient manicdepressive with a history of breaks) and forgot himself so far in his paranoia as to give her all manner of irrational commands.

She is now in his valence.

The break in the Auditor's Code occurred because they had previously done some co-auditing and then some man had walked into the picture and she, being a nymphomaniac, did what she had always done before Dianetics—she went after this other man. The husband then became insanely jealous and knocked her around.

Furthermore, he then started screaming such phrases at her as: "Go to sleep" and "Open up your analyzer" and "All that's the matter with you is engrams, engrams, engrams, that's all

you've got. God damn you, get out of here. I don't ever want to see you again. Don't ever come back, don't ever come back. You're dead as far as I'm concerned, absolutely dead!"

He evidently did this in such a way as to slap her into unconsciousness and then he implanted these things.

That was a very violent break of the Auditor's Code, but it could be broken and might be broken accidentally and unknowingly by anyone unless I make these points clear.

The Auditor's Code says the auditor is uncommunicative. That should be better evaluated to say that the auditor does not evaluate, which takes in a large sum of information. All due respect to Sigmund Freud and the splendid work he did in the field of the mind, the introduction of his 1911 theory of delusion did an enormous amount to fill up institutions! Because by going out and using that principle on people, I could put people in institutions too.

The theory of delusion: Insanity starts by delusion. Childhood delusions become insanity and therefore what one remembers as having done is delusion. We pick up a college textbook on psychiatry and we can look up cases where the patient was informed that what she thought she was experiencing while in her mother's womb was only a product of her imagination.

Freud overlooked the fact that the mind is well aligned only as long as it can assert its working principle to be right. The mind is right. It has got to think it is right. Even though it is working on engrams it has still got to think it is right. So it will justify engrams.

Take a person who has an overloaded engram bank, and for analogy let's say that he has 10 monitor units left out of a total of 900 monitor units, yet he is still percolating, he is still sane. These remaining 10 monitor units are able to direct the organism and they are being informed of what the organism is doing. Therefore they can correlate themselves to existence. If anything happens to trip off these units and demonstrate to them absolutely and completely that they were wrong and had placed the organism in danger of death, you would probably have a psychotic on your hands. I haven't tried it. I don't intend to.

But it does work out that when a person is trying to recall incidents in the vicinity of people who know those incidents and he is challenged as to his information and somebody says, "Oh, no, that was Joe Ceppos that was there and the doctor's name was Mule Baxter. Oh, you're wrong," the patient is in an undefended state at that moment. He is depending on the auditor as a watchdog between him and life.

The auditor is supposed to get him to attack the engrams. Suddenly the auditor is apparently attacking him, particularly if the person is regressed. There he is with his hands full of doctor and birth, let us say, and suddenly the auditor chips in and says, "Oh, well, look, you weren't born at home. I know. I asked your mother. You were born in hospital. Now come on, run this in a hospital."

All of a sudden the patient, who has been struggling with what is left of his analyzer while he is in this regressed state, is faced with a new problem of having to fight the auditor. So, you can count on him coming up out of it yelling, but much more importantly, the auditor's ability then to audit that patient is very badly injured and the patient's ability to run the engram has been undermined and is not easily restored.

One could say, "Well, all we're going to do now is to go back to the moment when the Auditor's Code was violated and we'll run that violation as an engram," but it does not work too well because that violation may have restimulated an engram which might not be ready to pull. It might be one which is halfway up the bank and is very well set. Therefore, you are facing a problem of having to audit the patient into the prenatal area who doesn't want anything more to do with it.

So there is the Auditor's Code. Just the plain remark, "I think you're imagining things, I don't think your mother would do that to you," would do it. Hitting him in the head with a brick would be kinder. You will realize this if it ever happens to you, and you have my full permission to get up and slug the auditor who does this. It is very destructive. So the Auditor's Code is not something that we can take lightly.

If the patient says, "So, there I was in the prenatal areal sitting on this chimney . . ." or as a homosexual said to me one day, "Why, here I am sitting here, and there is Mother," (this was about two or three months after conception) "and all of a sudden Papa comes in and hits Mother in the stomach with the full force of his fist and I go up out of the womb, hit the ceiling, open a parachute, float down, and go back into the womb again and curl up. That's an amazing thing! Maybe she called him a homosexual?" Well, you don't buy it, but you don't tell him you are not buying it. An auditor knows very, very quickly what is imaginary and what isn't in a case. It doesn't have to be a flagrant fact.

One patient, whenever he starts to run what we in Dianetics call "garbage," runs off into a monotone. Anybody who audits him knows instantly when he goes off into that monotone and can say, "Now, let's get back into the engram," and he quite obligingly does so. He could go on for two hours running this delusion, straight off. (However, since the lie factory was knocked out he doesn't do that anymore.) But one can recognize it, and there are tests for it in the Handbook by which the auditor can tell whether or not a person is running delusion. That test however is not some aberree's say-so.

I took one little boy one time whom I saw sitting on a stone wall lookin very contemplative, and he was so pathetically emaciated that I thought I would try to do something for him. So I kidnapped him every day when he came home from school for a while and gave him a release,l at which point his mother, seeing a strange change in the child, finally extracted the information from him that he was coming over to see me. Well, what was I doing? I was perfectly willing to inform her. So she came over because she just had to have something done about her donkeyextomy or something, and I ran her back down.

She had been going around with the happiest little tale about having given birth to this child you ever heard, and he had had this tale told him but it was very far from the truth. Mama thought this was true. So this little boy could have gone home and said birth was a certain way, and Mama could then have said, "Oh, no. That wasn't true. You were born in a buggy," and so on, which would have upset him.

We took Mama back in this case and found out that this beautiful little tale about birth was told to her immediately after she was in labor, while she was still in a shaky state of mind, and it had gone into the conscious mind, but in actual fact was not what had happened to her at all.

The doctor in birth in this particular case was a very nice guy and he did not carry the child by the heels out into the hall to go locking for Papa to get a cigar because Mama had been delivered. This tale was at the end of the birth delivery and Mama was completely deluded about it.

The birth actually was a very quiet affair. Mama was fond of saying how she had screamed for 50 solid hours whereas the delivery had taken 10. There was an interesting variation of data. .

So the Auditor's Code has to put up with this sort of thing. It is bad enough when some aberree in the vicinity of a patient suddenly calls him on his data. He can fight that back. "Aw, you couldn't remember what happened to you when you were in the womb. This is a lot of bunk," and so forth. He will get up and fight because he has gotten rid of it.

But the auditor is the sentry. He is up there bucking the world while helping the person buck the engrams. It's a team effort, and everything will go along smoothly unless the auditor

violates some clause of the Auditor's Code, whereupon the poor patient is instantly thrown underneath the engram, fighting the auditor. The analytical mind of the auditor plus the impact of the engram is now impinged upon an analytical mind which is reduced. This is extremely important and cannot be overstressed, because you can just stop a case in its tracks if it is violated.

The question has been raised whether telling the patient who starts giving "garbage" to get back on the engram may intimate to him that you don't believe him. This is true; however, his amount of analytical shutdown while he is in an engramic area is usually quite marked. If the patient is giving "garbage," you get him back on the engram with smooth tact without inferring that you don't believe it. You can say, "Let's go back to when you had a somatic," or, "Let's go back to that somatic now," and just try to get him back, and you will generally get chunks out of the engram that you are working in dub-in.

Regarding getting flash answersl from the file clerk, I won't guarantee anybody's file clerk. However, except in a case which was operating under almost 100 percent delusion, most file clerks generally come up with correct material, even though the aberrated personality very often denies it. One asks the file clerk for a date by saying, "Give me a date. The first date that comes into your mind."

And he says, "Well, it's a funny thing, it was December 31, 1931."

"Give me a time of day."

"Two o'clock," the file clerk will say.

"Well, what happened on this day?"

"Nothing." And that was the day he was run over by an automobile and was put in hospital for two months!

A patient gave this to me just a few days ago: "Nothing ever happened to me when I was 16. I wasn't sick. Nothing happened." Yet the flash answers gave 16. That is the file clerk handing out data.

So I said, "All right, now just close your eyes and give me the first words that flash into your mind."

"Wait."

That's a good holder, so we ran out the doctor saying, "Wait," and somebody else saying, "Wait," over on one side of the engram. Then all of a sudden he said, "You know, I was lying out in the park and the sun was shining and the birds were singing in the trees and the nurse was saying to me, 'Now, you wait here for a moment, honey,' while she went off to get a policeman." This was very interesting information, because the person was supposed to be 16 years old.

It is an interesting fact that people very often have sonic on the exact instant on the track where they are held. They very often have sonic at that slight moment and at no other moment. So-if you pick up a person who is held on the track and ask him for it, you will get a sonic if you are patient. It may be something like "Stay here, you bastard!" and he will be very amazed and surprised at the insulting language that he has been hearing around the womb. Several times recently I have found sonic on that point, and investigation is being carried forward.

The nurse in the 16 year old incident of the above case was an associative restimulator for his nurse when he was a small kid. So the doctor says, "You'll have to wait here for 24 hours until we find out if you have appendicitis." That, you figure, is the holder, but that isn't the

holder. The nurse walks in right after the doctor has just been pounding all the way up and down his spine, examining him for appendicitis (why doctors check the spine in such a case, I have never been able to figure out), and while he is lying there all bruised up she says, "Well, you will have to wait here for another 24 hours while the doctor checks this over." So he waited, and he had been there for three and a half years! The same engramic commands was latched on to an incident way down the track.

A gentleman and his wife were here recently and I said to the husband, "Now let's go down to a couple of pleasure moments," followed by, "Now give me what is causing your discomfort," and he was in the middle of birth.

His wife was sitting there very happy about everything and she said, "You know, that's a very funny thing, but every time he gets an ulcer attack he rocks back and forth and then he rolls from side to side, and says, 'My God, if I could only have a baby I'd be cured."'

Then she lay down on the couch for a diagnostic run to test her sonic and emotions and I said, "How did you like your mother?"

"Well, she's all right."

Then I said, "Now let's pick up the moment she gives you a smack," to see what chain could exist for that. So she picked up a moment.

But this girl had sonic, and "Ooh," she said, "that's awfully loud."

And I said, "Well, come on up to present time."

"I can't move."

I figured out that her mother had told her to sit down in the chair and not move. But that's what I figured wrong. The husband in running his birth had said, "If he can't move, I can't move, I can't move, it's not moving, I'm going to die," and her birth engram and her husband's birth engram were in chronic restimulation. Both of these cases newly opened were in engrams which would not deintensify and had to have hours spent going early on the track and so forth.

It is different with students on a course. They have lots of time to work these things out. But these people had merely called one afternoon wanting to know about Dianetics and then wham! they were in birth, which was not a hostly thing to do, because I couldn't run out much of it. She went home feeling fine, but she was in a manic at the end of birth. A manic on birth will last for 24, 48 hours, sometimes up to 60 hours.

Then there was a lady that thought Dianetics was absolutely wonderful because after her case was open for about 15 minutes she went into a wonderful, beautiful feeling. Of course 3 days later it disappeared, because she was on the manic on the end of birth with Mama lying there, and Papa saying, "Oh, what a beautiful little girl, what a beautiful girl."

Now I want to get on with something more vital than these minor anecdotes of Dianetics. If anybody's case goes into a flat spin, we, of course, are perfectly able to take care of the situation. I expect some cases are going to have to flat spin for the first couple of months.

It almost never happens that the first couple of weeks in therapy are 100 percent comfortable. Very often the person does beautifully, and feels fine and everything goes along well. But the usual procedure is that in the first couple of weeks he races down the time track to the bottom where it says, for example, "Get out," so he gets out, but there's one right after it which says, "Come back." So he comes down the bank and he stops halfway, and all of a sudden he has got a headache and he says, "Oh, my God, I've got a headache," which takes him low in the bank, and so on.

The only friend you have got in a case sometimes is the file clerk. You never have to make friends with a file clerk. As a matter of fact the file clerk will run the auditor very often. But if you clamp down on your case too much it will restimulates an engram.

Sometimes in entering a psychotic or an incipient psychotic case Mr. File Clerk has just been sitting there with the patient saying, "Now I've got a new somatic," or, "I keep thinking of these words and there just must be something in here that says ...." The file clerk has gone mad. But you don't have to coax the file clerk. It is an operating mechanism which works or doesn't work. In a neglect case the file clerk quite often will not work, but it will do absolutely no good to try to persuade him to work.

It is unnecessary to harass a file clerk, because the file clerk will operate with you 100 percent of the time if he can operate at all.

A case can become very agitated and very disturbed and nervous sometimes, and he starts haunting you saying, "I'm sure that my mother and father must have had a terrible fight and I'm absolutely certain that I have five AAs in the bank and I know that if I can just do so-and-so and so-and-so, we could get at this stuff and we could do this." And he is extremely agitated.

All of a sudden, by some happy piece of brainwork on your own part, you suddenly decide to send the file clerk to the incident which is holding up the case. You just say, "The file clerk will now go to the incident that is holding up the case," and quite often the file clerk will hand out the engram that has everything mechanically drawn into it.

That is a grouper. A mechanical grouper such as a nitrous oxide incident is one in which the bank is right up there all in one piece.

Groupers are very hard things to find in a case. Denyers, bouncers and the rest of them are easy, but groupers are tough. One says, "When I count from one to five and snap my fingers a phrase that groups things together will appear in your mind. One-two-three-four-five (snap!)," and all of a sudden it will appear.

The file clerk starts to run this incident off, he gives you a few phrases, and suddenly this person is perfectly content, he will go to work and will live his life and so forth. He will lie down and run it out, the file clerk is now happy and the case will rlm.

But whenever a person gets agitated about it, you can be absolutely content that you have not hit the situation. In the case of a psychotic who begins to get abusive, and continues to get more and more abusive the longer you work on him, be assured that that file clerk is not satisfied with the way you are handling his case. I sometimes wonder why these file clerks, who had such a tremendous command of Dianetics, didn't bother to let me know before!

The question often arises of how familiar should the patient be with the terminology of Dianetics. The answer to that is in the back of the Handbook where there are several pages devoted to advice to a preclear That is all there is to it. I have discovered that since Dianetics has been known to patients, and they have a good idea of the working principles, they do not work as easily as the people I used to work on that knew nothing about Dianetics. As a matter of fact, in order to keep the work very quiet and so forth, I have even told people that this is what they do in the Woodoo temple of ancient Egypt, and they have been satisfied. You tell them, "Well, we don't care about the subjective reality of this material, just tell me your troubles now. If we just go back to a time when the spirit first entered the body ...."

"Ouch!"

Dianetics works a lot better on a person who is completely ignorant. But for someone who knows about Dianetics, or who has heard about Dianetics and doesn't know what to expect,

that so simple section on “Advice to the Preclear” is in the Handbook to save the auditor his vocal cords.

Of course, one couldn’t tell the file clerk to go somewhere if the patient had no idea what the file clerk was, and his own file clerk didn’t yet know its name. However, he finds out pretty fast. You can’t say, “Give me a holder,” if the person doesn’t know what a holder is. Put it differently. One can say, “Give me a phrase that would make someone stay in one place.” Or you could give an example of a holder, and then say, “Now, give me something like that. When I count to five I want you to give it to me. One-two-three-four-five (snap!), “ and the person very often will.

One can envision the time track from conception to present time as a strip, composed of all the perceptics. It is a bundle of perceptics, not just one line, and it runs up to present time. If he is running properly on his time track, he can then connect with most of his perception He should be able to connect up all of them, plus the thought he was thinking at that moment, plus the imaginary things that he was seeing at the time and so on. Everything including kinesthesia and tactile ought to be there.

But it doesn’t work out easily that people who have engrams have these things available. There are two reasons why this occurs. One is computational. The computational reason says, “I can’t see, I can’t feel, I can’t hear, I can’t do anything. I am blind, I follow you till I am blind, deaf and dumb.” Or, “I am tired, I’m going to sit right here until you make up your mind.” This is a computational shut-off. Any mind contains some of these.

Then there is the mechanical computational shut-off which is on the borderline, whereby it is computational but it has a mechanical action. Here is the engram running on a certain plane and it has below it in the basic area a bouncer or sometimes lots of bouncers, which is why people can’t get back there ordinarily. If they can’t get back fast, there is a bouncer in that area and you have to depend on your guesses because there is so little energy, and the file clerk very often can’t push back that far. You have to rely on repeater technique to get him down there.

If one goes down into the basic area of the track, one finds such phrases as, “Stay away from me, don’t touch me, stay away, don’t touch me, now get out, get out of here, don’t touch me.” All the way up the bank one is liable to find this person running the engram, only he is stabbing at it from much further up the track. He breaks the engram this way: He will repeat himself down into the engram and out of the engram and for just an instant his sonic will turn on. But he isn’t there long enough to really get a sonic, so there is apparently a sonic shut-off on it.

For instance, the patient will dive into the engram with the words “I hate you, I hate you, I hate you, I hate you, I hate you.” That is caused by something which holds the person above the moment when something is happening and, although it is computational, it has a mechanical aspect. It is holding off something.

Then there is the one where you knock out the basic areal line and go on, and all of a sudden the person settles down and runs right straight on through the engram, which happens in lots of cases.

One could envision the time track running up the line with what look like leaves attached to it, on which lie engrams containing valences, together with a chute up the side of the track which holds boxes. Then there is the trinity of Papa, Mama and Baby, which has been in existence for many, many thousands of years.

Baby is on the time track, but Papa is on the side of the time track and Mama is also on the side of the time track, which gives us two boxes and the track.

At this point Baby still has some contact with reality and existence, so he can scan this track up the line. If, for instance, all Mama's valences are over on the side of the time track, he doesn't get sonic when he is running in Mama's valences. Very commonly you find this amusing circumstance where the patient can hear everybody but Mama. Of course he is being Mama, so naturally he can't hear himself think, or some such thing; he is over in the series of boxes which are just off the time track.

If he gets into one of these boxes in a valence, and this engram has a holder in it such as "Stay here" or "Go downstairs now and stay there," "Go upstairs" or "Stay here and then go upstairs," you will have the illusion of the whole engram moving up to present time in one of these boxes. An engram can be slid up and down the track. That is a horrible and grievous fact. I wish it were not so. It is your worst enemy. These boxes are not solid on the track. They can be slid up and down it. If you want proof of this, and if you want to drive somebody utterly mad, slug him over the head with a piece of lead pipe and say, "You can remember everything you have ever heard, seen or felt, in present time at the same time." The Dianeticist that could untangle that case would be a real genius if he just walked in on it cold, because this incident would be in present time with everything else on top of it. So the Dianeticist would have to start trimming around the edges not knowing quite what had happened to the person. Although it would be rough, it could nevertheless be undone.

Several years ago when research was very intense, I learned this the hard way on a young man who maintained that he could run his own engrams. He kept insisting on it. He wanted all his engrams up in present time where he could run them himself.

So finally I swamied him into a deep trance and said, "You can remember everything you've ever felt, heard or seen in present time. You can remember all these things in present time." That's it, just you can remember—permission. There was enough material in the bank to pick up the whole bank and sweep it up just as one might take leaves and brush them into a pile.

That fellow was in misery, he was in agony. It took me about a week's work to straighten his case out to the point where he could breathe, because naturally that positive suggestion went down the track, and latched on to whatever was there. The reason he wanted me to do this was an engramic reason which approximated in its wording what he wanted to be told. I was very obliging. I told him. Up it came to present time. Headaches, knitting needles through him, both legs broken, he was in very bad shape. He didn't run any of it in present time either.

Although that was very valuable from an experimental standpoint, I wouldn't have done it if I hadn't known about what was going to happen to him and about how I could untangle it. However, I didn't think it would be that hard to untangle. But to find the light locksl that I gave him with hypnosis, and try to pull it off and discover at the same time that the incident which should have been underneath it was now lying parallel with it was very, very rough.

However, let me assure you that in all the researches of Dianetics there hasn't been a single human being who has been permanently disabled in any way. There have been a lot of people who have been very, very uncomfortable for a couple of weeks or a couple of months, but you are benefiting from what they went through. I have always patted them on the back too and told them they gave a great boost to science.

Positive suggestion in hypnosis works very interestingly, but this is not a lecture on hypnosis. If you are interested in hypnosis I advise you to read up on it. There are books by such people as Bernheim and Charcot on the subject. There are quite a lot of them available in public libraries. It is valuable to know but not essential.

For instance, if one put in a hypnotic suggestion on the time track which says, "You can write," and the next day put another positive suggestion on the time track saying, "You can't write," the person will go on writing. The first one in the bank has priority. This is also true in running individual engrams. The first one has priority. If the first engram in the bank says, in

a Junior case, “George was a skunk,” George will go on smelling very badly for a long time, even though the next engram says, “George is a beautiful wolf.” The priority is number one.

Therefore, engramic commands are not reversible by hypnosis, hypnotism to the contrary.

There are hypnotists who have studied Dianetics who no longer practice hypnotism, and they are very happy to have a theory which explains a lot of what hypnotism is doing.

One can have a case of the engram staying in one place, nailed down on the track in an orderly fashion, and one can have a case with a grouper in it which has pulled all the incidents up to present time. That person is generally psychotic.

There are these various compartments. For example, a person is stuck at the age of 5 months after birth in a scarlet fever engram or some such thing. The nurse was very nice and mother was very nice and father was very mean and so on, and these compartmented boxes sit just off the track. Now the person takes the winning valence. The boss around there happened to be the nurse. Papa and Mama had always been mean to him, but the nurse won and so he is back there in the nurse’s box. Now you can run this thing all the way up and down the track. He is in the engram, but he will actually move on the track. But because the nurse wasn’t anyplace else, he isn’t going to get sonic anywhere else. That is the current theory we are working on which accounts for this strange fact of sonic shut-off.

As soon as you take somebody down the track and find out who he can hear and see, and who he can’t see, you can bet your bottom dollar that he is in this situation. To complicate the picture, he can be in five or six of these boxes on the track simultaneously, and any given situation may throw him into another one. And he will shift valence back and forth. When one tries to run him in therapy, he gets off into one of these sonic blocks and he will go up and down the track picking up the information which is over to one side. But although he is getting this impression of the information, he is not getting a somatic.

All this is mechanical, it merely has a holder in it, that’s all, and there will be a shut-off in every engram except that one because he is not on his track. He is into valences.

This is very simple. One only has to run somebody to find that because Mama says, “My back hurts so badly,” this person has been going around most of his life with backaches. It isn’t his backache. He may have a backache in the bank someplace, but at the same time he has been going around with Mama’s backache.

There are a great number of men, for instance, in Dianetics with bad cases of morning sickness, who are, of course, suffering from Mama’s morning sickness. They are in Mama’s valence and get Mama’s somatics. Somebody else may be skewed around in the bank in Grandma’s valence and Grandma died of skin cancer. He has got Grandma’s somatics, but they are manifested somatics, so he contracts some weird kind of dermatitis. He is that person to that degree, and to that degree he has lost his own identity. The thing to do is to get him out of the false identity which he is in.

You will find somebody who is so thoroughly shut off sometimes that he not only can’t see or hear anybody but he is everybody.

When we start moving a person out of these slots onto his own time track, this action alone very often scares into view the fear, terror, pain, or other reason why he mustn’t go on with something. He has got to be the winning valences in this case.

For example, Grandma was wonderful. But Mama was Papa’s boss, so if he were driven out of Grandma’s valence he was the third character down the line and if he were really hard up and the dramatization of Mama and Grandma had both been broken, then there would only be one thing left for the fellow to do and that would be to be himself, and what was himself in

this case was that he had scarlet fever. We break this dramatizations and the person breaks out with a rash which they call allergy.

There are two things involved, the computational and the mechanical. The rest follows in this fashion: Up the track the person goes flitting along in Grandma's valence. Grandma is an ally, Grandma is the person to be, Grandma is the boss of the family; and the child is doing just fine as Grandma, with the analytical mind having made in its basic region this computation, and the reactive mind having definitely decided that this is the thing to be, all hands in agreement: the way to live is to be Grandma. But when he is 7 years of age Grandma dies. That seals the valence and charges the whole bank. Grandma is dead. Well, he was Grandma. So we get repercussions on the death of an ally. This is an explanation and this theory is predicting new data.

The intention then is to shake the person out of these boxes on the time track. This can be done in several ways. We can knock out the painful emotion. And the person won't be able to get out of those areas very easily unless we do take some of the painful emotion out of the case, such as the death of an ally. Discharge that and we have the bank fairly clear. Now, he will start swinging back onto the track, but as he tries to come onto the track, and hear, see, feel and so forth, there is some reason why he can't feel. And this incident sometimes suddenly springs up into view.

In other words, he skids under the track and goes into an incident where he is being very badly beaten around, or something has happened to him. So, we are cleaning up then the reasons why he cannot be on the track. Therapy is devoted whenever possible to just getting the person on the track, in the knowledge that any time you start to run a case that has non-sonic, nonvisio, and the case keeps on running without somatics, without this, without that, out of its own valence, picking up words out of thin air, that case sooner or later is going to jam. This has been the big trouble in the past and one that occasions many hours of therapy.

Even well after release the patient can still be in possession of a couple of terror engrams, for instance. So he is still tricky, he is not up in present time, he is really not moving on the track, and although you have the illusion that he is moving, in actual fact he is over on the side of the track, moving up and down in an engram.

So you pick up an engram, but then you find that you can't run it because it has a holder. The next one has a holder in it too, so now you have got two engrams together. Then you find that you can't run the next engram out because it has got a bouncer in it and so forth. You are just putting everything on one point. Now you keep telling him it is time to come up to present time, but you won't be able to bring him up to present time with any great degree of precision. You can move him on the track, and he will feel better and so on, but we are not doing a good clean job of it. Therefore the thing to do is to try to get the person on the track. The way you do that is find the moments when he was winning, when his own valence was safe.

But remember he really has to be in his own valence at that moment he is winning, and you try to persuade him to be there by gently putting him back to pleasurable moments when he is winning. Keep on trying to pick these up. He may be in somebody else's valence at the time he is winning, and that win may be no good to him. He may not think he deserves it, so it depends on what he wants.

We pick him up at a moment when Grandpa is proud of him. So he can be himself. He likes Grandpa anyway, and he is probably not in Grandpa's valence. Now we take him and we crowd him out of Grandma's valence, where he sits, and sooner or later as we try to pull him out of one of these valences something is going to come up.

Returning the patient then to pleasurable incidents involves a little bit more than it says in the Handbook. The case is usually opened this way by taking the patient to times when he was a particular valence, which can take you into the prenatal area.

So you can run it out as Mama, for instance, but because it appears to run out as Mama and apparently deintensifies is not good reason to leave it. There is usually somebody else there and certainly he himself is there. You can run him into the basic area by hook or by crook, and very accurately run him out of Mother's valence, and get him into his own valence and feeling his own somatics. Work him on this. Get him to pick up the tactile, persuade him to pick up the various perceptics, and more and more he will come onto the track. Eventually he will again run his own somatics. But realize, too, that a patient can suddenly stop running his own somatics and start having somebody else's somatics, likely enough; or if he is getting no somatics at all, according to current practice on this, the case had better be carefully moved out of the engram in which the person is and back onto the track again before it bundles. If carefully resolved there is no great danger in this, but at the same time it had better be done right.

Today I was running someone who had nothing but Mother's valence. There was even painful emotion on Mother's death, but it was unrecoverable. However, by running some very violent somatics of Mama's out of him, I deintensified the case in several spots. The holder in this case was birth.

By shaking the birth just a little bit loose, I was able to take him into the basic area, and suddenly had him shaken out of his Mama's valence by finding the first time he went into it, and then shaking him out of it right there. He came out this afternoon, and now he is on the track and (with the tactile of amniotic fluid and so on) is running things off very quietly, where he had not been before.

This was done by coaxing him out of it by telling him, "Now let's go through it again, now what does Papa say?" and so on.

How one gets someone out of another's valence is a simple procedure which right now is in the status of, if it works on the case, hurrah. If it doesn't work, work the case. It works like repeater.

The demonstration run which follows is current technique. If there isn't a faster technique than that within two or three weeks I'm going to be very disappointed in Dianetics. I measure the value of this business with the ease and speed with which it can be started and executed, its liveness and approximation in actual laws, and by the way it predicts new, better techniques for itself.

This is the science of thought, about which one thinks. Therefore the basic principles of what we are trying to do are what are important. Any student should be able to, with a little experience, build up and improve any of these principles of how one gets someone moving on the time track. In this demonstration I am going to get the patient, if possible, to have some sonic. This is the mechanism of how it is done.

One does this procedure on a case time after time until he has the case moving nicely. If he doesn't have the case moving, and if he can't get the person to pick up material, he has the next recourse of blowing painful emotion if it can be reached.

Your chances of entering a psychotic case and getting away with any smooth procedure is almost zero. A psychotic can sometimes be so disturbed that you will have to do something desperate like narcosynthesis or using mirrors to attract or fix his attention on something, but this would be Institutional Dianetics.

However, a lot of psychotics will cooperate and those who will, very often bleed quickly. Then you just take anything you can get on them. In any case that starts to give you information the moment you put your hands on it, and starts to run, for heaven's sake don't fall back on rote. Just run.

Very often you enter the case and it falls down the line with you and starts running painful emotion engrams, and this and that. But try to get a pleasurable moment, and the first thing you know the case is in full swing and is open. The majority of cases that you will have diffculty with are those who don't seem to have anything to run, and who maintain a rather apathetic point of view, and can't see, can't feel, can't hear, can't move, and are not alive.

This is the demonstration.

LRH: Now, I'm not going to do anything very dramatic. I'm sure that your partner will get to your case and really open it formally. Right now it's just a little bit of a run here just for show. Okay? This is more of an act than actual therapy.

All right, then, just close your eyes. (Scratch out counting. No counting on it.) Close your eyes. Now, let's return to dinner last night. Let's return to last night's dinner. Dinner last night. Dinner last night.

PC: (sort of grunts) I've got a somatic in my chest.

LRH: Okay. What are the words that go with it?

PC: I don't know, but this is an engram I've been running for some time now.

LRH: Are you still running on one engram?

PC: Well, no. It left for a couple of weeks, but now it's back.

LRH: It just came back?

PC: Yes.

LRH: All right. How old are you?

PC: I think it 's 4.

LRH: Okay. Give me a holder. When I count to five, one will flash into your mind. One-two-three-four-five (snap!).

PC: (clears throat) The holder is now.

LRH: Now. All right, let's see if we can get what it is. What sounds valid to you? Stay here? Hold on? I'll hold you? Can't move? Wait? What is it? (pause) Wait. Wait?

PC: (coughs) I think it's can't move.

LRH: Can't move? Can't move. Can't move. Wait. Wait. Wait. Wait.

PC: Shall I say it?

LRH: No. It doesn't matter whether the auditor repeats it or the patient. Let's see if we can pick up this holder now. Let's move to the exact moment now, the exact moment of the holder. Now let's give me the sonic on the exact moment of the holder. Now what do you hear? (pause) What do you find? What do you think? (brief pause) Okay. Now give me a yes on any one of the following: Hospital. Hospital? Is that a no or a yes? Yes or no on any one of the following: Hospital. (brief pause) Hospital. Tonsillectomy. Tonsillectomy. Tonsillectomy?

PC: Um.

LRH: Tonsillectomy?

PC: (murmur)

LRH: Hm?

PC: It doesn't come out.

LRH: All right. Give me that line. It doesn't come out.

PC: It doesn't come out. It doesn't come out.

LRH: Now, contact the incident. It doesn't come out. (pause) Go over it. Go over the line. Contact it, somebody who'd say it. Don't use repeater technique back. You destroy it.

PC: It doesn't come out. It doesn't come out. It doesn't come out. (voice down to a whisper)

LRH: Go over it.

PC: It doesn't come out. It doesn't come out. It doesn't come out.

LRH: All right.

PC: (coughs) I thought I was whispering.

LRH: Hm?

PC: I thought I was whispering.

LRH: All right. Go over the line. It doesn't come out.

PC: It doesn't come out. It doesn't come out. It doesn't come out.

LRH: Contact any sonic there might be with this. Go over it again.

PC: (very low voice) It doesn't come out. It doesn't come out. It doesn't come out. It doesn't come out. It doesn't come out.

LRH: Next consecutive line.

PC: Pardon?

LRH: Next line. It doesn't come out.

PC: It doesn't come out.

LRH: Next line. (pause) Any next line. Any one.

PC: (clears throat) I'm trying to get something. It doesn't come out.

LRH: When I count to five it will flash into your mind. One-two-three-four-five.

PC: If it doesn't come out, it's out.

LRH: Go over it again.

PC: The whole thing?

LRH: Yah.

PC: It doesn't come out. It's out. It doesn't come out. It's out.

LRH: Go over it again now.

PC: It doesn't come out. It's out.

LRH: All right. Give me a doctor's voice. Would you rather be a doctor or a nurse at this moment?

PC: Doctor.

LRH: You'd rather be a doctor. Now what would you be saying at this moment? (pause) What would you be saying at this moment?

PC: I don't know.

LRH: Well, let's just use your imagination, what would you be doing? If you were going to play being a doctor at this moment, how would you set it up? Would there be a boy on an operating table?

PC: Hm-hm. I guess.

LRH: All right, and what would you be saying to this boy on the operating table? Or what would you be saying to somebody else? Would there be somebody else involved in it?

PC: (pause) Yeah.

LRH: All right. What would you be saying to somebody else? (pause) Let's just be the doctor for a moment, what are you saying to this other person?

PC: (pause) I'd say, He's unconscious.

LRH: Okay. Let's go over that.

PC: (brief pause; clears throat) He's unconscious.

LRH: What else now? What else would you say to this person? (pause) He's unconscious. What else? (pause) It doesn't matter.

PC: He's ready—he's ready, and so on.

LRH: Look, you're the doctor, how would you be saying it? (brief pause) Deep voice or just anything. How's he saying it?

PC: (pause)

LRH: Go ahead. Just roll. What is he saying?

PC: (murmur; pause)

LRH: He's unconscious. What else?

PC: Well, there's something about stop.

LRH: All right. Continue.

PC: It never works.

LRH: Well, that's fine! Go ahead.

PC: And he starts an operation.

LRH: Continue.

PC: You got everything?

LRH: Continue. Have you got everything?

PC: What time is it?

LRH: Continue. (pause) Continue. (pause) What time is it? Continue.

PC: (murmur)

LRH: Good, fine!

PC: (murmur)

LRH: Continue. (pause) Now come on, be the doctor and tell this character off. Who are you talking to? (pause) The nurse?

PC: It wasn't the nurse.

LRH: How about the janitor? Was it the janitor or the nurse? Come on here.

PC: I think he's there.

LRH: Hm?

PC: I think he's there.

LRH: All right. What would you be saying?

PC: (pause; muttering)

LRH: Oh. Well, be the doctor. You know what a doctor does.

PC: He's not saying anything.

LRH: Okay. Go over that again.

PC: He's not saying anything.

LRH: Is that what you'd be saying as the doctor?

PC: He can have his medicine.

LRH: Okay. Go on, what else would the doctor be saying? Just chatter it off. Now, doctors talk faster than that, I know that.

PC: He is, but he wouldn't have to talk about anything, really.

LRH: Okay. And then he would have gotten to work?

PC: Yes.

LRH: And then what would he have said the next time he-said anything? (pause) What would he have said the next time he said anything?

PC: Well, I'm afraid to (voice fades into mutter)

LRH: Go on. What are they saying? It doesn't matter. Give the nurse a lecture on the Hippocratic oath. Would you be jocular as the doctor?

PC: . don't think so, my guess is not.

LRH: Maybe impatient. What would you be impatient about?

PC: (small pause; cough) Maybe the nurse wasn't doing it right.

LRH: Okay. (pause) Continue.

PC: Keep him still.

LRH: Continue. (pause) All right. Keep him still. Go over that.

PC: Keep him still. Keep him still.

LRH: Go over it again. Contact somebody saying it. Keep him still.

PC: Keep him still.

LRH: Hold him.

PC: Hold him. Hold him. Hold him.

LRH: Contact somebody saying it.Hold him. Hold him.

PC: Hold him.

LRH: Hold him.

PC: Hold him.

LRH: Hold him.

PC: Hold him. Hold him.

LRH: Hold him.

PC: Hold him.

LRH: Hold him. Hold him. Hold him. Hold him.

PC: Hold him.

LRH: Contact it. Hold him.

PC: I think it's gone right now, you know.

LRH: Hold him.

PC: Hold him. Hold him. Hold him. Hold him. Hold him. Hold him.

LRH: Hold him.

PC: Hold him. Hold him.

LRH: Hold him still.

PC: Hold him still. Hold him still. Hold him still. Hold him still. Hold him.

LRH: Hold him still.

PC: Hold him still. Hold him still.

LRH: Hold him still.

PC: Hold him still. Hold him still. Hold him still. Hold him still.

LRH: Okay. Come up to present time. All the way up. How old are you?

PC: I think I'm 20.

LRH: Okay. Well, thanks for the demonstration. We'll rip that out later if it's all right with you.

PC: Okay with me. (laughter)

Although that was a demonstration of about lecture No. 5 of this series, the interesting angle on it is that the patient was getting an impression that maybe there was a slight sonic there. But diagnostically this is also demonstrative of a person who is afraid of making something up. If someone is afraid of making something up, that holds a person down the time track.

For instance, "beat it" means thump, thump, not "run away" to the reactive mind." I can't make it out " does not mean "I am unable to understand it," but "I can't get out of here." So "I'm afraid to make it up," or "I'm afraid I'm making it up," will have an automatic suppression on a case.

The above demonstrated a patient who is stuck on the track, and anybody trying to work him up and down the track is, of course, trying to work him in and out of a doctor's and nurse's valence.

Perhaps you don't have to have a computation of a hospital although it certainly looked like it. But he is off to the side of the track. We can work him up and down the track, but in doing so we are just working parallel with the track. Therefore we are getting an impression of something which is completely aside from the fact that there is a computation around that says, "I feel beside myself," or "I'm just beside myself," which is a wonderful way to make a schizophrenic.

Another interesting thing that occurred in the above demonstration with which you should be acquainted is the agitation of an individual when he is in an engram. His feet will wiggle. I usually ask the person to take their shoes off so I can watch their toes (they think it's because they want to be comfortable), but they will scrunch up their toes and so forth. The toes can be lying there perfectly quietly and all of a sudden there is repeater technique that says, "Run." So the patient says, "Run, run, run, run, run, run, run, run, run, run, run, run." He's perfectly happy about it, except that he is not concentrating on the engram bank.

One doesn't then say, "Now, let's pay attention to it." That's the wrong way to run repeater. One says, "Now let's see if we can't pick up 'run.' The somatic strip will return to the moment the word 'run' is uttered. Now repeat it. "

"Run, run, run. RUN." And the toes start to wiggle. That is a clue.

There is another type of clue. There was something in the engram about his chest sinking in, and there was also some computation to the effect that one must have the proper words that are in that engram, or at least one of those words and usually the whole phrase in the engram.

The engram was displaying itself on the chest but not in his speech. So it must have said, "Hold him still." So we get this patient lying there in this beautiful orderly pattern. He is demonstrating a somatic, but he is getting no emotional reaction worth a hoot.

As one goes down the line, the blackness and heaviness of the engrams toward conception do not mean that they are less aberrative, since they grow more aberrative the closer you get to conception. But, it would mean that these can be reached and these can be erased, and will respond. Certainly those things immediately above it can be reduced to a point where you get yawns instead of the words, but they are no longer aberrative. If you are getting an agitation further up the track, you can go earlier if you haven't stirred that engram up too much; and if the somatic isn't turning on too strongly in that engram, you should definitely go earlier.

But in the above case how can you go earlier? He is there at 4 years of age. So, come hell or high water, we have got to slug this one out, which has to do with stripping an engram phrase by phrase, and which will be covered in a separate lecture.

But note the presence of engrams when you get wriggles. Painful emotion generally appears in breathing. It might not be very marked, but it will show up as such. Some people when regressed even ten minutes start to wiggle their feet.

The best way to begin a case is to talk to the patient for a moment and then start him in on his therapy.

LRH: Whatever you get into when you first start off, I'm not going to try to exercise control over you. You know what is in the engram bank.

PC: Yes.

LRH: How old are you?

PC: The first thing that flashed into my mind was 12, my God!

LRH: Okay. Shut your eyes. Give me a holder. (pause) When I count tofive, one will flash in. One-two-three-four-five (snap!) .

PC: Stay.

LRH: What?

PC: Stay.

LRH: Go over that line.

PC: Stay.

LRH: Go over the line.

PC: Stay.

LRH: Stay what?

PC: Stay still.

LRH: Go over it again.

PC: Stay still.

LRH: Okay. Go over it again.

PC: Stay still.

LRH: Go over it again.

PC: Don't move.

LRH: Go on over the line.

PC: Stay still. Don't move.

LRH: Go over it again.

PC: Stay still. Don't move too much.

LRH: Go over it again.Stay still.

PC: Stay still. Don't move too much. Stay still.

LRH: (loudly and suddenly) One-two-three-four-five (snap!). What is it?

PC: Uh— Stay still, he—he's....

LRH: Go on over it again. (pause) It doesn't matter.

PC: (mutters a few sentences)

LRH: How about listening to it?

PC: It was Stay still.

LRH: Let's get a sonic on that.

PC: (pause; mutter) Go to sleep.

LRH: Go over the word sleep.

PC: Stay still, go to sleep. I know, I have the feeling that I know what it was. There's the word stick. That was the first thing that flashed into my mind.

LRH: And what is it? What is he saying?

PC: The doctor was turning around and saying something as he walked out the door.

LRH: Does he say, Don't move about ?

PC: (murmurs)

LRH: What else does the doctor say?

PC: (mutter)

LRH: Go over it again.

PC: (mutter)

LRH: I don't care what you give me.

PC: No, you stay in bed.

LRH: All right. Go over it again.

PC: No, you stay in bed.

LRH: Okay. Go over it again. Pick up this doctor. What does he look like when he is saying this?

PC: I don't get anything.

LRH: Well, let's look at him.

PC: No, you stay in bed. I'll tell you when you can get up.

LRH: He got whiskers?

PC: No.

LRH: What has he got?

PC: He has a doctor's black bag.

LRH: What's the color of his hat like?

PC: It's blue.

LRH: Take a look at him.

PC: I don't know, I can't actually see this guy but I imagine what he looked like.

LRH: Okay. Come up to present time. (pause) How old are you?

PC: (murmuring)

LRH: All right. Now the somatic strip will go to the exact moment when the holder is uttered. The somatic strip will go to the exact moment when the holder is uttered. When I count from one to five, you'll give me the holder. One, two, three, four, five.

PC: I don't get anything. (pause)

LRH: Well....Don't move. Don't move. How long were you sick?

PC: I don't remember.

LRH: How long were you sick? Give me a flash answer. How long?

PC: A week.

LRH: Give me a flash answer. Disease? (pause) What kind of disease?

PC: Strep. Strep throat maybe.

LRH: Okay. Were you unconscious?

PC: I've got some disease.

LRH: You're in some disease?

PC: Yes.

LRH: Who is in attendance, your mother?

PC: Yes.

LRH: Nurse?

PC: No.

LRH: Father?

PC: No.

LRH: Doctor?

PC: No, it wasn't a serious disease.

LRH: Doctor?

PC: No.

LRH: He was in attendance?

PC: Oh, yeah, he was there.

LRH: All right. Who said this? Who said the holder? Mother? Doctor? Father? Grandma? (lowers voice) Was Grandma there?

PC: No.

LRH: (low voice) Well, all right.

PC: (murmur)

LRH: (low voice) Okay. (louder) Okay. How unconscious were you when this holder was said, if you were unconscious?

PC: Probably wasn't.

LRH: You probably weren't.

PC: I was probably just asleep.

LRH: And what's he saying?

PC: All right, you stay in bed.

LRH: Well, let's go over that again.

PC: He was probably saying it.

LRH: Okay. Let's go over the words.

PC: All right, you stay in bed until I tell you you can get out.

LRH: All right. Go over it again.

PC: Don't move. Don't....

LRH: Go over it again.

PC: Don't—don't move until I tell you you can. I don't want you to get up.

LRH: Thataboy. Let's roll' it now.I don't want you to get up.

PC: I don't want you to get up until your throat is better.

LRH: Go on over it again.

PC: I don't want you to get up until your throat is better.

LRH: Go over it again.

PC: I don't want you to——.

LRH: Take a look at him.

PC: I don't want you to get up until your throat is better.

LRH: Take a look at him.

PC: I don't want you to get up until your throat is better.

LRH: Mean? Kind? How is he?

PC: I——.

LRH: Give me his voice tones as you go through it this next time. Go over it again.

PC: I don't want you to get up until your throat is better.

LRH: Run over it again.

PC: I don't want you to get up until your throat is better.

LRH: Go over it again.

PC: (coughs) I don't want you to get up until your throat is better.

LRH: Come up to present time.

PC: Okay.

LRH: How old are you?

PC: (mutter)

LRH: That's okay, that's okay. Come up to present time now. How old are you?

PC: 19.

LRH: Come up to present time. How old are you really?

PC: 19.

LRH: Oh! Well, I wouldn't want to put you in 1965. (laughs) Okay. How do you feel here?

PC: Okay.

LRH: You feel pretty good? All right. Let's go back to last.... Now wait a minute, are you at present time?

PC: (sneezes)

LRH: How old are you?

PC: (pause) 19.

LRH: (He's being agreeable.)

PC: Uh—like I'm trying to get through— ah—the first——.

LRH: That's a boy, that's a boy. That's all I want. All right. Get a sonic. Contact the sonic there, the holder. Contact the sonic.

PC: I can't get quite what you mean.

LRH: Huh? Hear something?

PC: I hear the noises in the room.

LRH: All right. See if you can give us the noises in your head. (pause) What do you hear? (pause) Are you getting an airplane outside—the car?

PC: Cars some distance away.

LRH: Yeah?

PC: Yeah.

LRH: All right. Give me a holder.

PC: Go, stay.

LRH: All right. Go on over it.Go, stay.

PC: Go. Stay.

LRH: Go over it again.

PC: Go. Stay.

LRH: Go over it again.

PC: Go——.

LRH: Go what?

PC: It ‘s Go back.

LRH: Go over it again.

PC: Go back. Stay.

LRH: Go on over it again.

PC: Go back. (chuckle)

LRH: Go over it again.

PC: Go back there.

LRH: Go over it again.

PC: Go back there.

LRH: Go over it - - .

PC: I think a teacher once said that to me. She said, That’s up to you. She said, Go back there.

LRH: Okay - - .

PC: It was a teacher.

LRH: What does the teacher look like?

PC: I don’t know, but her name is Greene.

LRH: Let’s take a look at the teacher.

PC: Fifth grade.

LRH: Go over it again.

PC: Her name.... (pause)

LRH: Go over it again.

PC: I keep thinking of my third grade teacher.

LRH: All right. Go over it again.

PC: (laughing quietly)

LRH: You’re thinking of your what grade teacher?

PC: I’ve got them all occluded.

LRH: When did she say, Go back ?

PC: (pause) Oh, I remember that she said go back to my seat. I remember the whole incident now. I wasn’t unconscious or anything.

LRH: All right. What does she say?

PC: She said, Go back, go back, you'll get over it when you're over it, go back and you'll change, or you'll get over it when you're older.

LRH: What's the incident about?

PC: This is an incident which has always stuck in my mind. I don't remember exactly where or everything that happened, but I mean it's pure memory, it's not buried anywhere. I wasn't at all unconscious.

LRH: Go over it again. (pause) Go over it again.

PC: Well, she said, Go back and take your seat. You'll get over all this. One of my classmates said that I suggested that there wasn't any God and the teacher was very shocked at this. This was in fourth grade and the teacher's name was Delaney in PS. 26.

LRH: Hm-hm.

PC: I can remember everything. I can see the corridor I was walking down.

LRH: All right. Come up to present time.

PC: Come up to present time?

LRH: Yes.

PC: Okay.

LRH: How old are you?

PC: (pause) 19.

LRH: Come on, what was the flash?

PC: 19. (laughter)

LRH: Okay, well, I'll take you on the track when we have a little more time. Now if your teammates take a note of this, we're not trying to charge you around into a thousand incidents. Come up to present time. (snaps fingers)

There is another way to get a person up to present time I would hate to use and that is to take a policeman's nightstick and hit the person across the soles of their feet as hard as you can slam them. It generally produces a nerve shock.

If you get somebody stuck in a prenatal area; particularly a psychotic, and he is all curled up asleep, doing the above would throw him up to present time. Because he has a call-back in it he would go right back to the incident again, but you would at least have him in present time for a minute.

It is a very funny thing when people come up to present time, they always expect to be greeted.

In a non-sonic, non-visio case, if that case were to become shut off by computational commands, the person would get stuck on the time track. It is certain that the person would have confusion in that area, and that there would be valences which would probably be present because of earlier unconscious incidents as well as being stuck by locks. The trick is

to get him free and bring him on up to present time if you possibly can and then work on him. But don't try to chase him around on the track when he is regressed at any place, because a man who hasn't got sonic and visio and so forth is stuck on the time track and in a valence. That is well worth knowing.

It isn't any use talking to or worrying about somebody who is stuck on the track. You can't deliver any positive suggestions to a person when he is regressed and have it stick very hard. The person is regressed, he is wide awake, he is as wide awake as he can possibly be. There is a misprint in the Handbook which says that the cancelers is delivered to a patient before he is brought up to present time. I don't know how that got into the book, because it is always done in present time, always. Fortunately it's later in the Handbook stated correctly.

So, when a person is stuck on the track, one does not work him formally. All one tries to do is get that person unstuck.

He is wide awake. We have merely told him to close his eyes. We are not going to give him a lot of positive suggestions. We never give positive suggestions. This doesn't mean that we don't have the right to tell a person to go places and do things. You could say most anything to a patient that you want to, as long as you don't start using denyers, holders, bouncers and so on.

Using the word continue is better than go on, and using the word return is superior to go back. Try not to use material in your patter which is engramic. But don't strain your brains, because if you feel at the moment it is necessary to quote to the patient to improve his therapy, by all means do so.

There has been a lot of upset on the question of positive suggestion. That is because the positive suggestion definition is very technical. It was overlooked by Reich that positive suggestion means in hypnosis a suggestion which is given to a hypnotized subject which will result in some change in the manifestations and actions of that patient. That is a positive suggestion. The wording of a positive suggestion has the intention of producing an effect upon the patient by telling him something, and is not used in Dianetics.

But chatter doesn't do very much harm unless the patient is hypnotized. The canceler very neatly scoops up the material as you say it to a patient, even if he is hypnotized.

Narcosynthesis and sodium amytal analysis and so on are complicated by the fact that no canceler is given to the patient, and too much idle chatter has gone on around him. So when you have a patient who has been treated with these things, if you go back there you will find everything that was said in place.

A psychotic, for example, can often look just the same as a normal person, and he will often start to talk quite rationally. The person treating him may be deluded at that moment into thinking, "Ah, this man has returned to rationality, I want to talk to him," realizing that he is talking to basic personality, but unfortunately aberrated personality will close in over the top of it. But as long as he is lying there he will go right on talking to you, and he seems to be quite rational. He looks so rational and so reasonable sometimes that one engages in conversation with him.

If you ever have to use drugs, this is something to remember, because you may find yourself having to go back and run out all the items in the conversation with the patient, which is an ungodly proceeding. Hypnotists practically faint the first time they take some patient on whom they have worked with hypnosis and go back to their hypnosis, and then they have to sit there and listen to "Go to sleep," and so on. Here is another demonstration.

LRH: Okay. Close your eyes. How old are you?

PC: I'm 29.

LRH: Okay. Any time in the future that I utter to you the word canceled, it will cancel what I have said to you while you were lying here with your eyes closed and render it nonaberrative. Okay?

PC: Yes.

LRH: Now I want you to go back to dinner last night. (pause) Let's return to dinner last night. (pause) Take a taste of the food that's being served to you.

PC: Dinner for all the rest of them.

LRH: What?

PC: Dinner for all the rest of them.

LRH: Oh, well, now who was there?

PC: (murmurs)

LRH: What's she got on?

PC: Huh ?

LRH: Let's take a look at her. (pause) What are you eating? (pause) All right. Now let's go back to a time when someone was mean to you.

PC: I can't think of one.

LRH: Aw, come on, you've had somebody in your life.

PC: (mutter)

LRH: Oh, dear. (pause) All right. What do you do when he beats you up?

PC: (murmur)

LRH: Go on, what's he doing to you?

PC: Pushes me underwater.

LRH: Okay. And what do you feel about this? What's he saying to you as he's pushing you underwater?

PC: (mutter)

LRH: How do you feel when you're going underwater?

PC: (murmur)

LRH: How does it sound?

PC: (murmur)

LRH: Okay. How does his hand feel pushing you?

PC: (mutter)

LRH: Hm-hm. And how does the water taste?

PC: Fresh water.

LRH: How's it in your nose?

PC: (mutter)

LRH: Well, when he pulls you up again, what does he say to you?

PC: He doesn't pull me up. (coughs)

LRH: What does he say to you as soon as you're up?

PC: (murmur)

LRH: Now let us go to a moment immediately after this, let's go to a moment immediately after this when you feel very calm and cheerful. (pause) A subsequent moment. (pause) Find a moment right after that when you feel calm and cheerful.

PC: I'm in a boat without any oars.

LRH: Hm-hm.

PC: (laughs)

LRH: Okay. How's the boat look?

PC: (croaks) Rowboat.

LRH: How's the light?

PC: It's night. (coughing)

LRH: It's night, huh? How are the stars?

PC: I don't know.

LRH: Come on. You're right there in the rowboat, let's go over it. Go on, paddle it. How's the water feel on your hands?

PC: Cool.

LRH: Hm? You cool? Let's feel the water on your hand. Are there any noises around there?

PC: Sure. I hear some.

LRH: Uh-huh. And now, how about the boat. Is it making any noise?

PC: Yeah.

LRH: Yeah? Okay. And do you feel cheerful about this? What's your emotion?

PC: Good. But I'm worried about swimming ashore.

LRH: Hm?

PC: I'm worried about getting a ride to the shore.

LRH: Can you feel that worry now?

PC: Can't remember how I went in in the boat.

LRH: Well, let's go to the moment when it's in the dock. What do you do with the boat?

PC: I'm pulling it in to the shore.

LRH: Well, let's pull it in. What kind of sound does it make?

PC: I'm not sure I hear this.

LRH: That's okay, that's okay. So what occurs. (crashing sound in room, PC lets out a startled grunt) That's all right. Let's go back over the sound you just heard.

PC: (mutter)

LRH: Let's hear the sound you just heard this moment.

PC: What? That thing dropping?

LRH: Uh-huh. Let's go over that.

PC: That's all right.

LRH: Okay. Let's go over it again.

PC: No. (seems to sob)

LRH: Let's go over it again. Let's go over it again.

PC: (grunt)

LRH: Go on, once more. Let's hear that thing dropping again. Okay. Let's hear it dropping again. Let's hear it dropping again.

PC: (protestingly) I've been through the damn war.

LRH: Uh-huh. Let's hear it dropping again. (brief pause) Hey, what makes you jump over that? Are you listening to it drop? Can you hear it drop?

PC: No.

LRH: Let's go over it again.

PC: (mutter)

LRH: Okay.

PC: (coughs; pause) I don't get anything on it.

LRH: Okay. Let's go back to the moment when you hear the drop.

PC: (laughing)

LRH: Okay. Now let's come to the time when you really bawled this guy out.

PC: Okay.

LRH: Hm-hm. PC: (murmur)

LRH: Okay. You like your mother?

PC: Like her?

LRH: Hm-hm.

PC: She's okay.

LRH: Did you?

PC: (mutter)

LRH: How old are you?

PC: 21.

LRH: Like your mother? (pause) Like your father?

PC: (murmur)

LRH: Hm?

PC: I should like him, I suppose.

LRH: Let's go to basic-basic.

PC: (coughs, then suddenly is crying and howling like a baby)

LRH: Continue.

PC: (more howling)

LRH: Continue.

PC: (howling)

LRH: What's being said?

PC: (howling)

LRH: What's being said?

PC: (howling stops)

LRH: What's being said? When I count from one to five the words will flash into your mind. One-two-three-four-five.

PC: Ugh. (grunt, murmur)

LRH: What?

PC: Ugh.

LRH: All right. Go over that again.Ugh.

PC: Ugh.

LRH: Now what else do you get?

PC: (coughs)

LRH: Ugh and what else?

PC: (blowing sound)

LRH: Let's go back over it again.

PC: I (coughs loudly)

LRH: Who's coughing?

PC: (short howled sounds) Must be Mother.

LRH: All right. Let's go back to the moment the cough turns on.

PC: (coughs)

LRH: Okay. Then what occurs?

PC: (chokes)

LRH: Then what does she say?

PC: (breathes)

LRH: What are the words that follow that?

PC: (sob, howl)

LRH: All right. Let's go back over the cough again.

PC: (pants)

LRH: Let's go back over the cough again.

PC: (coughs)

LRH: All right.

PC: (sob)

LRH: Contact the cough again. Let's go through it once more.

PC: (coughs, sob, whimper)

LRH: Contact the cough again.

PC: (cough, sigh)

LRH: Any words follow this cough? Yes or no?

PC: No.

LRH: Okay. What does follow?

PC: (racking sobs)

LRH: Is she crying?

PC: (weep) I think so.

LRH: Okay. What else occurs?

PC: (howls loudly)

LRH: What is occurring?

PC: (howls, cough, howls and weeps)

LRH: Okay. Let's go back to the beginning of it.

PC: (brief exclamation)

LRH: Let's go back to the beginning of the cough.

PC: (howls out a sentence)

LRH: Let's go to the beginning of the cough.

PC: (howl stops)

LRH: All right. Let's run it.

PC: Don't want to come. Don't want to come. Doesn't want to come.

LRH: Go over that again.

PC: Doesn't want to come.

LRH: Go over that again.

PC: (howling, vague words)

LRH: Doesn't want to come. What's next?

PC: I don't know. Doesn't want to come.

LRH: Go over that again.

PC: (lets out a loud howl then stops abruptly)

LRH: Okay. Let's go over it, let's run it from the very start of it.

PC: (howls, sobs)

LRH: Continue.

PC: (coughs)

LRH: Contact the cough there.

PC: (starts to cough, sighs)

LRH: Contact it.

PC: (breathlessly) Yeah. (pants, coughs)

LRH: Thataboy. Now what does she say?

PC: Doesn't want to come. (sobs)

LRH: Continue.

PC: (more words and sobs)

LRH: All right. Let's shift into our own valence and go through this. (PC starts to cough) Come on, let's listen to her. Let's listen to her coughing.

PC: (pants)

LRH: Let's listen to her coughing.

PC: Can't hear her.

LRH: All right. Let's listen to her coughing through that.

PC: (seems to be trying not to cough)

LRH: Okay.

PC: (coughing, panting)

LRH: Continue.

PC: (howls, vague words)

LRH: Continue.

PC: Yes. (sobs, sobs out words) . . . I can't do the first thing.

LRH: What?

PC: (sobs out words) . . . I can't do the first thing.

LRH: Okay. Let's roll it through again.

PC: (coughs)

LRH: Now shift into your mother's valence and do what she's doing.

PC: (panting)

LRH: What's she doing?

PC: (sigh)

LRH: What's she saying?

PC: (exhales, sigh)

LRH: Now let's pretend you're Mama for the moment here. And what's Mama doing and saying?

PC: I can’t find it. (exhales)

LRH: I can’t find it.

PC: Can’t find it.

LRH: Go over it again.

PC: worse.

LRH: Go over it again.

PC: Can’t find it.

LRH: Go over it again.

PC: can’t find it. (starts crying) Can’t find it. (sobbing out words) I don’t know where I am.

LRH: Evidently she doesn’t either.

PC: (loud sobs)

LRH: What’s she saying?

PC: (panting)

LRH: Let’s go over it again.

PC: (coughs) I can’t find it.

LRH: Continue.

PC: I can’t find it. I can’t find it.

LRH: Continue. Next line.

PC: I can’t find it.

LRH: Next line.

PC: Don’t know where.

LRH: What?

PC: Don’t know where.

LRH: Go over it again.

PC: Don’t know where it is.

LRH: Go on.

PC: Keep through it ?

LRH: Okay.

PC: (starts to sob loudly)

LRH: All right. Let's run it through from the beginning.

PC: (loud sobs turning to howls) LRH: Okay. Okay. Let's turn into your own valence there. Let's roll into your own valence. The somatic strip.

PC: (high frantic voice) I don't like this. (mild scream and sobs)

LRH: All right. Now let's turn into your mother's valence.

PC: (gasping, loud sobs, vague words)

LRH: What? What did you say?

PC: (gasping out words, pants)

LRH: Now, what did you——.

PC: (tearfully) How can I see what she feels? (pants, then despairingly in high voice) I don't know.

LRH: What's she saying?

PC: I don't know.

LRH: Come on, you do too.

PC: I don't know. (sobs)

LRH: Is she upset?

PC: (sob) Yes.

LRH: Okay.

PC: (exhales)

LRH: Now let's contact the beginning of the incident. Now let's feel all that pressure you're running. Let's get a tactile on it. How does it feel there?

PC: (sobs) It hurts here.

LRH: Aw, come on. That's not her space. How does it feel on her skin?

PC: (grunts) I'm cold. (yells) I'm cold.

LRH: Hm? You're what? Cold?

PC: Cool.

LRH: Cool?

PC: Cool.

LRH: Cool. Good. How does it feel on your skin, now? (pause) Are there any sounds around there? Just give me the impression of any sounds you might hear.

PC: (pause) Put on the music.

LRH: Okay. Continue.

PC: I don't hear it.

LRH: That's all right.

PC: Just that. (sob)

LRH: Now what else happens there?

PC: Please let's get rid of this thing.

LRH: Okay.

PC: (tearfully) Let's get rid of this thing tomorrow.

LRH: All right. Let's roll that line.

PC: (sobs words, weeps loudly) Get rid of this thing.

LRH: Let's go over this thing.

PC: (continues to weep loudly)

LRH: Go on over Let's get rid of this thing.

PC: (continues to weep)

LRH: Go on over that line.

PC: (high voice) No

LRH: Go on over the line Let's get rid of this thing. (pause) Go on over it——.

PC: (coughs)

LRH: Let's go into your own valence.

PC: (more normal voice) Oh, that's all there is there.

LRH: Okay. Now let's go into your mother's valence.

PC: (coughs)

LRH: All right. Now let's return to your own valence.

PC: All right.

LRH: All right. Now what happens there at the beginning with your own valence?

PC: (more normal voice) This is what happened, I don't want to do it anymore.

LRH: Well, continue.

PC: (panting) It hurts.

LRH: Have you got the word hurts in there?

PC: I don’t think so.

LRH: All right. Continue.

PC: (whispers)

LRH: What’s she saying? (pause) Go on, you can contact it.

PC: (starts to weep)

LRH: Continue.

PC: This can’t be all one.

LRH: Continue.

PC: (sigh)

LRH: What’s she saying?

PC: (crying or laughing sound)

LRH: Is she crying or laughing?

PC: (mutters)

LRH: Crying?

PC: Moaning, maybe.

LRH: Moaning. What happens to her?

PC: (coughs, loud noises to howls)

LRH: Is she moaning?

PC: (higher voice again) Yes.

LRH: Okay. (brief pause) Okay.

PC: (cough)

LRH: Then what occurs?

PC: (starts gushing words tearfully)

LRH: Now what’s she doing?

PC: (brief cry)

LRH: Return to the beginning of this thing and shift into your own valence.

PC: (high voice) Oh.

LRH: Go to the beginning, thataboy.

PC: (high voice) Oh.

LRH: All right. What's she doing?

PC: (cough)

LRH: Now you know what she's doing.

PC: (words in high voice) She must be vomiting, I guess.

LRH: Okay.

PC: Whoosh! Ooh.

LRH: Continue.

PC: Whoosh! Ooh.

LRH: Continue.

PC: (murmuring)

LRH: What noise does she make when she's vomiting?

PC: (makes loud whoosh noise, laughs)

LRH: Okay. Continue. Now what kind of noise is she making?

PC: (howls a whoosh noise)

LRH: What's she complaining about?

PC: (with difficulty) Damn kid.

LRH: Okay. Continue.

PC: Ah, he's just a kid. Take it easy. (panting)

LRH: What's she saying? Does she say anything about him coming out or getting out or anything?

PC: I don't know.

LRH: Come on. Let's return to the beginning.

PC: (sob becoming a laugh)

LRH: Come on, roll it. What's she doing?

PC: (wailing) No.

LRH: What's she doing?

PC: Oh, I don 't know.

LRH: How does it sound?

PC: (makes loud sound)

LRH: Okay. Continue. Continue.

PC: (sobbing words, shivering)

LRH: Run over it again.

PC: Damn joke. (sob)

LRH: Go over it again.

PC: A damn joke.

LRH: Go over it again.

PC: (glee)

LRH: Go over that line.

PC: (sob) A damn joke, it is.

LRH: Okay. Go over it again.

PC: Damn joke.

LRH: But what?

PC: I didn't say but.

LRH: I know. But is there a but ?

PC: No.

LRH: All right. Go to this thing. (pause) Get rid of it.

PC: (more normal voice) Get rid of this thing.

LRH: Get rid of it.

PC: Get rid of it. (mutter)

LRH: Get rid of it.

PC: (small sound)

LRH: Go on, go over that line.Get rid of it.

PC: (gasping) I can't.

LRH: I can't what?

PC: can't get rid of it.

LRH: Okay.

PC: (laughs) That isn't really worth it enough.

LRH: Okay. Go on, what's she saying?

PC: I don't know. I don't hear anything.

LRH: Okay. Just make a guess at what she might be saying.

PC: Oh. (high voice gushing words)

LRH: Continue.

PC: (more gushing words)

LRH: What have we got?

PC: It continues all the time too. (sigh)

LRH: Yeah? Now is your sister present?

PC: No, no, no, I don't know where she is.

LRH: Oh, I see.

PC: (pants)

LRH: All right. Let's go through it again.

PC: (voice rises) Why do you do this to me? (voice rises to wail and falls slowly, vague words)

LRH: Roll it.

PC: (more wailing)

LRH: Roll it.

PC: (wails some more)

LRH: All right. Let's shift into your own valence.

PC: (grunt)

LRH: Now, how does it feel when somebody tries to vomit on you?

PC: (low voice) Oh, no!

LRH: Let's roll it.

PC: (pants)

LRH: Continue.

PC: (pants)

LRH: What would they be saying at that time?

PC: What?

LRH: What would they be saying?

PC: Uh....

LRH: How would it sound, the vomiting?

PC: (imitates noise)

LRH: All right. Let's shift into your own valence, and pick it up from the beginning again. (pause) Now what do you get?

PC: (pants)

LRH: Continue on through with it.

PC: (sigh)

LRH: Continue on through with it. (pause) Continue on through with it.

PC: (silently then noisily weeping some words)

LRH: Then what does she say?

PC: (mutters) I don't know.

LRH: How do you feel now?

PC: (sigh, then laughs)

LRH: Okay. Let's pick it up from the beginning and roll it through.

PC: (sneezes then yells in high voice) It's so damn bad, get rid of it.

LRH: All right, let's contact it.

PC: (cough)

LRH: Continue. Shift into your own valence on this.

PC: (hiccup)

LRH: Okay. Continue.

PC: (hiccup)

LRH: Continue.

PC: (hiccup)

LRH: Okay. Go on through.

PC: (cough)

LRH: In your own valence.

PC: (muffled noises, hiccups)

LRH: Continue. Let's sail on through.

PC: (sigh, murmur)

LRH: Okay.

PC: (breathes, coughs)

LRH: Continue on down.

PC: (muffled noises, sigh) Okay.

LRH: Okay. How you feel about this?

PC: (mutters)

LRH: Feeling better about this?

PC: (muttering)

LRH: Okay. Do you think this one can safely be parked on the time track?

PC: (gasping noise) No.

LRH: Huh?

PC: No.

LRH: Be left on the time track?

PC: No.

LRH: Huh?

PC: No.

LRH: What do you think is going to happen?

PC: (agonized voice) Do it again.

LRH: Let's roll it from the beginning.

PC: (coughing, inarticulate words)

LRH: Continue. Right straight on through with it. Right straight on through with it.

PC: (coughs)

LRH: Okay. Straight on through with it.

PC: (sighs out a word)

LRH: All right. Let's get back to the beginning of it. Go on through it again. Are there any words in this incident, yes or no?

PC: (breathily with relief) No.

LRH: Oh, good. Let's contact the beginning of it.

PC: (normal tone) Oh, sure, why not.

LRH: Well, all right. Let's contact the beginning of it.

PC: (murmurs)

LRH: Now, do you think this could be left on the time track?

PC: (inhales)

LRH: Could be now, couldn't it?

PC: (whispers) I suppose.

LRH: All right. You can leave this incident on the time track. Come up to the time you were a little baby and——.

PC: (babyish noise)

LRH: All right, little baby and somebody's admiring you.

PC: (baby noises)

LRH: Okay. What do they look like?

PC: (more noise)

LRH: What does the person look like?

PC: My daddy.

LRH: Okay. What's he doing?

PC: He's cooing. (more noise, sobs, laughs)

LRH: Come up to present time. All the way up.

PC: (grunt, sigh)

LRH: Present time.

PC: I'm there.

LRH: Open your eyes.

PC: (exhales sharply) Okay.

LRH: Okay. Canceled, five-four-three-two-one (snap! snap!).

PC: What happened?

LRH: All right. Let's take a little breather here.

PC: Is there any possibility that what you were telling me to do there was suggestive and I did what I thought should have been done there instead of actually recounting an engram?

LRH: My poor boy, may I feel your pulse?

PC: Yah.

LRH: If you'll come back and lie down on the couch, I'll demonstrate something.

PC: Okay.

LRH: Close your eyes. Any time in the future that I say the word canceled to you while you're lying here with your eyes closed in the auditing room, anything I have said to you will be canceled and become nonaberrative.

PC: (grunt)

LRH: Okay?

PC: Yes.

LRH: All right. Jump up and down on the couch and go into a convulsion.

PC: (pause; laughs a little)

LRH: Scream. (pause) You will now scream. You can't help but scream. It's absolutely impossible to keep you from screaming. (pause; PC is silent) Come up to present time. Canceled. Open your eyes. (snaps fingers four times)

PC: (laughs)

That is something that is very interesting about engrams discovered after an examination of a long Dianetic series of patients, not a medical profession's series of two. In physics and engineering and so on, these things are done by each person who is the least bit qualified to be able to repeat the experiment. I was amazed in researching a lot of work done at Johns Hopkins;2 I would read the reports assiduously about "beyond doubt and absolutely " and so forth and I would look up at the top and there would be two cases! So when I say a long series in Dianetics, I am not referring to the medical profession's idea of a series. (This is nothing against the medical profession. I was interested in some of the work being done at Johns Hopkins, particularly the work with histamine.) But, on checking patients, I discovered that a person's imagination is all the perceptics minus one: pain. The person can't imagine how a pain might feel, unless they have got an engramic command level pain, and even the engramic command level pain has to have an actual pain to sit on.

You don't find Mama's somatics being manifested unless the person himself has some somatics. For instance, I have recently been running one patient with terrible stomach pains. He has been going around doubled up all the time. In this case we find Mama is talking continually about,"My stomach hurts, my tummy hurts, it hurts so terribly, I can't stand it, I can't stand it, I have to hold it. I even have to hold it all the time."

But it hurt him. Everything was just fine on this case except that the more of Mama's somatics we cleared up, the more his stomach seemed to hurt him. Until we finally closed in on it and ran out the end of the incident where he was actually hit in the stomach during delivery when Mama was trying to calm her delivery pain by pounding herself on the abdomen.

Now there we have an actual injury to the child. He has command somatics, l but those command somatics are sitting on an actual injury. The injury, evidently, has to be actual before it can be imaginary or an engramic command.

In a severe case the production of convulsions and so forth can be accomplished if the convulsions are present. It is very simple to do so.

I was talking to a psychiatrist about it and he said,"As a matter of fact, there's nothing to producing one, particularly." He wanted to go into therapy, and take a run up and down the track. So I took him back into the basic area. Nothing was happening, but as he came back up the line again, a phrase flashed into his mind. So I told him to repeat it to see if he had contacted anything, and he went into an epileptiform seizure. He really stood on his heels and the back of his neck. Every time he repeated this phrase he would go right straight back into

the seizure. When I brought him up to present time he said,"Yes, that's the sort of thing I mean." And he said it was a strange fact that just repeating any word like that would put one into a convulsion.

So I said, "All right. Repeat 'bananas."' So he repeated "bananas " and lay there quietly.

"All right, repeat 'I hate you."' So he repeated it several times and lay there quietly. Finally I said,"Now say, 'My poor little boy."' Wham! He went right into the convulsion again. That phrase was the key to the button. There was an incident in his case of a time when he was 4 years of age when he went over to the stove and pulled a whole pot of scalding water down onto himself that went all over his head and so on, and he evidently developed a convulsion at that moment.

But there are various kinds of seizures. The seizure may be well up the bank around 1 month old, and it won't release at that point because it is a dramatization of something earlier. And a patient can be put into it and out of it, and into it and out of it, and into it and out of it, and it seems to push-button forever. Whereas if you get the earlier manifestation of convulsion, and put him into it a few times, you will get an erasure.

There are times when we have found a manifestation even though someone thought very sincerely that he was lying to us. I have asked a patient,"What did you used to tell your parents to keep from going to school? "

"Well, I used to tell them I had a sore throat."

"Is that all you ever told them? "

"Oh, I used to say I had a sore throat and a headache."

"And what did they do with you? "

"Pushed me into school. But of course I was lying."

And I said,"Let's go back to the time when you had a sore throat and a headache." We started running it and tapped the central sympathy engram of his case. His case was very sticky because with it was a manic.

He went back into the engram with both parents feeling terribly sorry for him, because he is just a little baby, and they are afraid they are going to lose him, and he might grow up to be a strong, handsome man. (He wouldn't admit that, although he was demonstrating it continually.)

You will sometimes find some person who has been through the war and who has come home with a dishonorable discharge with a fancy tale to tell the folks about how he was "wounded in the head, right there; that's all healed up now," but for that reason they had to discharge him.

He will tell the folks all about this. In therapy he is very reluctant, but finally says,"If I tell you something about this, it won't get back to my wife, will it? See, I can't audit with my wife because she doesn't know about it."

You say,"Well, what's the matter? " and he will tell you about this wound that he faked. Send him back down the time track and get it, because it is there. You will very often find that it is a simple computation in a sympathy engram, l and those are the most vicious ones to hold up the case, but those are the ones you want.

He doesn't feel any pain there, he knows he's lying, but he is dramatizing an injury he has. And you have got to get him prior to this period. Children's lies and so forth are not

necessarily all based on fact, but an enormous amount of truth is scattered through them together with odd engramic computations.

For instance, in my own case, when I was 5 years of age, I ran down the street one day and told the grocer that my mother never fed me, and that I was left home abandoned all alone and so on. And he gave me some bananas.

I never dramatized it again, but during therapy we stumbled across this incident. I was feeling very bad about it because of course I had lied. Then we discovered that exactly two years before that time, completely out of recall, an older boy of about 7 or 8 had taken a hockey stick which was cut down so he could roll hoops with it, and he had beaten me to a point it had cracked the skull and given me brain concussion.

I had then been laid out on a couch about three-quarters unconscious for about two weeks.

The only thing left of it was just this odd dramatization later, but the earlier one was down the track completely closed. The first time we ticked it, it seemed like I had tripped the boy with the hoopstick and I was very sorry that I had hurt him (propitiation). But then we ran it a little further and found that my dear mother, in trying to amuse me, read me Oliver Twist from cover to cover during that period. So I accumulated it as an engram! And later when I was running down the street looking very, very pathetic, I was Oliver Twist running after carriages and so forth. Once we had the initial moment of concussion out of the thing and had gotten the rest of it into recall, the general words and maybe a page or so of the book, the rest of it erased easily. But it must have made the case very perplexing for a couple of weeks. A manifestation of the last case demonstrated in this lecture showed someone who was apparently out of control, but who was actually in the auditor's control.

That is something that you will see many times in Dianetics, although in the usual run, a patient does not do this. But you find one every once in a while that does, particularly if there are AAs in the case. You find this enormous emotion being manifested. The person seems irrational.

That is why in the Auditor's Code it says the auditor must be brave. He has to sit there quietly and run the patient on through the incident, and not try to match up any hysteria with his own. If at the moment the patient went into the incident one suddenly said,"Come up to present time," he would have a picnic on his hands. Just as one would if he suddenly lost his nerve when the patient was in an engram.

So no matter what the patient is doing, or how horrible it may seem, or how he begs you to take him out of it, or how he writhes and weeps and cries and thrashes around and crashes from the couch onto the floor (which seldom happens) with these horrible convulsions and so on, he isn't going to hurt himself.

So just ride it like the Chinese who got on the tiger, and had a good fast ride, but had quite a time getting off. Keep running it through. Any case which has that much tension on it generally will deintensifyl if you keep running it through and will continue to deintensify all the way down. It is charged all the way up and down the bank. It isn't charged up just out of that one engram. So deintensifying a few of these things will quiet down the whole manifestation, and no matter how frightening they may seem to an auditor when he first faces them, there is no reason for it whatsoever. Nobody is going to hurt himself.

One is going for basic-basic in a case. Either dope-off2 or yawns will appear in basic-basic. That is what you want to get off the case.

A boil-off is quite variable. When you see your first boil-off it is unmistakable. It is not a person going to sleep; it's a person muttering, dreaming, who is rather restless, rather dopey and so on. Then gradually a somatic may appear and you will run the engram and get off some yawns. It is a supercovering of the whole incident.

If you return a person bluntly to present time from a painful engram, even though you have apparently erased the incident, you are actually unstabilizing the time track to some slight degree. And it should be avoided, if possible, by returning the patient to an interesting intermediate moment earlier in his life, then if any somatic starts up the line, it cuts out at that moment. It's just a point of comfort for the patient.

In the last demonstration I didn't get much of a chance to demonstrate this valence proposition. But notice that in the beginning we weren't getting much of a visio, and when we got down into the basic area we could turn him from one valence into the other and take him back and forth.

Notice, too, he was coughing. I call it to your attention that a zygote doesn't cough, and as a result we had to flip him over into his own valence, at which moment we got the crushed effect. Now that is in the basic area probably. A zygote is unimaginably small, and any somatic which it gets in the basic area is an all-over somatic.

Any time somebody tells you that he is in the basic area, with a pain in his stomach, you can be sure that he is either in his mother's valence running mother's somatic, which you can check by trying to drop him over into his own, or let him run out mother's comments instead of going into his own valence. If he has a pain in his stomach when he is in his own valence, and obviously so, you are well up the bank, you are not in basic area.

Any AA is very far from the basic area. There is a couple of weeks of life before Mama discovers it. Then she usually waits a few days in an AA case to find out if she is going to get sick, and then she decides,"I'm caught." So, if it's going to be an AA, it takes place very late in the bank. Those first three weeks are highly aberrative, because there is usually lots of material in them, the child is very tender, and so forth.

If anybody is getting visio in the interuterine life, the auditor has been working a patient with dub-in.

One patient was enormously excited to find, for instance, this strange phenomenon of being able to see out of the womb. This was very interesting, but it blew up on clearing because the patient, when he was taken right up the track on the final clearing, having lost the lie factory, and now being firmly established in his own valence, found it to be all black.

Sometimes there will be a flash of light at a blow in the prenatal area. But when you really run out a basic engram, it should start appearing in squares of white, because the visio (his sense of blackness) is real visio and that blackness is going out as part of the engram, leaving a blank. The person who sees colors in the lower part of the prenatal area is doing a certain amount of dub-in, but it is not serious. However, that color is definitely illusion. Then you will very often discover somebody saying,"You know, I see a red light between my feet." At this moment you sit there quietly and say,"Continue." And POW! the patient is into an AA.

In this lecture I have covered the initial study of cases and some methods of case opening. A lot more case analysis will be done in this series of lectures.

THE CONDUCT OF AN AUDITOR

A lecture given on
12 June 1950

The Casebook

There is a method of training called team training which has proven quite successful in the past. In this way it is very simple to communicate the basic fundamentals and problems of Dianetics.

Large notebooks are used as casebooks for each case. And it is up to an auditor to enter into this book whatever he finds in the case in terms of brief remarks or key phrases of incidents which he was able to find but was not able to reduce at that moment. In this way there is a record of unreduced incidents. All that is needed is just the key phrase, which if repeated will put the person back into an incident or some basic computation on the case. An auditor could even draw a picture of the time track in the casebook merely by drawing a line down the page and marking out where birth is and roughly plotting where the incidents occur. (Of course the biggest area on the track ought to be prenatal.)

The second book is an auditor's log. This is kept something like a pilot's logbook which can be checked when needed to give some idea of the amount of auditing time that the student has put in. It would include all the auditing the student does straight on through. He simply marks down who was being audited, the approximate number of hours spent and the date it was done.

Therefore people keep both books for themselves. An auditor looking over the case will then have the casebook and can tell what the state of the case is. For instance, if one started to get yawns off the patient in the basic area, one notes, "Says basic area; unconsciousness coming off." Someone could then look at the book and say, "Aha, we have a case here which is already well opened and running."

Or he notes in the casebook, "A boil-off has occurred." All stages of unconsciousness or any painful emotion which comes off a case (such as real tears and so on), whether or not that painful emotion was properly run out, are entered in the casebook.

Such notations as these are very helpful to an auditor and also in reviewing the case at the time a person is clear, when he should be checked all the way up and down the line and various phrases which he has come up with during the period of therapy could be used with repeater techniques to check the case pretty thoroughly to say whether or not it is cleared. If one can't find anything, a person is clear. But one needs the casebook to really do a good check on it.

There are far too few auditors. There have got to be auditors! Fortunately there is a steady avalanche of people from all over the world who desire Dianetic therapy, and who want to be taught Dianetic therapy.

These lectures are not going to be made from the angle of trying to sell anybody Dianetics. And I am not going to occupy a student's time, when so much training has to be done, talking about whether or not Freud actually came up with the engram theory first. That is not of great importance to us. It is important perhaps to the researcher, but we know what we can do with Dianetics, and all I am going to try to do is teach you how to use Dianetics as thoroughly and as efficiently as possible.

Firstly there is the Auditor's Code. This is an extremely important subject. It was thought that it was sufficiently stressed in the Handbook but it evidently was not. The only two cases

where Dianetics apparently "failed" were due to very flagrant breaches of the Auditor's Code.

This is material which is not in the Handbook and is actually in advance of it. You can refer to the Handbook, but this is more information and better information and I want to show you examples of how the information in the Handbook works, rather than to repeat that information. We could spend a very comfortable 15 lectures going over the Handbook chapter by chapter, and we would have accomplished an academic study of the subject. And at the end we would have covered the book, but you wouldn't be an auditor.

Being an auditor is an art. And that art starts out primarily with the Auditor's Code.

The mind is a very interesting mechanism, as many people have observed in the past. But it is not quite as confusing a mechanism as has been observed (and one of the things it doesn't run exclusively on is sex).

Let's consider the time track. The mind, in present time, is in a succeeding moment of time each instant, and keeps on building a track. This is an analogue. There is probably no track there, but the fact of the matter is that the mind's time and time are cross-referenced in the files, and that that chronological file consists of a time track.

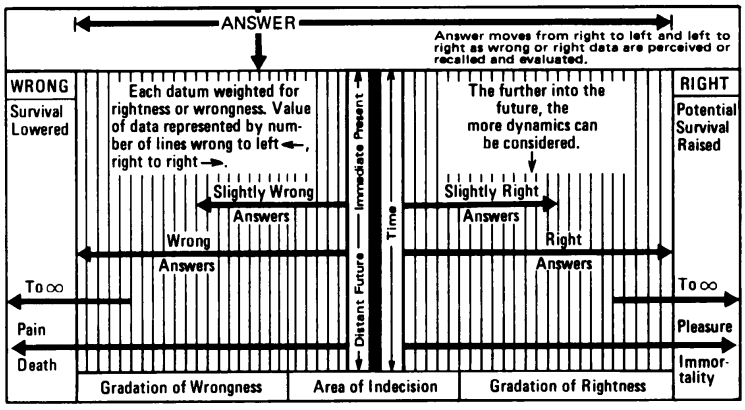
The mind in present time, in order to be 100 percent alert and sane must be able to observe present time, and observe everything in present time, without all manner of false conflicts occurring. And if one were really facing reality one would have to face yesterday too, and he would have to be able to draw conclusions concerning tomorrow, and also face them, no matter what they were. That is just one definition: 100 percent ability to meet and face everything with a "damn the torpedoes" attitude.

So there is the time track. And strewn along it are reasons why one can't face yesterday such as physical pain, painful emotion, various mechanical occlusions, and so on. So a person tries to go back and face yesterday, and he runs straight into one of these moments which of course renders yesterday to some degree false. That now reacts back against present time. Something happens in present time, restimulating something in yesterday and present time then becomes false. Then if those two things become false, their computation on tomorrow is equally false. But one isn't facing reality anyway.

The mind has to be right. Survival is being right. One could say that logic consists of two poles, each stretching to infinity. In the middle is neither right nor wrong, with gradations of right and wrong on either side, and one never reaches infinity. There are infinite degrees then of rightness and wrongness in each direction. And the more right a person is in the business of living, of course the better he survives. The more wrong he is, the closer he comes to death.

Graph of Logic

(Simplified for illustration)



If we were teaching this in ancient Greece we would probably be talking about gods and the influences of the spirits and elemental but it would be equally as valid as an analogy. Today we say electronic flow because this is an electronic age. We don't know whether or not those are electrons in there. We don't know whether monitors are little men running around in the brain, or whether they are electromagnetic systems. This we are trying to find out right now, and Dianetic research is going forward at a very headlong rate.

But we do know that there is some sort of a monitor system, and the number of times the monitor units are right, the better they are aligned. They align themselves on a problem and when they are right on it, they align more monitor units there, and soon there is a very good impulse going out. Or a tremendous problem comes up, together with a certain necessity that a person has to do something extraordinary, and these monitor units again will line up. But if they line up and are then wrong, they switch over and begin to idle, looking for the reasons why they were wrong, causing the number of units which can be devoted to the subject at hand to become less and less.

The business of the mind is to be right. The idea implanted in the mind that yesterday was a delusion, for instance, or that five minutes ago was a delusion, is received as something engramic. This occurred with the introduction into the field of mental healing of a cock-eyed Freudian opinion which has been given scientific credence.

The early part of Freud's work back around 1894 was good and we can use it. His equation "Full recall equals full sanity," whether he realized it or not, was the key that unlocked the door. But after that his work goes off very rapidly and is very poor, to the point where he stated in 1911, "Delusion in childhood is the cause of insanity."

When this was introduced into the public scene and the field of mental healing, a strange thing occurred: As that theory spread, so spread mental illness. They are like two parallel curtains rising simultaneously.

"Delusion. The reason why you are insane is because of delusion. It is because your imagination has told you these things. The reason you can't face reality is because delusion says that delusion exists. If delusion and delusion are there, of course you are all delusion and the thing for you to do is to get rid of your delusion which is reality and ...." I'm not quite sure how this thing figures out but it is bad logic, and it is very bad mechanically. And now we come again to the Auditor's Code.

As long as the monitor units are lined up and have some idea of what is reality; as long as someone isn't telling them, "This is wrong," "You were wrong," "This is imaginary, and what you think is real is imaginary, and what you think is imaginary is real"; as long as this confusion does not exist, those monitor units will stay very well lined up. They can prowl then against almost anything.

In Dianetic therapy, more and more and more of these units line up and start looking back at the past, and self-criticism, for instance, begins to pass away because all of a sudden one has the cause of why something was done. So actually, technically, a few more monitor units swing in: "I'm more right, I'm more right, I'm more right. I don't have to worry now quite so much about those black cats that I used to dream about all the time. There isn't any such thing as superstition, this was Mama and her fear of black cats. That's fine. That's gone now. Well, I was wrong about that then, but really I wasn't wrong, Mama was wrong." And immediately more and more monitor units line up. A person gets more and more right. And the righter he gets, the righter he can be. He becomes more and more able to compute correctly the more units he has which are computing correctly.

The only way one can disturb that situation badly is to upset a person in therapy by labeling what he is doing as delusion, by questioning what he is doing, by suddenly producing a condition whereby he himself all alone regressed down the time track doesn't have an auditor with him any more, but has an auditor who is combining with the engram to face him in such

an instance as, “Well, don’t say those ugly things about your mother, you know your mother is a nice girl.” And all of a sudden the person is blocked and will become furious with the auditor. And the next auditor who lays his hands on him will have to run that thing out.

Or, for instance, the patient goes into an incident and has just run his 25th train wreck. So what? Let him run his 25th train wreck. You don’t have to sit there and listen to the material if you don’t think it’s right and you don’t think it’s engramic. But if you think it is delusion, you don’t want to tell him that it is. Just be artful about the whole thing, and say, “Well, let’s go back and find the somatic now.” And, of course, the train wreck will resolve into somebody hitting him over the head with a model fire engine or something.

This is what I mean by the Auditor’s Code. Don’t evaluate. For instance, if the patient comes up from a session and he can’t remember what phrase it was that his mother was using and asks the auditor, “What was that phrase? Now, you tell me,” the auditor is a fool if he says, “Well, what your mother was saying to your father is ‘You damned fool.”’

“Oh, yes,” he says, “that’s the phrase.” But now he isn’t remembering it on the time track circuit. He has got the auditor hooked in as a servo-unit. So when he wants to know something about his own engrams he doesn’t bother to dredge them up and face them. Now all he has to do is ask the auditor. And he can be made to lean upon the auditor more and more until a condition of dependence is created.

Fortunately the condition of dependence does not stay created very long in Dianetics. Nevertheless what they call transferences in psychoanalysis can be found in Dianetics. You will find somebody hanging around your neck on occasion, sooner or later, that you just plain can’t get rid of, until you crack his case. But the moment his case is cracked, he ceases to transfer.

Of course, some alliance and affinity always exist between the auditor and the preclear. And if the auditor, for reasons best known to his engrams, decides suddenly to berate, question, challenge, or upset the preclear particularly when a preclear is in reverie2—back down the track someplace, not facing the present (the auditor is the sentry who is facing the present for him at that moment)—if he wishes to upset the preclear by these challenges, then he can reap the consequences which are not small. A thorough enough job of challenging, berating, beating, hammering a preclear can create a situation which is highly prejudicial to the health of the preclear

The preclear goes back to birth, for instance, and starts running off birth in a manger and being rather confused with some other people in the world, he is going on about this and dodging away, but he all of a sudden starts to get a headache. If at this moment the auditor says, “You aren’t talking about your own birth, you’re talking about Christ,” that is enough to precipitate the patient 100 percent into the engraver The auditor has just pulled the bottom out from underneath him.

He was more or less being supported by the combination of analytical minds and therefore he could face this subject. Even if he was facing a delusion of the subject he was still facing some part of it. But now if the most powerful analytical mind present, that one which is in present time (we hope), suddenly pulls out and says, “Oh, well, I’m not going to give you any help,” he has left the man in a very terrible situation. And it will kick back.

I suppose some sadist in the world will become aware of this fact, desire to place hubby or somebody else in a local institution, and will do just that, because it can be done. All one would have to do is take somebody back on the time track someplace, and start roughing him up and banging him in the head and shouting things at him and so forth, and if there was a psychosis to precipitate it would be precipitated. Fortunately very few of us carry around enough of a psychosis to precipitate.

At present we only have two bad cases. One is being cleared up right now at a very rapid rate. The other one is a manic-depressive who was beaten up by her paranoiac husband. He brought her in after her psychosis had broken—a very nasty sort of a case. Over the period of the last 15 years she has had several breaks. She is in bad shape, a manic-depressive with, by contagion, paranoia sitting in the upper part of the bank so that she presents a very strange sight to the eye.

But if we want to put the work in on the case, we can of course go over it and work at it for a long time and get her out of it. But how does one reach it? She is greatly disassociated, and the very phrases that the auditor will use on her restimulate the last beating she had. So in order to work at all we have got to use an entirely different language. We won't be able to say analyzer, or analytical mind, or reactive mind or engram, or any one of these things; because what he did was slap her and maul her and beat her, screaming the most aberrative phrases he could think of, in a way which was apparently unconsciously or consciously couched to make Dianetics as difficult to apply as possible. He has not liked this woman for 16 years. She is a nymphomaniac and he is insanely jealous.

I did the worst thing to him I could possibly do. I broke his paranoia! The total time in therapy was six hours. We broke the engram. I happened to have a Rorschach on him and I knew he was a paranoiac. So I broke it out into tears, and spilled the painful emotion. A psychotic comes back fairly quickly to neurosis after you take away the painful emotion. I knocked out the paranoia, which was the "against" engram.

That is about the only case where you can say one kind of engram is the boss. Phrases such as, "My family is against me, they're against me, I know they are against me, and they pit everybody else against me. My family is against me. Poor me, I've got to leave this house. I've got to get away, I'm right up against it," of course take the whole engram bank and slam it up to present time. To delete the painful emotion from the case was a matter of not too many hours of work.

In the wife's case I can guarantee no damage will occur through Dianetics. The only way you could do any damage is with the most sadistic purpose in the world using the basic axioms of Dianetics; because, knowing the cause of insanity, it can be created.

But keep the Auditor's Code if you want your case to run. Otherwise you are going to have to work and work and work with a now recalcitrant patient who is totally unwilling to contact anything for you, costing you dozens and dozens of fruitless hours of therapy that might otherwise have been saved. Don't bully the preclear Be kind. Be nice to him. Don't be critical of him. Don't get him into something and then lose your nerve.

For instance, in a recent lecture we had a perfectly normal looking young man with a bit of a quiver to his voice sitting there, but it seemed like everything that happened to him was sad. Well, this is a setup. If anybody has a highly charged bank that has no pleasure in it, that man has been wrong so often, he is living with people who are so convinced he is wrong on anything he does, he is lacking so much of that very stuff of which life is made, pleasure, in his existence, that when one returns him down the track one finds nothing but bad incidents. Those are all that are in sight. Everything seems to be fused together like bus bars hooked in on circuits.

I knew this fellow would explode, so I just said, "Go back to basicbasic," and sat there calmly looking the other way, waiting for him to explode, and of course he exploded! No pieces of plaster came down, but it was that loud. He went into convulsions, jumping around and so forth. In the meantime he was quite well aware of it, and was perfectly willing to converse with me in the instants that he had free.

But an auditor has got to keep his nerve. That is part of the Auditor's Code. I could have said to this young man at the moment he hit this incident and started into it, "Come up to present time." Of course at that moment he would have brought his emotion up to present time. Then

we would have had a little fun with him, because we would have found it necessary to calm him down and get him back to the incident so that we could run it out.

Engrams can be slid up and down the track just as though they had clips on them. One can take a pile of them and shove it all up into present time, or take one of them and bring it up to present time. They are movable.

The trouble with the reactive mind is that it does not have a clock. It doesn't know what time it is. That is also the trouble with insanity, it doesn't know what time it is. A person who is curled up in the fetal position is quite unaware of what time it is. He also doesn't know what "I" is doing. Knock enough monitor units out of alignment and you knock out what we call in the schematic diagrams the what-I-am-doing board—the state of the being in relationship to reality. If this board comes down with a crash, one is left with a psychotic. There are probably other finer definitions. There may be people who are by heredity prone to psychosis. We certainly know that there are people who are raised in families in which psychosis runs.

Prior to Dianetics two methods were used in trying to handle people: Pattycake and Sledgehammers!

But the magnitude and volume of the material in any case really require someone with a pretty steady nerve. That is how the injunction occurred in the Handbook of "Run it out, don't bring it into present time." And it takes some nerve. For example, you get somebody down on their time track someplace and he is in Mother's valence and Mother is screaming. Or you get the patient in birth and start running him through it, and this preclear is in Mother's valence 100 percent; and if he is rather bad off, he may be screaming fully as loudly as Mother screamed while she was being delivered of him and, as any doctor knows, that is loud! So he will thrash around, and his muscles are doing more or less what Mama's muscles, he supposed, were doing at that time (only Mama's muscles weren't doing what he thought they were doing), and you may say, "My God, I've practically killed this man! I had better get him into a comfortable state of mind as soon as possible."

Now, when unconsciousness is boiling off, you can bring a man back up to present time if he has been released as a case. It is not very bad because you bring him up to present time and let him sit it out for a few minutes in present time. You don't have to sit there with him for 20 minutes or 45 minutes waiting for him to wake up enough so that you can run him. He is going through this unconsciousness there. It will disappear all by itself when he leaves it back on the track after it has been tapped.

A medical doctor when he first comes into Dianetics is usually appalled at the speed with which one can turn off and on bad health and nerves. One doctor saw two gentlemen down at Bay Head who were having a fine time running out engrams. We were trying to break their cases fairly rapidly and it was quite late at night. This particular doctor looked at these people, and he was getting worried. He checked their pulses and respiration and obviously they were a couple of very sick men. The two preclears didn't care, they were getting rid of engrams. But the doctor said, "Now, look, let's call this off tonight. Let's knock it off and get some sleep."

And I said, "Wait a minute, do you want to kill these people?"

"No, no, but we had better knock it off." Of course the worst thing in the world we could have done at that point would have been to quit. We were using this boil-off phenomena—that it is all right to have the person in present time for a few minutes, then to send him back down the track again and now he is able to find and run the engram. But if you let that incident stay in restimulation overnight, or for a couple of days (for instance, if Mama had a terrible cold during the period), of course the patient is going to come down the following day with a psychosomatic cold.

But there is no reason to be nervous. It is the quiet, orderly patient about which one worries, the patient who lies there so still, so calm, who runs these engrams so pleasantly: "They are killing me, they are killing me. I just know I will never live through this. Oh, my God, he has left me and all is done for."

"Have you got a somatic?"

"Oh, yes, I've got a somatic."

"Let's go over it again."

"They're killing me," he says calmly, "they're killing me."

Realize that you are running someone who is caught in a far distant engram, chronically, and who is playing the bank with binoculars. Realize, too, that you will not get the charges off this case that you should. This case will eventually resolve, but he will make a long case. We have got ways to eradicate this now, and we will have better ones in the future.

That covers the Auditor's Code. Just keep in mind the Chinese who gets aboard a tiger and has a nice fast ride. But you had better go on riding the tiger, because it is very hard to get off. Soon he will get tired and stop, and then you can step off. But don't try to unload while that tiger is going at 90 miles an hour. That is quite, quite vital.

In other words, be very kind to the person you are auditing, don't get yourself confused with an Arabian slavemaster. Don't invalidate his data for him or tell him he is imagining things. Don't feed him computations or try to insist, "This is why you have always had migraine headaches," when you are running out some incident where a little boy has tapped him on the head with a rock, because he is liable to sit up on the couch and start swearing at you. And don't let him get into a spot that you don't pull him through, or let him go out of something that he should go through. You are going to find patients that are going to get into hot water and suddenly decide that this is not the place to be. At that moment you need to be very persuasive, without getting angry, to get him to go through this minor foible of Mama's of all these hot douches. So one doesn't place him into the role of an aberree with some relative suddenly coming down on him with all four feet.

You will also work people who are in a restimulative environment, which can be noticed because the case will be sagging. Realize that somebody at home is telling him he is wrong. So he goes home after a nice run in therapy and says, "I think we reached basic-basic." And somebody says, "I've heard that before. How do you know? I don't think there's anything to Dianetic therapy." So the person comes back to you, upset, at which point there are two things you can do with that case: You can shoot the person, which can cause a lot of problems, or you can find the reactive mind partner.l You will find that the only reason people get upset with somebody who is undergoing Dianetic therapy is because they themselves are in some way prejudiced.

I had a mother come down on me one time when I was working on her child. She came down like the Assyrians! She was all set to really tear me to pieces. I had noticed that this child's case was not going well. He had been foolish enough to tell Mama, and so forth. Fortunately I had the child's engrams right to hand on file. So I simply started feeding her pieces of engrams, and she got sadder and sadder and sadder. Finally she went home in a very subdued state. We didn't hear much more out of her until I was through giving the child an assist, at which time I went back to pick up on her engrams, and she was very happy to have them picked up too. She had AA'd the child about 40 times!

There are cases on record of preclears who once in a while start thinking of their parents in the way that Torquemada thought of Englishmen and people who were not his line of Christianity. They get angry.

Well, that anger is a thing to promote because that is a good solid tone 1.2 The person who has hitherto said, “Well, Mama had her troubles,” while you have been sitting there listening to Mama’s screechings and so forth, and hearing about Papa beating him up while he says, “and Papa had his troubles too, yes, I can see that,” and Mama’s saying, “Damn you, you little bastard, I’m going to kill you, I’m going to . . .” is lost and out of valence.3 Don’t try to promote that state of mind because that is apathy. When tone 1 suddenly appears in an engram or in the general tone of a person, he is really starting to improve. And when he says, “So the dirty blankety-blank,” speaking of his mother, “you know she’s only down here in Pennsylvania. Do you suppose if I got a gun and went down . . .” he is getting well! He won’t shoot her.

There are several such cases on record. One gentleman in the process of clearing called up his mother who was very questioning on the subject of any such thing that he should go through. She had good reason to be too, because it turned out that she had had numerous lovers when she was a young girl, and it so happened that unbeknownst to anybody the parents had neglected to get married for the first three months. It happened that a lot of strange things were wrong. They were perfectly valid, but this person spoke to Mother about it and Mother got upset. Even though he didn’t speak to her very long, and he didn’t give her much information, she said, “You couldn’t possibly believe this information, you couldn’t believe it.”

So he said, “Well, remember the argument that you had with Father about the blue coat?” And she said, “Well, yes.”

“Well, I was just wondering why you never took it back.”

Mother hung up the phone very quietly, went and lay down and became rather ill. The argument about the blue coat had taken place during about the third month of pregnancy. It took place before any attempted abortions of any magnitude. But it immediately said, “All is known!” So Mama quietly folded up on that. For that reason people will try to invalidate information left and right if they have a conscience about such information.

In this case, when they are given information themselves their buttons are being pushed and they are made ill. Don’t make any mistake about that. If you want to make an experiment, take some of the rougher material out of your own prenatal engram bank and feed it to Mama and Papa—and you will have two sick people on your hands. So there isn’t any reason to do it or to become involved in it, just don’t say anything about it.

If you are auditing some preclear who suddenly becomes extremely upset and the case closes in and so forth, check back to find the argument he had with Mama and Papa because that will be just a few days before. There will be some immediate connection there. Or if it is the wife, find out if the wife is actually pseudo-mother.

Pseudos can really do a person lots of damage. One gentleman I know has in his wife’s reactive bank prenatal area the fact that, “His name just makes me sick. It makes me so uncomfortable, he just nauseates me.” And Papa’s saying, “But I have to have him, I need his help,” and so forth. So the lady marries this person with the same name, but she didn’t like his name, she liked the man. She married him in spite of his name. But now the name, repeated and repeated, makes her sick. So, in such a case, knowing the case was slowing a bit, a checkup on it demonstrated that the husband’s name was in the prenatal bank. They were talking about a clerk in Papa’s store. It had nothing to do with the husband, but the phrase did dictate certain compulsions and repressions concerning her husband.

In short, when you find two people are antagonistic toward each other in a marriage, it’s a very bad thing that they start cross-auditing Usually they are antagonistic because they are reactive mind partners. They will restimulate each other and therapy will be slow. In addition to that, if a person goes home after the session and then starts dragging, look for the husband or wife in the reactive mind. Look for the nurse who was so sweet to him when he had his

tonsils out, “Oh, you poor little boy, what those mean, mean men have done to you. Look at you, blood all over your face, all those mean men who took advantage of you.” Then about 20 years later he up and marries the nurse only it’s not the nurse. So it can become very complicated.

An interesting fact in the Auditor’s Code and the relaying of information is that any person after a while in therapy, particularly if a quantity of painful emotion has been discharged from his case, cannot be upset. But take a case which has been in very bad shape with no real painful emotion discharged from it and that case can remain very sensitive for quite a long time. So you have to handle it with kid gloves.

For instance, I imagine you could walk in on people who are well beyond the point of release in their progress toward clear, while they are lying in reverie, and say, “For heaven’s sakes, everything you’re saying is a damn lie, you know it’s a lie, it’s delusion, it’s imagination,” and probably the worst they would do is get up and look at you sadly and wish you an auditor.

But in the first stages of a case it is rather tender and the auditing is not very easy. Then there are some girls who are very delicate flowers that somehow or another get up to the point three quarters of the way through clear where they could lose everything they own in the world including their jobs and their husbands and so forth and stand up under it.

As a person approaches clear he apparently gets rather armor-plated, but this is not so; it is actually a lack of enemies in the rear. Man is an extremely tough individual in his natural cleared state. I am absolutely flabbergasted at what the human organism can stand, and how much sanity can come back to a person who has been so crazy and aberrated.

All that to the contrary, I hope that, after this lecture concerning the conduct of an auditor, nobody will make any of these gruesome errors.

Remember that these errors are always on record, and that the next auditor who has to straighten up the patient gets a full playback of everything that has happened. There is no covering it up.

If a person gets up midsession, obviously he wants to handle his own case, so stop auditing him. But don’t bludgeon him into cooperating, or argue with him in any way. Just give him the canceler and quit. You would be amazed, it leaves no engram. You are not saying anything to him, or upsetting him in any way. He simply doesn’t get any more auditing session. For instance, you can audit someone who does nothing but sit there and say, “Oh, you pompous fool. What are you trying to tell me now, you know these things never happened. Oh, get away from me. Shut up, shut up. I’m not going to do anything of the kind,” and who goes on like this until all of a sudden you say, “Well, I don’t think we should go on with your therapy.” Remember that basic personality has seen the way out, and BP will take some extraordinary means to keep the case in therapy.

Basic personality apparently consists of the attention units which are still aligned right down next to the standard bank. We are being very learned when we attempt to place the human mind. We are getting an electroencephalograph in tomorrow, for the research department, so that is the red letter day when we roll up our sleeves in the field of structure and get in and find out where it is and what it is doing.

Up to this time in Dianetics knowing function has been enough, but we have come up against a necessity now of knowing something about structure. Then perhaps within 20 years, somebody can walk into the office, have a shot in the arm, go a foot off the floor, spill a lot of emotion, whirl around three times, sit down in the chair and then lift his head alertly and say, “My, the world is a beautiful place to be,” and all the tests for clear are passed. A year ago we used to joke about it, until all of a sudden some biochemical data came to light and some new

theories have been postulated in the research department. Perhaps it won't be for a long time, but they are getting better and better results.

If Dianetics doesn't entirely change its complexion about every 60 days I get worried about it. If it doesn't work twice as fast in July as it worked in January I get very worried about it. Because the goals are to make it less necessary for the auditor to have a high degree of skill, and to make the number of hours in therapy less. Of course the ultimate in that goal is a shot in the arm and the person is clear. All the auditor would have to know would be how to squeeze the syringe and the person himself would not have to know anything about his own engrams. That would be the "reductio ad syringe."

But at present we still have something to worry about, and which we are going to have to worry about for a long time to come, and that is skill. Dianetics is an art. Any science in application is an art. You can take a number of engineers and teach them the same rules and send them out to build bridges, and some of those bridges will be good and some of them will be bad. The art of application of a science is an art, always.

Therefore one of the chief benefits of taking courses is because Dianetics tends to get soaked up rather than painfully learned. You get the feel of it, and you get the feel of the reactive mind. So that when this person is saying, while running an engram, "Beat it," you don't think that that is a bouncer. You know very well that "Beat it" means thump, thump, not "run away from it." And "I can't make it out" doesn't mean "I can't see" to the reactive mind. It means that I can't make it out.

Once you get a grasp on these idiocies, you learn on an analytical level how to circuit the reactive level thinking. It doesn't mean that on an analytical level you become reactively-minded, but it does mean that you certainly can, after a very little practice at listening, really pick these things up.

That covers the Auditor's Code. Nothing in the Handbook is invalid, we merely have some faster ways to do it.

DIAGNOSIS

A lecture given on
12 June 1950

Opening Cases

In this lecture I am going to demonstrate how one goes about doing a diagnosis. I'm going to show you how a case should be opened, certainly the first time, and as often as possible afterwards until a person is working very well. This is the result of an observation made in research not too long ago and an observation which is rolling down the line toward turning on sonic.

One has the time track. We know about valences from the Handbook. And we know that these engrams can slide up and down the bank, being very loosely held and not very well timed. Therefore a person can get off into a valence in an engram in which he is stuck. He can then be slid up and down the track all over the place without sonic, without visio, without anything, but he is still moving on the track.

Sonic can be cut off by a computation such as, "I can't see, can't feel, can't hear." It can also be shut off by somebody getting over into one of these valence cabinets in one of these engrams and going up and down the track.

So we try and take the person to moments of pleasure when he is winning and can be himself. That brings him—if it is practiced often enough—out of hiding, and then we can return to him his sonic, visio and so forth.

This is workable in a very surprising number of cases, although it is not yet a 100 percent proposition, which is what I am trying to make it. LRH: Willyou please close your eyes. (You notice I do not count.)

PC: Okay.

LRH: Any time in the future that I say the word canceled, you will find that the words I say to you while you're lying here with your eyes closed are canceled, and they will be in no wise aberrative in any degree. Is that satisfactory?

PC: Okay.

LRH: All right. Now let's return to last night when you were eating dinner.

PC: Okay.

LRH: (pause) Okay. Who is sitting at the table with you?

PC: (mutters)

LRH: All right. Will you pay particular attention now to what they are wearing. Take a look at them there.

PC: (mutters)

LRH: Ah, that's all right, let's take the moment there when you are tasting a bite of food.

PC: Turkey.

LRH: All right. Well, let's taste it.

PC: It tastes very nice.

LRH: Tastes very nice? Okay. Now, as you are tasting that turkey, how does the plate look?

PC: Hm, excellent.

LRH: Hm-hm.

PC: It's got gravy on it.

LRH: Hm-hm? Taste pretty good?

PC: Hm-hm. Not the plate! (chuckles)

LRH: Ah, not the plate, okay? Just look at this plate and taste this turkey. Okay, is it warm or cold?

PC: Warm.

LRH: Can we feel this warmth? (pause) Get this sense of warmth.

PC: Hm. Here's where I'm not sure, you see, whether it's memory or——.

LRH: That's all right, that's okay.

PC: I know it was warm, I know I was perspiring.

LRH: All right. Let's try and see if we can see there what is your emotion at the moment you're there, eating that turkey. You mad at anybody?

PC: No, I'm very pleased indeed.

LRH: Oh, good.

PC: It's a special meal.

LRH: Well, is everybody happy?

PC: I'm a little sad because the turkey was frozen and didn't cook quite well enough.

LRH: Hm-hm.

PC: But, it is still good.

LRH: Hm-hm.

PC: Father had come over. We're going to go and see the youngest son.

LRH: Is he there, your father?

PC: My father's there, yes. He's 87.

LRH: 87. What's he got on?

PC: Well, he's got on a dark blue suit, with not too good a press.

LRH: Hm-hm.

PC: And bits of stuff on his shoulders from his hair.

LRH: Is he cheerful?

PC: Yes, talking at a mile a minute.

LRH: A mile a minute. What's he saying at a mile a minute?

PC: Oh, he's reminiscing about my childhood and my children's childhood . . .

LRH: Hm-hm.

PC: and business affairs with my husband.

LRH: Hm-hm.

PC: They talked about the fact that Mr. Dupont mentioned that he doesn't make puns well.

LRH: Hm-hm.

PC: And I say he does, and then he proceeds to make one.

LRH: All right. Let's contact the time.

PC: I can't. You see that's one of the things Father does best and I can't do it.

LRH: What's that?

PC: Make puns.

LRH: Oh, I see. Well, let's just hear his pun relate. Let's just contact the moment he's making this pun; the somatic strip can contact it.

PC: It was Mr. Dupont that made that pun.

LRH: All right, let's contact that.

PC: No, no pun. (chuckles)

LRH: Hm?

PC: No pun.

LRH: This is no pun, huh? All right. Let's go back just before that.

PC: See, I'm being bad and I thought I was going to be good.

LRH: Well, that's okay. Let's go back just a moment now before this pun is uttered. Let's go just a moment before this is uttered. The somatic strip will move to it.

PC: Maybe it wasn't at the table.

LRH: All right.

PC: . don't believe it was.

LRH: All right. Let's contact the moment it was made. Now let's contact the moment it's made and roll on through.

PC: I can see his face as he did it.

LRH: All right. Now if you can see his face it gets you that much closer.

PC: Yes.

LRH: Let's roll on through from the beginning now. Just the moment he's saying it. What has he got on when he's saying it?

PC: Well, he has on a beige suit.

LRH: Hm-hm.

PC: And he's looking very cheerful and happy.

LRH:. That's fine.

PC: And I knew I wasn't supposed to talk about this meeting but it came up.

LRH: Hm-hm.

PC: And somehow or other when something came up it was mentioned at this meeting.

LRH: Oh? We've got a suppressor?

PC: Hm-hm.

LRH: Okay. Let's go back to a little less intimate conversation. Let's go back to Christmas when they give you a.... (pause) How does it feel, hm? Oh, here at Christmas was very bad.

LRH: Very bad? When is it? Something very bad?

PC: I wasn't able to get my spirits up at all.

LRH: Oh, dear. Let's go back to a Christmas when you were 4 years old.

PC: I don't know where it was, I don't remember it.

LRH: That's all right, but you can go to it. Let's take a look at this 4 year old Christmas. (pause)

PC: I couldn't find it.

LRH: Oh, well, let's go to the 5 year old Christmas then, there's lots of Christmases.

PC: (laughing) I know the 5 year old Christmas, we went to Philadelphia.

LRH: Oh, I see, what did the tree look like?

PC: Beautiful.

LRH: Uh-huh? Did it look pretty good?

PC: I can see Grandma there.

LRH: Hm-hm.

PC: I can see my new baby cousin.

LRH: Hm-hm.

PC: Mother was sick and Father carried her upstairs.

LRH: Hm-hm.

PC: (murmurs, then laughs)

LRH: Yah. That's all right. Let's take a look at that Christmas tree. Let's take a look at the first presents. The somatic strip can find the first presents. (pause) The first presents under the tree.

PC: Oh, I know the first present but it wasn't under the tree.

LRH: Okay. Let's see it.

PC: It was in the window, looking out at me as I came up the front steps.

LRH: Okay, and what do you see?

PC: I think it must have been Christmas Day.

LRH: Now what do you see, walking up the front steps.

PC: It was a rag doll, about this big.

LRH: Let's take a look at it.

PC: And she was dressed in pink. She is dressed in pink.

LRH: Hm-hm.

PC: She has pink cheeks.

LRH: Uh-huh.

PC: Button eyes, and Ijust loved her on sight.

LRH: Hm-hm. Do you know that is for you as you walk up the steps?

PC: I knew it was mine.

LRH: All right. How does it feel, walking up these steps, seeing this rag doll?

PC: Oh, it was wonderful.

LRH: How does it feel, walking up the steps?

PC: Oh, light and.... Well, just flying. (chuckles)

LRH: Aha. All right. Who's the first person you see when you get in the door?

PC: I don't know, I've got my mind set on Grandma.

LRH: Okay.

PC: Maybe she was really there too.

LRH: All right. Let's take a look.

PC: I can see her as I'm going up the stairs.

LRH: Yeah?

PC: I tried to get in first.

LRH: Hm-hm?

PC: I don't see anything more.

LRH: Hm-hm? (pause) That's okay. Now the moment the doll is being presented. Does somebody give the doll to you? Hand it to you?

PC: I think I ran straight to it.

LRH: You ran straight to it?

PC: Now I can see it.

LRH: Okay. What does Grandma say about this?

PC: She said she had made it and it was for me.

LRH: Okay.

PC: so . named it Katherine for her.

LRH: Okay. Now let's go to the time——.

PC: Some of that is almost return and some of it is memory.

LRH: Okay. That's fine. That's good. Let's go to the moment when you got your first expensive ring.

PC: (pause) Well, I can remember several rings.

LRH: Let's go to the first one.

PC: Okay, I'm there. It was a little tiny piece of gold, it was called a lover's knot.

LRH: Hm-hm.

PC: Emily, Mother's friend, gave it to me.

LRH: All right.

PC: And I was no more than 6. I don't

remember exactly what age I was. I've still got it.

LRH: Right. Let's contact the moment you receive it. Did you say thank you like a good girl? (pause)

PC: I can see her.

LRH: Okay. What does she say?

PC: She had one when she was a little girl, just like it.

LRH: Okay, come up to present time. All the way up to present time. How old are you?

PC: 53.

LRH: That was an awfully fast trip from 6 years old to 53. That's too fast a trip. All right. Give me an associative word for each word I give you. Dog.

PC: Cat.

LRH: Knife.

PC: ah—spoon.

LRH: Run.

PC: Walk.

LRH: Picture.

PC: Taking a picture. (laughs)

LRH: How old are you?

PC: 53.

LRH: Okay. You're not stuck on the track.

PC: (laughs)

LRH: Thank you very much.

PC: I'm sorry I was so bad. (laughs)

LRH: Canceled, canceled.

PC: No sonic. (laughs)

LRH: Okay. Thank you very much. The above is a demonstration of a type of case opening. Notice the sudden increase in visio, and a little more awareness of position. That was very good for the first brushup on pleasure moments.

To start crowding a person, demanding that they listen, telling them to go back, and becoming impatient in any way with them, will cause a tendency to jar.

One tries to get a person into his own valence in pleasure moments, moments when he is winning, the time he wins the fight after the neighborhood bully has been raising hell with him, the time that he didn't happen to like his father, when he hauled off and really gave the old man what-for, and the old man took it. These pleasant moments in life are what you re-enforce.

There are two points:

1. You demonstrate to the individual's alignment monitors that it is quite all right to be himself.

2. The past has reality.

When one first begins to go up and down the track, one is returned immediately to moments of pain, and the sudden impact of the pain rather encourages him to foster the idea that it is agreed that he will try to escape from facing the reality of it, therefore cutting down the intensity of the experience. A neat mechanism, which defeats itself utterly.

There are people who were run on the old techniques who were cleared years ago. A lot of these people don't even know they are Dianetic clears, since in practicing such a thing I didn't want it to get out of hand. It got out of hand too soon anyway, we could have happily used another year or so and maybe at that point achieved a one-shot clear without any ramifications.

But it so happened that all of this material was escaping out from underneath us. There was less and less of it could be held close to the chest and it meant that one had to write 180,000 word letters any time one wanted to answer a question on Dianetics. People were practicing Dianetic therapy, trying to do something about it long before there was any information about it.

For instance, someone on the single strength of a very short thesis on the basic laws and axioms of Dianetics started a group up in Michigan which is still running strong. They did not have any manual to work from. They had practically no instructions and so on. But they were kept informed.

Now, if one has to keep everybody informed who is interested, it would be an impossible job. Consequently, before the first release of Dianetics we were getting things pretty well stacked up. It was necessary to step back. As a result it was released in a form which had been, in all of its essentials, in practice and successful for a very long time. But that form was even improved in writing the Handbook and it is further improved now.

The big contribution to Dianetics in the last year is the subscience of Dianometry. l The term is borrowed from psychometry. However, psychometry, from which psychedianometry was derived, concerns the psyche. We are more interested in thought than we are in the psyche so the name Dianometry was evolved. That is not an effort to be different, it just measures more. That work was done in the last year, and was a highly important contribution to the science itself. No paper on this has been released as yet, but part of the fruits of that labor suddenly jelled and came into practical application when we suddenly observed that we could turn sonic on in people. Having made that observation one had to scramble back to find out why; and we are doing a good job of it, turning on sonic and tracing back various incidents in the past.

One of our researchers took a newspaper reporter and halted him in mid-air as he was diving off a springboard. He also took this reporter back and had him go to moments when he was swimming and eating, and glanced through and turned on the reality of several incidents in full, without suggestion, doing a good, careful job, and then brought the reporter up to present time and said, "All right, now what do you think about that?"

And the reporter said, "Think about what?"

"Well, what did you think about swimming?"

"I wasn't swimming."

"Well, what did you think about all these things that you've been back to?"

"I haven't been anyplace; I've been sitting right here talking to you. What do you mean, swimming?"

He was treating a hypnotic subject and hadn't realized it! All he did was tell the man to close his eyes and the person went into amnesia trance. Of course in amnesia trance those units up against the bank can always contact pleasure moments. There is nothing easier.

So, the turning on of sonic is a highly important activity. And the method given above is the method we are using, no other. You take a person who is completely blanked out according to all purposes and there are two things that can happen: He is either stuck on the track someplace, or he is stuck in an engram, and you are not going to be able to release him out of that engram unless you take that engram into account. Try and find it and release him from it and he will fly up and down the track nicely. If you leave him in that engram, he is probably being the nurse or the doctor.

The doctor is a very high altitude person in the society. He gives Mama and Papa orders, they follow them, he is a friend, he is someone one looks to when one is very ill, or when one contracts a disease, or breaks a leg. Therefore he is a very, very respected member of the community. In addition to that he is part of many engrams. This places more people into doctors' valences than can possibly be counted. If the boy is normally in Papa's valence, and the doctor shows up on the scene, start running the incident and you will suddenly find out that you are running an incident with the patient as the doctor. Take an engram where you are getting sonic on Mama and Papa and no sonic on the doctor. He is the doctor, only he is lying there sick. That is a shift of valence. One gets exteriorized viewsl and so forth, with a shift in valence.

Or the person is not in anybody's valence. He has simply flown out into the blue and the only place that he is safe is in the upper right-hand corner of the room. I have actually had patients who are looking down on the scene of birth from clear up in the corner of the room, with the nurse walking back and forth. It might also be dub-in, but the mind is a composite. Run one of these incidents a few times and ordinarily the person will get back into himself. So you run out the valences, and coax him back into his own valence.

The easiest and smoothest way to get a person back into his own valence is to run him through moments when he is winning and when he is enjoying life. Then it is very safe to be himself. At those moments he can recover all of his perceptions. And one can go through the whole catalog of perceptics— sonic, sound, taste, kinesthesia, tactile—and one can even find moments of pleasure that contain pain, so one can turn on the pain.

For instance, someone is at a party and somebody breaks a bottle of beer over him. He can distinguish the fact that it is a party, and feel the pain. Then all of a sudden he realizes he can feel pain, he can see, he can hear, and he can do all these other things without dying in his tracks, which is what the computation has been telling him before that. So you take him back to these moments when he is ill and without telling him what is there, you merely ask him to take a look. You treat these moments as though they were engrams which have got to be run out.

The only moment that cannot be erased in a lifetime is a moment of pleasure, or a null moment which basically isn't even there. Those are not erasable. Research on it has found that if they appear to be erasable, something else is coming in over the top of them and holding them down such as, "I can only touch this once," "I can only be in one place at one time and then I have to be someplace else," or, "I am so busy I can't stay anywhere." Engrams of that character chase a person out of every place he goes to on the time track.

You cannot by test deintensify a moment of pleasure. The baby is getting a bottle. Take a person back to being a baby getting a bottle several times, and he still will lie there and drink the milk. If the baby was getting a slap in the head, take him back to the slap in the head and it is less and less intense and finally the whole track comes apart. The perishable thing in life is pain. So one can go back over these pleasure moments and build them up.

There was one case of this when they returned a man, not to a pleasure moment, but to his office on a random date, January 3rd, 1950, and had him walk in and open up his mail. At first he didn't know whether he was there, then he thought that maybe he might be there and that perhaps he could hide the idea behind his hat up on the coat rack. Then he went through it again and got what seemed to be a pile of mail there, he guessed, but he was very dubious about the whole thing.

They just kept returning him through the incident and each time through he started to pick up something new. All of a sudden he found out that on the 3rd of January he didn't put his coat on the coat rack, he put it over a couple of boxes; that the top letter on the 3rd of January was from the Ultraviolet Light Company, that the next letter was from the Veterans' Administration, and so on down the list. Then he went through these things and read all the addresses, in color. Next he opened his mail, which at first appeared to be blank sheets, but which gradually built up until he had a packet with papers in it. Next he had the slight sound of paper. Then he dropped the first envelope into the waste basket, and then went over it: "Didn't go in the waste basket—that one went on the floor."

Thus one is able to really build up an insignificant moment, further and further. The person all of a sudden begins to realize that the past is not dangerous. He can go into it. He can recognize that there is reality. The auditor is not trying to tell him there is reality, but he gets more and more certainty on it at first glance and will then go through the whole incident.

One subject was found to be very hard to work, extremely occluded. This case was in Ylddish and finally some Ylddish phrase that means "on guard" was located. That case was stuck "on guard" in about 55 engrams simultaneously; he was in bad shape. He had the pale gray look that can quite often be seen in an institution.

So I started taking him back down the line and he was going nowhere. It was all black with nothing there at all. Gradually he started to pick up a scrap of this and a scrap of that and suddenly he is arguing with an engineer in a swimming pool. As they step out of the pool he is still arguing about a certain principle of engineering and he starts to get a little bit hot on this. This argument is one he won. The other person finally backed down.

Very shortly thereafter, this person is running through with the emotion of winning. He has been swimming, he is wet, he is listening to the other person and so on but there was this blank sonic. There were merely impressions of sonic. So I fished around in his case for about an hour and finally got into the first motion picture he had ever seen. There was Felix the Cat going down off the roof into a rain barrel. And he sat there looking at Felix the Cat. All of a sudden his kid energy and enthusiasm about Felix the Cat turned on in full. He suddenly heard the xylophone running down the scale as Felix the Cat is falling off the roof and then boom! the bass drum as Felix falls into the barrel. He was stunned to realize he had heard something. So we ran the xylophone until it was good and loud. He picked all this up on his own, nobody even encouraged him. He was terribly worried about somebody suggesting something to him. About five sessions later this person had recovered full sonic on anything he went into. The mind can thoroughly reassure itself through moments of pleasure that it has been right.

The above is the form of Dianetic case opening which is currently used, unless by next week the research department and myself have dreamed up a gee-whizzer that will turn on sonic in five minutes. We are dealing here with a young and advancing science, and there is plenty to be done in this field.

I want to emphasize that the material which is in the Third Book of the Handbook, concerning application, is valid. But if you know any way to make it better, that is yours. You are much less in this as a student than you are as a fellow conspirator on the subject of Dianetics, and I fully expect to pick your brains.

Dianetics isn't something that can be done by rote. You have got to think about it. You can help and we can all help. It is not a static subject. A good auditor gets a feel for it. If you have done some auditing you will realize that. It is all very neat to say that one takes the first moment of pain or unconsciousness and erases that, then we go to the next moment, and the next moment, getting off painful emotional charge, and then to the patient's birth, and suddenly a person is clear. That isn't how it works.

Dianetics is like walking around pinning the tail on the donkey. Very often you don't even know there is a donkey present. You learn however by experience, by watching the sensitivity in the application, because there is a very interesting sensitivity to it.

For instance, the person has got a cold. We hit an engram, but the line the patient is following is way above the engram. So we are taking dives at this engram and coming out of it in a hurry, and again diving at the next phrase repeatedly.

In one particular case the bouncer in the basic area happened to be "I can't hold anything down, it's got to come up." So, he was doing this dive and throwing his engrams. One could tell the moment of contact.

Painful emotion reflects in the chest, physical pain reflects in the toes. If a person isn't wiggling his toes, he doesn't have a somatic, I don't care what he says. He is not on the line of the engram; something out of phase is occurring. A bouncer in the basic area can do that to an engram. A lot of things can happen to engrams. You can tell a person to go early and he promptly goes late. Perhaps he had some obstetrician at birth saying, "Well, I've got to turn him around now. Now he's all turned around," which is a very common engram. So you will find him running sonic in one level and the somatic in another one. All sorts of weird things can happen because of such a computation in the commands.

Or you will find somebody that you are trying to take back to 1923 suddenly discovers that there is no 1922, nor is there a 1919, or a 1912 or anything else back there. Well, this person has had an exodontistry, let us say, and everything has become part of the bank, and will be occluded by it.

Or he has a nitrous oxide experience, and there it sits with everything glued into it that has anything to do with an engram. Everything is pulled up into this bank until the nitrous oxide is knocked out. All of a sudden you realize that the case doesn't work right, and you have got to do something else. Perhaps someone has just died—painful emotion. Or you may have a late operation and you have to handle that. Or you may have to go through an accident. Or somebody has been in an institution and had 195 electric shocks, and everything in the bank is all scrambled by this, so you have to tell him, "Let's go back to dinner last night." And he may say, "Here I am in birth." Or you say, "Yesterday," and he is running present time and then dives back to conception. So he is to some slight degree deranged.

With this unfortunate individual, you may have to start in with shock No.1. He will go up to the moment of shock—sometimes we can find it quite easily—and the individual starts into some kind of a convulsive action. So we sit there for five hours with the electric shock going on, but it does remove to some degree. Then we find everybody who was there, with the electric shock machine, and someone was saying, "Well, you know, I sure like Clark Gable, don't you?" And you run out all this "interesting" information, then they wheel the person down the hall and there is a manic-depressive screaming, "I'm the strongest person in the world, I'm God, that's who I am. I'm God," which is interesting to have in an engram, particularly if this person was an apathy case, because his case has now been superimposed with a very fine Jehovah complex. This gives a complicated picture.

In running it out, you have to run out some electric shocks. First you run out No.1 electric shock, and the next one is going to be easier. If you can get them early and you can get the basic-basic out and start up the line, getting out a few severe shocks, you will suddenly find

that you only have to run about eight to ten shocks and the rest of them will peel off. The first shock was the one holding the rest of them.

In a high blood pressure case, you find a migraine headache and start down the bank and suddenly the migraine headache starts to turn on. (Fortunately the somatic back on the track is never as bad as the somatic in present time.) You find out that Mama had high blood pressure, and had high blood pressure attacks every other day, and that there are 283 days to the term of gestation. So we have a tremendous amount of high blood pressure engrams. However, after we have run out the first five, six, eight or even nine, the somatic has practically gone. Remember that if you can get the first one of anything, you can get the rest of them off.

You cannot play it by saying, "This is the reactive mind, it goes from here to here, and it is located here and here, 'Abracadabra, Rumplestiltskin,"' and at that moment the first engram disappears. No, it is walking around and pinning tails on donkeys. If you have audited, you already know about this. But this is the case opening which I demonstrated at the start and that case opening will save you a lot of trouble. Re-establish a man's faith in yesterday and you have re-established his ability to act.

Here is another short demonstration of how to open a case.

LRH: Okay. Now if you will just close your eyes. All right. Now any time in the future that I say the word canceled, whatever I have said to you while you were lying here with your eyes closed during this session of therapy will become canceled. Is that satisfactory?

PC: Yes.

LRH: All right. How old are you?

PC: (slight pause) 27.

LRH: What was the first figure, please?

PC: 18.

LRH: Okay. Now what do we catch there at 18? (pause) When I count to five a holder will flash into your mind. One-two-three-four-five (snap!).

PC: Philadelphia.

LRH: Well, I know Philadelphia's pretty bad, but that's not a holder.

PC: I know it's not a holder but that's what came.

LRH: Good enough. Now what place in Philadelphia? Your somatic strip's right there. Now let's develop the visio of these surroundings. Let's just take a look and see if we can detect this. (pause; PC coughs) It's all right. Now what do you see here? 18 years of age, 18 years of age. And the moment of being held on the track. Now what is it? (pause) When I count to five an odor will turn on. One-two-three-four-five (snap!).
PC: No odor.

LRH: You don't smell anything? Now what were you doing at this moment? What was happening to you? Anything?

PC: At the moment of the holder?

LRH: Yah. There may be a little sonic on this moment, by the way. (Very often a person may not have sonic anywhere else on the track and still have sonic right at the moment of the holder.) (pause) What do you find? The somatic strip will contact this. (pause) Is it Don't talk?

PC: No.

LRH: Be quiet?

PC: No.

LRH: Stay still?

PC: No.

LRH: Stay here?

PC: No.

LRH: Don't move?

PC: No.

LRH: Hold him down?

PC: No.

LRH: What is it?

PC: Gee, it's awful. It just seems like there's nothing.

LRH: There's nothing, go over that.

PC: That 's right.

LRH: Go over the words There's nothing.

PC: Yeah, There 's nothing. There 's nothing. There's nothing. There's nothing. There's nothing. There's nothing. There's nothing there. There's nothing there. There's nothing there.

LRH: Continue.

PC: Theres nothing there. There's nothing there. There's nothing there.

LRH: What could possibly come after that?

PC: There's nothing there. (pause)

LRH: All right. Let's give me the sentence just before this, just before There's nothing there.

PC: I looked carefully but there's nothing there.

LRH: All right. Let's go over it again.

PC: I looked carefully——.

LRH: Were you operated on at this time, when you were 18?

PC: No.

LRH: Well, what's happening?

PC: Nothing very special. (clears throat) I had graduated from high school and I was going to go to college.

LRH: And what happened in the middle?

PC: Then—then....

LRH: Give me a flash yes or no on these questions: Doctor's office?

PC: No.

LRH: Hospital?

PC: No.

LRH: School?

PC: Yes!

LRH: All right. Now what do you contact? (pause) All right. Let me give you parts of schools. Now give me a yes or no on each one of these: Athletic field?

PC: (pause) No.

LRH: Schoolroom?

PC: Swimming pool.

LRH: Swimming pool. Okay. Swimming pool. All right. What do we contact with the swimming pool?

PC: Hm....

LRH: Hm?

PC: Eighteen—huh....

LRH: All right. What have you got there?

PC: (mutters)

LRH: Okay.

PC: (coughs hard) Oh, boy. (laughs) This is a lulu. (laughs) I still haven't got it, you know.

LRH: That's all right. Just say, There's nothing there.

PC: Theres nothing there.

LRH: Is that a phrase in it?

PC: Gee, it doesn't really seem like it.

LRH: All right.

PC: It felt like underwater or above water something happened, you know.

LRH: Uh-huh. Let's contact it again. (pause) It's okay, you can contact it again. Now you know what's occurring. You know what's occurring. Now contact the first moment of the incident, now. Your somatic strip can contact the first moment of the incident. Let's roll it through.

PC: Boy, something is sure helping me out. There seems to be something with water polo.

LRH: Hm-hm.

PC: Yeah, I'm in the high school swimming team and we're playing a game of water polo.

LRH: Okay.

PC: And you know how those games go. Boy, they're really pretty ruthless.

LRH: Hm-hm.

PC: You throw the ball in and you try to get it up to your goal.

LRH: Hm-hm.

PC: And I'm trying to get it started and I stopped right there. (cough)

LRH: Okay. Underwater?

PC: Am I underwater?

LRH: How does the water look, when you're under it?

PC: Greenish, it's wet.

LRH: What do people say when they're bringing a person out of there?

PC: Boy!

LRH: What do people say when they're bringing a person out of drowning?

PC: No drowning.

LRH: No drowning?

PC: No drowning.

LRH: What do people say when they're pushing him under?

PC: Yeah, that's more like it.

LRH: Okay. What do they say when they're pushing him under?

PC: (pause) Mixed noises, you know, Rowr-roworowr-rowr-rowr, and everybody fighting to get the ball and so on.

LRH: Okay. So? Now what occurs? (pause) Name a part of the body which might have been injured if any part of the body was.

PC: No place injured, but head pushed.

LRH: Head pushed. Okay. Under very long?

PC: I really haven ‘t got this episode completely in tow yet. I mean there—there’s something.... I’m going to get stuck somewhere along here and I just know it. But I haven’t got it yet.

LRH: Hm-hm. Not completely in tow as yet.

PC: Not completely in tow as yet.

LRH: Who pulls you out of the pool?

PC: No one. I walk away from this one.

LRH: Hm-hm. You walk any distance without knowing about it?

PC: (pause) No.

LRH: Now let’s go back to the moment the head gets pushed down.

PC: Yeah.

LRH: All right. Let’s contact the moment the head gets pushed. Let’s see if we can contact this.

PC: All right.

LRH: All right. Let’s go right on through it now. What happens next?

PC: Well, I think it’s Roger.

LRH: Okay. (pause) Continue.

PC: We’re fighting for the ball and he suddenly rises high above me somehow. I don’t know how he did that. He must have jumped to the bottom of the pool, gotten out, and come down on my head, pushing me under. But now there’s some sort of a scramble.

LRH: Continue.

PC: Um.

LRH: Continue.

PC: Must have stayed under there.

LRH: Stay under there. Go over those words.

PC: Stay under there. Stay under there. Stay under there. Stay under there. Stay under there. Stay under there. Stay under there.

LRH: The somatic strip can contact it if it’s there. (pause) Stay under there. Stay under there.

LRH: A holder will flash in your mind. One-two-three-four-five. (pause) Let’s get the denyer on this then if we can’t get a holder. Does somebody say, Forget it? (pause) Is there a Forget it or Can’t remember there?

PC: No. (cough, cough)

LRH: Is there a He's out there?

PC: There's a somatic.

LRH: Okay.

PC: It's again the feeling of being ducked, only one's heart has stopped and there's an anxiety feeling in the heart.

LRH: Hm-hm. What words could go with that? When I count from one to five the sentence will flash into your mind. One - two-three- four-five .

PC: The thing that flashes into my mind is that it's a concept that there's no word connected to this thing, not nearly so much as there are actions and people acting on me.

LRH: Hm-hm. What are the people doing to you?

PC: Well, I'm going to get stuck, still.

LRH: All right. Repeat the word stuck.

PC: Stuck?

LRH: Hm-hm. Stuck.

PC: Stuck.

LRH: The somatic strip can go to the word stuck as it occurs in this sequence.

PC: Stuck. Stuck. Stuck. Stuck.

LRH: What appears in this sequence?

PC: Stuck. (cough) Stuck. Stuck. Stuck. A real anxious feeling.

LRH: All right. Stuck.

PC: Stuck. Stuck. Stuck.

LRH: What's the rest of the sentence?

PC: Stuck. Stuck. Stuck.

LRH: The rest of the sentence.

PC: Stuck.

LRH: The rest of the sentence.

PC: Stuck.

LRH: Stuck where?

PC: Stuck. I'm stuck.

LRH: Go over it again.

PC: I'm stuck.

LRH: Go over it again.

PC: I'm stuck. (chuckles)

LRH: Okay. Go over it again.

PC: I'm stuck. (laughs some more)

LRH: Okay. Go over it again.

PC: I'm stuck.

LRH: Go over it again.

PC: I'm stuck.

LRH: How do you feel on this?

PC: (laughs) Stuck.

LRH: (laughs) Okay. Go over it again.

PC: I'm stuck. I'm stuck.

LRH: Go over it again.

PC: I'm stuck.

LRH: Go over it again.

PC: I'm stuck.

LRH: Go over it again.

PC: I'm stuck.

LRH: Go over it again.

PC: I'm stuck.

LRH: Go over it again.

PC: I'm stuck.

LRH: Go over it again.

PC: I'm stuck.

LRH: What's the next sentence? I'm stuck.

PC: I'm stuck.

LRH: Next sentence. Is there an I don't know, or I've got to get away?

PC: Oh, there's a bouncer.

LRH: The somatic strip can go to the bouncer. The somatic strip's going to the bouncer.

PC: (laughs)

LRH: Okay. The somatic strip's going to the bouncer. Okay, what do you get for the bouncer?

PC: Get out of here.

LRH: Go over that again.

PC: Get out of here.

LRH: Go over it again.

PC: Get out of here.

LRH: Go over it again.

PC: Get out of here.

LRH: Go over it again. Contact it.

PC: Get out of here.

LRH: Go over it again.

PC: Get out of here.

LRH: Go over it again.

PC: Get out of here. Get out of here. Get out of here. (chuckles) Get out of here.

LRH: Go over it again.

PC: Get out of here. Get out of here.

LRH: How do you feel while that sentence is being uttered? What kind of a voice would utter it?

PC: A doctor's voice.

LRH: A doctor's voice?

PC: Yes.

LRH: Go over it again. Get out of here.

PC: Get out of here.

LRH: Go over it again.

PC: Get out of here.

LRH: Let's go on over it again.

PC: Get out of here.

LRH: What's the next line? (pause) Is there an I don't know what happened to him there? (pause) Is there an I don't know what happened to him?

PC: I don't know what happened to him?

LRH: What happened to him?

PC: What happened to who?

LRH: You.

PC: To me? Get out of here, I don't know what's happened to me?

LRH: No, no. What I'm trying to find out is, is there something which is blocking the information?

PC: Oh.

LRH: A denyer.

PC: Yeah.

LRH: Is there something which says the incident didn't happen? That's what we're looking for. Now the somatic strip can go to anything which denies the incident exists, (pause) that tells you you shouldn't know about it, (pause) that tells you it's a secret. Anything of the sort. (pause)

PC: My breath.

LRH: (pause) Let's go over that. Contact the phrase that causes it. (pause) The phrase that causes it. (pause) When I count from one to five, you'll tell me the phrase that causes this shortness of breath. One-two-three-four-five (snap!). It will flash forward into your mind when I count to five. One-two-three four-five.(pause) What's the first thing that comes to your mind? (pause) Would it be a doctor saying it?

PC: Yeah.

LRH: All right. Now let's pretend you're the doctor there. You know what has happened to this fellow. Now what would you say at that moment? Let's shift valence into the doctor, now what would he be saying at this moment?

PC: At this particular moment?

LRH: Yah.

PC: Yeah, yeah, it seems to hare something to do with birth. It's in the delivery.

LRH: Okay. What's this got to do with the swimming accident at 18?

PC: I don't know. (chuckles) I've left that behind a long time ago.

LRH: Oh, yah?

PC: Yeah.

LRH: Okay. Do I seem to be running you on birth here?

PC: No, but it——.

LRH: All right. Let's go to basic-basic.

PC: It automatically happened . . .

LRH: Well, let's go to basic-basic.

PC: then the whole thing got changed.

LRH: All right. Let's go to basic-basic then. Early. Early. Early. Basic-basic. Early. Real early. Very early. Very early. (pause) Very early. What do you contact there very early?

PC: It's very black.

LRH: Hm-hm. What else are you contacting? (pause) Any feeling of discomfort here? Let's contact this earliest moment of discomfort that we can now touch, earliest moment of discomfort which we can now contact. Earliest moment of discomfort. (speaking very soothingly)

PC: Sort of floating. Ooh, heh, that feels good. (chuckles)

LRH: Okay. (pause) What can we contact here? (pause) What can we contact? (pause) Let's run the line That feels good.

PC: That feels good.

LRH: Go over it again.

PC: That feels good.

LRH: Go over it again.

PC: That feels good.

LRH: Let's contact the first moment it appears in the bank.

PC: That feels good.

LRH: Go over it again.

PC: That feels good.

LRH: Contact the first moment.

PC: That feels good.

LRH: All right. Let's contact the first moment.

PC: Feels good.

LRH: Let's contact it, first moment. That feels good what?

PC: That feels good.

LRH: How are you feeling?

PC: How do I feel?

LRH: Hm-hm.

PC: I still have a sort of a backstroking sensation as though I was floating on water, but the upper part of me was out of the water and I was resting on the water, floating.

LRH: All right. (pause) What do you get there? (pause; loud rumbling sound disturbs the session) Come up to present time. (pause) All right. Let's go over that sound, in present time, that you just heard. (finger snap; pause) That's right. Go over the sound in present time that you just heard. (pause) What do you hear? (finger snap) Do you hear a rumble?

PC: Oh, I thought you meant the match.

LRH: No. Let's hear that rumble.

PC: I can get the rumble too.

LRH: All right. Let's get the rumble. (pause) First moment of the rumble.

PC: It's going away. I had it a couple of times, about twice.

LRH: Hm-hm.

PC: And then I lost it but good.

LRH: Okay. Go over this, I lost it.

PC: I lost it.

LRH: Go over that again.

PC: I. lost it.

LRH: Go over it again.

PC: I. lost it.

LRH: Go over it again.

PC: I lost it.

LRH: Contact it.

PC: I lost it.

LRH: I lost it.

PC: I lost it. I lost it.

LRH: Contact it.

PC: I lost it.

LRH: Go over it again.

PC: I lost it.

LRH: Come up to present time. All the way. All right. How old are you?

PC: 27.

LRH: Is that right?

PC: Yeah.

LRH: Good. Canceled. Thank you very much.

PC: Thank you. You know, Ifeel like that ducking episode actually was run through somehow, and that there wasn't very much more to be gotten. There were no words associated with it. Somebody ducked me, and I got scared and then I came up, and coughed.

LRH: It might have been a key-out. Okay. Thanks a lot. The above is another technique of which you should take very careful note. If you cannot locate where the incident is which is holding the person on the track, don't start in with a person who is without sonic or visio at that moment and assume automatically that he is in present time, because very few people are.

Work the case, then, using very good sense. When you open up a case, don't be satisfied with feeding a person repeater technique endlessly. Repeater technique is good if you have a good idea of what you are trying to locate. But just shooting repeater technique at the person in an effort to get him down the track someplace is bad, because you can restimulate incident after incident.

In the above demonstration we were using repeater technique for one purpose only. The somatic strip was working very well; we knew there were certain kinds of phrases there that it would match, and we were fishing for something. There obviously was some kind of an incident there, but it had a bouncer which prevented the somatic being talked about. However, the incident said something about the fact that he was there. So he was held in the incident, but it bounced, so the somatic wasn't there. Therefore we wanted to come back into the 18 year old incident so that we could clear what was holding it. We wouldn't want to mess around with such a late incident unless we absolutely had to.

So, the idea is to get the patient unstuck and moving freely on the track. And then, if you can't find any incident, and if he is again stuck, get him moving freely by taking him to pleasure moments when he won. Now start turning on his perceptics, and make sure they are turned on well so that he is very sure he is there, which is worth a lot of work, because it means a lot to the case.

We were getting very spectacular results in the early part of Dianetics. Nearly everybody I worked had sonic and I didn't know why. It took me weeks of observation to find out. I was testing standard memory banks, l and I was testing them, case after case after case, dozens and dozens of them to find out how much a human being could retain in standard memory. By testing case after case I found that they could contain quantities of material that were absolutely impossible to compute, because even with 10 tithe 21st power binary digits of neurons with 1000 shots in each molecule, the human mind could be computed to have just enough memory storage to last a human being for 3 months and no more, if they recorded everything—and they do record everything.

So I didn't pay much attention to the theory because it didn't work. Therefore I was going up and down the track looking over standard banks very casually and in doing so I was just naturally stabilizing cases. I was stabilizing yesterday. When I stopped doing that I started having tough cases. I have recently discovered this by checking it back against the existing therapy. Something was being done which was not being accounted for. So in handling a

case, you want to take every single precaution to turn on all perceptics, not to merely run an incident and pile everything up on the track on that incident.

It doesn't matter how comfortable the patient is. That is beside the point. If you have got him in an incident where he keeps knocking in and out of birth and he is highly uncomfortable because of this, don't get upset. That may be a tough point of view to take (one makes him as comfortable as possible of course), but it is a secondary consideration to getting the engram. What you want to do primarily then is to turn on his feeling of reality of yesterday. This is not to make him comfortable, it is not to permit him to avoid engrams, it is just to contact the engrams. He has got to be able to contact them and he has got to be able to recognize the validity of them when he has contacted them, not because you as an auditor say they are valid, but because they are valid to him. That is of major importance in case opening, and the point I wished to stress in this lecture.

DIAGNOSTIC PROCEDURE

A lecture given on
14 June 1950

Indicators

This a short dissertation on diagnosis.

A formal diagnosis should be made on a patient. I shall go through the diagnostic procedures. Each person should have a casebook containing various headings which form the outline the auditor follows. An auditor will be able to tell then at a glance about how far the case has progressed. It is not absolutely vital that an auditor know what state the case is in, but this casebook gives him material for which he can search.

The first thing we want to know in any interview is whether or not a person has a foreign language background. The following is a demonstration of a case diagnosis, and I want you to take particular note of the headings.

LRH: Do you have a foreign language background of any kind?

PC: Possibly German, a very slight possibility. As far as I know, no. However, the possibility exists.

LRH: All right. (LRH is writing as he talks)

PC: It would be German if there is.

LRH: Yeah, it would be German. All right. Now have you ever had any shock therapy?

PC: No.

LRH: No shock therapy. By shock therapy I mean metrazole, insulin, electroshock machines. You've had none of these?

PC: None of those.

LRH: None of them? All right. The next one is hypnotism. Have you ever been hypnotized?

PC: No. It's been tried but it's been unsuccessful.

LRH: Hypnotism—tried but unsuccessful. Now, have you ever had a psychosis that you know of?

PC: No.

LRH: Have you ever had a severe neurosis that anyone has ever labeled?

PC: No.

LRH: All right, no neurosis. Have you ever been psychoanalyzed?

PC: No.

LRH: Have you any psychosomatic disorders?

PC: Yes.

LRH: What are your psychosomatic disorders?

PC: They appear to be a thyroid misfunction.

LRH: A thyroid misfunction?

PC: It has always reacted to standard thyroid treatment.

LRH: Uh-huh. Well, what else about your thyroid or glandular setup?

PC: As far as I know, that's all.

LRH: You're wearing glasses, what is your eyesight?

PC: I'm myopic in my right eye, slight astigmatism in the left. Right eye is 22/100.

LRH: 22/100?

PC: Yeah.

LRH: The right?

PC: Right.

LRH: And what's the left?

PC: It's probably something like about 20/30.

LRH: 20/30. And now what is your weight at the present time?

PC: About 145 lbs.

LRH: Your weight's 145 lbs. Your height?

PC: About fiue, seven and a half.

LRH: Height, 5 foot $7^{1}/_{2}$ inches. All right. Now, this is a very peculiar thing to ask you, but do you ever have any dramatizations? That is to say, do you ever get mad?

PC: Yes, quite frequently.

LRH: You get mad. All right. And what do you say when you get mad?

PC: Usually I can't think of anything to say.

LRH: All right. We note that data: "Usually I can't think of anything to say." You get speechless with anger as I understand it?

PC: Yes.

LRH: All right. Now, I want you to tell me what operations you have had.

PC: I had a tonsillectomy.

LRH: Tonsillectomy. What age?

PC: 5.

LRH: Okay. What else?

PC: Circumcision at 7.

LRH: Circumcision. Most people get embarassed about that. About 7?

PC: 7.

LRH: What else?

PC: Tooth extraction under gas.

LRH: Nitrous?

PC: I asked at the time and they just kind of smiled and didn't say anything.

LRH: Which tooth?

PC: Two wisdom teeth.

LRH: Two wisdom teeth.

PC: That's all under gas.

In various psychotherapies a person may have amytal. A person will ordinarily tell you yes or no, "I didn't have psychoanalysis, but I spent ten months under constant sodium amytal."

In actuality, a person who has had sodium amytal treatment day after day, three or four times a week, is rather heavily drugged, consistently. With a person who has an amytal background (that is to say, amytal massively), you can expect that what the therapist said to him is very liable to be lying there in the bank restimulating very, very thoroughly those hypnotic suggestions. Anything that is said to the person in narcosynthesis is very aberrative. A person gets delusions, there is a complication with it. So that is amytal.

PC: I've never had that.

LRH: Okay. Any others? How old were you when you had these two wisdom teeth extracted?

PC: That was just this summer. I was 24.

LRH: 24 years?

PC: 23, rather.

LRH: Okay. And what else have you had in the way of operations?

PC: No other operation.

LRH: No other operations that you know of?

PC: Let's see, I can guarantee that I....

LRH: You think you can guarantee it. Okay. Now what childhood illnesses have you had?

PC: Well, I had a severe illness lasting several months, it was a combination of whooping cough and chicken pox. Also about 5.

LRH: What was that? Whooping cough and what?

PC: Chicken pox.

LRH: Okay. Whooping cough, and chicken pox, 5 or 6. It surprised your Mama. How old were you?

PC: About 5.

LRH: In years?

PC: I was in kindergarten at the time.

LRH: Hm-hm. Was that before or after the tonsillectomy?

PC: That I don't know.

LRH: All right. Have you had anything like scarlet fever?

PC: No.

LRH: Measles?

PC: I've had measles. I've had every kind of measles and I've had some of them more than once.

LRH: Measles many times.

PC: I was never very severely sick.

LRH: All right. And what about scarlet fever?

PC: No scarlet fever. Pneumonia.

LRH: Pneumonia?

PC: Had a light attack of pneumonia, about 8.

LRH: Pneumonia, 8 years. What else?

PC: That's all, except for the flu occasionally or a light case of the grippe.

LRH: Now we'll take up accidents. What kind of accidents have you been in? Major accidents.

PC: I can't think of a single major accident.

LRH: No major accident, huh?

PC: No major accident.

LRH: And at the present time in therapy, how is your audio? (Make a list of these recalls.)

PC: How about war service?

LRH: Did you have any accidents in the war?

PC: No.

LRH: Okay. (All war service comes under terms of accidents.) Now let's make a list of these perceptics. Audio, how is your audio?

PC: I don't exactly know how to describe it. I have perceptions of what is being said but none of them have been clear.

LRH: Partial perception?

PC: Partial perception. Similar with visio.

LRH: Visio, partial.

PC: Varies a lot.

LRH: Pain?

PC: Practically nonexistent. I haven't had a really good solid somatic yet.

LRH: (pause) How about feeling? Tactile?

PC: Tactile? No tactile.

LRH: All right. Olfactory?

PC: I think as far as it exists, I haven't run across it in therapy yet.

LRH: Taste? Do you taste things in therapy?

PC: I haven't tasted them in—yes, I have. I tasted the iodine in something. It's fairly acute.

LRH: Has tasted iodine. Well, now, you say it's fairly acute, you mean you've tasted it more than once?

PC: I mean in therapy.

LRH: In therapy you tasted that iodine more than once?

PC: I've tasted—well, they swabbed my throat first with iodine and then with something that was different.

LRH: How old are you?

PC: (pause) 5. (laughs)

LRH: All right. There we've got the tonsillectomy.

PC: I was thinking about that at the time though.

LRH: (chuckles)

PC: All right.

LRH: (He's latched up.) Okay. The next is kinesthesia.

PC: That seems to be very acute.

LRH: Acute, huh? How about emotion? Emotion. Spilled any?

PC: Nope.

LRH: Okay. No. All right, time track mobility, are you moving on the track?

PC: I'm stuck right now.

LRH: How have you been moving on the track?

PC: Fairly well.

LRH: Fairly well. Exteriorization? Do you see any exteriors?

PC: What do you mean, see myself?

LRH: Yeah.

PC: Nope.

LRH: You're inside yourself?

PC: Yep.

LRH: (Exteriorization, that is to say, does he see himself in the scene or is he in himself.) Do you have prenatal visio?

PC: No, I have no prenatal visio.

LRH: How about occluded characters? Do you see everybody? Everybody that you've ever known?

PC: Well, yah.

LRH: You see Grandma, Grandpa?

PC: Yah.

LRH: You see everybody?

PC: There's a possible occlusion on a great-aunt.

LRH: Uh-huh. Possible occlusion, great-aunt. Okay.

Now the general observations of the case come after this, including the obituary, which is very important in a case. It is also very important when you are working a case to note in the patient's casebook when the thing was erased or reduced because it immediately tells the state of the case. A release of painful emotion in a case is utterly vital because painful emotion on a case must be released before you can say a person is a release. The primary way to get a release is by releasing painful emotion off a case. Releasing real painful emotion may produce some smiles, but there is seldom any false four, because that follows fear. So we follow this obituary very closely.

LRH: The first thing we want to know in the obituary is: Is your father alive?

PC: Yes.

LRH: (You write down "Father alive.") Mother?

PC: Mother's dead.

LRH: Mother's dead. Grandfather, maternal?

PC: Both grandfathers are alive. My paternal grandmother's dead.

LRH: Paternal?

PC: Paternal grandmother is dead.

LRH: Paternal grandmother is dead. Okay.

PC: My other grandmother's still living.

LRH: Is there charge on it?

PC: I (pause) I would expect so.

LRH: Anybody ever try to release it?

PC: Nope. How did you spot that?

LRH: What?

PC: What made you think there was charge on that?

LRH: I watched your eyes.

That's the value of a diagnosis. The auditor must observe the physical manifestations of the patient at all times. I mentioned father—no response. Paternal grandmother—automatic response. One can tell at once whether a person is agitated or not.

LRH: The next thing that we want to know is: Any aunts that are dead?

PC: No. Except the great-aunt.

LRH: Aunts, great-aunt. Anybody in the

PC: (coughing) I'm waiting for my greatgrandmothers.

LRH: We'll get to that in a moment. Any uncles who are dead?

PC: Yes.

LRH: What uncles?

PC: My paternal uncle.

LRH: Paternal.

PC: Died during the war.

LRH: Okay. Now your great-grandfather, maternal? Any great-grandfather?

PC: Three of my great-grandmothers were alive when I was born, and the other one died just shortly before I was born.

LRH: Three great-grandmothers . . .

PC: Alive when I was born. My greatgrandfathers....

LRH: I.. alive when you were born!

PC: Yeah.

LRH: Gee! (pause) And one died just before you were bom?

PC: One died just before I was born.

LRH: Oh, brother. Which one was that?

PC: That was my great-grandmother Harrison, maternal maternal.

LRH: That's maternal?

PC: Yes.

Watch those maternal grandmothers, because the maternal grandparents were the allies of Mama, ordinarily. Whereas Mama's mother was probably a villain, Mama's grandmother was a heroine as far as she was concerned. This is the ordinary course of events involving the skip of a generation. After all, this is not Grandmother's baby. Grandmother didn't have to go and deliver this baby. Grandmother may have been hell on wheels when she was a mother, but now she's old and feels placid and it's fine, and the children are lovely, particularly when somebody else has to take care of them most of the time. So she can come around to countermand Mama's orders and do a lot of things. At some point the little boy may be frightened and restimulated by his mother, and here is an ally, particularly where Grandmother or a greatgrandparent has been present rather consistently in illnesses.

The aberrative factors must occur in illnesses. We.don't care what she did as long as the child was feeling frisky and running around and enjoying life. She could have spoiled him, given him things, robbed him of his independence, done almost anything to him; but if she was present during those periods of illness, particularly if she was present at those times when Mama had decided the pregnancy should be no more, saying, "Please don't get rid of it. You shouldn't get rid of it, honest, Agnes, you mustn't get rid of it. Just give me your word you won't try to get rid of it anymore," you get the case running fairly well and all of a sudden one day he can't get rid of any engrams, which becomes very confusing. That type of sympathy engram is quite common and it very often stops the patient in his tracks.

PC: Double-check my paternal grandmother then, because she was a bedside consoler.

LRH: Okay. And one died just before birth.

Great-grandparents are usually very hard to find in the case because the great-grandparent is the ally of the parents, and if the child asks whether or not he ever knew his great-grandparents he is liable to be told, "Oh no, that was long before you were born." There is occlusion there and the parents misplace the death in time and so on. Of course, great-grandparents have a habit of dying off fairly early in the person's life. The death is actually occluded. The parent often doesn't remember when it is.

LRH: How about school and so forth?

PC: (mutters)

LRH: Okay. How about brothers and sisters?

PC: (murmurs response)

LRH: Any of them alive?

PC: All of them are.

LRH: Sisters and brothers all alive.

Now we come to pets. (Some of the doggonedest emotional releases I've ever gotten are off pets where the person is about 15 years old and the dog suddenly dies.)

The matter then is to locate the number of deaths you can find in the case.

That completes the interview with a patient, after which we start running the case in therapy.

What I have said in this lecture about reaching the painful emotion does not invalidate the statement made in earlier lectures that when one finds a patient very badly occluded, try to find the incident he is locked up in. Having gotten that incident, get him moving on his track freely. That is clever Dianetics; because you can keep on pounding the patient, getting him to give you more and more incidents of a painful nature, until you have just stacked his track up with "can't reduce" incidents and he will get more and more occluded.

One has to be particularly careful in handling a psychotic. It is very difficult to work a psychotic because there is not much rationality there to handle. They will work with you as far as they are able to do so, with as much as they have available to cooperate with you.

That doesn't invalidate getting the man to present time. Get him to present time at least, using everything you can lay your hands on.

In some cases you will find it necessary to tackle birth head-on. If birth is right there and waiting, you have got to run it from beginning to end, and keep on running it, and that birth will deintensify.

Here is an individual in the womb, and it is nice and warm, and everything is going along fine. Then suddenly the earth quakes and there are cramps and screams and things are happening and he gets knocked out, and he is ejected out into colder air—wet, warm, dry, cold. Simultaneously he has mucus in the nose and throat, and it is thought that this single engram is the genesis of most common colds. At least most people who have had birth deintensified, not erased but just completely deintensified leaving the prenatal bank untouched, don't have colds. It is probably bacteriological as well but the engram predisposes the person and lowers his resistance. Then we get the condition of a person who takes a warm shower, steps out into the cold, and thereby restimulates his birth.

In opening a case and testing someone for pain shut-offs, you may be running along very nicely with the preclear at the age of 21 where he has a cut finger and suddenly have him stall, at which point you can say, "Now let's go to the moment which makes it hard to reach this incident. The file clerk will give us the moment," and sometimes he will hand up birth. That birth is ready to be deintensified, after which the case will fly. The file clerk won't give you anything it can't deintensify.

When the mind returns down the track it gets a big shutdown. Part of the analyzer is hooked in with that engram at that moment, and the engram has a little tab on it that says "analyzer shut-off."

So we return the patient down the track and then the patient starts to "reason." Of course the moment he starts to think, he is thinking straight out of the engram he is in.

It is not true that a person in present time, wide awake, such as you are now, is talking out of his engrams, or that every one of his phrases will be an engramic phrase. That process of tasking a person with this unsettles him a great deal. The patient will finally get furious and try to explain, "All right. So I've got no words of my own. All I was trying to tell you is I'm tired. I am extremely fatigued. I have a great deal of lassitude," and he starts putting it up into

high-class words in order to convince you that he is not talking out of an engram. He wants to quit because he is worn out, or he is really trying to communicate something. A good auditor does not snap a patient out. He lets him talk even though he knows he is talking out of an engram.

The first thing in auditing is use your wits and discretion. Any time you find it necessary to violate anything but the Auditor's Code, by all means do so.

An engram very often will be tapped and have a bouncer, and when you try to go back against a bouncer the person doesn't bounce; but in about ten days that engram half reduced will have settled, and will then be more or less back in place. Anything approached in reverie if touched will settle eventually, and go back into a condition whereby it is unaberrative.

But if it was contacted in deep hypnosis or, through psychiatry, trying to reach a patient with narcosynthesis, anything hit in the case is going to go into restimulation, and when the narcosynthesis or deep hypnosis is over, something will be left in permanent restimulation.

If you don't like someone, don't try to give him a new engram, just throw him down below the level of awareness and restimulate what he already has, such as moments of unconsciousness. Those will stir up and stay stirred up. They do not settle. But using just plain Dianetic reverie, one merely tells the person to close his eyes, and go back down the track and find something. One can run a half hour, and even mess it up any way you want to and there would not be any future aberration out of it.

Sometime or other you are going to have a patient who will work in no other way but in deep trances. He closes his eyes and is instantly out of contact in deep trance, one of these natural hypnotic subjects.

Terminology can be handled very neatly with a patient who doesn't know Dianetics by saying to him, "Give me something that would make you stay in one place," for a holder; or, "Give me a set of words that would make you run away or go," for a bouncer, and you would get an answer from him.

I have even seen little children of 5 and 6 do something about it. I have worked on a little boy of 4, and I got quite an emotional blow-off too. His father had paddled him the week before, and he felt sad about the whole thing. We got rid of this and he felt a lot better—he told me so.

Normally if you look at the size of a reactive bank and the amount of content, and then you expect a child of even 10 or 12 years of age to handle that, the answer is no. When a man who is grown and fairly well developed with high analytical power can't touch this thing, and suddenly we take this little child with his case wide open, with full recalls, not heavily restimulated, and take him back down the track, it is just the same as throwing him out into the Roman arena.

A person's analytical power keeps on growing in a case evidently up to maybe his 20s.

I have done the following with children, and you can too. They fall down and get a bump, so you teach them the trick of returning over the area (which they will learn in a hurry). You only have to do this to them a couple of times. One little girl, for instance, had been returned over an area when she had been bumped a few times. Later her Papa gave her a little switching around the legs and she was overheard out on the back porch rubbing her legs and swearing quietly to herself and then going back over the engram again picking it up!

In this way you can clear out minor emotional charges. If the child has suffered a great deal of restimulation such as a recent death on the case, and you know that the emotional content of the prenatal bank is very heavy, you could try to get that death out. But you are liable to find yourself back in the prenatal area, into material that the child can't handle. The best thing

to do is just keep a child from getting restimulated. Limit therapy on a child to picking up little odds and ends. Make them happy, give it to them when you think they need it, stay as late in the case as possible, and above all don't get the case stirred up to a point where it will swamp the child with anything you suspect may be there.

Any prenatal bank is full of infamy. It is extremely embarrassing to try to run some little girl back into the coitus chain who doesn't know what on earth is going on. She only knows that she is uncomfortable. The words and actions are a complete mystery to her. She is flabbergasted. She will get it off by syllables. One particular little girl was going around asking people and wondering, "What on earth.... Now where have I been? What's been happening to me?" Seduction by father.

The patient who is in somebody else's valence should be returned to the earliest possible moment on the track to find an incident, and then told to get into their own valence. In other words just shift valences. Let them run out the dramatization of Mama's valence and Papa's valence in the early moments of the track which form the basic area—before the first missed period is the basic area—and shift them over to their own valence, deintensifying it, and they will run it then as themselves. After that it becomes increasingly easy to do so.

The other method of attack on this is to take the patient back to the moment when he is in valence as himself. A patient will go into these valences probably during therapy, but one will be very confounded sometimes to find a patient who has been working fine with sonic and visio and so forth who then goes into a restimulative environment. He comes in for therapy and you keep on working without checking his perception. Then one fine day you say, "Well, let's take a look at it," or, "Let's take a good close look."

"I can't."

"Well, when did your visio turn off?"

"Oh, it's been off for about two weeks." (They tend to get the idea that you are inside there with them looking and that you automatically know this.)

I worked one patient whose case was very wide open, and turned on the prenatal area with full sonic merely by saying, "Well, why don't you take a good listen."

So these are case openings, and diagnoses, and what to do about it.

Never come off an engram just because a person doesn't have full perceptics. Keep coaxing the person through an engram until you get another perceptic out of it somehow with phrases like, "Now let's see if we can get a tactile on this while running it," and so on. All of a sudden the engram may build up and, despite himself, the person may find himself with full recalls. That has happened. You can take a birth apart that way, and run out each perceptic at a time. So there is no excuse to leave a lot of the engram there, but you will have to sometimes.

An auditing error can sometimes occur because the auditor sees the preclear back along the track discharging the painful emotion, with the case going like wildfire, and out go the auditor's basics. It's all an auditor can do to keep up with it. He doesn't have to use his wits, he just has to sit there and ride.

Then all of a sudden the auditor gets a case which is badly occluded. Things are not too clear, and he will sit and watch one of these sad cases. The fact of the matter is that although it may take a while, it nevertheless opens. It may take 20 hours just to come down the line with any certainty and get the somatic run out and the engram reduced.

It is interesting how a violation can take place of the very best technique, such as the auditor repeating things that the preclear has said conversationally. It is quite all right if the preclear

says, “I’m caught,” you know he is going to have an engram that says, “I’m caught, I’m caught, oh God, I’m caught, I’m trapped, what do I do now?” And way afterwards the auditor says, “All right. Repeat, ‘I’m caught, I’m trapped, oh, my God, what do I do now?’ “ That is quite correct. The person is going toward the engram. It is deintensifying, he is looking for it, and they have both more or less agreed on the subject. But in another instance the preclear thinks that he is using his own mind and he says, “I can’t remember.”

“Oh, well, come on, let’s see if we can try.”

“I can’t remember,” the preclear says plaintively.

“Well, let’s just see if we can get something.”

“Well, I can’t remember.”

“All right. You can’t remember.”

If you do that, you will have the case explode right there, because you have repeated something that obviously is appearing in the bank. Only it is appearing in an engram which you are not going to have the capacity to handle, and it will key him in. It is part of his engram, but it isn’t necessary for you to tell him so at that point. Therefore don’t use it at best.

Many wives have developed a trick, and so have many husbands, particularly where there is a very unhappy relationship, of repeating back everything that the other person says. There is no surer method of driving a person off his hinges because, by repeating these things back, one is breaking the dramatization and restimulating the engram. He is driving the person out of a habitable valence.

For instance, let’s say the man is being Papa now, “I am the boss around here, I’m going to lay down the law. You’re going to do what I tell you.”

And his wife says, “Yes dear, yes dear. All right.”

But supposing she says, “All right. You’re the boss. All right. You’re the boss. You’re the boss. All right. You’re going to do everything around here,
you’re going to have the say around here, huh? You’re the boss. Okay. Okay. Okay. You’re the boss.” She is driving him straight out of this valence.

Now he may try to be Mama. “You have no business talking to me that way,” he says tearfully. But Mama is the secondary valence and as such is not quite survival.

So supposing this horrible thing happens to him. She says, “All right. You can’t talk to me that way.”

“All right. So I can’t talk to you that way, so I can’t talk to you that way,” he shouts antagonistically, descending into Baby’s valence now. And, boy, it was not safe to be a baby when that engram was going on. The first thing you know, this fellow has somehow or another gotten lumbago or sciatica, or a few other minor ailments, because one has ticked the engram while the analytical mind is attenuated.

This is not hypnotism by a long shot, although hypnotism is to a large degree based upon this mechanical plan. It is used entirely differently. But he goes back. The analyzer is shut down. Therefore its ejector mechanism of evaluating and throwing out material content is to some slight degree lowered.

If the person is looking for an incident, he knows this is a phrase out of the engram, and the preclear and the auditor have agreed that it is a phrase out of an engram, so they try to get to

the engram. The auditor can help the preclear repeat himself back into the engram by repeating it. But he must not engage in conversation about it thereby slapping a lock on top of it, because that would be against the preclear. Auditor plus preclear going against an engram is different.

However, the auditor should not act as the memory of the preclear Let patients remember their own pains. Another point is not to bait a person. It is not fair to take an engram out of the bank and then say, “Oh, you say that to me all the time. Now you see, you had an engram about it. I told you all the time you had an engram about it. But you didn’t believe me, but you did and there it was.” It will be impossible to get another engram out of this case until you have cleared that up. A case can really be slowed down by bad breaks in those areas.

The other crime that could be committed is when a husband and wife are working each other and he sends her back to dinner last night; and he knows very well that last night it was Joe Zilch who was sitting across the table and she keeps coming up with the fact that it was Mr. Smith. After they are all through he says, “You know, we’ve got to do something about your dub-in. You kept seeing Mr. Smith there and it was actually Zilch.”

Husbands and wives do not make the best auditing teams. If you have any doubts about carrying on a husband and wife team, don’t. But you should also know that many husbands and wives have carried each other successfully all the way through Dianetics.

That concludes this dissertation on diagnostic procedure, and its importance in the opening of cases.

SOUND AND ABERRATION

A lecture given on
15 June 1950

Carrier Waves

There have been some very interesting witch doctoring practices whereby the witch doctor chants and screams at the person phrases like, "You (scream) are (scream) a (scream) fox. You (scream) must (scream) be (scream) a (scream) fox," and so forth, with the finishing sentence, "You are now a fox and will always be a fox." Then he walks around the fellow, scatters some powder on his head, does some magical rigamarole and the person suddenly gets down on all fours and gives a "bark!" But the audience watching at an enormous distance away hasn't caught any of the implant words. That the person now gets down on his hands and knees and barks and runs off into the woods is proof enough he has been cursed by medicine.

I was very interested in this mechanism that appeared in some of the Hudson's Bay journals early in the 18th century. I also ran into some of this material in the West, where I met an old man who could scream so loudly he practically tore my ears off. I practiced it a few times.

Now that is merely an experiment on carrier waves. One has a wave occurring and then the word, and then a wave and the word, a wave and the word, which really affects the person on the receiving end.

Now when it comes to all of this material which is impinged upon the reactive mind by the volume of noise we find in this modern society, it is an interesting angle.

A person's level of health also affects his analyticall level. With bad health, the analytical level shuts down.

When you are working a psychotic, you will find that you are very often working with enormous sound volume. The sound volume that a psychotic, particularly a manic-depressive in full swing, can pick up is almost unbelievable. One wouldn't think that a human voice could make such a racket. If you haven't run into such a case, take even an incipient psychotic and you will understand what I mean.

If the person's analytical level is pretty low and you take them back to an incident, you will find them going through the valences in the incident. Now they are Mama, and now they are Papa, and you will find them talking in the voices of Mama and Papa too. You may also find that if you run into such a thing as birth, the psychotic will be screaming Mama's screams, with enormous volume. This to an auditor is very, very uncomfortable. The case can be further complicated by this.

Let us say this auditor has his own birth still in place, he is now hearing a woman's screams of birth. Possibly his own birth contained screams. As a result he gets a full blast, containing not only the analytical shutdown effect of the carrier wave, but also the restimulation of his own birth engram, and he can just about be knocked apart at the seams.

Further, there seems to be a strange phenomenon with regard to the impact of emotion. Without getting supernatural, it's almost as if there is an actual radiation occurring, although there is no real proof of this. Some of these things are merely observations. But it is as though you get waves of terror emotion coming off people quite in addition to the restimulation involved in the engrams. That, too, can serve to shake a man up. Therefore it is inadvisable to handle a screaming psychotic until one is very well on the road to clear. Even at this time, I myself will not take on a psychotic when I can possibly avoid it who is of the loud volume

type, because I find out that I have to sit down and run myself through the session afterwards to turn my analyzer back on.

The words will be caught up in the midst of the screams and the yells. It is nothing, of course, when you are working on a psychotic for him to suddenly spring up or hit you or startle you. So you are always on the qui vive. You have got tension toward this psychotic and although he may work very quietly for a while he may suddenly switch into another valence and leap up.

The auditor's awareness wearies. It is not true that attention would do so, but the tension has his endocrine system set up so that it could be triggered. He is continually ready to be scared and to rebuff this patient's attack on him.

However, if the auditor is clever with a psychotic, he can switch him into valence, rapidly. Just repeat what the psychotic is saying in some other valence and the psychotic will switch over to a wilder one. Repeat what he is saying in the wild valence, and the person will sometimes go over to a mild valence. Then such a person will also make irrational requests of the auditor such as, "Now if you'll say 'I want you to,' I will do it." And the auditor of course says, "Yes, I want you to repeat this." On the working of psychotics, you just agree with them. You are extremely agreeable about the whole thing. One keeps on working calmly and mildly. About 10 minutes out of an hour is effective with a psychotic. If you are working a nymphomaniac, she may be all over you, and you just get her back on the couch and get a few more repeats.

The only advantage to a psychotic usually is that he or she is talking exclusively out of the engrams in which he or she is held. He or she is going through the same valences.

So, all the auditor has to do is make a list of the phrases that the psychotic is uttering, and take those phrases he has uttered which are holders, or which are things that would press him back down the track, and just have him repeat them, because he is already there. But psychotics are not good people to work, and don't try to work them under sedation when you can use stimulants such as coffee, or Benzedrine.

I am referring to institutionalized psychotics here, but I am telling you because sooner or later in your auditing career somebody is going to take you by the nape of the neck and have you come over and see Aunt Bessie. You are going to walk into the back bedroom, and there you are going to find Aunt Bessie who is a screaming psychotic. Or at least she appears so the instant you start her back down the track. The person is so close to going off that they go off during therapy.

The reason I'm telling you about carrier waves and analytical shutdowns is to help you in the first stages of your auditing to keep people from restimulating to a greater degree. When your case is first opened, and you still have a great deal in the bank, be a little bit careful on the subject of loud cases and you will get along. That doesn't mean that you are not going to work people who have loud engrams; however, the volume is nowhere like that of a psychotic. Psychotics should be left until you are very well along both in clearing and in auditing experience, because they are dynamite. But you know how to detect a tough case.

Now if you as an auditor get too restimulated by a case before you are clear—and it just seems to be the moment there, not an earlier moment on the track, just the session—keep working with a team partner and this session will deintensify fairly rapidly. You can clip it out as a lock. But this is only when they are very severe, and you can't immediately find their source. You have gotten one keyed in—key it out. As far as the usual run of neurotic patients is concerned, you are going to get plenty of restimulators. In auditing even normal people you will get restimulated. There are a lot of so-called normal people who are expressing enormous amounts of shut-off.

So this matter of restimulation in Dianetics is technically solvable. It wasn't in psychoanalysis, psychology or psychiatry because they were not getting at the cause. They were getting things restimulated, and the mechanism was relatively unknown. As a result you had the unhappy picture of many people working in the field of the mind who would eventually wind up in institutions themselves.

There is another caution about auditing psychotics. Don't audit them when you are tired, or if you are exhausted, or feel a little sick. That will be hard to do sometimes because somebody will be hanging around your neck saying, "Well, I just know that I finally contacted that ally," and so on. But it doesn't work. Start auditing people at 2 and 3 o'clock in the morning, and two things are going to happen:

1. You yourself will be tired and will have analytical shut-offs. Stop at 9:30 or 10.

2. You are liable to get the patient into a spot where, due to his own weariness, he has insufficient energy to overcome the engramic commands and he may go straight into a flat spin. He may get to a point where he is exhausted and will sit in the engram out of present time, and two or three days will have to elapse before this thing wears off on him. You are not going to hurt him any by this, but it should be avoided if possible.

Another factor that an auditor should be very well aware of is that when a psychotic is very weary, an added psychosis can enter in which will give a very wild state of affairs. So, if possible, he should be worked when he is well rested. Furthermore, on the subject of working patients you may find that working a patient at 8 o'clock may be much better than working him at 10 o'clock. Or it may be very easy to audit a patient in the afternoon, but very difficult to audit him in the morning.

If the patient has one of these time mechanisms he gets upset at certain times of the day, such as 10:30 at night, and you can occasionally detect that Papa and Mama went to bed around that time. So the time clock on the coitus engram or on the mutual AA engram which occurred at 10:30 very definitely states, "Oh, this is a bad time of day." If you throw the patient into an engram which agrees with the time and he is upset about it, this is of no great therapeutic value.

Most people have a low period about 2 o'clock in the morning according to some opinions I have read, and as far as I'm concerned these opinions are scientifically unsound. I have also heard the opinion that more people die at 2 o'clock in the morning than any other time of the day. There may be some truth in it. I have never tested it or seen any statistics.

I have found that at 2 and 3 o'clock in the morning, a patient can very often be thrown into a very bad engram which may be good, but it also may be bad. It all depends on how much of a risk you want to take with this patient. If you want to work him at 2 or 3 o'clock in the morning when he is pretty tired and his physical energy is low, in the hope of breaking his manic, you possibly may be able to accomplish something. However, it isn't a method that I would recommend.

The road from psychotic to neurotic is usually very short compared to the road from neurotic to normal.

Usually a release is up above a normal and has all the painful emotion off the case. But just pegging normal roughly and loosely at that release line, we can take off from there and go to clear.

Clear is actually a very fantastic height. It is utterly unappreciated. This is no sales talk, it is something you have to know. The number of engrams that a human being can contain in his reactive bank and still stay sane gives one nothing but the most profound admiration for the ability of the human mind's fundamental state. It is enormous. You can count on 200-400

prenatals in a neurotic subject. Afterwards in life there are just scores and scores of incidents, lots of them hidden. It is unfortunate that there is such a problem, and that the physical structure of the zygote, embryo and fetus is so tender that injury is evidently very easy to receive.

At the beginning of the case you are going to be lucky if you are able to do anything very thorough with it. But as the case progresses you will find you are getting maybe two or three incidents which were hitherto out of sight. When the case gets on up to the normal level, you can hit four or five or six incidents, and when you get him about halfway between normal and clear you will be able to start running incidents at the rate of fifteen, twenty, thirty, and so on. Now, the distance from normal up to the point I've just made is not a short one.

As the case progresses and you have got basic-basic out and the case is behaving properly and you are getting all the perceptics in engrams, incidents will start to erase on one recounting. For instance, you say, "Now contact the next earliest moment of pain."

"Yes."

"Is there an emotional charge?"

"Well, yes, I lost my dog."

And you remember working this thing for two full days, at the beginning of the case, when it was really sealed in, with the patient saying, "Yes, I lost my dog, gee, I felt bad." And the doctor was saying; "Well, he'll never come back, poor dog," and sympathizing with the little boy and so on. Now you go back over the incident again, and he says, "What dog?" Incidents disappear as you come up the home stretch to clear.

One doesn't try to do it by rote, but you will find that a patient will start to run a scale on you. Let's take the words "My mind is unhinged." Well, this thing has been missing out of every engram that has ever appeared up and down the whole case for a matter of a thousand hours (and you can count on a bad, stuck case taking a thousand hours to clear). The person is just coming in toward clear and all of a sudden the most remarkable thing happens. You start to get a situation where a phrase appearing in a late nitrous oxide dental incident which you thought you had erased reappears such as, "He won't unhinge his jaw." The word "unhinge" is sticky. One can bat it down, but it comes back up again three days later; and you find that the word "unhinge" goes all the way down to the bottom of the bank in the basic area where it has been omitted because it was locked up in this nitrous oxide incident up at the top. Going over this, you find "unhinged," "My mind is unhinged," "You are unhinging my mind," and so forth. By running a scale on the word "unhinged" all the way up through the bank with the phrases that go with it, you will find out that you are clipping engrams which you have clipped before and are going through engrams that you thought were erased. But they were not erased, they were merely phrased with the word "hinge." It will take you about two sessions to run such a scale as it may appear in the bank a couple of hundred times.

The engram bank is a very nasty, tangled mess whereby all of the engrams are interlaced, and cross one another like a big log jam. What you are looking for at the beginning of the case is the key log. When you finally put your hands on that and give it a yank, the jam untangles and can be run off. Now you have to look for the next few, and soon you have got it to a point where all you have got to do is just take a preview back over the logs and they roll easily. But you have still got to look, and there is no predicting, at least by any method I know of at this time, whether it is going to be easy or not.

Basic-basic will always erase if you get your hands on it, always. Get a person in the basic area, flip him into his own valence, make sure he is in his own valence, and he will get sonic, tactile, and everything else. If it was supposed to be basic-basic, and getting the unconsciousness off didn't erase it, it means that there is an earlier basic which is interlocked with it someplace. Go on and erase the case, and one fine day he will suddenly find an

engram that just doesn't blow. Start looking for why this one doesn't lift, and one comes up with a new basic-basic all the way down at the bottom. This time you can start to get unconsciousness off the case.

Most of our researches right in present time are directed toward taking the glue out of such incidents. If we could take the glue out biochemically, it would simplify things.

There is glue in there that glues down the engrams and if the glue can be shaken on a biochemical basis, pulling up engrams, it would still require art; but you might be able to erase a case just exactly as if you were running the scale, and you would know what you were looking at. Then you could say, "Give me the subject," and get it right then.

The glue in the case is unconsciousness. This is the business and art of Dianetic auditing, the art of application.

Clear goes a very long distance. You are going to be absolutely amazed sometimes at how long it is going to take. You might as well face it. There is no predicting what is in the bank. Even when a person starts to feel a lot better, he still worries about his therapy occasionally. But just keep him going. It's something like beating the altitude record about every 20 days.

I introduce this for two reasons:

1. You are going to get growls. Allow for the fact that the fellow has come to see you for five days and is not clear, and he may snarl about this.

2. A patient never looks back at the pain in the incident that is gone. You may have someone in therapy for three months. At the end of that three months he looks fine. He is doing well and he has erased many engrams. And you say, "Let's look back at last August. How do you feel about that now?"

"Well, let's take a look. Yes, as a matter of fact I couldn't work, dead most of the time and so forth. But you know, I think we ought to be getting back to these flu engrams. I've been worried about that. I'm sure that is the reason why...." You just cannot get him interested in his past improvement, because it is on the basis of negative gain.

He may mention it some day, and say, "Well, I haven't had any ache in my shoulders for the last six to eight months since you deintensified birth, and I am very grateful for that. By the way, I have a leg pain." Negative gains—because the aberration and the worry about the pain in his shoulder have gone simultaneously, creating an illusion to the effect that it wasn't there. The locks are removed.

Another thing you will notice is that you will have a very hard time carrying very many patients through to clear. You just haven't got the time. Therefore you should content yourself with a psychotic to boost him to a neurotic state, someplace above normal, and then turn him loose. He will have transferred ordinarily for the first many hours of therapy. You get the phenomenon of transference in Dianetics.

When a person starts to stand on his own two feet (I always use that as a rough rule of thumb), this person is a release. He is no longer calling you up at 2 o'clock in the morning to ask you whether or not he should blow his nose. He is making decisions by himself, not because he has been told to, but because he is now becoming more and more self-determined. That is the side nature of recovery—the self-determined characteristic.

That is a very rough rule of thumb test, because you will also run up against patients who have a neglect mechanism at work. Don't ever mistake self-determinism for a good neglect mechanism. You may have patients who just will not confront the fact that they should get rid of their psoriasis and their boils and so on. "Oh, well, I've been getting along all right," they say, while in actual fact they are getting fired every two weeks from another job and their

child is unhappy and the wife is in bad shape and so on. All of these things still don't demonstrate to them that their life is a long way from happy. There you have a tough case because you can't interest this case in his own difficulties, and there is no reason to try to foist off these difficulties on him either.

In the field you will find men who are trying to work their wives. Women, I have found, have more neglect attitudes than men do on the whole, although that is a generality which is very dangerous to assume.

You will find some man who wants to get along in life. You treat him and he feels fine. He is thinking on all 12 cylinders and his life is looking a lot brighter to him and so on. The only trouble that he is running into is his wife. He will suddenly insist that his wife has some treatment. He may not feel qualified to treat her, and there may be lots of reasons why he should not, such as the fact that they quarrel a lot.

You will find yourself, whether you like it or not, with some of these neglect cases on your hands. They are sloppy to work, but with patience they too can be cleared.

CLEARS IN THIS SOCIETY

A lecture given on
15 June 1950

Ability

The question has been raised of how clears will affect our cultural pattern.

I would hate to go out on the line because I'm not a prophet. I know my slide rules, and my symbolic logics. Let it rest right about there. But there are some very strange angles on all of this, it's a very interesting subject. I find that the clear, however, is extremely interested in his fellow man and that he has validated the initial premise of the fourth dynamic,1 the mankind dynamic, and the third dynamic too, in that he finds that although he himself is clear, he is forced to live in an aberrated social culture. So he starts to work on it. He is an interesting man to have around because he wouldn't think that the best thing to do with a criminal was to throw him in jail and then let him get good and sour on society and then release him so that he will rob another bank and then put him back in jail again. He will see that that is idiotic. He is thinking more clearly. And he is liable to become quite impatient with the situations of people. Clears also have a tendency to pretty well stick together.

It is difficult to count the exact number of clears to date. There is a matter of scientific honesty, and the honesty amounts to this: One has to be very careful to delete all variables. Someone could have been told that he is now Superman. This might be sitting squarely on a manic, and he goes around and acts this way. Here is suggestion entering into the situation. What is the status of the clear? If it was outlined for someone before he himself went clear this would upset the entire observation. These people are brought up to a level where there are obviously no more engrams, and the difference in their appearance, ability, energy and so on is quite marked.

However, the series on this is going to be disturbed by current information on Dianetics. It means that I can't make a check back on these clears in two or three years without finding that many of these people have gotten hold of the Handbook, and are now thoroughly convinced that they are supermen because they have suddenly found out that they are clears in this society. That is going to upset the series. I wanted, if I could possibly get it, a ten year period of observation on this entire group of people, and they are scattered all over the place.

So, every once in a while somebody, following his scientific methods and so forth, rushes in on me and says, "Well, give me the addresses of some of these clears." In the first place it would be against my ethics to throw these people to the lions, which is what I would be doing, and furthermore it would upset (by suggestion and so forth) the whole observation.

It would be like the gentleman I was talking to the other day who was begging me to do something to him that I knew would utterly unsettle his rather unstable mind. Then he refused to have anything further to do with me because I wouldn't do it. A remarkable state of affairs. So he tells people I am unsclenblIlC.

But how about being ethical? You don't put hand grenades into the hands of the aborigines and say, well, just because they don't know that these hand grenades are going to go off when you pull the pin it absolves one of responsibility, because it definitely does not.

A very bad situation could occur whereby some psychotics hear about Dianetics, who have the word "clear" in their banks, and who are then going to tell you and their neighbors and everybody else that they are natural clears. Or after you have worked on them for five hours they are going to go around screaming that they are clears and go into a complete manic state on the subject, just because they know of the existence of Dianetics and have heard of a clear. I have already heard from about three people who have told me very solemnly that they have

discovered that they were natural clears, but that they were perfectly willing to have me associate with them.

This is an aberrated society, and there is going to be a lot of aberrated reaction to Dianetics.

On a neglect engram pattern you will find out that the patient will gradually recover interest, because his interest in life is what has flagged, his interest in himself. What has happened to him is that he is smashed on dynamic one. 1 That is his blocked dynamic. In view of the fact that he can't consider himself anymore, he computes therefore that he must neglect it.

Now, as the engrams erase, he begins to pick up an interest in his own health, appearance and so on. The person who invented the idea of selfabnegation (the very heart and soul of engrams) was an aberree2 to end all aberrees. Because once you block the first dynamic, once its vitalness is interrupted, a man is murdered. This society specializes in knocking dynamic one flat. One cannot say anything, or be proud of having done or discovered something and so on. Recently I saw a beautiful little girl in Washington, and I said, "My, aren't you a pretty little girl," and her face brightened right up.

Her mother immediately said, "Well, she isn't as ugly as she might be," whereupon the child's stature visibly decreased.

I said, "What's the matter with you? Are you trying to break the kid's heart?"

"Well," she said, "you know it's not good for the child. Demonstrate too much love and too much affection and that sort of thing to children and it will warp their minds."

In any such activity, by blocking the first dynamic you are heading a person toward a bad break and toward neglect engrams. It would include phrases such as: "You're nobody." "You're no good." "You'll never amount to anything." "Why try? There's nothing we can do about it anyway." "I'm just content the way I am."

Another computation enters in there concerning manic-depressives. Everybody has got a few manics in his bank, but there are a few manicdepressives who have a cover-up mechanism whereby they cover up the aberration because they feel that the ally will leave them if they get well. For instance, Grandma has told the little boy who is unconscious with a bad case of measles, "I will stay here as long as you are sick, dear," which would affect the computation remarkably.

But the neglect engram case is bad to handle, just like an "I don't know" case. There is no tougher engram pattern than "I don't know." "I don't know but I think I will have something to eat." "I don't know but I think it's going to rain today." "I don't know but I'm tired." You have heard people who use this phrase over and over and over, and it really shatters certainty. This is nothing very highly technical which you didn't know before.

We are discussing here the business of being cleared before one starts to audit. It is not desirable to wait that length of time and to place everything upon the goal of being cleared. It has been my experience that those people who hang all the decisions and future patterns of their life on the proposition "After I am cleared, I will. . ." have laid aside responsibility. They have postponed it, and made the future contingent upon that one fact. They have placed and weighted the process of being cleared with the future responsibility in its place, and in such a way they will actually slow up the process. They will stop working as well as they should and will come up with dizzy statements such as, "Let's see if we can't find the time that Papa hung me in the well," when Papa never did hang him in the well. They are doing an actual computation to slow down the process of being cleared.

So don't hang anything on being cleared, not even auditing, and don't let a patient do it either. Practically every one of them does. "I'm waiting until I am cleared so that . . ." But they still have engrams that tell them they don't dare do that. So being cleared becomes

justified thought. In the case of professional auditing, if someone were to hang up the whole thing on the basis of "When I am cleared, I will . . ." they could go on at it for ages and in most cases will slow down.

So, just assume automatically, "I will be cleared someday given time and auditors around me." The main problem is one's actions and activities in life. One finds out that with a knowledge of the actions of engrams and the human mind, that alone tends to make one a lot more able.

As you work with people and become more and more expert, your own thinking processes experience a speed-up, which is a contributing factor. You won't find anybody restimulating you to any great degree unless you are trying to work exclusively with psychotics. That is one thing I wouldn't wish on a dog. The institutional psychiatrist has my every sympathy. That is why right now I am grinding down the basis of rendering a patient accessible and tractable for a period of therapy. By doing this we can save them an enormous amount of time. They have lots of people in institutions right now that if they just touched the cases they would get enough emotional discharge so that they could release at least 50 percent of them tomorrow.

CASE FACTORS

A lecture given on
15 June 1950

Paralleling the Mind

We have to have some quick method of handling inaccessible institutionalized cases which doesn't hang around the neck of the auditor. One of the reasons I'm cautioning you against the very impractical, strange case of the psychotic as any kind of a steady diet is the fact that the probability is that the problem will eventually be solved. Meanwhile there is no reason to take any beating on the subject.

Narcosynthesis is not a good answer because one is liable to restimulate late moments of unconsciousness and worsen the psychosis, which is not too hard to do. But sometimes an effort to hypnotize the patient, even a neurotic patient, will bird dog right to the engram in which he is. One is trying to press him down toward this engram, not to.hypnotize him, and all of a sudden, bang! the engram is there in full view. You can use a flashing light, a Charcot mirrors or something similar to produce the same effect on a patient.

Nitrous oxide has a restimulative factor whenever there have been nitrous oxide operations. It is very restimulative to people, and it has a slightly sweetish odor which the body recognizes instantly. In using nitrous oxide, if they used a different type of face mask it might be less restimulative, because the odor is the smell of stale rubber, and that odor is more restimulative than the odor of the gas.

The series I ran on nitrous oxide cases and the use of nitrous oxide was only three, and was all on normals, so I don't call it a series or even a test. But I did find that in each case it was restimulative.

Leave soporifics strictly alone. That includes phenobarbital or any such substance. If you get a headache, Bromo-Seltzer isn't too bad, it wears off rather rapidly. We do know that it will shut down some of the headache, but just the same the headache is still there. Aspirin would be better, but to turn down the analytical level and then go ahead and audit is a very bad idea, and the soporific has a tendency to do just that.

With a so-called hypnotic its possible action is to disconnect some of the more or less "permanent" actions in the mind so that differentiation is therefore better, and the person can evidently think a little better. But he pays for it heavily in that it permits locks to be received by himself in the form of other people's engrams. He could get more thoroughly restimulated in trying to come off a soporific. I know because I made myself a guinea pig on one of those experiments, and trying to get off the soporific was a tough job. Completely aside from the physiological reaction, when one suddenly ceases to take phenobarbital one gets the kick-in of the locks. It is like hypnotizing a person, and giving him a positive suggestion, then waking him up. Here he has been listening for ten hours a day to engrams, engrams, engrams, and for a few days he doesn't know whether he's going or coming or walking around the block. That's pretty gruesome.

If you have to grab hold of anything, grab hold of Benzedrine, if you feel the energy skipping. Benzedrine doesn't shut down the analyzer. Just what it does we are not quite sure, but it seems to have the opposite effect, and if you are a very smart auditor you will not throw away the advantages of the power of suggestion completely.

Suggestion does have its uses when it is controlled and one knows what one is doing. I am not now talking about hypnotic suggestion, I am talking about just the simple matter of cheering somebody up and a good bedside manner and so on.

It is said in the Handbook that as a stimulant Benzedrine helps blow emotional charges. This is true. But from Smith, Kline and French you can get Benzedrine blanks which look exactly like the Benzedrine tablet, more or less triangular, with a crease down the center. Give the patient a Benzedrine run. If you feel that it doesn't produce any marked effect on him the first time you give him a run with it, there is no reason to have him in a physiological state of nervousness because of the reaction of it. If he says, "Oh, I need Benzedrine, Benzedrine will blow that charge," and he believes this will take place, feed him the blanks, and give him runs on blanks. You will very often get better results than if you were actually feeding him the drug.

This sometimes handles fibrillations of the muscles when one hasn't got the faintest idea of what is causing them, because actually they could be a neurological derangement of some sort. It could be some physiological factor, and not enough work has been done at this time to separate out which is which.

There are certainly some physiological manifestations which are not psychosomatic in the field of fibrillations alone. We don't know. So it's better to take a cheerful attitude about it and say, "Well, if it's psychosomatic, it's psychosomatic and we'll get rid of it. But if it's not psychosomatic, why, it's not psychosomatic. But we'll get rid of a lot of engrams and that will make you feel better anyway. So what are you worrying about?"

Another attitude is one of calm with regard to a patient. If he sees you start worrying, he is liable to go way off the level. Some patients, even today, will give me a tremendous jolt if they suddenly explode (after sitting there very calmly running something in a highly orderly fashion) and fly off the couch onto the floor and roll around manifesting a convulsion.

It still gets my eyes going a bit wide and I say, "Well, now, that's fine, now let's go over it again," meanwhile I'm thinking, "I hope this thing isn't in the middle of the bank, I hope I can deintensify it. I don't know what I'll do to get my hands on this thing, and whether we can pick up anything."

However, my experience has been that I could always deintensify an incident regardless of where it was, and anything that violent will discharge.

You get someone going through an incident where he was actually in a convulsive state, an epileptiform seizure, and that person will be in the foulest shape that a man can possibly be in. Run it. And just keep running it. The thing will settle one way or the other. It will deintensify.

Don't do what a poor gentleman's girlfriend is currently doing to him. She is putting him back into a convulsive incident. There are no words there. She is not trying to guess any words there. She is not using any repeater technique. He is running on non-sonic, and all she has done is start him in at the beginning of the incident and then let him have a convulsion. Then after he has had a few convulsions, why, she brings him up to present time. Of course he keeps on having these convulsions. That is not going to deintensify. He isn't getting any perceptic out of it at all, and he said, "I am beginning to feel very irritable with people."

Well, what could be in the girl's mind? He also said to me, "What good would it do to just do teamwork in the Foundation? I might as well do it at home." Here he is being punished to within an inch of his life practically every time he goes into therapy, yet at the Foundation his case will be handled, his auditor will be trained, and supervised with relationship to his case particularly, and the thing will be gotten running. He will learn what to do about these things. But there we have two babes in the woods where Dianetics is concerned.

Don't ever do that. If you run someone into an engram where they are shaking all over, make them get the content out of the thing, hammer in when you get these quivers and convulsions. I have never had one of these cases fail to deintensify. Somewhere down in the early area the case should start to break on the unconsciousness. Then after a few more convulsions in the

early area, these should just cease to exist on the rest of the case. In a migraine headache band you may have 200 incidents and you get off maybe 15 of them in the early part of the basic area, after which the person just gets a slight headache, and the headaches get slighter and slighter as you go on. Convulsions can be a standard engramic pattern. After all, there are five kinds of orgasms a woman has and she might have a very convulsive type of orgasm, quite in addition to the fact that the shivers and shakes which she would then transmit might be very heavily laid in with verbal content; together with the fact that the preclear himself might have an engram at that point.

You will notice that as you watch people, those things with which they become most concerned in therapy are those things which you will generally find lie closest to the surface.

Dianetics improves when it parallels the mind closely in its actions. For example, if a man is worried, if his whole manifestation is "I am not sure and I don't know," it may sound like a dirty trick and just an effort to invalidate his doubt or skepticism, but if you have worked a few of these cases, you will suddenly find yourself slugging into a bank wherein Mama or Papa was never sure.

So go into the case for what it is manifesting, not for an aberration or a psychosomatic illness, although a chronic psychosomatic illness may lead you straight to the sympathy engram because it is held there by the real factor of sympathy.

Most sympathy engrams have a foundation in the prenatal area. Somebody felt sorry for the baby in the prenatal area, not just for Mama. It is highly personalized. The worst case that you can imagine, of course, would be one where Grandma was living with the parents, and Grandma saved the baby's life. It was because of Grandma that the baby got born, and Grandma had many rows with Mama concerning how much care she was to take of this baby. The baby was in pain, and both Mama and Papa were hostile to the baby. Then, postnatally, Grandma has some kind of a "you'll forget it" mechanism. Then every time she kisses the little boy after he hurts his head or gets sick she has a lot of supersympathy going into him with highly engramic content.

When this case eventually turns up in your hands, it will have a terrible set of psychosomatics. You can depend on it. It is not necessarily true that the case which has bad psychosomatics is always this case, but if this engram pattern exists you can be certain of it. You may get it in conscious recall from the person to some degree.

So that if a person has lots of psychosomatic illnesses and in answer to the question "How much do you remember of your youth?" he counts back and can remember 12 incidents up to the age of 16, start searching around to find out who was around him. It is usually one of these big, super ally computations together with antagonistic parents who didn't want the child. It goes clear on down to the bottom of the prenatal bank, so the despair charges on that case are just like exploding firecrackers when you finally get them running. They are all up and down the case.

Such a case as I demonstrated in a previous lecture where the person was very argumentative, very skeptical, he could not believe, and so forth, whose eyes were all twisted inwards, who had the prenatal hunch to his shoulders, and who is traveling along in a chronic manic—that man is an incipient psychotic.

I was a little bit disturbed that they screened him through onto the course. But apparently it was one of these jerry-rig affairs whereby his colleague, who is going to work for a psychoanalyst practicing Dianetics in New York, wanted a partner for the course and somehow they argued it in.

I did not really let my eye light on that case until last night, at which moment I realized that his presence in the five teams that will make up his section is going to cause a contagion. He is likely to catch somebody just after he has come up to present time and is still a little bit

groggy, having just been through hell and high water, and he's going to start pounding him with this and that and hammering away. He is talking straight out of engrams himself, so he is going to restimulate the cases around.

You could look at a case like that and say, "Aha! Probably two grandmothers and one grandfather and a couple of aunts and great-aunts, and Papa and Mama AAing like mad, with maybe a mother's lover in the case, and just strictly a mess from beginning to end."

To handle such a case, I would put him on Benzedrine, and go back over the case and start picking up the deaths and emotional discharges; and I would start knocking out allies and try, watching his manifestations, to pick up and blow the content of his chronic manic. Because it would have to be done, rapidly, at which point his false stature would go down and then as it came back up again it would be more rational.

The way to ease a chronic manic would be by looking at what the patient considers himself pretty good at, that he talks a lot about and brags about, his relationships and so on. He would use certain phrases, describing himself. You will find out that one or two of those phrases will trickle out, and you will be able to pick out, just by observation, the number of times he is using the phrase "I'm the strongest man in the world," or "I'm the brightest man in the world." Or he will use the phrase surreptitiously, such as, "Well, somebody thinks he's the brightest man in the world." It would be along in that line. So you finally isolate it and say, "He is probably the brightest man in the world," and this will be a big compliment.

The underlying engram would be something on the order of Mama has been AAing him and he is all full of holes, and Grandma comes in and says, "You know you shouldn't touch that dear little child that you have got inside of you; after all, it's a part of you," which misidentifies him instantly. Then she carries on, "He might grow up to be the brightest man in the world," and establishes the manic right there.

But hold the case down and keep knocking it full of holes. It is very dangerous when a case is in a high gear situation. Unload the painful emotion off the case before you tackle that manic. The major problem in handling such a case is that he is held in a manic. You are going to be operating every incident you get your hands on out of that manic in which he is. So it is a complex attitude that the case is manifesting. You are liable to upset the case to a point where he won't work with you, because you are going after his heart's blood, and it will probably have in it something like, "You can't get rid of it, you don't dare get rid of this. After all, I would just die with shame." If a person is caught in an engram, remember that the engram has such a link (and although this is supported by scientific observation it may not be the whole theory by a long ways).

For instance, here is someone who has nitrous oxide, and the dentist has been very nice to him and the nurse has been highly complimentary to him, but the other technician has been highly antagonistic toward him, and this is the technician that has been working on him. So on one hand there are people standing up for him and saying nice things about him, but on the other hand this one person doesn't believe it.

Now, as the thing travels along as an engram, there is a part of it which is a manic: "Oh, he's a strong fellow," etc. But he is in this engram, and it says, "I have to come back here," or some such call-back. As soon as the engram gets restimulated, he will come back into this manic. He is never quite out of it. But it has moments in it of great depression. "He's no good, he'll never amount to anything."

"What do you mean, he won't amount to anything? No, he's a strong guy!" So he flips valences.

Now, as the world snaps his valences, he is thrown into his own valence under the hands of the antagonistic technician, and he accepts it. But then he never quite gets there. However, he

can be thrown around into the valence of the doctor defending him in this operation, and any person he is confronting is more or less the technician who disagrees with him.

Now, something rotates his valence, and he becomes the nurse listening to the doctor and so forth which is a friendly valence. So now he is in a friendly valence being praised. This valence shift proposition is extremely interesting.

We had a case here the other day who had a very nasty case of Mama's morning sickness. He was up in present time and he.was gripping his stomach convulsively, so I said, "Why don't you shift into your father's valence. How does he feel about it?" So he immediately straightened up, and I said, "How do you feel?"

"Fine."

"Well," I said, "let's be your mother for a moment," and he doubled up in pain again. Then I said, "Well, let's be your father."

"My God," he said, "what are you doing to me?" Because these savage pains would turn on in his abdomen the second that he went into Mother's valence. You could stand there wide awake and just slap him from valence to valence, back and forth as often as you wanted to. In one, he was speaking with a deep voice, rather self-confident and polite, and in Mama's valence it would be high-pitched and frantic.

People can be shifted in these valences. So much so that you get this idea that the person is different to everybody he meets. He meets somebody, he matches up an engramic valence with the person he is meeting, so at that moment he is smooth and suave, but with the next person he meets he is highly irritable. That is the phenomenon of valence shift. I would like to know a great deal about this subject, but it certainly does enter change.

Take, for instance, a manic-depressive who is in a manic valence, such as, "He's a great guy, he's strong," and so forth but which has a depressive end to it. Now, for some reason or other, the manic is less and less activated, and the depressive is more and more activated as his own physiological level begins to approach the physiological tone level of the engram. The psychosomatic illness gets worse because physiologically he is less able to resist it. So he becomes more and more himself, his own valence, he feels, yet trying to get out into these other valences, and now he is suffering. Then he swings back into the less and less friendly valences and finally he comes back to himself. When he gets into himself he is practically done for, because there he is in pain and misery actually sitting in a dentist's chair, but walking around.

There are various factors that enter the picture.

For instance, there is the man whose wife threatened to leave him. She threatened to leave him over a period of five or six years, and finally he came up to the point where he left her. He was having a bad time with her before that. The odd part of it is that all the time she was agitating about leaving, he was sick from 10:30 in the morning until 2 in the afternoon. He would go to a hamburger stand and the hamburger would look terrible, but the rest of the day he was perfectly well and unworried by the whole thing.

He had lying under this his mother and her-lover worrying about getting rid of him. They started in at 10:30 in the morning, with four or five rows in progress about leaving each other and so on, and at 2 o'clock the doctor had to be called. So from 10:30 until 2 he was in the hands of a couple of demons on the subject of leaving each other, and for the rest of the day he was in good hands. He was just idling between these two factors.

You can handle this if you know what the valence is or what was restimulated back there, but it is very hard to handle a person after they have gotten very solidly into the engram, they just keep tearing to pieces the engram as the closest thing.

The valence is not sealed. For instance, a person has an ally valence which he has occupied happily for years and years, and all of a sudden that person dies. How wrong can you get? You can certainly be no more wrong than to get into the valence of somebody who dies. That's really being wrong. So, the painful emotion floods that whole channel, and at that moment it is made very serious. I have found lots of patients who had emotional charge on the ally going away for even a weekend. That is in the line of loss; because loss of a business, loss of a car, these things can all mean emotional charge.

A good auditor knows when the somatic turns on. He knows when the patient has it, and he can repeat him into the place where he is going. But he isn't asking him to do anything. If he is getting yawns off the case, he recognizes that he is getting unconsciousness off.

Some cases are so nervous that as you send them back down the time track they may try to get out of something. They think it's too hot, so you just have to coax them into it.

Don't ever give a patient two directions simultaneously, or tell him to do one thing and before he has a chance to do that tell him to do something else. If he shows an inclination to run something the instant he starts down the track, it is very bad Dianetics to pull him off it.

If the patient thinks it is dub-in, then his sense of reality on it is very high. He is the person who is supposed to do the evaluation. If he thinks it is dub-in, that's fine, but go over it a few more times and if it really is dub-in, it will come out straight.

A real dub-in case, however, is quite different. You get him back to the prenatal area, and he goes for the first train wreck, he goes for the second train wreck, and then he gets to the fifth train wreck, and then all of a sudden a fire truck comes up just as they are taking him out of this train wreck and runs over him and breaks his spine. That is one kind of a dub-in; the other one is going through dream sequences continually.

So, there are various case factors that come up in auditing, and in this lecture I have covered some of the ways they can be handled.

MEMORY AND DIAGNOSIS

A lecture given on
16 June 1950

Occlusions Confronted

In this lecture I will give you a demonstration of a technique which was fairly well known to a lot of people but they did not know how it worked. However, because we know Dianetics, we know what the sources are of people forgetting. Consequently we know what we are looking for and therefore we can perform therapy.

I was listening with interest to a therapy which was being applied by a psychoanalyst practitioner in New York, who sees about 50 patients a day, and since he has gotten hold of Dianetics he has been highly enthusiastic about the whole thing. All he did was apply the theory of Dianetics. He isn't performing Dianetics on people as such, which is to say he does not place the patient into early periods. He has been unable to obtain full recall on prenatals merely because he hasn't any inkling of what it is all about. But he does realize that he is looking for moments of unconsciousness and pain. Merely by knowing source and nothing else but source he has been able to produce some remarkable results.

The following is a demonstration of handling a case using memory.

LRH: Okay. Sit down. All right. Now, a few minutes ago when I was asking you some questions, you were telling me it was blank.

PC: Right.

LRH: You were telling me that this stuff was just beyond reach and so forth.

PC: Uh-huh.

LRH: And I started asking you about things and merely asking you to remember things.

PC: Hm-hm.

LRH: And you started coming up with material didn't you?

PC: That's right.

LRH: The first thing we came across was what?

PC: You mean the first thing we did?

LRH: Yes. Well, not the first thing I did, but the first thing we recovered.

PC: That I was a little boy standing in a wheat field.

LRH: All right, that's the first thing we recovered. Now the next thing we recovered was on the matter of not being able to remember. Now what did we ask about?

PC: (laughing) I can't remember.

LRH: Yah. That's right. And then we recovered what had been taking place in there.

PC: Oh, somebody had been trying to change me.

LRH: That's correct. And how had they been trying to do this?

PC: By altering my personality, by trying to change me altogether.

LRH: Well, that was a little bit advanced on the subject. What had they been saying to you?

PC: You can't remember this and you can't remember that, and what's the matter with you anyway?

LRH: Uh-huh. And was this fairly constant?

PC: Oh, yes. Fairly constant.

LRH: All right. Now we suddenly recalled this. Had that been recalled before, during interviews?

PC: Not very vividly, although it was in back of my mind....

LRH: Just kind of in the back of your mind. Yah. Now the next thing that we established on this was the relationship of this person to you and that this person might be a pseudo-somebody.

PC: That's right.

LRH: And I asked you who was the pseudosomebody and what did you finally come up with?

PC: I finally came up with, Stay here and I'll take care of you, for the person with whom the younger person was the pseud o.

LRH: Yes. But you did that remembering?

PC: That's right.

LRH: With your eyes open?

PC: Hm-hm.

LRH: And it wasn't a run through the incident?

PC: No.

LRH: All right. And now we are doing some synchronizing work and we will just keep on with that, and we will go over this other proposition of the restimulative nursing.

Now if you will just stand up for a moment, Francis. Now just sweep your eyes back and forth briefly and listen to my voice as I'm talking. Now listen to the airplane and look.

PC: I get that feeling that all the blood's running up to my head again.

LRH: Uh-huh. Trying to do simultaneous looking and listening?

PC: That's right.

LRH: All right. Now let's stand there and look and listen, simultaneously.

PC: Now I'm starting to get a headache.

LRH: All right. Now let's feel your clothes on you.

PC: Now I'm starting to feel very, very uncomfortable.

LRH: Uh-huh. All right. Sit down in your chair, again. Now just remember this. Do you have any recollection of any incident, not necessarily an engram, just any incident which might occasion this rush of the blood to the head or the feeling in the head?

PC: Just the business that we went over before

LRH: Well, do you have any further recollection now of something that might account for it?

PC: No, just You can't do two things at once.

LRH: Oh.

PC: Which has been told to me several times.

LRH: Hm-hm. Who told you?

PC: Mother and wife.

LRH: Hm-hm.

PC: How can you do two things at once? You can't do two things at once. You either read or you eat, you don't do both.

LRH: Uh-huh. In other words, all we're tapping here is recollection, just remembering, on a late lock proposition. Now when I count from one to five, an engramic incident is going to flash into your mind. One-two-three-four-five (snap!).

PC: I get a complete blank.

LRH: Hm-hm. A complete blank. Now you've been worked some little time in therapy and you've been getting blanker and blanker.

PC: Well, we started off with some fairly good results with repeater technique. And then it just gradually fell off until I finally got nothing at all.

LRH: And now when I ask you questions you say, I remember I went to class yesterday.

PC: That's right.

LRH: Then we build it up to high school, and the vague idea that we had friends in high school and so on.

PC: That's right.

LRH: In other words, this is a demonstration of this.

(One could possibly get an occasional remission with a person with this technique. But, more important than that, that an effort to do something like perceive simultaneously is not doing two things at once. A person is constructed to perceive simultaneously, not to scan from one thing to another.)

The second you try to bring that into an adjustment, what sort of a physical condition do you get?

PC: Well, right now I've got a headache.

LRH: All right.

PC: I'm concentrating on watching you and listening to you.

LRH: All right, shut your eyes. Now let's pick up the first end of the engram and run it. Just let's contact the first part of it. Complete blank.

PC: Complete blank.

LRH: Can't do two things at once.

PC: Can't do two things at once.

LRH: Repeat it again, please.

PC: Complete blank. I can't do two things at once. Complete blank. Can't do two things at once. Complete blank.

LRH: Everything is going blank. Let's repeat that.

PC: Everything is going blank. Everything is going blank. I get Euerything is going out.

LRH: All right. Let's go over that. Everything is going out.

PC: Everything is going out. Euerything is going out. Everything is going out.

LRH: How's the head somatic?

PC: The somatic's gone now.

LRH: All right. Come up to present time. (pause) Okay.

I wanted to demonstrate the fact that a person just knowing that he does have recall of everything will very often assist in a swift remission, or at least a temporary alleviation. In experimenting on this you got a bit of a headache. How is your headache now?

PC: Fine.

The above is a small example. This is not full-dress parade Dianetics by a long ways, but this is still of importance to the professional practitioner. Because a patient that you don't want to spend any time with may walk into the office and sit down in your chair and there is no reason to go through a full interview. This patient may be very upset, fresh meat, never seen before, and so on. You can just tell her to start remembering, and run into incidents on this order.

Here's another example:

LRH: Okay. Have a seat.

PC: (takes seat; coughs)

LRH: Now do you remember when you were a little kid?

PC: Yeah.

LRH: How did your mother look?

PC: She looked fine.

LRH: How did she look ordinarily? Cheery? Unhappy?

PC: Cheerful.

LRH: She looked cheerful. Uh-huh. Now do you feel as comfortable as you might at the present moment?

PC: No, I'ue got a slight throbbing in my back.

LRH: Got a slight what?

PC: Throbbing.

LRH: A slight throbbing in your back.

PC: Yes.

LRH: All right. Now, we're not trying anything in Dianetics. Just answer me this question: Do you know of any recent incident like that?

PC: No.

LRH: Well, let's just try and see if we can remember one. Try to remember an incident that might have had to do with throbbing in your back, some time when your back was hurt. (pause) Back injury. No recall on it, offlhand?

PC: No.

LRH: All right. When I count from one to five, a phrase will flash into your mind. One-two-three-four-five (snap!). What was the first phrase?

PC: What phrase?

LRH: What phrase? A complete one.

PC: A complete blank.

LRH: All right. Now, where were you yesterday? Just remember.

PC: Here.

LRH: And where were you last week?

PC: (pause) What day ?

LRH: Oh, any day of the week, first part of the week.

PC: Washington.

LRH: Hm-hm. Were you enjoying yourself down in Washington?

PC: Yes.

LRH: Uh-huh. Now answer me this, who's been mean? Who's been ornery? The last person that was really mean to you? Let's just see if you can remember the last person. (pause) There's been somebody mean to you sometime or other.

PC: Yes. There certainly has. (laugh)

LRH: All right. Now go out in the waiting room and wait for a half an hour or so until we call you in again.

That's what we would tell a patient like that. Then we call in the next person, and we might say, I'll give you an interview now.

PC: Okay.

LRH: Has anything been bothering you lately?

PC: Yes.

LRH: Something been bothering you? What's been bothering you?

PC: I've been acting irrationally.

LRH: Well, do you remember anybody accusing you of irrational behavior or anything like that? Who ordinarily would accuse you of irrational behavior?

PC: No one.

LRH: No?You don't know of anyone in your whole life? Nowyou can remember these things.

PC: No. (pause) I accuse myself.

LRH: You accuse yourself. Well, remember the last time you accused yourself in the past few weeks.

PC: I was staying away from classes.

LRH: Hm-hm. And did somebody mention to you that this was not something you should do?

PC: (mutter)

LRH: Anybody call it to your attention?

PC: The dean did.

LRH: Oh, the dean did. Well, what did the dean have to say about it?

PC: He said there was no reason for it at all.

LRH: But what did he think you did? It was completely what?

PC: Silly.

LRH: It was completely silly, and there was no reason for it. Well, do you remember the dean talking to you about it?

PC: Yes.

LRH: How did he look?

PC: I can recall how disgusted he looked.

LRH: Hm-hm. What does he say about staying away?

PC: I think he said something about it.

LRH: How do you feel about it?

PC: I agree with this.

LRH: You agree with this. You remember this incident?

PC: Yes.

LRH: You remember it clearly?

PC: Fairly clearly.

LRH: How do you feel about it?

PC: It happened several times.

LRH: It happened several times. Oh, you remember the first time then?

PC: No. (pause) Well, I guess I do. He was talking to the whole class.

LRH: Oh. What is he saying to the whole class?

PC: (mutters)

LRH: Oh, well, sure. What was he saying? What was he doing? (pause) Did he sit in front of the room, or the back of the room, or what?

PC: He was standing in the front of the room.

LRH: Standing in the front of the room. Okay.

PC: (pause) I think I asked him some questions, which he answered.

LRH: How did you feel when he was talking to you about this?

PC: Quite all right.

LRH: You felt okay about it. When's the next time you did it?

PC: Oh, it was this year, about three months ago. I'd been skipping math class.

LRH: What did he have to say about that?

PC: He came into the coffee shop and sat down and spoke to me about it. And right away I told him that that weekend I had made up the work and I was going to start back that day.

LRH: Well, now what would you say about this thing? You can remember all this. (pause) How do you feel about your irrational behavior? (pause)

PC: I can't understand it.

LRH: How do you feel about it now?

PC: I don't feel that I'm accusing myself all the time. It's simply something that I have no control ouer.

LRH: Hm-hm. Now, let's think of somebody who says you don't have any control. Who could possibly have said this? First off, who might have held this opinion? Just judging by the nature of the person, who could have held this opinion?

PC: Well, when I was about 14, my father might have been saying it then.

LRH: Is your father the kind of man that would say this?

PC: In some cases. I was trying to stop it. I think he gave me the control yourself line.

LRH: And do you think he said there's no reason for it?

PC: Yes, that sounds right.

LRH: Any irrational behavior? Did he make use of those exact words?

PC: I can't remember that, but it sounds right.

LRH: Well, let's see if you can recall it.

PC: The incident ?

LRH: Sure. Just see if you can recall the incident. You don't have to bother to go back to it, just see if you can remember it.

PC: Yes, I can remember it.

LRH: All right.

PC: We were living in Chicago and I was going to the public high school.

LRH: Uh-huh.

PC: And I had been very much interested in my biology course, and had dropped physics for about two weeks before my parents became aware of this. Iguess my father tried to force me into it. He talked to me for about an hour trying to be very forceful about it, and finally I went into hysterics.

LRH: Do you agree with him, or feel you ought to agree with him there?

PC: No.

LRH: How do you feel about your irrational behavior?

PC: Well, it's still irrational behavior, but when I'm talking about it now, it's something that I think is irrational.

LRH: Is what?

PC: Something that I think is irrational.

LRH: How do you feel about it? I mean has there been any change in the last few minutes about how you regard your irrational behavior?

PC: I feel fine.

LRH: Have you recalled these incidents before, lately?

PC: Yes, I think I recalled that incident two months ago.

LRH: Did you worry about it?

PC: No.

LRH: Shut your eyes. Let's go back to the moment he's saying it.

PC: (clears throat) I can't recall well.

LRH: All right. Irrational behavior. Go over those words.

PC: Irrational behavior.

LRH: Contact your father saying them.

PC: Irrational behavior.

LRH: Contact your father saying them.

PC: Irrational behavior. Irrational behavior. Irrational behavior.

LRH: What else might he have said consecutively with this?

PC: Irrational behavior. Control yourself. Irrational behavior. There's no reason for it. There's no reason for it. There's no reason for this at all. There's no reason for this at all. There's no reason for this at all. There's no reason for this at all.

LRH: Hm-hm.

PC: There's no reason for this at all.

LRH: All right. Let's go down into the prenatal area and pick it up.

PC: (pause) There's no reason for this at all. No reason for this at all.

LRH: All right. Let's go over it again.

PC: There's no reason for this at all. There's no reason for this at all. There's no reason for this at all. There's no reason for this at all. There's no reason for this at all. There's no reason for this at all.

LRH: Is Control yourself there, or anything like that?

PC: There's no reason for this at all. There's no reason for this at all. (pause) There's no reason for this at all.

LRH: Go over the words irrational behavior.

PC: Irrational behavior.

LRH: Do they come in that same area?

PC: Irrational behavior. There's no reason for this at all. Irrational behavior.
LRH: Same area?

PC: There's no reason for this at all. No reason for this at all. Irrational behavior. There's no reason for this at all. There's no reason for this at all.

LRH: What might your father have said there?

PC: I don't know.

LRH: Don't know. Go over the words.

PC: Don't know. Don't know. Don't know.

LRH: Don't know what?

PC: Don't know anything. Don't know anything. Don't know anything.

LRH: How does your head feel?

PC: (murmurs)

LRH: Uh-huh. Okay.

PC: Feels like it's coming.

LRH: Hm?

PC: Feels like it's coming.

LRH: Hm-hm. Okay. Now let's come up to a time when things were very pleasant and comfortable.

PC: (pause) Feels very pleasant.

LRH: All right. Come to present time.

PC: Any time I want ?

LRH: No, present time. Forward to present time. (pause) All right. Five-four-three-two-one (snap!). Open your eyes.

PC: Thank you.

LRH: How do you feel? Okay?

PC: I feel wonderful. My eyes and nose are better.

LRH: Very good. Now when you leave, the secretary will take your $25.

So realize that the auditor can produce such a manifestation. In the above demonstration we were handling this parent. What Papa said to him actually produced a physical manifestation. You can bet your bottom dollar it was addressed to Mama. That was one of Papa's pet dramatizations, and the auditor had better get it, right down to the first part of the bank and run it out.

In this demonstration we went after a symptom. We did a diagnosis of a key worry of an individual. What one would do with the rest of it would be to do just what we did here.

So here is a method of approach which can be combined with these other things, whereby we simply ask the person to recall.

It is a strange thing, but you will be able to request memories of various things, and if you don't get them on the first visit you will get them on the second visit, because you have stirred something up. Just ask the person if he has any recollection of it. You are not looking for anything in particular, and you don't even have to be very deft about looking for it. Ask a person what is wrong, what is worrying him. Realize that he wouldn't have generated the idea himself. So where was the idea initially generated? And why does he think now that he is accusing himself of doing that? Work it out on an analytical level almost computationally. Then find what the parents customarily said about this sort of thing. Give it a label. Who said it? Then, if one has got the person that goes with the words, one can dive right straight for the engram.

That is a method of diagnosis quite in addition to the fact that it can be used as an office technique and you will be able to turn off a vast array of jumping somatics on patients. The main thing is to find out what is worrying the patient. What isn't he able to do at the present moment? What is stopping his therapy?

Here is a further demonstration of the handling of someone whose therapy is not going well.

LRH: Have a seat. Go over this until you have got the pitch of it, it's very simple.

PC: One question before we start. Are you purposely using present tense?

I'm making it perfectly obvious here that we are using remembering and present time. You might call this approach we are using right now the only time in Dianetics when we are very interested in present time. You can scare a person away from an incident with this or stabilize him or bring him up to present time. You can get him out of things he is into. It has force. But we are using 100 percent of the person's present and available analytical power.

LRH: Okay. What's been worrying you?

PC: Very recently?

LRH: Very recently.

PC: My sonic is shut off.

LRH: You ran into a sonic shut-off?

PC: Well, it's not entirely shut off.

LRH: Who was talking to you? You can remember this. Who was talking to you?

PC: When the sonic shut off?

LRH: Yes, when you suddenly noticed this.

PC: I think it was.

LRH: It was. Was it in reverie or out of reverie?

PC: In reverie.

LRH: In reverie. Where were you on the time track at the moment he said this?

PC: Against a pleasure moment.
LRH: And what did he say?

PC: I don't know.

LRH: Huh? Oh, now, you can remember what he said; after all, this reverie just took place the other day.

PC: (murmurs)

LRH: Is that all he said?

PC: (mutters)

LRH: Did he say listen?

PC: What do you hear?

LRH: He said, What do you hear? And what happened? Was that the moment it shut off?

PC: That was the moment I noticed that it was shut off. I couldn't straighten it out. I could only hear very vaguely.

LRH: You could only hear very vaguely? What do you hear? (brief pause) All right. Shut your eyes. Go over the words What do you hear? And let's get the answer Nothing .

PC: (pause; murmur)

LRH: Get the Nothing.

PC: I don't hear anything very thoroughly.

LRH: All right. Let's go over that again. Shut your eyes.

PC: I don't hear anything.

LRH: Repeat it. Repeat it into the incident.

PC: I don't hear anything very thoroughly.

LRH: Let's go over it again.

PC: I don't seem to hear anything.

LRH: Go over it again.

PC: I don't seem to hear anything.

LRH: Are you describing your symptoms to me?

PC: No.

LRH: Okay. And I have a feeling....

PC: I have a feeling that somebody's saying something that I can't hear.

LRH: Hm-hm. Where are you contacting this? You can tell me. (pause) You know just instinctively where it is.

PC: Horse show.

LRH: At a horse show? Who used the words horse show?

PC: I'm riding.

LRH: Hm-hm. And did he suddenly say something to you at that moment?

PC: (murmur)

LRH: Nobody says anything to you?

PC: (mutter)

LRH: All right, do you remember this? Remember the horse show?

PC: Yeah. Vaguely.

LRH: Were you riding? Did you fall?

PC: No.

LRH: Was it a matter of anxiety that you hear this horse show?

PC: No. I couldn't tell anything about it because I had so much anxiety this morning. I thought I had won but I wasn't sure until they called out the numbers.

LRH: And you found out you couldn't hear the numbers?

PC: Correct.

LRH: But did it produce an anxiety that you couldn't hear the numbers?

PC: No, I could hear the numbers there. But not when I was in therapy with Al.

LRH: Oh. And Al had you back in this incident?

PC: Yes, that's right.

LRH: He was running you through it and you were having an anxiety about hearing. What did he do about this incident?

PC: (mutters)

LRH: And what happened? (pause) What happened then?

PC: I went over it for a while and picked it up more or less. I knew what I was supposed to be hearing, but I didn't get the exact words.

LRH: Uh-huh.

PC: And he more or less said, Okay, you're wrong about it.

LRH: Did he argue with you?

PC: (murmurs)

LRH: Did he try to force you to hear something?
PC: (mutters)

LRH: In other words, the playback you were giving me just now was you and Al?

PC: Yeah.

LRH: How about closing your eyes.

PC: Okay.

LRH: Let's go over the phrase I can't hear you.

PC: I can't hear you.

LRH: Let's go earlier.

PC: I can't hear you.

LRH: Go earlier on this.

PC: I can't hear you

LRH: Go early. (pause) Early, early.

PC: I can't hear you

LRH: All right. Go over this, What do you hear? I can't hear anything.

PC: What do you hear? I can't hear anything.

LRH: Go over it again.

PC: What do you hear? I can't hear anything.

LRH: Go over it again.

PC: What do you hear? I can't hear anything.

LRH: Go over it again.

PC: What do you hear? I can't hear anything.

LRH: Contact the somatic. The somatic strip will contact it.

PC: What do you hear? I can't hear anything. What do you hear? I can't hear anything. What do you hear? I can't hear anything.

LRH: How are those shoulder pains?

PC: (murmurs)

LRH: All right. Go over it again.

PC: What do you hear? I can't hear anything. What do you hear? I can't hear anything. What do you hear? I can't hear anything. What do you hear? I can't hear anything.

LRH: Contact it very solidly, now.

PC: What do you hear? I can't hear anything.

LRH: What would be the expression in the voices?

PC: What do you hear? I can't hear anything.

LRH: Go over it again.

PC: What do you hear? I can't hear anything.

LRH: Get the somatic.

PC: What do you hear? I can't hear anything.

LRH: Okay. Go over it again.

PC: What do you hear? I can't hear anything.

LRH: Okay. Find somebody who likes you. Look them over, get somebody that really likes you.

PC: (murmurs)

LRH: All right. What is it?

PC: (muttering about some children)

LRH: Okay. How do you feel?

PC: I feel fine.

LRH: Good.

PC: Feel fine in the shoulder, too.

LRH: All right, well, just let's look at these kids around there.

PC: They are walking.

LRH: How does it feel walking there?

PC: It's not too clear, but I've got a general impression of it.

LRH: How do they smell? Take a sniff.

PC: (murmurs)

LRH: All right. Well, come up to present time. Stand up. Take a look out the window. Now as you're looking out the window, let's feel your clothes, feel your clothes as you look. Feel your clothes as you look. All right, now take a piece of skin and just press it slightly. Now feel that and look.

PC: Uh-huh.

LRH: Now do you hear any sound?

PC: (murmurs)

LRH: All right. Any other sounds?

PC: (murmurs)

LRH: As you look.

PC: A little scratching or something.

LRH: How do you feel about it?

PC: Ifeel a little dizzy.

LRH: Okay. Thank you.

PC: (laughs)

That was a demonstration of clipping into an incident. Somebody says, "My sonic is shut off." Well, that's interesting. Something has clipped in about it. Evidently somebody has given him a valence shift. If somebody says, "What do you hear?" and he complains afterwards that he doesn't hear anything, you can bet your bottom dollar that "What do you hear?" is the statement made to one of his valences to which of course his reply is, "I don't hear anything." So he has a computational sonic shut-off.

If somebody said, "I don't hear anything," theoretically, if he were skidding around in his valences, he would go over to the valence of the person who was saying, "What do you hear?" One can knock a person around in valences merely by conversation.

By demanding that a person remember, you get diagnostic material and quite often very surprisingly you can get therapeutic results just from it alone. For the professional Dianeticist who is seeing lots of people, this is the kind of procedure that he would follow, doing these 15-minute releases that take an anxiety off.

I will now complete the rest of the demonstration on the patient who was sent out to the waiting room.

LRH: You were the patient that was to come back?

PC: Right.

LRH: Okay. Now what was I asking you about before? You can remember.

PC: If anybody had been mean to me?

LRH: Yah, anybody been mean to you lately?

PC: In a half an hour I haven't found anybody who's been mean to me lately.

LRH: No, no, just see if we can remember one now. Let's see if we can remember anybody that's been ornery to you.

PC: (mumbles)

LRH: Someone who has an ugly attitude towards you.

PC: (pause) I remember someone who would really try to shake me up.

LRH: What was he doing?

PC: He was staying off in the sidelines.

LRH: What was he doing off in the sidelines?

PC: What do you mean, you mean directly?

LRH: Uh-huh.

PC: No direct meanness.

LRH: Yah. Well, is this an indirect meanness?

PC: It would be more in that category.

LRH: Well, what kind of a meanness was this?

PC: (mutters)

LRH: Toward you?

PC: Yeah.

LRH: Well, how was he feeling this? How did you know he was feeling this?

PC: I thought I noticed he was feeling indifference in his conversation, when I saw him.

LRH: Well, was there anything he said specifically that made you think this?

PC: No, it was an impression.

LRH: Just an impression. How did you get that impression?

PC: Times when I'd see him and he'd dash off somewhere else.

LRH: He would go away someplace else. Was he your friend?

PC: I'm beginning to think not. (chuckles)

LRH: Yeah, but who did he remind you of? Who might he have reminded you of in your youth? Who might he have reminded you of?

PC: He might have reminded me of present family or friends.

LRH: He might have what?

PC: Might have reminded me of a doctor, but no one in the family.

LRH: Might have reminded you of a doctor, what doctor? (pause) What doctor?

PC: Some specialist.

LRH: Yah. Was he around when you were a kid?

PC: Yes, I went down and saw him quite often.

LRH: Nice guy?

PC: Yeah, he seemed to be a nice guy.

LRH: Well, what would have happened to you if he'd suddenly turned his back like your father did?

PC: He was the guy that was treating my sinuses. They felt bad then but they feel good now. (laughs)

LRH: Aha. All right. Okay.

PC: They haven't felt this good for a long while. (laughs)

LRH: (laughing) All right. You can pay the nurse $50 as you leave.

PC: (laughs) Okay.

You could handle a lot of patients this way very rapidly and they would know that they were getting something for their money.

You are achieving a definite effect without laying a person out on a couch and running full-dress parade Dianetics on him.

Somebody says, "I hear you're a Dianeticist, I hear you're an auditor," and they expect a miracle. Well, with this type of technique, you can handle miracles.

Unfortunately this is not the New York psychoanalyst's technique. This is his technique as practiced by Hubbard.

The psychoanalyst is not using it nearly as effectively as someone with a full knowledge of Dianetics could use it. Because the trained auditor would see the different sets of pseudo-allies, the various interconnecting links of life and the close intimate relationships. He would know that if someone says a sentence, that sentence occurs later. The psychoanalyst does not know that. In spite of this, just by this procedure, knowing that all things have a cause and that everybody can remember everything, he has turned off, according to report, five cases of Parkinson's disease!

The demonstration above is a very refined method of what he is doing, the contrast being that he would have been perfectly willing to have bought the horse show incident as a cause. The Dianeticist looks a little deeper than that. We are going to take this patient and knock an engram out if we have to, so we are introducing something he knows nothing about, and that is stabilization in present time.

It seems that he has read the Handbook in a very hurried fashion and doesn't believe that he is competent to practice full-scale Dianetics. Additionally, he is scared to death of even approaching the prenatal area himself, although he is very interested in seeing people go into the prenatal area and sits there, pop-eyed. He has got a convulsion all ready to go, but I would not touch him as a patient. He is getting along beautifully in a manic, with nothing much disturbing him, and he is very cheerful and bombastic in this manic state. A high-powered individual of this sort would require somebody else with altitude to work him, so this case would fall in my lap personally to handle. He has a very bright brain, a bilingual prenatal background, and convulsions galore. The reason why I wouldn't touch him is because once that case is open it would have to be carried on one's back for about 30 or 40 hours without rest, if one were working straight toward a real solid release.

He knows nothing about the technique of stabilization in present time. We find that a person who has suddenly gone out of phase on sound and sight, has done so for a definite reason, and that reason lies in some restimulated engram someplace on the track.

Therefore one can do a jackleg patch-up job, but it is so insignificant in relation to the rest of Dianetics that it is not something which would ordinarily come forward. But as a professional auditor it is something that you should be able to do in your practice if you feel so inclined.

You can even turn people's manics back on, if you want to. For example, a person is a high-power salesman, and he has been sagging lately, one can sit him down and handle it.

Here is how to do it. You take the high-power salesman who has really been out there selling cars fine. But now he doesn't feel so good, he feels depressed and he has come in to see you.

LRH: Okay. Now tell me, how did you used to sell cars?

PC: I would just go out and talk to people and never let them say very much.

LRH: Would you talk over them, I mean just talk them down, or how did you used to sell people these things?

PC: First you learn to pound it in.

LRH: How did you used to act? Did you used to act pretty good at it?

PC: Yeah. I used to sock it right in there.

LRH: How did you feel when you made a good sale?

PC: Oh, very elated. Made me feel good.

LRH: You'd feel terrific about the whole thing?

PC: That's right.

LRH: How have you been feeling lately about this?

PC: Well, Ijust went downhill.

LRH: How? At what point did you do that?

PC: Well, I contacted three or four people who slammed the door in my face and....

LRH: What's the first one? Where did it start downhill?

PC: Well, it started with me, I've been out selling all my life and never did like it.

LRH: You never did like it?

PC: No.

LRH: Never did like selling.

PC: No.

LRH: When is the first time that you got pushed into selling?

PC: Well, when I was a kid during the summer I went out selling.

LRH: What were you selling?

PC: Vacuum cleaners.

LRH: Vacuum cleaners. You sell any?

PC: I think one or two.

LRH: One or two. How many houses did you have to call at?

PC: I think I canvassed 20-30 to sell one.

LRH: Was it hard work?

PC: Very hard work. I mean not hard physically, but it was hard.

LRH: How did your mother feel about vacuum cleaner salesmen?

PC: She'd really run.

LRH: What would she have done?

PC: Oh, she'd get very embarrassed and make up a lot of excuses about having a vacuum cleaner.

LRH: How would she have made up excuses?

PC: Well, she'd just tell the guy probably that she had a vacuum cleaner, and didn't need any, or something.

LRH: But she would have made excuses?

PC: Yeah.

LRH: And how would she have felt toward him?

PC: Scared.

LRH: She would have felt scared about him, huh?

PC: She would have been afraid that he actually would sell her one. (salesman laughs prolongedly)

LRH: Okay. You can pay the office there $25. I'm sure you feel much better.

PC: Thank you very much. (goes off, laughing)

The exact mechanics of the above demonstration, as far as an analogy is concerned, is that the reactive bank has got a block of engrams which have been out of sight, containing physical pain, and they will go on being out of sight with a person. You are not trying to give the person a solid release. Life could still kick him overboard.

What happens is very easy to comprehend. A person has experiences in his life, and this engram bank takes these experiences and just folds them over out of sight and keeps folding them out of sight, because they are too restimulative. So a person gets along for a while, but these incidents get more and more folded in, so occlusions occur. All this material goes out of contact with the time track, and is apparently out of recall, which it actually isn't.

There is also the social aberration that: "Well, a person forgets, and the mind isn't very good anyhow and all of us might as well lie down and quit on the subject." Then a professional auditor suddenly looks at the person and says, "You can remember that," and "Just tell me about this now. You've got some kind of an idea." He jogs his memory on it and, even if the person doesn't remember any of these locks today, a couple of days later a lot of the material will have picked up. If he doesn't remember much then, the auditor sees him a couple of days

after that. All the auditor has done is pull the curtain away from a lot of incidents that were not in the least bit painful. But by the action of the mind, because they were laid on top of an engram, the mind considers that the incidents must have been painful. Then, by the auditor telling the person to remember it, the person pulls it into sight and suddenly sees that there was no pain on this incident at all.

The way physical pain is contacted is with the patient regressed in full Dianetic therapy. But always remember that you can pull locks into view in almost anybody using the above technique, even though basically, down deep he knows that this is not primal cause.

So, one can deintensify the reactive mind itself or one can demonstrate to the analytical mind the fact that it does have considerable power of recall. What one is tackling there is life. One can demonstrate to the analytical mind that it is perfectly safe and one will be using that for auditing, so practice it occasionally on a diagnosis of somebody.

When one starts out a case, one gives him the diagnosis without making any statement as to how long one thinks he will have to continue in therapy or even make arrangements for it. One simply says, “Well, we’ll have to see.”

In dealing with auditing directly, you are not going to go in on the basis of treating the person to an actual Dianetic release or to Dianetic clear. If people are not psychotic, the best thing for a professional auditor to do is to act as the center of a block of teams, and do their check runs and coaching for them.

So they can call him on the phone and say, “Oh, my goodness, Mary has just gotten into an area down the track and she’s stuck. I keep coming home every afternoon and she’s cranky and mean. I spring the question at her,’How old are you?’ and she says’2.’ I tell her to come up to present time, and she’s cheerful all evening. But I just don’t seem to be able to do anything about this situation although I keep doing like you told me. What do I do?”

Of course, he would then have to give Mary some therapy and find out by Dianetics what happened, and blow it out. And where the professional auditor is seeing patients in an office, this technique is the one to use.

I originally used this technique to test why.psychoanalysis achieved results sometimes and didn’t achieve results other times, and it amused me very much that a psychoanalyst in New York had run into it and was getting results on parades of cases. Occasionally he will tell them to close their eyes and go back, and he is going to get into trouble at some point, because he doesn’t know enough about Dianetics.

So, another thing that an auditor will be confronted with occasionally is a psychoanalyst who has gotten into trouble using repeater technique. The psychoanalyst will grab hold of repeater technique and say, “That’s the most wonderful thing I’ve ever heard of, I’m getting more material than I’ve ever been able to analyze before!”

A psychoanalyst once said to me, “Repeater technique is the most marvelous thing that’s ever been invented.” It is perfectly correct that there are a lot of things in Dianetics that psychoanalysis can use, but he then went on to say, “For instance, I’m using Dianetics on my patients. I do a contact, and I use repeater technique and I’m getting enormous quantities of material. Just yesterday, I had a boy that has been coming to me for about a year and a half. He had always had these feelings of hostility toward a stranger, and he had felt that his sister was a hostile stranger. I got him down by repeater technique to a point where his sister was standing there hammering him on either side of the face and she had taken his bottle away from him, and there he was in the crib, and he could see the crib up around him and his sister slapping him, and so I said to him at that instant,’What did you think of your sister at that moment?’ He said, ‘I thought of her as a hostile stranger.’ And I said, ‘All right, now come up to present time.’ And you know, he felt a lot better. Dianetics is really the stuff!” However, he didn’t give me a report on how this person felt the next day!

On another occasion he said, “I’ve been seeing this patient for a long time, but I haven’t been able to get anything on him. So I sent him back down the time track and there we found his father beating him and pulling his legs and arms. He said he hadn’t had his diapers changed and there he was all covered with excreta, and father was giving mother a great deal of trouble about it and there was a big fight, so I brought him up to present time, and it showed all the way up along the line where that incident had made his life miserable. And he said afterwards that it was a wonderful treatment.”

But the next day the patient wouldn’t go back anywhere. The next day after that the patient would do nothing but damn and curse him. And the fourth day after that the patient was in a remarkable state of restimulation. On the fifth day the psychoanalyst came to see me to find out what he was doing wrong. Of course, he had not run out the basic incident but had used it to analyze the patient.

Locks accumulate on top of the basic engrams and add further material to the original engram. If you can get the material off the original engram it is not in all cases absolutely necessary to disturb the original engram. You will find this is very valuable on old people, people that you wouldn’t like to work for the good reason that they may have coronary difficulties.

A person with grave coronary difficulties, even though you believe that coronary difficulty is psychosomatic, is a patient which you should not tamper with unless you have a medical doctor close to hand with the materials to give him a shot. There are two reasons for this:

1. The idea of responsibility on your own part.

2. The revival of the patient.

I wouldn’t put it on any age basis. It is part of professional auditing, and should be part of your office rules and examinations to check, “Have you ever had any heart troubles, or heart history?” because I have seen young men of 25 that had very, very bad hearts.

Although that may be psychosomatic, at the same time, if they have ever been brought very close to death by heart failure, or anything causing a coronary disturbance, it would be wise to have to hand all the precautions necessary to turn their hearts back on again if one hits an engram which turns the heart off. I have rarely had any trouble running through engrams, usually the body will take just as much as it can stand and no more. This is merely a word of warning that a difficulty might develop.

This material is also a part of the accessibility of psychotics and severely neurotic persons. It is the establishment of communication. If you can establish communication with an individual you have already started to alleviate the case, because one of the things that was wrong with him was an inability to communicate, both with himself and with the external world and with other people. Some line of communication is cut off such as communication with yesterday or to people he has known. For instance, he normally has the recollection of his father. When his father is dead, you might say he is out of communication with his father. An auditor can put him back into communication with his father without very much therapy.

Recently I had a case who was insisting on enormous occlusions of Grandma, Grandpa, and other members of the family. Simply by asking the person while he was wide awake, in present time, to remember these people, I took him down the line starting into the case in a very cat-footed way on the basis of, “Let’s go to a moment when Grandpa is talking to you.” Nothing happened for a moment and then all of a sudden there was a lot of foot twitch and a little agitation or trembling. (Very often the past is quite painful when you return to any specific part of it. For example, the person may be held in a tonsillectomy. So they go to talk to Grandpa two years before the tonsillectomy and they are still twitching. Fortunately the person does not pass through all the incidents of his life going back down the time track. He simply goes to a moment on the track, jumping other material.)

But the twitch there indicated that there was a contact, so I asked, “Well, now, might he be sitting down or standing up?”

At that point the person has to make a decision. But it is a minor one that this isn’t going to do any harm to determine whether or not Grandpa is sitting down or standing up at this point. So he says, “He’s sitting down.”

That can also be approached by asking, “How high do you come on him? Do you come up to his belt or to his shoulders?”

“Oh, his belt,” at which point you are liable to discover he is sitting down.

This is just cat-footing on an occluded person. The next thing one asks is “What is he doing?”

“Nothing, he’s just sitting there.”

“Let’s take a look at him sitting there.”

“Oh, I can’t see him.”

“Well, is he complimenting you about something?” (Because that would be the most accessible moment.)

The person himself is then able to determine that the moment is not dangerous. In talking about this moment with a patient one says, “What’s he doing?” “Oh, he’s complimenting me on my coat, he’s saying that I have on a nice coat.”

“Okay. Well, now, tell me something more about this. Is he feeling the hem of the coat? or the buttons?”

“Well, he isn’t touching it at all.”

Now he has to make a decision when you say, “Is it a cotton coat or wool coat?”

“Let’s see, it’s a warm winter coat....”

And the first thing you know you can say to him, “Well, let’s see, what did he always call you?” and you have started building the scene block by block, because obviously the person believes this is very dangerous therapy. Asking him to race in is not going to get anyplace, but let him examine all the rocks that are outside. Let him examine the ground in front. Let him sniff the air and gradually look a little bit inside, and then look a little further inside, and very shortly, perhaps not with that incident, but with another incident with the same person, one of two things can happen: either the occluded person will come back into the person’s recall so that they can actually see him, or the incident which has occasioned the shut-off will suddenly appear. There is the phenomenon of adjustment whereby the person feels uncomfortable, as if something is going to go out of phase. Actually, something is trying to come into phase. There’s a reason why these things can’t be done at the same time.

So, it is an uncomfortable situation because here you are trying to do something. The instant this is done something is going to come into full recall on the time track. For instance, if when Grandfather is examining the coat, the auditor says, “Let’s take a look at his face,” there may be a sudden shudder on the part of the patient and the patient is looking at Grandpa?s face but not in that chair and he screams, “I can’t, I can’t look, I can’t look.”

“Oh, come on, let’s take a look at his face.”

“I can’t, I can’t, I can’t.”

"All right. Be right there at the moment you can't." And it is Grandpa's face in the coffin. You get an emotional discharge complete with a terror reaction coming off the case. You may have to cat-foot in this fashion for hours with a patient before he will suddenly get this whole thing in place. But after they have gotten one of those things, then they begin to move.

Sometimes a person will get within 20 feet of the coffin, and then just bolt like a mule.

I have never found a person who had a fear of death who did not have a very ugly experience locked someplace along the track, early or even more or less late—some experience which is now locked out of sight, with apparently no connection whatsoever.

I recently received a letter whereby somebody using repeater technique repeated the word "coffin" and suddenly saw a coffin about 20 feet long. There he was on the scene, terrified, trying to push his way clear through the mattress and looking at the coffin and the stony, gray, dead face of a giant. He had no recollection of who it might be, and finally he was no longer afraid and the thing wouldn't come back on the repetition of "coffin." Naturally that incident had a bouncer in it and a holder such as "stay here" and his visio recall was locked up right at that moment of death.

There was the loved person, and suddenly there is the person dead, everybody is weeping and he is told something and he is terrified. So, he is now out of contact with the incident again, because his auditor was not sharp enough to realize that it must have a bouncer in it or the incident would have turned on in full. This is an example of how these deaths become occluded.

It is also an example of how to turn them on again, if possible. You just keep touching the area early and late, trying to find the person alive. Try to get the person into moments when he could be in his own valence. Very often, if a death was very aberrative to a person, he is in the dead person's valence, and the valence of his death. It will be firmly locked up. There is evidently a conversion of unconsciousness into painful emotion, which we will take up in a later lecture.

As you question people you will find that their information is remarkably accurate, but it is also remarkably occluded, until they have the engrams run out. In connection with this you will find occasionally that you are working a patient in therapy who will get slightly out of contact with existence, into unrealities, particularly if you have only been able to restimulate him and not erase anything. Basic-basic is still on the case and even afterwards occasionally, when something has been detected and you can't find it and there are terror charges on the case, that person will be very uncomfortable, which you don't want.

There is a way to take the discomfort off his case. In the case where the patient is agitating with you continually that he.must have more therapy, and that you have got to work him more often, yet when you work him you are not getting very much, this gentleman has a basic personality which is entirely dissatisfied with the computation as it exists, and the right route to the solution of that case has not been undertaken.

This is the case that continually says, "I have somatics here and I'm remembering yesterday . . ." and he writes you long notes about how he was at work and thought of something which reminded him of something else, on and on. Basic personality in such a case is not satisfied with the computation that is being worked in the case.

For instance, you are trying for the early prenatal area, basic-basic, and there is too much painful emotion on the case in order to permit it to be reached. It is actually pointing up an auditor error whereby the auditor has not computed it very well, and the file clerk is too snarled up to solve it himself and he is sending out a distress signal in this fashion. Or the man may be held in a very severe engram somewhere down the track.

One noteworthy case was someone who was held in a nitrous oxide incident, and he had been there for years and years, practically ever since it had happened. It had keyed in within 24 hours after the operation, and remained there. His teeth were falling out of his head. He had had two impacted wisdom teeth extracted, and the molars next to them were decaying. A physiological examination made of them would have shown that there was a chronic restimulation.

This patient became agitated and quarrelsome and would write reams of notes. He was being worked every day, but between sessions he would start writing notes. This same cycle continued on and on until the instant when the auditor said, "Let's go to the beginning of your first nitrous oxide." He couldn't contact it and got the fifth. There had been five nitrous oxide incidents on his case, and they were all pulled up in the fifth one (the latest one) which had the rest of them nailed down. So he recounted the first words of the fifth one, located the area, got into contact with it, and at that moment basic personality settled down in spite of that whole thing.

That patient stayed extremely uncomfortable for $3^{1}/_{2}$ months, with constant mouth somatics after this point of discovery, because one was entering in a technique we call stripping an engram, as the only available technique.

He had not had this mouth somatic before, and yet the patient was now perfectly content with his therapy. No more notes were written. The auditor would say, "All right, let's go back to the beginning of this nitrous oxide and get the phrase." And he would get a phrase such as "I don't know," out of this nitrous oxide, and they would run "I don't know" clear down into the basic area as long as it was contacted on the nitrous oxide. If contacted anyplace else on the case, it would not run.

The phrase "I don't know" would go to a full engram at the bottom of the case, where it would erase, together with as many engrams up from that as could be gotten, and finally back to the nitrous oxide phrase "I don't know" which was then gone as far as that word's value was concerned. If the whole phrase was "I don't know but I put it right there," ". . . but I put it right there" is the next line that would be run all the way down to the bottom of the case as early as that statement was made, in order to erase that first engram. The process took 31/2 months, his mouth was in misery all day long, but he had no slightest complaint to offer about it, because basic personality was satisfied with the computation.

Some cases are locked up in about 20 consecutive incidents, and it is like trying to untangle a ball of string. You may find him in dental incident No.3, then dental incident No. 5 and then into dental incident No.1, but the file clerk is now on a track that he can pursue in order to untangle the case.

The file clerk will sometimes hand out the somatic in one place and the word content in another place. If this occurs, and the two are not matching, the auditor can be sure that he is contacting something that is full of bouncers which holds the person off, and that the bouncer incident occurs in the earliest part of the case which does not permit a person to contact the pain and the words simultaneously. He is standing off from the incident. He is being bounced away from the pain, and there will be an actual computation, "Don't touch me, get it out of me, leave me alone, put it away from me now, now hold it away, don't touch me with it." Or, "Don't touch me; don't lay hands on me again, you brute; don't you dare touch me or lay your hands on me."

"Well, you stay there."
"All right, I'll stay here and you can'talk to me, but I'm not going to come any closer than this." That was an actual basic-basic, and it threw the whole case into the silly aspect of the somatic being in one place and the thought in another.

What one does in a case like that is get the earliest one. Just keep diving for that bouncer.

The major reason you cannot reach the basic area of a case right away is because there is a bouncer which is all too commonly “I cannot tell this early, it is too early to tell.” It’s the doctor examining mother for pregnancy. That is a standard remark and the person gets back into it and hasn’t anything to say.

Part of the case is computational and part of it is mechanical. The mechanical portion means that the mind is so overcharged about something that it itself in its operation is not performing optimumly.

That is discovered by the fact that the case has so much line charge in it, the whole case is so spilling over with emotion, that the moment you tell the person to close his eyes and go back, he really goes back and you may get 15, 20 incidents confronting you simultaneously. That is line charge. One can also get a whole group of incidents bunched together, which themselves have charge as a group, but which are connected closely to the patient.

Another thing that has to do with this is the computation of running away such as: “I can’t face it,” “I can’t stand to take it,” “I’ve just got to run away,” “I’ve got to get out of here,” “I’m just crazy,” “I’m going wild,” “I’ll go mad”—standard American reactions. But the most horrible one is “I have no time at all. “ That is the prize grouper of them all.

RECOGNIZING CONTACT OF ENGRAM

A lecture given on
17 June 1950

Indicators

The first thing I want to take up in this lecture is the mistakes that can be made in auditing. Then I want to give you a demonstration on running a case in its various stages and see if I can't pull some engrams for your edification.

One of the things that a person can do wrong in auditing is to break the Auditor's Code. The next thing that he can do wrong in therapy is to restimulate a preclear and not do anything about it.

There are several ways this can be done. One of them is to use endless repeater technique, and hit one somatic and then another somatic and then another somatic and another somatic and another somatic and then say, "Gee, I'm not getting anything on this guy. Now go over the words "I hate you, I hate you, I hate you," and the person gets a cramp in his stomach. "Well, I'm not getting anyplace with that, uh ...." And then he runs an engram through and has the preclear convulsed until his heels and the back of his head are the only portions of his body on the bed, at which point he says to the preclear, "What is going on?" I have seen that happen. The person is undergoing a tremendous manifestation and somebody says, "Well, when did this start? The somatic strip will go back to the beginning of it. Who was present?"

In the first place, the person has not yet contacted any words or any part of the incident that he really can be sure of. That is the time you use repeater technique on him, when he is showing some sort of a manifestation, or when he refuses to show any manifestation. It is not used at random.

Repeater technique can be a very, very uncomfortable thing to use on a preclear, and he can be made very upset by it. A preclear sitting in present time could perhaps go back to yesterday or last year, but instead of doing this with him, somebody says, "Well now, let's see, I wonder what kind of an engram he has got. All right, go over the words 'I'm stuck."' The person repeats "I'm stuck" for a while and he finally twitches just a little bit on the word "stuck."

"Are you contacting anything?"

"No."

It would be a sin to fail to watch the physical manifestations of the patient and not observe that twitch.

If the green auditor then says, "There's nothing much on that, let's go over 'I'm caught"'—"I'm caught, I'm caught, I'm caught, I'm caught, I'm caught, I'm caught, I'm caught. . ."—he will pick up every holder on the time track and bring it into bold relief.

Of course, in three, four, five days the material will settle out of the case, but he is uncomfortable for that period of time.

Failure to watch the physical manifestations of the patient denies to the auditor a great deal of information. Physical pain is manifested by bodily agitation. For example, there is a little foot twitch, and an inclination to raise the knees off the bed. He has been lying there up to this moment very straight out. Suddenly he wants to raise his knees. Somehow he feels better with his knees up. Then he turns over on his side, and he feels better that way. And then

somehow or other his hands go under his chin, and finally he gets comfortable and he runs the engram!

If you fail to take note of the fact that he is curling up, even if he is just starting to curl up, you have missed the fact that he is on a vector of getting down into the prenatal area. That is the first thing that will tell you. His somatics will tell you before he will.

The way you get this material ordinarily is to send the somatic strip somewhere on the track and see if you can't contact the beginning of the engram.

If you have reason to believe through his conversation that there is a key phrase that disturbs him and you use that with repeater, when he begins to manifest some sort of a body agitation realize that he is falling into something and that the analytical mind is at that moment unhinged. So he thinks he is reasoning with you but actually he is not. He will merely start spilling out engrams with very little alteration in words.

Only in present time awake with his eyes open is he talking with his analyzer pretty well on. And he is reasoning.

Challenge a person when he is up in present time on everything he says, claiming it to be engramic, and you will so thoroughly upset a case that he will begin to distrust his own ability to formulate speech, and you have made his mind at that place less right. The time to use repeater technique is when you have already got the incident. He may go off the incident a little bit and the body agitation will stop. So you say, "Let's go over this again." "I'm killed, I'm killed, I'm killed, I'm killed, I'm killed, I'm killed, I'm killed." Then when that has been picked up all the way, he will be back on the engram. As he repeats himself in, you get the physical agitation. As he goes off it, it stops.

If that is happening, you are working against a bouncer and holder operating together such as, "I can't keep it down, I can't keep it down, it's got to come up, it's got to come up. All right. Hold it down. All right. I'll hold it down. I'm holding it down, all right. But it's got to come up, it's got to come up. I can't keep it down. So hold on to it now. Now I'll hold your head"—a typical morning sickness engram in full run. So it's up and down, up and down. And he will get into an engram that has to do with coitus or something else way up the track. He is still running with the somatic in one place and the words in another, with his emotion out of line, contacting it only vaguely. That would be a computational bouncer blocking the engram.

The other reason why he can't touch these things as far as decreasing this effect is because he is in an engram somewhere on the track, in somebody else's valence.

These are the various errors that could be made in Dianetic auditing. The subheading on that would be failure to observe physical agitation. The facial expressions and the voice will give you a pretty good key as to how he is running. You will also notice painful emotion is reflected in the person's breathing.

Patients very often curl up and hide their faces. I have had explanations from people that they are trying to shut out any light in order to get a better perception of prenatal. I suspect this as being justified thought, or it may be a protective mechanism against the general computation "I don't want to look at it." Nevertheless it is a manifestation.

The word "deintensify," as we apply it here, is generally when a person is showing great physical agitation. There is considerable pain or bloodless knuckles showing this agitation. Start through any engram and that will be demonstrated.

If you can go through that engram several times, no matter where it is located in relationship to him, you can deintensify it. It may take 5, 6, 8, 10 or 12 times, but it will get down to a point where it is merely an engram.

If the engram has not been reduced, the word content is definitely there. This ordinarily happens when the person is in somebody else's valence, such as Mama for instance, and is rolling around on the bed in agony over something or other.

The computation on any of these things has to do with valences. Maybe the person is having his own somatics follow an exact pattern of development.

A zygote is very small, and it is round. Anything that hits it would cause an all-over pressure. In addition to that, if we consider the basic tenet correct (and it well might not be) that each cell is carrying the information which it then passes on in full to each of its progeny as the organism develops, the overall somatic is also developed in this area.

So, in the zygote and embryo areas right up to the end of the embryo period and into the fetus period, you can watch the position of the engram by those physical manifestations.

The way you check for a valence is just to tell him to shift into his own valence, and see if he can pick up any other somatics.

One would not tell him to "Be yourself," because that is very restimulative.

One could tell him to shift into his own body, which might surprise him a little bit, but it will work. It is an amazing thing how very little a preclear has to know about it, but he does have to know something.

In auditing, you must keep your eyes and ears open and realize that whatever the preclear is doing when he is back along the track is generally commanded.

You don't look for a computation necessarily, but if he is all curled up in a ball, you can be sure he was curled up in a ball in that incident. If he is itching badly while he is going through an engram, and is evidently in his own valence, then you know a computation is causing that irritation.

I recall a patient encountering such a somatic where it seemed like mother had gotten the crabs. He complained about these crabs for about two weeks, and had scratched himself practically raw during that time. But he was held in that engram and had been there most of his life! That is what is known as getting crabs for 40 years.

Sometimes a preclear refuses to continue running an incident. The procedure that is very efficacious in handling a recalcitrant preclear after he has come up to present time, is to get up, pick up your cigarettes- and notebook, put your pencil in your pocket, and end the session. I have not had to do that more than 30 times in all the time I have been auditing. After that you don't have the altitude problem that you had before. That may sound like cruelty but it is not.

The cruel thing to do would be to argue, because you would then be evidently bucking his analytical mind. You would be trying to boss him and you might get into a quarrel with him and then accidentally start justifying your own actions.

If the patient has started the engram, and started into the computation, and has suddenly gone stubborn and said, "Oh no, no, I won't touch that," and has refused to go through it despite persuasion, and has gotten very insulting about the whole thing, I have just stopped the session and said, "It's all right. It's okay. I agree with you 100 percent." In one case, the person having been extremely excited about the whole thing then promised definitely that he would go on through with it. So, of course, the session was stopped and not started again on that day. However, the next time he went into a therapy session as appointed and went back down to the incident, he became just as insulting as he was before! But there was a difference in that in spite of these insults, his somatic strip was able to cooperate.

You would only use this method after other methods haven't worked. You can understand him fighting an engram, but after you have tried self-control on him and various things, if he still doesn't work and he is giving you a bad time and won't do what you ask him to do, and you seem to be lacking in altitude generally in the case, pick up the time when he does this and just stop the session.

A lot of patients, particularly a person who has a manic, will run an auditor ragged. I have seen an auditor practically faint after running one of these out.

To describe what altitude is, let's take an analogy in a naval organization. The more seniority the individual has, the more weight his orders have. We also find this in life, such as the pecking order of hens and so on. A person gains altitude in different ways.

However, the best brand of altitude is the altitude of knowledge, intelligence and ability. When you have two people who have some disparity between their levels of energy, intelligence or ability, you will find one of these persons quite often doing what the other one says.

He has begun to have altitude. That is the definition. In therapy this disparity can occur. In a certain pair of people, what one of them says goes, and what the other one says doesn't count as much. And if the latter tries to audit the former, it is a very tough situation and, in that case, he had better know more about auditing.

When they start together, which is usually the case, the one with more altitude has to submit to it but he doesn't do it very gracefully. Then the other person must build his altitude by not putting up with any nonsense. Most times when one has this difference of level, the person with less altitude is inclined to play pattyeake instead of auditing. But one day he will get the idea (when he sees his partner regressed on his track, not using his brains) and realize, "He might be an awfully strong fellow when he's up in present time and awake, but all we've got here is a preclear in an engram. I'm wide awake sitting here, and I can certainly think rings around him," and all of a sudden he pitches in and really audits.

I have seen that happen and it is quite remarkable. This person suddenly gets good. In any auditing situation, because of the attenuation of analytical power in the person who is being the preclear at that moment, the auditor has an automatic altitude.

There is only one thing to do if your auditor starts falling asleep on you, and that is to pull yourself up to present time as best you can, take the auditor, push him down on the couch, sit there with the most horrible patience imaginable, and start auditing him on the theory that he must need it a lot worse than you do!

When a patient starts falling asleep, make sure of the kind of sleep the patient is falling asleep into. A boil-off is rather undulant. The person is asleep in a dreaming state, muttering and so on. He comes up just a little bit, and maybe he will give you a chance word.

For instance, he will be going along, and he will say dreamily, "I am going to kill you and you aren't going to know what it's all about."

And you say, "Go over it again."

"I'm going to kill you...."

"Let's go over the phrase again."

He is doing a boil-off. But if the preclear simply falls asleep and starts to sleep very quietly and profoundly, there is no boil-off or anything else, he is obeying a command somatic. That command somatic may be in the engram that you are running, but more likely is in the engram in which he is chronically stuck.

The engram that makes the person fall asleep most ordinarily is the birth engram. Babies get very tired and Mama is told to rest between pains, or sleep between pains, so there may be several "Go to sleep" commands. The baby is also told later to "Go to sleep now."

In short, there is a lot of talk about tiredness in there, and in addition to that the engram itself is an exhausting one. Any time you get a 20-36 hour delivery, it gets very rough on the baby, and the baby usually goes to sleep just a few minutes after it is born.

Or it is a tonsillectomy where the beautiful nurse keeps saying, "Now, go to sleep, I'll take care of you. Everything will be all right. Now go to sleep, go to sleep." So he does, and then he starts to wake up in the middle of the thing and the voice again says, "Go to sleep." But she also says, "Stay there, lie still, I'll take care of you. Nurse will take care of you now. Just go to sleep."

Incidentally, it is not too good to audit a preclear right after a very hearty meal any more than it is to audit one when he is too hungry, because it is distracting and will add a somatic onto the case.

You will find out that the first time you go over birth, very often it will only last about 10-15 minutes' worth of your time. In the first place, you are getting these recountings jammed up. On the other hand, sometimes you will start into birth and get the somatics. A person is perfectly willing to find the somatics with time, that is, one minute of engram equals Qne minute of real life. You can actually count the labor pains with a stopwatch on such people. They are not getting any of the words, but you can just watch them scrunch inwards and say to yourself, "Well, the pains are going to be faster now, we'll be getting into some real material here." And all of a sudden he starts to pick up material off the subject that is birth.

Large chunks of birth are ordinarily missing. They are suppressed lower, and occluded from higher areas. So that you are running various pieces and you are not running it minute for minute.

One can take a patient through a time shift, someone who has no knowledge of an operation or what happened during it, and watch him while you pace him through the operation, minute by minute, calling the minutes. You are guiding the time track, and you take him right straight on through, minute by minute. You pick up all the manifestations and you can also hold a stopwatch on it. It is very interesting. I have done this, and a medical doctor has observed it and recognized the proper length of time for it to have taken for such-and-such to have happened in the operation. I have seen a medical doctor sit there and say, "Gee, nine minutes to get those tonsils. Boy! That guy is busy. That guy is a pro."

A sleep engram usually has "Go to sleep" in it, and if this person is in the engram, you are pulling this engram with him up and down the track. You have got to find the engram that he is going to sleep in, and the smart thing to do would be to find it.

Pick up the first time "Go to sleep" is said, and try to get it out of the patient.

Very often you will find this case has been hypnotized. Don't under any circumstances overlook the fact that a lot of your patients have been hypnotized. Hypnotism has been around for a long time. It is quite a parlor trick and it is very hard on some cases.

I have even found hypnotism in the prenatal area with Mama being hypnotized, which really messes things up. You handle this with repeater technique, going down the case with "Go to sleep, go to sleep, go to sleep." Papa may have said this chronically, and all of a sudden in one of these cases you will hit the incident.

Or a patient you know has been hypnotized, so you tell the patient to go to the earliest "Go to sleep" in the case. They always tell babies to go to sleep (the poor little devils). "Go to sleep, Baby, go to sleep." There is the rocking technique of "Go on to sleep, now don't cry

anymore, just go to sleep. Mama's right here with you, just lie right here. Now we'll put him down, we'll put him down."

You will run into these points continually. There is nothing worse than a patient who has been hypnotized often. However, it is a beautiful, happy thing that when you have a patient who has been hypnotized a great deal, there is always a first time he has been hypnotized. Get that first time out and deintensified and the case will roll.

Another interesting manifestation is that of a person who is running a prenatal, such as his mother in the bathroom where something or other is going on, and he suddenly says, "Yes, my Aunt Hilda, so-and-so and so-andso. That's funny and here is this train." He is not boiling off. He goes on and tells you about Aunt Hilda and the time she went off on the train, and then goes on with the engram again. What is happening there evidently could be represented on the basis of here are the engrams and here are the locks and the occluded locks on the engram. They are lying right there in the bank along with the engram.

So as he is running this engram, he is apparently jumping up to the time he is 28 years of age and going back down to the engram again. But that isn't a fact, he is actually carrying right along in that line. This lock is brought down on top of the engram, and it is occluded up to that moment. Sometimes it is not even a badly occluded incident, but the part of it that is occluded will be lying on that engram.

So don't be surprised if somebody suddenly starts running a lock on an engram. Just expect him to go back to the engram in a moment. There is no need to check him from running this lock. He is probably happy he has encountered it.

You can tell these things very easily. It is a consecutive run. In the first place, you know an engram that you are going to receive a bouncer in. It starts in and it is somewhat vague, and a person can't quite touch it, and then he repeats himself into it again. He has a very hard time of it, and there are a lot of guesses and repeaters and so on. But if he is running this thing along and he says something violent like, "You dirty bitch, you keep spending my money and I'm never going to speak to you again. You can go off and do what you want to do but I'm through"; and he says, "You know, that's a funny thing, there's that five dollar bill I borrowed . . ."—apparently these two incidents lie right there together on the time track.

Painful emotion is caused by one specific thing and that is loss. It could all be summed up under loss and any severe loss could be summed up under painful emotion.

Punishment is not painful emotion unless it computes on the idea of sudden rejection or loss. For instance, if Papa has been nice all these years and all of a sudden he takes the child and punishes him, there will be painful emotion, real painful emotion.

You can bet your bottom dollar if some patient cries when the parent is doing a minor amount of spanking, that this patient has a super-emotional booster such as, "You're always so emotional, I don't see how you can possibly be this way. You always cry and cry and cry."

Painful emotion is occasioned by loss alone. Loss of an ally, loss of money, loss of job, loss of prestige, loss of position, loss of a rung on the ladder that leads to life—a sudden setback.

A lock is a very specific thing. It is the approximated circumstance of a physically painful engram. For instance, someone is driving down the street and he runs into another automobile and is hurt. The other driver gets out of his automobile and says, "You dirty bum, what's the idea? You can't drive. Where did you learn how to drive?" and so on. That is an engram because there is physical pain in it. The person is actually injured and maybe even unconscious.

Now, four or five years after this, or maybe even two days after this, somebody says, "You can't drive. I don't want you driving." The person feels as though he is reeling for a second,

and maybe gets a little bit angry. That is a lock. Then there is the engramic lock. So there are really three of these. There is the engram, the engramic lock and the lock.

The lock has no painful emotion in it, because it is not loss, and it has no physical pain in it. The person is not injured. He may merely be a little tired. There is a slight amount of analytical attenuation in all locks.

The engramic lock is called an engramic lock because it contains actual physical pain, but not a great deal of unconsciousness. Hitting your hand with a hammer might form a lock on an earlier engram.

The engram has real pain and solid, deep unconsciousness. It is a very rough situation.

Of course, one can get locks on painful emotional engrams too. We had a lot of figuring to do on nomenclature. The painful emotional engram is an actual engram. It exists as its own entity. It was called an actual engram for the reason that it was engraphic.l But it has a slight difference in that it depends on physical pain in engrams under the somatic enforcing it. It has a dependency upon a physically painful engram. That definition of a painful emotional engram was an effort to simplify terminology and to persuade people to run these things as they should be run, like engrams, because they are engrams in the way they are handled and discharged.

Up until the time we started calling them engrams, and merely defined them as moments of painful emotion, people didn't treat them with the respect they deserved in therapy. But now we call them engrams, and people know how to treat engrams and handle them correctly.

Actually, painful emotion depends on an earlier moment of physical pain and unconsciousness. Pull any painful emotional engram and if you are right on your toes you can catch the physical pain that went under it.

It is very often possible to remember what amounts to an engram. It doesn't mean there is a complete occlusion of an engram. You will find, however, when you get into it and when it is run that there is so much more material present than you ever suspected that it was merely an illusion that the person knew all about it.

For example, a person says, "Yes, I remember very well when my father died, I remember it vividly, I remember the church in which he was buried." He is perfectly willing to go on like this and tell you all about it. Now get back to the beginning of it and we find out that it took two weeks for the old man to die. There were a lot of people around, and he was buried in the church all right, but the scene at the funeral parlor immediately before that was very interesting. There is lots of material lost in the thing, and all the lost material has high charge value.

In running any painful emotional incident, you are going to be able to go through that incident and find exactly what it has been held by, because you run it through again and again, and you also go earlier to find the engram underlying it.

Often the person has a very bad emotional shut-off, and goes out of valence and into another valence and gets lost someplace on the track. If one tries to get a physically painful engram to discharge and doesn't get a somatic, or tries to get a painful emotional engram to discharge and doesn't get any tears, it is an ally.

For instance, Mama has received some bad news. Her mother has just died, let us say. She says, "Oh, boo-hoo-hoo, I don't know, I don't know," and she rocks back and forth in the rocking chair, and slings herself on the bed like somebody sliding to first base. "Boo-hoo-hoo. Oh, dear. Oh, dear. What is going to become of me?"

This can also be found in AAs sometimes, “Oh, dear, dear, dear, I’m so sad.” It is a moment of loss later and it will hang up on the emotional content of the earlier one.

Man is analytically quite happy to spill tears on any provocation. You can go all the way back down a person’s lifetime and find him crying because he has been beaten up, crying because Papa spanked him, crying very joyfully, or crying at the movies and so on. He is having a fine time using the lachrymose glands the way they were never intended to be used. But, we go back down over these incidents, and he says without tears, “My mother’s death has no effect on me. I had the feeling that it just didn’t matter. I went through it, perfectly okay.” Now you get him back to the beginning of the incident after you have cleared up a few of the things in the basic area, and all of a sudden you get a tremendous discharge of emotion right back of the engram encystment where there were real tears being formed in the case. And even if the person cried all the way through it, you go back to it and you will still get the tears off the residual shock.

Painful emotion is caused by shock of loss.

You very often find a local anesthetic has pain wrapped up in it. These things behave very oddly. Take the spinal block, for instance; that has quite an effect on a person. It is quite engramic.

There he is, perfectly wide awake, everyone agrees, at the age of 21, watching the operation and so forth, and the nurse says to him, “Well now, just lie still.”

And years later we say to him, “How old are you?”

And the person says, “I’m 21.”

I don’t know the effect of spinals. I know nothing of the mechanisms. I have run spinals, and local anesthetics, and occasionally a local will suddenly wear off in the engram, and the pain will turn on as he runs it through, but there was shutdown when that local was on.

There is no doubt about the fact that there is great value to the principles of anesthesia. It makes the patient comfortable during the operation and it materially aids and assists the doctor, and so on. If silence is maintained in the area with no restimulators occurring except maybe the local organic restimulators, a person can come through that engram with flying colors. But even though it is a local anesthetic or a spinal anesthetic, you can expect him to pick up an engram.

The theory has been put forward that perhaps the cells under local anesthetic record sounds that the ears of the patient can’t hear. There are a lot of gentlemen who might say that is ridiculous, but the further I go with Dianetics the more I begin to conclude that there is something to cellular learning on an almost analytical level. I have picked up engrams out of a man when he was a boy stepping on a piece of glass, which makes this thing very confusing, because now the cell is no longer even there!

So one accounts for this loosely by saying, “Well, probably nature was perfectly willing to duplicate almost anything and had some mechanism at work there.”

We counted up one time and found out there was a possibility of about 50 separate memory banks in the mind, many of which were carrying duplicate information, cross-information; because you can run out broken glass in the foot, you can run out hangnails on the hand that’s now missing, and you can even get tactile on that hand. There are engrams still existing related to this hand. So it could be stored in the cells, as it would be in a local, or it could be stored somewhere else in the body. We could even postulate cosmic consciousness. That puts it beyond reach. People will believe it, too, and won’t be upset by it either. That accounts for everything. I have told people fortunes and read into the future and so forth, and then thrown them a couple of the small basic tenets of Dianetics which stood up admirably under

scientific investigation. They wouldn't believe those, but they would believe implicitly that Aunt Hattie was going to call next month. So perhaps by putting it up into a cosmic mind postulate we will be believed!

THE SOMATIC STRIP

A lecture given on
17 June 1950

At Your Command

It takes patience to turn on sonic and tactile and so forth. If patience is used and one doesn't automatically assume that the patient can recall (even though we know he can in the first place, and we can prove to even the most recalcitrant, skeptical subject that the somatic strip will do what the auditor wants it to do if it seems reasonable to basic personality), we can turn on sonic in a case.

You don't work for a few minutes this way. Try to work for 20, 30 minutes at the beginning of the session in this fashion until you get it built up pretty well.

It may sound like suggestion to say, "You're there." However, it is not suggestion, that is the truth. Tell someone to go to a moment when he's eating dinner, and you know he is there. You are not suggesting, but you are reassuring him of the fact that he is there. For instance, last night I had a gentleman who has an enormous number of psychosomatic manifestations, and this gentleman was very skeptical. He didn't know whether it was Tuesday or China. The somatic strip was obviously held severely somewhere on the track, and so I said, "The somatic strip will go to the beginning of the engram in which you find yourself."

He immediately started coughing, and this interested him very much. So I continued, "Now we will go on through the engram in which you lie."

"Cough, cough."

"Now let's see if we can pick up a couple of words prior to that coughing spell."

He was held there, so he said, "I've too much unconsciousness to go into the engram." Nevertheless his somatic strip was going to this engram and manifesting itself. Then I told him to go to the end of the incident and he turned over on his side.

"Let's go back to the beginning. Now the somatic strip will go to the beginning of this incident."

"Cough, cough, cough."

"Now let's go to the center of the incident."

"Whew."

"Now we'll go to the end of it."

He again turned over on his side and he said, "There's something funny about all this. I'm not anywhere. I know I'm not."

I said, "Well, your somatic strip gets along just fine. Just go to the beginning of the incident."

He tried not to. This was push button deluxe. He was going straight on through the thing. He was cold just before the incident started. Then the cough. Then he developed a high fever. And then for some reason he had to turn over on his side. He was going on through this and boiling off a little material.

Sometimes just to give a person a little jolt, one can say, "Well, let's go back to a time when your mother was coughing."

"Cough, cough, cough."

"All right. Now let's come up to a pleasure moment." Pick it up and carry it on through, and you will get penetration. This is the winning valence theory at work.

All the time you do this you can be absolutely certain that the somatic strip is right there with it. The person can go to the 21st of October, 1921, at 2 o'clock in the afternoon. This is a fantastically accurate chronometer on the subject with everything on file.

When you get up towards clear you will see. In short, the somatic strip is right there with you. You are not establishing a hypnotic rapport. A psychotic subject can be put into a state sometimes whereby he will go trance-like. Sometimes a person will go into a hypnotic trance in spite of anything you can do. The canceler will take care of most of that.

But wide awake, more or less, a somatic strip will track on anything.

I have had service records in my hands that have said a man was wounded at 21:02 on such-and-such a date, 1943. I would call for it and get it, just like that! There is an immediate reaction.

Sometimes the person just drifts down into the incident, and then gradually the incident will build up on it. But that is the incident you are calling for, and it doesn't have to be that big an incident either. You find out that he was being transferred from one harbor to another and you know that he gets seasick the moment he goes to sea, ask for it.

Say, "All right, go to the time you were seasick." (It's not "Go to the time you were on the French ferry" or something.) I will now demonstrate to you a technique of running back an engram which is in the middle of the bank, that an auditor is unable to do very much with, and which is relatively unreduced. (The patient in this case has an eye somatic.)

LRH: Do you mind sitting down and putting your head back. All right. Let's see if we can't contact something about this eye. Now any time in the future that I say the word canceled, whatever I have said to you while you were sitting there will be canceled. Is that clear?

PC: Yes.

LRH: Okay. Now let's go back to the moment when somebody was running this eye somatic or whatever it was. Let's return to the moment when somebody was running an eye somatic.

PC: Makes me hot.

LRH: Let's return to the moment when somebody was running one. Now what are the last words he said about the eye somatic? Not the last of the session, the last words he said?

PC: I don't get them.

LRH: Oh, sure, we can contact this. Let's go over it again now.

PC: (murmur)

LRH: Let's pick up the first moment you touched on that eye somatic or whatever it was, the first moment.

PC: I'm running at full tilt down the stairs and I turn sharply and bang into the marble pedestal.

LRH: Hm-hm.

PC: And knock the marble pedestal ouer.

LRH: Hm-hm.

PC: (laughs)AndIgoflat.(laughs) Well, my mother comes out wailing, Oh, my God, what will I do, what will I do. Oh, look what you're done. Oh, you naughty boy, what hare you done, what hare you

done. Go upstairs, go to your bed. Go upstairs, go to your room, you naughty boy. She goes on that way for quite a while, weeping and wailing, and carrying on hysterically.

LRH: Did you pick up an eye somatic when you touched on that engram?

PC: (sigh) At that instant, no. But right below and to the left of the eye, the bone here got awfully sore at that time.

LRH: Hm-hm.

PC: And stayed sore for several days.

LRH: Let's go over this incident again.

PC: Yes.

LRH: Doyou have any older brothers?

PC: No.

LRH: Doyou have any older sisters?

PC: I have a half-sister that's 14 years younger.

LRH: 14 years younger, that wouldn't help. Let's see if we can't

PC: There was no one else there, it was in the home of my grandfather and my grandmother.

LRH: All right. Let's contact the first moment that eye is injured in your whole life.

PC: Contacted that last night in an engram of an abortion attempt.

LRH: Uh-huh?

PC: I was—oh—(starts to laugh) this is it! (more laughter)

LRH: Okay. (chuckles) All right. Now let's run that.

PC: (sigh)

LRH: Let's run that now.

PC: My mother, I'm sure, has been given laudanum, or has taken it.

LRH: Hm-hm.

PC: And she is pretty groggy.

LRH: Hm-hm.

PC: For the most part she doesn't say anything. There are two men. One of them is my father and he's holding her. I think he's holding her hands . . .

LRH: Hm-hm.

PC: right across here.

LRH: Hm-hm.

PC: And there's a fellow, who I think must be a man I knew later as Larry Fisher, sitting down behind the edge of the table.

LRH: Hm-hm.

PC: And he's swearing and spitting tobacco. (chuckles) He's saying, There's got to be another way of doing this. And—and—ah—he—I don't know....

LRH: Let's go on.

PC: Anyway, what I feel is a hell of a stick in the ass.

LRH: Hm, okay.

PC: And it goes again and again and again. Well, we worked over that thing last night until there wasn't any more pain in that incident, and pure memory returned.

LRH: Okay. Is this the first abortion attempt?

PC: There were two of them we ran over last night.

LRH: All right. Now the somatic strip will go to the first abortion attempt, whatever it is. The first one. (pause) The first one. (pause) Back to the first one. When I count from one to five the first words of the first one will flash into your mind. One-two-three-four-five (snap!).

PC: Oh, nuts

LRH: Let's go over it again.

PC: Oh, nuts

LRH: Let's go over it again.

PC: Oh, nuts. This....

LRH: Next line.

PC: Oh, nuts, this. . .

LRH: Continue.

PC: damn thing won't work.

LRH: Okay.

PC: (mutter) This damn thing won't work. She's out like a light. No, that isn't it. Oh, nuts, this—this....

LRH: Continue. You know it. Roll it out.

PC: Oh, nuts, this won't work. There ought to be another way of doing this. There's always two ways of doing things. More ways than one to skin a cat.

LRH: Hm-hm. Continue.

PC: More ways than one to skin a cat

LRH: Continue. .

PC: Nuts, there ought to be another way to do this. There are more ways than one to skin a cat.

LRH: Continue right on through.

PC: (murmur)

LRH: Continue.

PC: Ah. (pause) A curious thing. (pause; mutters under breath)

LRH: Continue. (pause) Continue.

PC: Doesn't seem to be anything there.

LRH: Go over that again.

PC: Doesn't seem to be anything there. Doesn't seem to do anything there. I don't know about that.

LRH: Okay. Continue.

PC: Maybe she isn't knocked up anyway. Maybe she took....

LRH: Continue.

PC: (pause; mutter) I don't know.

LRH: Keep rolling.

PC: (pause) I don't know.

LRH: Got to get it out of there?

PC: I don't know, I can't seem to find anything.

LRH: Go over that again.

PC: (suddenly much louder) Oh, jeez! They did. (laughs briefly, then in high voice) Damn it!

LRH: Okay. Continue. Can't seem to find anything.

PC: The hell they didn't!

LRH: You know about this.

PC: (high somewhat tearful tone of voice) Damn.

LRH: Next line.

PC: Damn it anyway (sob)

LRH: Continue.

PC: (weepy voice) Damn it! What the hell are they doing? (angry now) Damn it!

LRH: Continue.

PC: (screams) Go away.

LRH: Continue.

PC: Got it all over the pillow.

LRH: Keep going.

PC: Oh, jeez!

LRH: What are they saying? What are they saying?

PC: Hoo-uh. (chuckles)

LRH: What are they saying?

PC: Hooh!

LRH: What are you contacting?

PC: (pause; mutters) Damn it, that ought to get it. That ought to get it. Let's try it again. Huh, damn it.

LRH: Continue.

PC: (mild scream) Damn it! (moans)

LRH: Continue. You know about this.

PC: (mild screams) Damn. I—I know about it. (sobs)

LRH: You know what it is.

PC: (sobs) I don't know. What's the use?

LRH: Continue.

PC: Whew, (calmer) whew. Wait a minute. (pants)

LRH: Continue. Who says, Wait a minute?

PC: (murmur)

LRH: Does anybody say, Wait a minute?

PC: Yeah, but that's later, ha.

LRH: Okay. Continue. What's said there?

PC: It isn't so much said as I heard Larry spitting out of his front end, tobacco juice. (chuckles)

LRH: Okay. Continue.

PC: (guffaws)

LRH: Continue.

PC: (pants) Let's try it again.

LRH: Go over that again.

PC: (mutter)

LRH: Continue. What does he say?

PC: Let's try it again

LRH: Continue.

PC: I can see the look that must hare been on his face because I've seen it many times since.

LRH: Hm-hm. You know about this. Continue.

PC: And here I always thought he was a damn nice fellow. (laughs) Oh, let's see, what does he say? Oh, that was my father laughing.

LRH: Okay.

PC: Ah....

LRH: What's your father laughing at?

PC: I guess he 's laughing at Larry 's wry way of putting things.

LRH: Okay. Continue.

PC: And—uh....

LRH: Continue. It's all right now.

PC: Let's see, what happened then?

LRH: You know.

PC: Uh....

LRH: Let's try it again now. (pause; snaps fingers)

PC: Now let's put it in this way this time.

LRH: Okay. Continue.

PC: Let's put it in this way this time. (mutter) It doesn't seem to be touching me at all this time.

LRH: Okay.

PC: Although Ifeel an awful sensation.

LRH: Continue. What's he saying?

PC: (pause; sobbing)

LRH: What's he saying? Contact what he's saying.

PC: (makes a horrible bloodcurdling noise, followed by a thump)

LRH: (quite calmly) All right. What's being said there by them?

PC: (pants, cries)

LRH: What's being said?

PC: (pants and moans) I smell—I smell....

LRH: What do you smell?

PC: I smell anesthetic.

LRH: All right. What's the anesthetic? (pause) What's the anesthetic?

PC: (pause) Chloroform.

LRH: Okay.

PC: Chloroform.

LRH: Continue.

PC: (mutters under his breath)

LRH: Okay. What do you get there?

PC: (mutter)

LRH: Okay. Now what do you get? What's being said? What are they saying through all this?

PC: I can't see what I'm doing.

LRH: Let's go over it again.

PC: I can't see what I'm doing. There's too damn much blood there.

LRH: Let's go over it again.

PC: we must have cut something.

LRH: Continue.

PC: It's hot in here.

LRH: Continue.

PC: (muttering)

LRH: Let's go over that again.

PC: (murmur)

LRH: Okay. Let's go over that again.

PC: (mutters)

LRH: You know about this.

PC: My father is not in the room.

LRH: Where is that?

PC: I don't know these people. I don't know them at all. I've never seen them there since.

LRH: What are they saying?

PC: They're the ones saying, I'm sure.

LRH: Hm-hm.

PC: Well, what do we do with her? To hell with her.

LRH: Continue.

PC: It's hot as hell.

LRH: Continue.

PC: (muttering) Ooh, she's got something there. Let me tell you now.

LRH: Okay.

PC: Let me tell you now.

LRH: The next words will flash into your mind when I count from one to five. One-two-three-four-five (snap!).

PC: (mutters)

LRH: Okay. Continue.

PC: No, no. Good riddance. Good riddance.

LRH: Continue.

PC: (murmur)
LRH: Continue.

PC: Thy will be done anyway.

LRH: Sure.

PC: so ah . . .

LRH: Continue.

PC: Ha, that's the last thing.

LRH: Okay. Just lie back there. Okay.

PC: But that seems to be it.

LRH: Okay. Is there an eye somatic in this incident?

PC: No, but I have a pain in my stomach.

LRH: You mean in there?

PC: My eyes often hurt. It just feels as though it's not on my body.

LRH: Hm-hm.

PC: (sigh)

LRH: Hm-hm.

PC: Doesn't seem to be there anymore. Oh, I guess (groan) time must be foreshortened. It seems like this when you've got a fever, at least I'm hot.

LRH: Hm-hm.

PC: This must be a fever, I think.

LRH: All right. Let's contact the beginning of this incident. Let's contact the beginning of this incident. Contact the beginning of this incident. (pause) Contact the beginning of it. (pause) Contact the beginning of it.

PC: Uh.

LRH: Contact the beginning of the incident.

PC: Yah, it was chloroform.

LRH: Okay. And now what's being said there?

PC: Put her under.

LRH: Go over that again.

PC: Put her under.

LRH: Next line.

PC: Put her under.
LRH: Next line.

PC: Put her under. Put her under so she won't squawk. Put her under so she won't squawk. Okay. Oh, my God, oh! (loud groans)

LRH: Continue. What are they saying in there?

PC: (groans) They're not saying anything.

LRH: All right.

PC: (exhales)

LRH: Keep going.

PC: That's all. Let's try it out. Never mind.

LRH: Continue.

PC: There. (pause)

LRH: Continue.

PC: (suddenly screams loud and long)

LRH: You know what it is. Continue. (pause) Same content there. Are they saying anything? Is your mother screaming, or anything happening like that? Can you contact that eye somatic?

PC: I don't know, but something's happening.

LRH: Okay. Keep rolling.

PC: (muttering)

LRH: Uh-huh.

PC: seems to be holding. I can't see what I'm doing. There's too much blood.

LRH: Continue.

PC: Not very good. (breathes deeply) What if she kicks the bucket? (murmured reply) Hell, Mike, what did you do? I don't know. Can't see. Too much blood. Well, you must have put a hole in it. Oh, jeez. What do we do now? What do we do now? What do we do now?

LRH: Continue.

PC: We'd better get the hell out of here.

LRH: Continue.

PC: What do we do with her? Oh, to hell with her. What if she kicks the bucket? Oh, good riddance. Dick will fix everything up. She won't know the difference.

LRH: Okay. Let's return to the beginning of this incident now. Let's return to the beginning. Okay, let's return to the beginning of the incident. (pause) The somatic strip can contact the beginning of the incident. (pause) Now, let's roll it through.

PC: (murmurs) There were a couple of things still in there. (pause; then starts to laugh)

LRH: Continue.

PC: (laughing)

LRH: Continue. You're doing fine. Get the somatic on it.

PC: Seems that it comes and goes. It doesn't stay very active. (groans next words) At the moment.... (groans) Damn.

LRH: Continue. (pause) The somatic strip will keep rolling on through this.

PC: (exhales; pause)

LRH: What are you contacting there?

PC: There's some residual pain there although there doesn't seem to be anything going up and gouging me now.

LRH: Hm-hm.

PC: Ah, and the pains.... Now I'm starting.... Ah, Well, couldn't get it that time. Just have to try another way.

LRH: Hm-hm. Continue.

PC: I can't feel this in me at all. This is wrong. I just sort of (cough) seem to stay put. Something's going up around me like this.

LRH: Okay.

PC: (pause) My leg's beginning to quiver, but this doesn't seem strange somehow.

LRH: Hm-hm. Continue.

PC: I don 't know. (chuckles) There won 't be very much left of this thing now.

LRH: Continue.

PC: (suddenly louder) I'm trying to bring this damn thing on through, this is purely voluntary.

LRH: Don't worry about it. Let's just continue on through with what they're saying.

PC: Let's see, some little feeling of amnesia.

LRH: All right. There are two ways to do it. What's the phrase?

PC: There's more than one way to do it more than one way to kill a cat. More than one way to kill a cat. That belongs later.

LRH: Okay. And this early one? How does it run? You know how it runs.

PC: Ah, it's this chloroform business.

LRH: All right. Let's roll it from the beginning on the chloroform now. I'll keep you from banging your knees this time. You can run through it.

PC: Oh, my knee doesn't hurt any.

LRH: Okay.

PC: Ah, hey, let's see. Let me see now. I'm on my side but—uh....

LRH: Continue.

PC: I'm pretty sure my mother's on a table and it's something like this. I imagine that it's done in the kitchen of somebody's house. And I don't even know these people.

LRH: Hm-hm. Continue.

PC: And then someone says, Give her a couple more drops, Mike. This is a woman's voice.

LRH: Hm-hm.

PC: Give her a couple more drops, Mike, so she won't squawk anymore.

LRH: Continue.

PC: Let's see, preuEously I had felt a pain in my rectum.

LRH: Okay.

PC: But I don't feel any pain now. Ifeel quite all right. Now let's see what goes on there. What goes on?

LRH: Let's shift into your own valence. Let's start back to the beginning.

PC: In my own Valence?

LRH: Shift into your own valence.

PC: I am in my own Valence. This is my own Valence. I'm me, I'm here. I lay down like this. I only assumed this position to try to bring this thing back a little more clearly.

LRH: Okay.

PC: Just little spasms.

LRH: All right.

PC: No pain. Just muscle spasms.

LRH: All right. Let's run it through now in your own valence.

PC: Oh.

LRH: You get a tactile on this?

PC: No, except I'm all curled up.

LRH: Hm-hm.

PC: I'm Very satisfied. It's Very nice. There's nothing to get excited about. It's a funny feeling.

LRH: Okay. Continue.

PC: That's fine. It's a funny thing. I'm saying this, although it isn't as if I hear it.

LRH: Continue.

PC: Oh, this is—wait a minute

LRH: (very quietly and reassuringly) You know.

PC: I know there's been a lot of sensation because I'm shaken up by it.

LRH: Hm-hm.

PC: And part of this twitching in my muscles is my being shaken.

LRH: Hm-hm.

PC: But it also feels as if the rest of me is being shaken, only the legs get it worse than the others. Anyway that's what it is. And then Iget shaken up. And thats all there is to it. Can't see, there's too much blood. Let's get out of here. What do we do now? I don't know, let's get out of here. What do we do about her? What do we do with her? Oh, to hell with her. No, it doesn't matter, forget it. Dick will fix that up. He can fix anything.

LRH: Go over that again.

PC: Let's see. Good riddance. Dick can fix anything. He can fix it.

LRH: What happens then?

PC: I've no idea. Ifeel damn sick. This is the way I'ue been feeling for the last couple of days.

LRH: Okay. What's said there? What's said there about sick?

PC: Nothing's said about sick. Nothing's said about it. I just don't feel right. I'm feeling bad.

LRH: Doesn't feel right.

PC: Doesn't feel right. (groans several phrases)

LRH: Continue.

PC: (groans again) What hare you done to me? I feel weak.

LRH: Continue.Weak.

PC: I feel weak. I feel pretty weak. (groans several phrases)

LRH: Continue.

PC: (groans more phrases)

LRH: Continue.

PC: The thing that came into my mind is that I'm beginning to pick up now that this is a lie, that this is just fake, that this is not an experience that I hare had.

LRH: Would he have told her?

PC: Hm ?

LRH: Would he have told her?

PC: No.

LRH: Would he have told her anything?

PC: (croaks some words)

LRH: What would she have said about it?

PC: She said, What did you do to me? My mouth feels dry. I'ue got such a pain. My head's sore. I'm so sick. But I don't feel that I'm sick.

LRH: Okay, continue.

PC: That's just what she's saying.

LRH: All right.

PC: (clears throat) And—uh....

LRH: Continue.

PC: Well, I was playing a joke on her.

LRH: Continue.

PC: (mutters)

LRH: Shift into your own valence. (pause) Now what's she saying?

PC: Somehow or other, I don't know why she keeps saying, Damn stiff.

LRH: Stiff. Go over the word stiff.

PC: I in so stiff, and sore. Oh!

LRH: Go over it again.

PC: Oh, I'm so stiff and sore, what happened? What happened here?

LRH: Continue.

PC: I'm bleeding. What did you do to me? Oh, monstrous! Oh, monstrous, you took my baby away from me again! Oh, oh! Then there's something that just doesn't seem to come out.

LRH: May not come out? Might not come out? May be able to keep it?

PC: Yeah, We didn't get it.

LRH: All right, go over it again.

PC: We didn't get it.

LRH: Go over it again.

PC: We didn't get it.

LRH: Go over it again.

PC: We didn't get it, we didn't get it.

LRH: Okay.

PC: Oh, thank God.

LRH: Continue.

PC: Thank God for that. Thank God for that. Don't ever try that again. Don't ever try that again. I want my baby. I want my baby. He'll bring us together. He will, I know he will. He'll be a wonderful baby. He'll make you happy. He'll make you happy. He'll make you proud.

LRH: Continue.

PC: He'll be like his Uncle Richard.

LRH: Continue.

PC: He'll be like his Uncle Richard. A fine man.

LRH: Continue.

PC: Ridiculous. (laughs loudly) Oh, hell. (laughs some more, loud line charge) Oh, hell. He's going to be a fine man. Nuts. (continues line charging) Well, to hell with them both. (more line charge) Oh, dear. (more line charge)

LRH: All right, close your eyes.

PC: Yah.

LRH: Okay, let's come up to a moment of pleasure.

PC: Yah.

LRH: When you feel good.

PC: Yah.

LRH: When you really feel good.

PC: Yah. Dancing.

LRH: All right, let's hear it.

PC: She's about that high. She's from Texas.

LRH: Uh-huh.

PC: And she's out like that, you know, and we're all been drinking, and I'ue got my shoes off and we're having a hell of a good time. This is Peter Drew's going away party.

LRH: How does she feel?

PC: She really feels fine. A lot of fun, a lot of movement.

LRH: Feel happy there?

PC: Yes, the dance floor is just about so big. And there are all sorts of people that are nice.

LRH: Feel fine?

PC: Oh, yes.

LRH: Come up to present time. Present time.

PC: Present or pleasant ? (laugh)

LRH: (laugh) Both.

PC: Yah.

LRH: All right, present time.

PC: Yah, June 17th, 1950.

LRH: Canceled. Five, four, three, two, one. (snap!).

PC: (shifting position) Whew, it shouldn't happen to a dog. (laughs)

LRH: Thanks so much.

That ought to be run rather soon, two or three more times. But it has deintensified. The charge is off the engram.

The case behaves as if basic-basic is out of it.

Earlier than those AAs you will find out that there are some incidents, and it may be necessary in this case to deintensify them.

An interesting point there was where the cord had been nicked on the AA, and the patient knew the air was shut off in the incident. He realized he was suffocating, but he didn't know where to be suffocated. As we went through the incident, he was getting undecided as to this and even mentioned it in relationship to him. Basic-basic is important because the one thing which is common to every engram begins first at basic-basic and is then filed chronologically throughout the whole engram bank. That first basic-basic has unconsciousness in it, and every engram thereafter has unconsciousness in it. So it is necessary to get the first unconsciousness off the case.

I have found a lot of cough basic-basics. I have found basic-basic with one word. The one word in the basic-basic was "ridiculous." The way one knows it was basic-basic is very simple. It boils off and its content disappears. There is a refile. By working for a long time one could finally locate the words refiled in the standard banks where they belong.

If one sends the person back on the time track again to the incident when it happened and coaxes and cajoles, one will eventually discover that the incident is still filed but it is gone as far as the patient is concerned. You can spend two or three hours trying to get one sentence back out. It will finally come up, but it is about as important now as what you ate for dinner 22 years ago. The file clerk wipes out all those things which were falsely aberrated. A true datum in an engram will refile as a true datum. Or something that the analytical mind can use will refile.

For instance, the planet Pluto turned up in an engram and all concerned were very excited about why this should be, so they got the date and looked it up in an almanac and found out that it had been discovered about two weeks before. So, of course, everybody was talking about it.

Sometimes the bank is so arranged that five or six incidents occur right in the basic area making it pretty hard to decide which one was exactly the first one. However, they are all erasable, because they are all basics on their own chains.

HANDLING OF CASES

A lecture given on
19 June 1950

Alleviation

One important area I want to cover in this lecture is the handling of patients. As a professional auditor you will be very interested in the patients who come to you for treatment. I have already covered the handling of a patient if one is only going to see him for 15 or 20 minutes. That technique does have excellent diagnostic value particularly for a case which is utterly unable to recall anything. I have worked someone for an hour or two using nothing but that technique in an effort to penetrate a case which was entirely occluded. That is part of diagnostic procedure, and an enormous amount of material can be gotten out of a patient and one can find out what his late life conflicts are.

He will generally start giving them back to the auditor in the very words of the engram. Then if the auditor goes back to the moment when the person last heard those words or finds out whether or not the people around the preclear are pseudo-allies, the preclear will suddenly come into a recognition of the fact that they are, and the auditor will produce an alleviation of the time.

That is the first benefit of using the method. The second benefit and probably the most important one is the fact that a diagnosis can be gotten on a case which is closed in to the point where the person doesn't know what he has been doing. Enough material can be extracted to produce an alleviation. It is not up to the auditor to produce an insight into the case by telling the case what is wrong with him. However, if you are dealing with somebody in a very short interview you can point something out to him. If he agrees with it, okay. If he doesn't agree with it, don't try to force it on him, because you will notice if he is agreeing with it that he will have a tendency to smile or laugh, he feels relieved about it. If you don't get that reaction from him you have not gotten any relief in the case. Just let it lie.

With this system you can start diving deeper and deeper into the case and you will have achieved at first a moment of relief, and the person will feel fine for some time. If you go beyond that point you get immediately into real down-to-earth Dianetics and you have got the person in an engram. Then you are just going to have to work it. So there is a fine borderline there that depends on your judgment.

On diagnosis, use this for getting deeper into the material which is occluded from the person and you will eventually produce a somatic of some sort, and you are right off to the races on Dianetic therapy.

The state of reverie is actually just a name. It is a label introduced to make the patient feel that his state has altered and that he has gone into a state where his memory is very good, or where he can do something he couldn't ordinarily do before. The actuality is that he is able to do it all the time anyway. It is not a strange state. The person is wide awake, but merely by asking him to close his eyes he is technically in reverie. He might be stuck somewhere on the track, unable to move, but this does not mean he is not in reverie. Also, counting sometimes produces a light hypnosis back of the reverie which is sometimes helpful on a case.

Take a psychotic (who is already stuck on the track someplace) and tell him that you are now going to hypnotize him, and you will notice that he will very often giggle a little bit and try to swing out of it and make up some reason or other why he can't go to sleep. You cannot put anybody into a trance when he is stuck somewhere down the track, and is in general badly aberrated against going to sleep. Hypnosis is not sleep, it is another mechanism. As a result, you can get things from a psychotic or a severely neurotic person by pretending to make the

effort without carrying the effort all the way on through. It is a matter of suggestion rather than fact.

You will occasionally find severely neurotic people who don't work well, who are very upset, and they will become quieter when you have counted at them for a while. But they are not in a good, solid trance.

In the treatment of a real full-blown psychotic, the use of deep trance is handy to know. You will be able to use it occasionally. In such a state it is even allowable to use actual hypnosis if it is possible to procure any results from it. So hypnosis has some value, but it has value only to a professional auditor who really knows what he is doing (who should limit himself mostly to questions). He should not attempt anything like a late physically painful incident. What he should try to get is painful emotion. If he can spill painful emotion in deep trance or even in narcosynthesis, he has achieved a gain in the case. This is for a very special tough type of case that will not surrender and which is not accessible.

Additionally, one can fix the attention of a severely neurotic or psychotic person with a flashing light by using a system of rotating mirrors.

An interesting binocular effect can be created by a device which goes over the eyes and pins around to the back of the head, and in which the patient is looking forward at two flashing lights. Although the front of it is blank, these two lights flash continuously.

At that point the person may start to manifest something new. He is not being hypnotized; it's as though the engram which is underlying the place where he is stuck on the track is now given a chance to penetrate through. On a psychotic you will get weeping and wailing, using this device, which is very valuable in locating what the patient is stuck in.

The actual therapeutic value one can get in working painful emotion in deep trance is pretty good. It must be followed up, however, by releasing it again in light reverie, and then again in reverie. You now know the content of it. Don't try to feed it back to him, because this makes it appear that you know more than he does about it, and he will start feeling that you are cheating him by not telling him. Simply insist that he go back onto some repeater phrase and run that, and very soon he will be giving you the engram again. One gets it in deep and then gets it in light.

It is actually true that a whole case can be worked from beginning to end in amnesia trance. The recognition of the data by the analytical mind is of secondary importance. I have worked a case in amnesia trance, but I would not like to do it again. Basic personality in that instance was quite weak, with what few attention units he had becoming stuck down very hard at the beginning of the case. The patient would hit some mild bouncer and bounce on it, and so forth. But you can actually persuade a case all the way through an amnesia trance.

This method has many things wrong with it. The entire duration of treatment is very long and difficult. The patient ordinarily speaks very slowly, is unable to contact incidents, his computational ability on his own life is very poor, and he will be uncomfortable during almost the entire period that you are working on him, because you are going to get engram after engram that will not reduce. You will get it up to a tone 3 in the reactive bank while you are working him in amnesia trance, and apparently it won't bother him (at least he will say so, it will appear amusing to him); and then he will come to full consciousness afterwards and you will find out that he is now very badly aberrated.

You have picked up his somatics, and they are still present, together with the whole command value. This does not mean that it is as fearfully aberrative as it might have been before in full restimulation, but he is definitely uncomfortable.

The proper procedure in such a case is now to take him back in reverie and pick up the incident all over again.

So there are other methods of working therapy besides reverie. Most of these methods have been very thoroughly researched, few stones have been left unturned in an effort to find faster methods, and research continues. But the conclusion about amnesia trance is substantiated by a large amount of experimentation .

If you have an inaccessible case that you can't do anything with after a lot of trying (around 50 hours of good work), it is allowable then to produce a more accessible condition by amnesia trance, and even by drugs if the case is so unwilling to be treated that extraordinary means have to be taken. An auditor's imagination can be severely taxed by some of the weird computations he will find in the severely neurotic and psychotic. I do not mean to imply by this that a professional auditor will only be handling those two categories, but they offer special problems.

Another strange thing about amnesia trance is that a person can be "awakened" into it. (It doesn't work in every instance but often enough to make it very interesting.) A person can be sleeping quietly and someone comes up alongside of him and says, "I like you, I'm very fond of you," and an affinity starts to be established. Then he commands in a quiet, calm voice, "You can talk to me, but it isn't necessary for you to awaken at this moment. You can talk to me without disturbing yourself." Try it on three or four successive occasions and you will sometimes discover that the person is coming up into an amnesia trance, out of sleep. He will have no recollection of what has gone on when he finally awakens from that sleep. This is a limited method because a patient has to be asleep before it is tried on him, but it has peculiar value between husbands and wives who sleep together since one of them can do it to the other usually with considerable ease.

One lady whose husband was a war veteran was instructed in this method. He had refused therapy utterly, and was very badly aberrated. With instruction from me she was able to awaken him into an amnesia trance and carry on his therapy without him knowing anything about it or that anybody was working on him. He had no idea of why he was waking up today with a pain in one place and tomorrow with a pain someplace else. He didn't know why today he was agitated and tomorrow he was not. He had no inkling of what was taking place or why he was getting well, and was blaming it on various pills and medications and swearing by the doctors that he was seeing—he had a big doctor-ally computation—and fortunately she had enough restraint to keep her mouth shut.

It took many months to do anything for him, to bring him up to a point where he could be considered a good state of release. At that time he had become so pleasant and cheerful around the house in spite of the fact that these somatics were jumping that he was no longer antagonistic toward her.

She was in this case the pseudo-nurse in the tonsillectomy who had said to him, "Lie still, you dirty little brat," and had slapped him many times and had shaken him and after that had become somewhat kinder. The context of the conversation had been to the effect that he could not get along without her. So she was in a bad spot when she tried to work on him, because the moment he tried to go into any kind of a reverie around her, he was instantly in that confounded tonsillectomy.

A person who has had an anesthetic should be allowed to sleep it off. There is no excuse for slapping a person in the face and telling him, "You have got to wake up now, wake up!" because, of course, in the future when somebody says, "Wake up," to him, he will go to sleep.

You will find many times a husband and wife team will go on the rocks because one of these things is in existence and it becomes intensified by the therapy itself. All of a sudden the person will start to get angry with his partner—they are getting close to the incident, and some very bombastic circumstances take place. If the auditor at that moment became angry or retorted, it would be fatal, and they would have a sick person on their hands.

So there are several ways to work that are effective. For instance, on a man who is very badly knocked around, one can attract his attention by taking as crude an implement as a dishpan and beating on it with a spoon up close to his ear, and telling him that he can talk to you even though he has been in a coma for some time. You will have actually hammered him into a hypnotic trance and you can work with him on a hypnotic trance level.

So as one works with this and does some experimentation with it, one finds out that reverie is not the only tool that can be used. You will also find out that the best tool to use (as far as we know at this time) is definitely reverie. It has very distinct advantages, but realize that even though one may struggle in the idea that this patient would be better off in amnesia trance, the instant you have flipped him into amnesia trance you've lost ground in the case.

It is easier to accept the hurdles of reverie and follow them on through, particularly with this current theory of valence which works pretty well. You can accomplish more with the case and he will feel better.

In discussing patients in general, you are going to get patients who are very insulting, and quite recalcitrant. Maybe when they first come to you they are very meek and helpful, but the second you toss them into reverie, the mere feeling that they are now less responsible for their actions and that you are there will cause them to attack you.

This is quite ordinary. They have been attacking the whole world in one way or another, slyly or otherwise, and now they have a target. They will sit down and attack the auditor by scolding, whining and getting angry and so on. That is not bad but it is hard on the auditor. It means a localization of their antagonisms, and by the text of these and by their general demeanor you can get some very valuable material.

The best system to follow if you are auditing professionally is an air of detached efficiency toward the patient. After all, they are patients. They would not be there if they were not aberrated. It is not worthwhile getting restimulated by them. In short, teach yourself some altitude. You are the auditor. What they have got to say you will occasionally find restimulative, but that is no real good reason to get upset, and you will find out that you help yourself a lot by not doing so. In cases where the auditor becomes too sympathetic toward the patient it has been found to be very destructive toward the therapy.

Feeling yourself all churned up and upset for the sake of the patient and demonstrating a quiet, professional concern for his or her good health are two entirely different things. So be prepared to put on a very, very smooth bedside manner, but as far as you are concerned it is about as deeply felt as touching your hand with the head of a pin, compared to sticking a nail through your fist. Show them that you are concerned, that you are interested. This is nothing that requires any acting on your own part. You know that if you work this case consistently, no matter how difficult it is, sooner or later it is going to start moving on the track; and sooner or later you are going to start to find material, and when you find material and do something about it the patient is going to feel better. You know that you are dealing with tomorrow's missing engrams no matter what you are looking at. And that all by itself is quite supportive to your own morale.

What this sums up to is self-confidence. Exude self-confidence. This helps patients. Put on a good face and show that it isn't very serious. You are concerned for it now but not tomorrow. This material is going to be gone one of these days. In Dianetics most of the time these things are so transient that if you were to greet the patient at the beginning of a two hour session with the patient weeping and saying, "My father has just rejected me and the world is all falling in on me," and you feel bad about that, you are just wasting time and your own nervous energy. Because you know that if something has just happened to this patient your chances are pretty good that you can go straight back to what has just happened, and right at the beginning of the thing deintensify it to the point where it isn't troubling him and he may even be laughing about it. One is handling such transient material that to become honestly and earnestly sympathetic about it is a waste of time.

But if you begin to express grave doubts about your ability to do anything about it, then the patient will begin to doubt his own ability to recall, and it has a destructive effect. Remember that we are dealing with the human mind, and that the human mind has many angles of approach.

One of those things is faith healing. In short, a professional auditor should not overlook any bets. Faith healing, when not practiced on the hypnotic level of "This is not going to hurt you anymore," has ingredients that you can use. Smooth confidence that you know how to pull him out of this is important. The person then walks into an aura of confidence and feels fine about it. He will figure his troubles are half over and the second he starts figuring this, they are about half over. All the auditor has got to do then is pull the engram behind it.

So you can put out an actual atmosphere to a patient. This may be getting almost metaphysical, but it is something to consider. You don't want to make your work any harder than you have to. You will find that in dealing with a large number of people you will not have time to recompose your features and attitudes for every patient that comes in.

So all you do is take your own natural personality and play it, but don't ever play it with anything but confidence. If you have confidence, they have. You are not dealing with faith, you are dealing with precision tools. But the mind can build up on the subject of faith, so don't neglect it. Any angle or attitude that has ever proved efficacious in the treatment of the human mind is thoroughly admissible in Dianetics. I don't mean that we should all go around wearing white robes, but a little bit of any of these attitudes is valid. There were a thousand roads to this same goal and there is something on every one of them that you can use.

In the handling of the patient as far as what processing you are going to give him, what fees you are going to charge him and so on, the following pointer may be of aid to you. You will find that a patient gets well, ordinarily, a little more swiftly if it is costing him something. This is another one of those rules.

There was a case one time that didn't dare get well because he had been guaranteed that he would stop stammering, and that he wouldn't have to pay any fees if he didn't—his fee was $500. He had an enormous engram on how much he loved money, and this engram about loving money got in the road of his cure. So rather than hammer for a release on speech, about halfway through the case the auditor had to hammer away at this love of money, which was a highly aberrative engram and had distorted the patient's life considerably. The engram about money had to be relieved before the engram about speech. He could not have done the reverse because it would not have worked. The person was highly computational on the whole subject.

You will find that a patient will work better if it is costing him money. You will also find them working better if you are not guaranteeing anything. As soon as you start guaranteeing something—and you know in Dianetics that you can guarantee something—you will make your work harder.

Tell this patient, "Well, we will take this on a contingent fee basis, I cure your arthritis and you pay me a thousand dollars." It may sound very nice, it is good press relations, but it does not work out well, because he is going to get as much treatment out of you as possible in all other lines than that arthritis. He is going to go off into allied fields. He is going to hold on to that arthritis until he has worked you into a froth over it. He is going to get you to cure up his dermatitis and this and that. Basic personality in some of these cases starts looking out for No. 1, and starts using engrams against the auditor.

Similarly, if you break off treatment suddenly (which is covered adequately in the Handbook), basic personality is actually then joined up with engrams and, as a result, could cause you an enormous amount of trouble until you finally admit the patient back into therapy again.

So, a flat guarantee of "I'll cure your migraine headaches and you pay me so much money" is very expensive to an auditor. The fellow will practically be clear before he starts giving up or even admitting to you that he has received any alleviation of his migraine headaches. You are working one against the other in his mind.

You can't deny the patient access to you if you have made a contingent fee bargain with him. So he will keep coming back and coming back and coming back and slowing up your work in other fields. If he is well aberrated, he will consider himself the only man alive on earth.

If you have not made an agreement on a contingent fee basis, you should have an hourly fee, because you will undoubtedly have other people practicing with you who can treat him. So, as far as you are concerned as a professional auditor, you can drop his case any time that you want to into the hands of one of your students or assistants.

But, if you let the patient run all the way out of therapy, so that there is no chance of his having any more therapy, you are going to have an unhappy man on your hands. There is no sharp method of saying, "We can drop him at $71^{1}/_{2}$ hours," but don't put him out of reach of aid. Let the patient make the move, and you had better not alter or stiffen up as far as your accessibility to him is concerned. That argues very much in favor of making yourself relatively inaccessible right at the beginning. A set hourly fee basis with appointments at certain times of the day, and no others, would have to be set up rigorously right at the beginning.

There is a very good medical practice of setting a fee in accordance with the patient's ability to pay. The only way that deteriorates in Dianetics is that you can acquire a large number of low fee patients and completely close up your day with them to the point where you haven't any time for serious cases, emergencies, or for your own recreation. As a result, the feeling of sympathy on your part of taking on somebody has a limit. Say, "Well, we'll charge you $5 an hour because you're not too well off," and the next thing you know you will be working extremely hard and not making enough money to pay for your office.

I would take all the cases which are almost on a charity level, on the 15-minute procedure. See them quickly, and even then charge them a small fee. Make them pay something, even if they only bring a loaf of bread. There is a big difference between a patient who brings $5 or $10 and a patient who brings nothing.

There is no point in giving yourself away with great thoroughness. That is bad. It isn't that you are being mercenary. Separate those words. People will get confused, they will expect the person working in Dianetics to be entirely altruistic. Altruism is one of these second-rate, jackleg things that came up at the early part of the Christian Era. Altruism means that we knock the first dynamic out of the equation.

You can't knock altruism out, and you can't assume that there is such a thing as an altruism where the first and second dynamics are not to be considered. You are not going to get an optimum solution to the problem if you just drop two dynamics out of it and say, "We're not going to consider me or anybody else, I'm sacrificing myself for the whole world." That would be a fine way to get the patients, yourself and everyone fouled up.

The definition of a release is a patient who has been brought to a point in his case where it will not relapse without the receipt of a new, enormously painful engram or loss. You have stabilized this person so that he can go along with the normal rollycoasterl bad luck and good luck of existence without going into a neurotic state.

The way to produce a release is to take from the case all painful emotion engrams that you can contact. They are important in the release of a case. If you have a case where the deaths of two allies are still intact and undischarged, you can count on the fact that you will have a relapse in that case. Therefore, how long it takes to bring a person up to a point of release is quite variable, because it is often necessary to relieve large numbers of prenatals and so on

before you can finally get those last moments of painful emotion. But those moments of painful emotion have to be gotten.

A case recently had been pronounced a release by an auditor and on an examination it was discovered that this case still had, in full bloom and completely unrelieved, the deaths of Grandfather (ally), Grandmother (ally), Mother (ally). The three big death charges on the case had never been touched, and this case relapsed after a period of eight months.

Those cases who have had the big painful emotional charges taken out of their lives have not relapsed and some of those cases are now very much alive.

Where you are trying to clear someone, and where you are trying to bring about a stable state of mind, go into that case anywhere you can go into it and clear up anything you can lay your hands on in any fashion possible, without being very selective but carrying the case as swiftly as possible. It is going to take a while because you have got to get everything out of the case as efficiently as possible. Therefore basic-basic is extremely important.

Basic-basic can also be very important in a release if you can't get the late painful emotion out of it. When you erase basic-basic, if you then get the painful emotion off the case you have achieved a stable state of mind. The person may still be manifesting all manner of aberrations in conduct, but he is not going to go down into an anxiety state, or the various neurotic levels that he was in before. He is now normal.

When you have a case which can work with a certain amount of success either late emotion or early pain, blow the emotion out first.

The man who comes in with a worry and he is upset about it and you have got your book pretty well filled for the day and you certainly don't want him as a patient, the best thing to do with him is run the 15-minute treatment on him. You will undoubtedly pick up something in those few minutes that will aid and assist him. For instance, a person with a persistent smell who says, "My God, I can always smell that baby," may be walking around with the odor of excreta in his nose. This is very disconcerting to people. There may be an engram that is just like that and you can knock that one out very rapidly because you know what it is.

Anything which comes up into a highly abnormal state ordinarily goes off fairly rapidly. If a person is walking around with an odor, all you have got to do is change his position on the time track and it will stop. Of course, it could come back in a few days, but if you just change his position on the time track it will disappear. Or if someone is walking around with a bad case of ulcers, the amount of treatment that you have to give him on the level of locks is sometimes very small, because the thing is so unnatural that when you contact it, it can ordinarily be supposed to go away rapidly without even getting a release.

On the question of fees, never underevaluate your services. It is not necessarily cash in advance, just take it standardly on call. After all, you will be dealing with aberrees who will have lots of aberrations about paying bills and so on. You don't want to get yourself snarled up that way. Just put it on a flat basis. If you choose to charge them as little as $15 an hour, say, "You want two hours' worth of treatment? That's $30." You will lose a few fees but it is a better system. Don't let a man go ahead and get treatment and run up a bill higher and higher and higher, because you are going to produce an eventual circumstance of high dissatisfaction. Just take this as a counsel, that if he doesn't have $15 he won't take his treatment.

You are going to find people whom you have cured of their bursitis, their sinusitis, their migraines, and fixed it up so that they are again potent and so on, who will then turn around and want their fees back if you haven't clipped the key engram in the case.

I cured up a young lady's eyes, her bursitis, and a chronic throat condition which was very annoying to her, and she was quite ready to admit to me that these things felt much, much

better, yet she didn't see any reason why Dianetics was any good! So the person is still utterly irrational.

If there is any auditor who, at the rate of $25 an hour, can run up a bill of $5,000-$10,000 without really producing spectacular results and bringing a person up very close if not to clear, my words are being wasted. Although that is only 200 hours, any auditor should be able to get that. Take an extremely bad case with all sorts of sympathy engrams that are very difficult to get to, who, although he keeps coming to you for treatment, has all these reasons why he can't get rid of his symptoms—this person will still propitiate you. He will still keep on paying you funds rather than give up the engrams, they can be that strong.

The return of a person's self-determination is one of the tests of how he is progressing. For instance, you call a patient up one day and ask him how he is getting along—you haven't heard from him for two weeks—and you find that he went out and got a copy of the Handbook; and a fellow by the name of Jenkins and he are now working together and they are doing just fine, and have started two other cases. Know then that you have gotten that person over the hump.

The phenomenon of transference is a reverse on self-determinism, it is utter dependency. That utter dependency is something which, if you work at all in Dianetics, will not last. It goes away. Dianetics is no field for somebody who wants control of a fellow human being, because that control is going to blow up. Furthermore, their respect for you as their own personalities strengthen up, and their friendship for you as self-determined people, are far more valuable than a dependent state upon you. There is no use for that. Fortunately this thing works itself out as an auditor clears a patient.

There is a theory that the more you learn about Dianetics, the more difficult your own therapy is, but that theory doesn't happen to work out. It does happen that a case which knows nothing about Dianetics is quite often easier to work than one that does. But now we are dealing in very small degrees, and it wouldn't cost one another 25 hours on a full clear.

A patient can be worked four hours a day, seven days a week. The optimum is two hours every few days. If you make it more intensive, you are accomplishing plenty, but you are accomplishing less for the same amount of time. It is not as productive.

Don't make bargains with patients or work against a deadline saying, "Well, I want to have this case all out of the woods in six weeks." I would simply tell the person, "Well, it can be a long grind, and you are the only one who knows how many engrams you have and how much time it is going to take." Settle down to a routine of a couple of hours maybe every other day or twice a week and just let it roll. Some people who are so anxious to have this or that come about quickly may sometimes persuade you to place your chips on the fact that in six weeks they are going to be all straightened out. Then you are going to work like the devil day in and day out for about six weeks, only to find that in this gentleman you have encountered sympathy engrams which were hitherto lying dormant but which have become stirred up, and you are now getting things resisting you, and both of you are going to be disappointed. Conversely, two hours every week is bad because the case will fall off on the fourth day. So be tough about it. You will find out that it will pay dividends.

Don't make glowing promises to these people, because there are several facts which can retard a case enormously, one of which could be their home environment. You may not know anything about that home environment until you get fairly deep into the case. They may go home at night right after the session and say, "Gee, I feel just fine."

And Wifey, for her "best" interest, thinks that it is necessary at that moment for her not to let him get too enthusiastic. She believes that getting enthusiastic is very bad for somebody. So she says, "Well, dear, why don't you wait for a while and find out, you really don't know that you're getting better. It may be just that you're interested in something. After all, you've been

interested in something before. Now you remember that radio set that you had and worked on so long, you felt better when you did that too. Now, dear, let's not get too enthusiastic."

This person has a terrible engram about getting enthusiastic. She has banged away against this enthusiasm engram all her married life and now as he walks into something that she, in her stupidity, desires to call a new toy, she starts into the business of finishing him off. Actually she can finish him off faster than you can put him back together again, because the better he gets, the crazier she is liable to get on the subject. She is liable to be in abject terror of this man if he ever recovered his full ability.

So, of the ways that a patient can be sent down, home stimulation is the only one that I have encountered that sends him down faster than you can build him back up.

He has probably married a pseudo-ally and what she says is probably 100 percent command power reactive bank as far as he is concerned. If she were to take off on a tangent and say, "Oh, you're looking more and more like a dog lately, half the time I expect you to bark," and keep this up very long, he would soon be looking at himself in the mirror and saying, "You know, I do look more and more like a dog."

This is no joke because you are handling somebody who is in an unknown environment as far as you are concerned. The persons around him may not start taking it out on him until perhaps he has been in therapy for three or four weeks. At first they say, "Well, Bill has just got one of these new enthusiasms. It's probably a cult of. some sort and we will just let it ride." Then one day Bill comes in and he no longer has sinusitis. They look at him and say, "Well, this is very strange. But of course during this season of the year people very often recover from sinusitis."

And he says, "Well, damn it, no. We've been working on this, and it was an engram which I got at birth and we got the birth engram cleared up, and I feel pretty good these days."

"Well, at this season of the year, you know, you get ...."

He will start running into this and it will start sapping him, and then if he starts really picking up and getting enthusiastic and cheerful, there are lots of aberrees around who will resent it heavily. Finally he reaches a point where he doesn't care about these things anymore, so you can work uphill against this, and you can still win. However, it may be highly beneficial to remove the patient from his current environment and let him get a room someplace.

You are going to get people who will come to you who are on the verge of being divorced, and they have got to think of the children and so on, and they may seem very sincere about the whole thing. Then an unknown factor starts popping in. You are dealing with human beings after all and they are all different.

You have another phase of it too. You have a child who has come in for therapy whose mother is very badly aberrated. In that case it would be better to clean the mother up first and then take the child in because then you would have Mama's cooperation. Otherwise she is liable to tear the child to ribbons.

It is important enough that one should inquire at the beginning of therapy to find out if this is going to happen during therapy.

A person is worried about himself because somebody has been worrying him about himself. You will find in most cases where someone has been beaten down towards apathy that people are working on him very industriously.

There was a case processed where the girl was in a very bad state of apathy. The husband wanted therapy himself but he went about it in the most peculiar fashion imaginable. He tried to make himself so obnoxious that he would be taken on before the wife, although she was

very close to a psychotic break. She could not eat and she could not sleep which was a very bad situation since it actually threatened her life. And how did this man "help" out? Well, he was apparently very concerned about his wife, so she would appear for treatment, and then she would go home and right away he would start in by saying, "Now, how can you be sure you contacted that? How do you know? How do you know that's what was wrong with you? How do you know that's doing you any good? But can you be sure? No, of course you can't. But at the same time there's probably something in it. But you ought to be very cautious about what you believe about anything like that."

The girl would come back to the next session and she would be in a spin again. This man kept this up for some little time until the Handbook was available, at which time he was taken by the ear and shown the book and told, "If you want therapy you had better do something for your wife and get her straightened out without any of your 'How can you be sure?' because that's what's wrong with you, brother. You go to work on her now, and when she gets to a point where she can do something about it, and she is strong enough in the mind to treat you, then you will get therapy but not until." He saw the light and decided to be a good boy, and he did just that.

This all comes under the heading of guaranteeing. You are taking a person out of an aberrated environment and restoring his sanity, then you are sending him back into that aberrated environment again. You might as well face the fact that it can very often impede the therapy considerably. He can be so thoroughly badgered that it is intensely destructive, and because he starts to get better the badgering can actually increase around him.

You could actually take a case that is wide open with sonic recalls and start working him, and soon the husband or a wife or someone else says, "I can't push this man's buttons anymore. I told him the day before yesterday that if he didn't get me a new mink coat for my birthday I was going to leave him, and this has always worked before. And he isn't worried about it!"

This will get them a bit frantic because they had been handling this person on a push-button mechanism, and now the push buttons are getting pulled out. So they hastily begin to look very, very savagely for another push button. Then they become rattled because they can't handle this person as a puppet any longer, and the next thing one knows the man leaves, which may have a considerable emotional impact to it. You would be amazed how often this is going to happen.

On another occasion the wife had a number of lovers in her life, and she was frantic on the subject of his finding it out. She was encouraged to pack her bags because she was making him extremely ill. She finally got him to a point where he was just on the verge of going to the hospital and then she left and the case came right back up again; the most remarkable advance took place in the following few weeks. All that was wrong with his life was one woman.

This has happened many times, and as an auditor you are going to run into it.

You are also going to run into it with children. You are going to send little Willie home some day—he is 12 years of age and he is walking about four feet off the sidewalk, feeling wonderful, and the world is no longer lying upon him like a shroud—and he gets home and his mother says, "Now wipe your feet before you come in, your feet are all dirty," and so forth.

He says something like, "Oh, why don't you please be quiet," and she is very shocked by this. At that point the Dianetic auditor is in danger of being accused of twisting the boy away from his family. If she had bothered toinquire a little further, she would have found out that at that moment he had just uncovered several AAs and was operating on the auditor's advice to him that he could be as mad at them as he pleased, but not to throw it in their faces because they were, after all, only parents. He is trying to be nice about the whole thing. But he isn't

going to back up in the corner and cry and cower which is what he is supposed to do the instant he is called upon, and this is going to be disturbing to somebody.

Or Father sails into him about his schoolwork and says, "You know you never finish anything you start and you're always going to be a failure in life," and so forth.

The boy looks at him rather solemnly and says, "Well, what successes have you had lately?"

Parents are not yet adjusted to the fact that they have had born unto them human beings who are inherently self-determined, that love is not a biological situation with regard to parent and child, that a parent only gets as much love back as he in fact deserves. Actually the child tries to give him a great deal more than the parent ordinarily deserves. However, the biological orientation of love is badly snarled up in old moral codes such as: You've got to honor thy father and thy mother even though they have tried to murder you all the days of your life—which is the equation that has been running the society.

You will find patients walking in and saying, "I'm so anxious all the time that I don't know what I'm doing." You discover all of a sudden that he is being badgered daily about the fact that he isn't demonstrating enough affection, and therefore the world is liable to fall in on him, and so on. He is being harangued and harassed and controlled and hammered and pummeled. Go back over it and you will find a history of childhood illnesses. He is being crushed because he doesn't love his parents enough, and there has been no slightest effort on the part of the parents to earn any. That shows how the ledger gets unbalanced; so the auditor will be dealing with this.

Therefore when you undertake a patient's therapy, and start to make good, solid, specific promises that "On the 22nd of 'Octubray' you are going to be absolutely well," and so on, you are making a statement without taking cognizance of a very large number of variables which can enter the case. His own reactive mind may be far more crammed with material than you supposed it was. The diagnosis did not at first demonstrate all that was wrong with him. He may be in a restimulative environment, and it may be necessary for you, in the case of a child, to start the child on educational therapy before you can do anything about the parents.

You may carry the child for 15 hours and suddenly discover that this child has never been able to control anything about himself. He has been pretty badly shattered. He has been under constant criticism, and you want to give him some educational therapy and self-reliance, because if he can't face any part of the world which is right before him, how do you expect him to face any part of his engrams? He is not going to be able to. All he will do is dramatize, and the value of it will be slight. So you may have to enter in other expedients. For instance, there is nothing wrong with discipline of a child so long as the discipline is leveled toward making the child more independent and self-determined: criticizing him for being dependent, trying to build up his own ability to handle himself, giving him the push necessary. In other words, actually applying pain or loss to the child in order to make him, within that periphery, self-determined.

For instance, one could tell him, "Well, now I'm going to give you a number of jobs to do and I want each one of these done (not being too critical of the work when it's done either), but if you fail to accomplish these, of course, you will get a light switching. If you accomplish these things you will get a thank you."

You carry this along without any temper or rancor on the child and soon the child starts to pick up some self-respect. The child has learned to handle himself. In any punishment the ordinary course of affairs is to punish the child and then scold him. Well, that is an engram, and has nothing to do with it. But if you tell the child analytically that something is going to happen and then give him a little switching in silence without being angry with him afterwards, there is no emotional charge.

In the second phase of professional auditing, a trained auditor would be doing himself a grave disservice to try to operate as a single treatment unit working alone on patients. Rather, one should treat it on a clinical basis. You are a professional auditor, therefore you are more a supervisor than a treatment unit. People come into the clinic. It is understood that they are being treated on a clinical basis rather than on a personal basis by you. Professional auditors are too scarce to do anything else. You could happily tie yourself down to five or ten patients, and then you could work yourself ragged for eight months on these cases. What good are you doing yourself or the patient? You are costing the patient a lot more money and there is no dearth of patients.

There are two ways to handle this:

1. Set yourself up as a clinical head even if you are opening a single little office.

2. Have people there that are studying under you.

Your main forte should be diagnosis, check running, keeping things going, making sure the therapy is being administered properly, and as a standby for any time anybody's therapy is upset in any way. You know you can straighten it out because you know what you are doing.

Run it as a small organization rather than as an individual practitioner seeing large numbers of people.

You should very definitely encourage partnership. You will get, for instance, a run of five people who want therapy and one of them is pretty psychotic. You don't want to mesh him into the rest of them. You are going to treat him and so you save him up for the clinic. But the other four, be perfectly willing to open their cases, to carry them on, to give them good adequate training and check them back and forth against each other, to coach them up and so on. And charge for that service. By starting them in therapy and having their therapy go along without costing them a lot of money they will be perfectly happy to pay you well for what time you give them personally. That is an economically sound way to run the system.

You will find that wherever you are you will sit as an advice center. People will be asking you for advice continually, and you will of course be advised as to the latest on this and that, and you will be able to straighten them out on lots of points. You could sit around all day long and do nothing else but give people advice for nothing, but you shouldn't on that level. You should work with people. You should give advice up to the point of demonstrating the fact that they can enter therapy. Then you should open up teams, and for those patients that you are treating regularly, you should have to hand people who are perfectly competent to whom you can say, "I have just tapped an engram in the basic area. Now, George, run off the rest of that basic area. Next patient please."

That should be the sort of setup one would have for an individual practice.

Clears may find themselves in a bad position where people are concerned. They are going to find themselves treated like museum pieces. They will be something to be tested. People will set up little problems for a clear to solve. He is sort of a game to them because he is something new, and until there are a few more clears they are going to go on being very rare.

The public doesn't expect the doctor to be rational, they merely expect him to know his profession. By the time an auditor gets through his courses, he certainly knows his profession.

There is only one aegis which is recognized over the country by legislators and the law at large, and that is medicine. Therefore, for his own edification more than for his own protection, the professional auditor should have a liaison with a doctor. It is not too hard to procure one.

In the first place, you don't want to work the patient with no knowledge whatsoever of his pathology or general physical condition. For instance, you may be working a person whose ability to think is in very bad condition under the heading of organic damage. Syphilis, for example, could have eaten into the tissue of the neurons.

So there are these things which you yourself don't want to be liable for, such as coronary disease. This person may be on the verge of a stroke, and that stroke will occur whether they are in therapy or not. So it is a matter of protecting yourself from the medical angle of not treating patients who are unknown to you.

The medical liaison does not have to be very close. All you have to do is get an examination. You want, for instance, to give somebody a Benzedrine run, check whether it is all right with the doctor. It can be a friendly relationship whereby he collects the fees of examination. This is analogous to the way clinical psychologists work.

Although I have never had it happen that someone died during therapy, it has always been my finding that a person going through an incident is better off than if he were to dramatize any part of it in present time.

The chances of death occurring during therapy are very slight, but.if you are working a case with a bad heart you should be advised of it. This comes under the same heading as medicine, and if you are working this man you should have the materiel at hand to revive him if that heart stops ticking.

Therefore working him is a liability which both you and he have to recognize, although you don't make any suggestion that it will stop, because the suggestion alone is liable to be bad. Simply have a doctor at hand with adrenalin. If he couldn't start the patient's heart going again under those circumstances he would be a pretty bad doctor, because after all the heart is not going to explode, it can only stop.

However, there is less likelihood of a patient dying during therapy than there is with him just walking around in everyday life.

On such a case I would get off painful emotion, and I would work very hard to get the painful emotion off the case before I did anything else, such as throwing him into an engram or something of the sort, because it is liable to stick. The way you recognize that case normally is by his hysterical, nervous attitude rather than a ponderous, grim manifestation. He is nervous and he laughs or cries too easily. But don't dwell under the misconception that a case like that has to be stayed with over lengthy periods of time.

One auditor on a few occasions worked far too industriously with a case and too late at night, and as a result suddenly found himself with engrams on his hands that he never should have tackled at that period of the night, and then had to stick with it for hours. Take people at a reasonable time of day and they can normally carry on.

The solution to the highly charged case is to have painful emotion run out of the case. Let it blow. The quicker it blows the better. Open up any psychotic case and at any slightest sign that they are going to blow, be sure to get it. It also seems to be possible to shift valence on a person in a painful emotional incident and get emotion to blow which would not otherwise do so. That is under observation at the present time. But get the painful emotion off the case at its highest level, its fullest volume, and let him get rid of it. If he can get into his own valence and experience what he felt, the whole thing will run out, but if he goes through one of the other valences he won't blow his own.

It is important to know about painful emotion, especially in a coronary case or that of a psychotic where you want to get painful emotion off fast in order to get more somatic on them. You want to get all the somatics you can get on them.

Evidently diabetes is curable,.but no diabetic case has yet been completed in Dianetics to date, therefore an opinion couldn't be advanced on it at this time. But the danger of the diabetic as opposed to a coronary would probably be something you should watch. I haven't had much experience with these people, but working in liaison with a medical doctor makes it possible for the man to be treated physiologically if necessary. That is very definitely part of the process. After you have treated two.or three patients, even a skeptical medical doctor will be very happy to work with you. However, the diabetic case would have to be regulated by a doctor.

Concerning pregnant women, we know very well that if a pregnant woman blows an emotional charge in therapy that it will transplant, and there will be a very strange sort of an engram in her child which runs off, "Go over it again. Boo-hoo-hoo-hoo-hoo-hoo, hoo-hoo," possibly with actual emotional connotation, the very words that are going to have to be used on the child. In that instance the auditor is caught between the devil and the deep blue.

If the child is to have an easy birth you must take some of the tension off the woman's own birth and her having given birth before. This will ease any possibility of a postpartum psychosis. But, if by any means whatsoever you can persuade the woman to go on through with it, and calm her down about the whole situation, and get her on through to the end of term and get the child delivered in silence, very soothingly and very quietly, then you can start to work on the woman before she has a chance to mess up the child's life. That is very desirable. But I would not make a practice of treating pregnant women.

You could, however, keep her flying level and advise her to keep her mouth shut when she gets into morning sickness, and when she's on the toilet, and to stop arguing with her husband, and just give her a general idea of what will happen if she doesn't.

Fortunately the child is not going to pick up everything said to the woman. Only high emotional disturbance within the woman and moments of shock become transplanted.

For instance, the woman falls down and everybody around her becomes very vocal. Or she has gone through a long ride and she is tired. Don't talk to her, because that is transmitted to the child. The child gets tired too. So a woman should get rest and she should be treated at any moment when she is feeling badly, even when she has a cold.

A woman who has a tendency to monologue, who goes around the house talking to herself, and then sits down in a chair and pulls herself up against the table and bumps herself on the table saying, "Oh my, I shouldn't have done that, I just don't know how I could possibly be so clumsy, I'm always so clumsy, I'm always falling into things, gee whiz, I just can't seem to help it," is creating a full-fledged bouncer engram in the unborn child. If she could just be persuaded not to talk to herself, and if her husband could be persuaded to keep her calmed down and not upset her, that would help.

Then there is the subject of coitus. Of course, up to the first missed period it is absolutely impossible to tell whether or not a woman is pregnant. This poses a terrible picture for the morals of the world because it means that men are going to have to do without coitus during eight months of every pregnancy.

Or at least every man will have to take cognizance of the fact that there is no reason why coitus has to be painful. It doesn't have to be vis-a-vis, he doesn't have to practically squash the child every time coitus is had. A certain gentleness in the practice is advisable. The child is a lot better off though when there is no coitus.

I can point to several examples which are to hand because of the war. The mother conceived and the father went away before the first missed period and didn't come back for a couple of years, and in every instance those children are healthier. Coitus is extremely painful to the child.

The orgasm is bad enough, and if coitus must be performed it had better be performed in silence. The orgasm which follows a mother's masturbation is also quite engramic. The mother very often does a lot of monologuing during masturbation, too, which complicates the engram.

There is no doubt, however, that some Dianetic therapy can be administered safely to a woman in pregnancy.

AUDITING AN ILLNESS CHAIN

A lecture given on
19 June 1950

A Demonstration

LRH: All right. How are you doing?

PC: Bad.

LRH: Feel badly?

PC: Yes.

LRH: What are the somatics?

PC: Well, it started last night.

LRH: All right. Close your eyes. Now any time in the future when I say the word canceled, what I have said to you right here with your eyes closed will be canceled. Okay? (pause) Now, let's go right straight through the incident which if relieved and deintensified will resolve your whole case. Straight through the incident. The file clerk can give us this. (pause) The file clerk can give us this. The somatic strip can contact the front end of it, and can give us the whole picture there. You know what the incident is. When I count from one to five, you'll give me the first words of the incident, they'll flash into your mind. One-two-three-four-five (snap!).

PC: (long pause) I thought I could get something in the incident but it seems to have gone.

LRH: All right. Who's dead?

PC: Somebody's father.

LRH: Whose father was it? (pause) When did your mother's father die?

PC: (muttering)

LRH: Hm-hm, did you like him?

PC: I've neuer seen him.

LRH: When did they say it to you?

PC: (long pause) I can 't remember.

LRH: Did he like you?

PC: (mutters)

LRH: Did your mother talk about his death?

PC: I don't know.

LRH: How does she sound when she's talking about his death?

PC: (muttering)

LRH: Okay. Continue.

PC: (mutter)

LRH: Continue.

PC: (mutter; pause; mutter)

LRH: Go over that again.

PC: (mutters)

LRH: Is this on the same incident?

PC: I don't know.

LRH: What incident is this one on?

PC: (muttering)

LRH: All right. Let's contact the beginning of that incident. The beginning of the incident. (pause) What might she be saying?

PC: (pause; mutters) Oh no.

LRH: Go over those lines again. Oh no.

PC: Oh no, no, no. Oh no.

LRH: Continue.

PC: (pause; mutter; pause)

LRH: Let's go over it again. Oh no, no, no.

PC: Oh no, no, no. (laugh)

LRH: Go over it again.

PC: (laugh)

LRH: Go over it again.

PC: (inarticulate sounds)

LRH: Let's go over it again. Contact it more solidly. Go over the line at the moment that's happening.

PC: I'm dying.

LRH: Hm?

PC: I'm dying, I think.

LRH: Yah. What do you see while you're lying there? Let's roll it, now. Oh no.

PC: No, oh no.

LRH: Uh-huh. Where's your mama standing while she's crying? Is she crying?

PC: I can't see her. She's somewhere around there.

LRH: Are you well or ill?

PC: Ill.

LRH: Of what are you ill?

PC: Some disease.

LRH: How does your face feel?

PC: Hot.

LRH: What does she think about this disease?

PC: (murmur)

LRH: Does she think you're dying?

PC: I think so.

LRH: What's she saying about it?

PC: Oh no. No, no.

LRH: Go over it now. Oh, no, no.

PC: Oh no, no.

LRH: Go over it again.

PC: Oh no. No, no.

LRH: Go over it again.

PC: Oh no. No.

LRH: What's she crying about?

PC: Me.

LRH: What does she think is happening to you?

PC: I'm going to die. (starts to laugh)

LRH: Continue. How does she say you're going to die?

PC: You mustn't die.

LRH: Then what?

PC: You mustn't die. You mustn't die. (laugh) You mustn't die. (laugh)

LRH: Continue. (pause) You musn't die. How does your skin feel when she's saying that?

PC: There's a slight burning....

LRH: Hm-hm. Let's go over it again.

PC: Oh no. No. You musn't die. Don't let him die.

LRH: Go over it again.

PC: Oh no, you mustn't die. (laugh) Don't let him die.

LRH: What else does she say? (pause) You know about this. (pause) Let's go over that again.

PC: Oh no, he mustn't die, don't let him die. (chuckle)

LRH: What else is she saying?

PC: (muttering)

LRH: Continue.

PC: (mutter)

LRH: What else does she say? Where's she standing with relationship to you?

PC: To my right.

LRH: What else is she saying?

PC: (mutter)

LRH: Okay. Continue.

PC: (pause)

LRH: Then what does she say? Roll it right on through. You know what she's saying.

PC: (pause)

LRH: All right, what does she say? What's the holder? Does she say, I'll stay with you?

PC: Heh.

LRH: All right.

PC: Don't ever lease me (laughs loudly)

LRH: Go over that again.

PC: (laughs) Don't ever leave me. (laughs again)

LRH: Next line. (pause) Next line. What is she doing to your face?

PC: She was going to mop me with a cloth.

LRH: Do you feel it?

PC: Yah, Ifeel it, it's very cool.

LRH: Hm-hm. And what does she say when she does that?

PC: Don't want you to die.

LRH: Continue. Who else is there?

PC: Could be the doctor.

LRH: What is the doctor saying? What does the doctor say to precipitate all this?

PC: I don't know.

LRH: Go on, he says, I don't know. I don't know.

PC: (laughs)

LRH: Now, what doesn't he know?

PC: (laughs) Whether I'm going to die.

LRH: What does he say?

PC: I think he is really bad.

LRH: And how does he put it?

PC: Ooh. I think he says something about I'm dying.

LRH: You know what this first phrase is. What is it?

PC: (laughing)

LRH: What is it?

PC: You can't stop it, these things happen.

LRH: Go over it again.

PC: You can't stop it, these things happen.

LRH: Go over it again.

PC: (laughing while talking) You can't stop it, these things happen.

LRH: Okay. Go over it again.

PC: I Me done all I can.

LRH: Go over it again.

PC: I Me done all I can.

LRH: Go over it again.

PC: I Me done all I can. I can't do any more. It seems like he's dying.

LRH: Hm-hm. (pause) What does your mother say? (pause) What does your mother say?

PC: She doesn't say anything. (pause) I think she was just sitting there.

LRH: Does she say, Oh no?

PC: Yes, I think she did.

LRH: Repeat that oh no sequence.

PC: Oh no. Oh no. (laughing) Oh no. Oh no. Oh no. Oh no. Oh no.

LRH: Continue.

PC: (laughing)

LRH: Continue.

PC: (laughing)

LRH: Contact the first moment of this sequence here.

PC: Oh no. Oh no, you mustn't die, I don't want you to die, you can't die.

LRH: Continue.

PC: (mutters)

LRH: What does the doctor say?

PC: He's got it.

LRH: Continue. (pause) Then what does he say?

PC: Once in a while....

LRH: Continue.

PC: (long pause) Then there's a flash of lightning.

LRH: Does he do something the moment the lightning flashes?

PC: Yeah.

LRH: You got it.

PC: Yeah.

LRH: What's he doing?

PC: Blinking the light on and he says something about never....

LRH: Continue.

PC: (pause)

LRH: All right. And what is he saying? (pause) What is he saying? Never what? What's he saying?

PC: I don't know.

LRH: Never what?

PC: (groans, sobs, makes inarticulate sounds, then laughs) Never, never, oh, my God, never. (wheezing)

LRH: Never what?

PC: (chortling)

LRH: You know the rest of it. The rest of the words are going to flash into your mind. One-two-three-four-five (snap!).

PC: (cough)

LRH: Never what?

PC: Say die. Never say die.

LRH: Go over it again.

PC: Never say die. (wheeze) Never say die. Never say die.

LRH: Pick up the contact on that light now.

PC: (laughs, coughs)

LRH: Contact on the light. Now what's he saying with that light?

PC: Never say die. (wheeze, sob)

LRH: What does he tell you to do?

PC: Just lie, lie back there and lie....

LRH: Yah. You know what it is. Lie what?

PC: Lie still. Just lie still.

LRH: And what?

PC: Stay—stay quiet.

LRH: Go over it again.

PC: Lie still and be quiet

LRH: Go over it again.

PC: Lie still and be quiet.

LRH: Go over it again.

PC: (moving around) Lie still and be quiet. (breathing rapidly, mutters) Something about a hospital coming in now.

LRH: All right. Go over the word hospital.

PC: Hospital. Hospital.

LRH: Take him to the . . .?

PC: Oh no. (very groggily) We must see whether he will have to go to the hospital—something like that.

LRH: All right. You know what it is.

PC: (breathes deeply)

LRH: Go over it now.

PC: (breathing more rapidly, groans) Will we have to take him to the hospital? Will we have to take him to the hospital? I think that's right. Will we have to take him to the hospital?

LRH: Continue.

PC: Well, I don't know what he says there. I don't think he took me to the hospital. Well, seemed like he turns away, I don't hear him so good. Yah, he's turned away, his face is turned away. I can see my parents vaguely standing there over to the left now.

LRH: Continue.

PC: Yah.

LRH: Continue.

PC: (mutters) Oh boy, that as some headache, whew, jeez.

LRH: Continue.

PC: There isn't much more we could do for him there. There isn't much more we could do for him there.

LRH: Continue.

PC: There's not much more we could do for him there. (breathing heavily; (pause) He's too sick to be moved. He's too sick to be moved now.

LRH: Go over it again.

PC: He's too sick to be moved now.

LRH: Go over it again.

PC: He's too sick to be moved now (breathing rapidly)

LRH: Go over that again.

PC: Hes too sick to be moved now

LRH: Continue.

PC: Ha-ha-ha. He's too sick to be moved now.

LRH: Go over it again.

PC: (wheezes) He's too sick to be moved now. He's too sick to be moved now.

LRH: Continue.

PC: What the hell does he do about it now?

LRH: What does your father say?

PC: He never says very much of anything. I don't know whether he said anything then. (pause; whispers) He's too sick to be moved. Well, let's see. Something like, Shall we keep him here? I don't know who said that, I think it's my mother. We'd better keep him here then. (pause; mutters; pause) Oh, I don't know what it is yet. It's too early to tell what it is yet. I know it's too early for him. I'll put him to sleep with a sedative—something like that.

LRH: Go over that.

PC: I'll put him to sleep.

LRH: Go over it again.

PC: Boy, my hands are cold now. I'll give him something to put him to sleep.

LRH: Go over it again.

PC: I'll give him something to put him to sleep for tonight. I'll give him something to put him to sleep for tonight.

LRH: Continue.

PC: And come back in the morning. Come back in the morning. Call me. Call me . . . something. (wheezes) Whew, I'm getting a leg cramp. (coughs) Call me. (small groan)

LRH: Continue. (pause) Continue. Call you what?

PC: Oh. Oh, boy. Oh, boy.

LRH: Go over that again.

PC: See, I was just thinking something, maybe that's when I was waking up with it. Maybe that's what I was running in the night when Igot sick a couple of years ago. It had no word content though. I'd just wake up scared as hell.

LRH: Aha. Continue.

PC: Maybe I woke up that night like that, in the night, and it was all dark, and I was all dopey and sick.

LRH: What happened to you just before this? Let's go back and find out what happened to you.

PC: When?

LRH: Before you got sick.

PC: Oh, gee. Before I got sick ?

LRH: The day before you got sick. How did you feel the day before you got sick? Let's contact that. Take a look at it.

PC: I'll try. The day before Igot sick. (mutter, panting)

LRH: What are you doing there the day before you get sick?

PC: (mutters) It was something out of the ordinary.... (mutters under breath) Yeah, I seem to hare the impression of crying, I don't know. (panting) I must hare been crying.

LRH: What about?

PC: (pause) I was bad. I was bad.

LRH: Who said you were bad?

PC: You're bad. (sobs) You're bad. You know it. Something about punish. I'm going to punish you. (panting)

LRH: You know about this. (pause) Where's the punishment land?

PC: What ?

LRH: Where are you being punished?

PC: (panting) I can't seem to see it. (pause) Oh, gee.

LRH: All right. Let's go back to the beginning of this. The first moment of agitation.

PC: I hare a terrific somatic on this.

LRH: All right. What's the punishment?

PC: (panting)

LRH: What's the punishment?

PC: I must hare been sick, then, when they punish me.

LRH: Now what's the punishment? (pause) When are you first grabbed?

PC: Can't seem to grab it. I'm trying.

LRH: You know what it is. Your somatic strip now will go to the moment when you are first grabbed.

PC: When I was first what ?

LRH: They grab hold of you. Somebody lays hands on you.

PC: No.

LRH: Somebody lay hands on you?

PC: Oh, no! (groans)

LRH: Hah?

PC: I get something right here.

LRH: Somebody lay hands on you?

PC: I don't know. (pause) I've still got this terrific somatic.

LRH: Where's the somatic?

PC: Just started burning all ouer.

LRH: In the sickness?

PC: Hm?

LRH: In the sickness?

PC: I don't know. It approximates it.

LRH: It approximates it. Do you think maybe it is the same one?

PC: I wonder.

LRH: Is it basic-basic?

PC: (panting)

LRH: Is it?

PC: I think so.

LRH: All right. Let's run it.

PC: (panting)

LRH: Contact the first part of it.

PC: Oh, boy. I've just got this terrific somatic all ouer.

LRH: Any word content in it?

PC: On it ?

LRH: Any word content in it?

PC: Maybe hot. I don't know.

LRH: Roll the words.

PC: (laughs) I'm hot. (pause)

LRH: What have you got there?

PC: My mother's saying, I'm hot, I'm hot. That's my mother.

LRH: Okay, continue.

PC: I'm hot. I'm so hot.

LRH: What else is she saying?

PC: Oh, Henry—that's my father's name.

LRH: Roll it.

PC: (panting) Boy, that seems to be in the teeth. That's what has been wrong in my mouth. I've had a real bad somatic in my front teeth the last few days. Iget the impression there's a somatic there. Yah, I can't talk very well, my mouth is all pushed in or something. Oof.

LRH: What are you running here? (pause) What are you running?

PC: (breathing heavily) I don't know.

LRH: Sure you do. Your somatic strip can contact the first part of it.

PC: Yah—it 's a coitus.

LRH: Is this the same somatic you had before? Same incident? (pause) What about this coitus? Has it got the words I'm hot in it?

PC: The file clerk says no.

LRH: Now let's go back down to the basic area again. (pause) Get down when it's hot. I'm hot.

PC: I'm hot. I'm hot.

LRH: What else have you got there?

PC: It's hot. Boy, I'm so hot, phew.

LRH: Continue. What's next?

PC: I'm so hot.

LRH: Next line.

PC: (whispers) I'm so hot.

LRH: Next line. What's he saying? Is there a bouncer after that?

PC: I think I can hear 'em breathing.

LRH: Okay.

PC: (grunts) I'm so hot.

LRH: Continue.

PC: I can't hear his voice.

LRH: All right. You know what it will be.

PC: (pause; pants faster)

LRH: Continue.

PC: You know, the somatic strip is running.

LRH: Huh?

PC: The somatic strip is running.

LRH: Okay. Then what occurs?

PC: Seems like there was a considerable time interval in there early.

LRH: Yah. Then what do they say?

PC: I guess he never did say anything then.

LRH: Anything about coming or going?

PC: Well, Ijust had a faint impression of something about I'm coming. I'm not sure it was in that incident though. (pause) Here's another face somatic right there now, mostly a face somatic in the cheek.

LRH: Well, let's contact the first part of it. First moment of discomfort in this. Let's contact the first moment of discomfort in this incident.

PC: This is another one.

LRH: No, let's contact the earliest one. The first moment of discomfort on the earliest one.

PC: (pause)

LRH: You've got to get up, or something like that.

PC: No. (inarticulate sounds)

LRH: There's a bouncer in that first incident. What's the bouncer?

PC: I hare a feeling it's not all complete. There's a bouncer in it.

LRH: All right. You know what these are. What's the word in common that holds these incidents together?

PC: Never.

LRH: Never?

PC: Is it never?

LRH: All right. Okay. Never what?

PC: I got that last night, I thought.

LRH: Never what? What's the never in the first incident?

PC: Never. Never.

LRH: Earliest incident. Earliest incident. (pause) Earliest incident. (pause; PC: panting) Never? Is never in the earliest incident there?

PC: I get no now.

LRH: All right. Let's run the earliest incident, whatever is in it. Let's contact whatever is in the earliest incident.

PC: Um, let's see. (exhales) Earliest one.

LRH: Hm?

PC: Earliest moment of pain.

LRH: That's right. Earliest moment of pain. (pause) Earliest moment of pain.

PC: (panting) Seems to me in the middle of a coitus.

LRH: Okay. Do you feel the wetness? Shift into your own valence here and feel the wetness.

PC: Yah, I did then.

LRH: All right.

PC: I can feel it.

LRH: Okay. Well, what do you get with it?

PC: Just a coitus vibration.

LRH: Do you get any gurgles or splutters or anything else inside there?

PC: (mutters)

LRH: Hm? Any womb noises?

PC: I hear intestinal noises and stuff like that.

LRH: All right. What do you get with those? That first incident.

PC: Squishing noise, something I never heard.

LRH: Good. Let's roll right on through with it.

PC: Okay.

LRH: Contact the first moment of it. Roll it on through now. (pause) What do you contact?

PC: There is something there, something in a phrase or something.

LRH: All right. When I count from one to five that phrase will flash into your mind. One-two-three-four-five (snap!).

PC: I get another, but that's not it, I don't think.

LRH: Is it That's not it? (pause) Is that it?

PC: (suddenly sobs) I think so, That's not it.

LRH: All right. Let's go over That's not it.

PC: (sob in voice) That's not it. That's not it. That's not it. That's not it. That's not it.

LRH: Contact it now.

PC: Thats not it

LRH: Contact it.

PC: That's not it. Boy, I'm getting pushed right in the mouth.

LRH: Okay. Let's go over that. That's not it.

PC: Thats not it (The hell it isn t/) That's not it.

LRH: Okay. What's the next line?

PC: (big sob, groan) Oh, let's see.

LRH: You know. What comes next after That's not it?

PC: Why is it so difficult?

LRH: Huh?

PC: It's difficult to plod through this incident.

LRH: All right. But what is contained there at the first moment of it? The first moment of the first one?

PC: (seems to hiss)

LRH: Give me a flash reply here. Is that a standard coitus remark, That's not it?

PC: No.

LRH: What is the standard remark?

PC: I think that I'm coming is standard.

LRH: All right. Let's go over that now. I'm coming.

PC: (laugh) I'm coming. I'm coming. I'm coming. Oh, I can hear her saying it just as plain as day. I'm coming. (mutter)

LRH: Contact it.

PC: I'm coming

LRH: What else does she say? (pause) What else does she say?

PC: (pause) I think she uses my father's name, Oh, Henry, something like that. At least I think it's there. Yeah. (pause; murmur)

LRH: All right. Let's contact the first part of this incident. First part of the first incident now.

PC: (sniffles and pants)

LRH: First part of the first incident.

PC: Gee, I don't know if I'm back there anymore. It's getting rather dull.

LRH: Why? Did it kind of wear out or something?

PC: Seems to be, but I hate to say that——.

LRH: Your somatic strip can contact the first part of it. The somatic strip can contact the first part of the first incident now.

PC: (grunt)

LRH: What do you hear?

PC: I hare a face somatic. It must hare been all over this area . . .

LRH: Hm-hm.

PC: because the chin is very well developed in a fetus, I think.

LRH: Hm-hm.

PC: But something is pushed in here. (laughs)

LRH: What have you got there?

PC: (sighs) Am, gee.

LRH: What do you hear?

PC: I don't hear anything.

LRH: Are you in your own valence?

PC: Yah. Now I know why I have a receding chin. My mother has always been mad with me because I hare a receding chin. That's her fault. Okay. She got me all pushed in there.

LRH: Is there a hold still there, or a lie still holder? What have you got there now?

PC: I don't know. It must be something there.

LRH: When I count from one to five, you can tell me what it is. One-two-three-fourfive (snap!).

PC: I hare an impression of go.

LRH: What?

PC: Go, it seems like.

LRH: Go. Let it go? Or, I can't go off? Which one? I can't go off? I can't go off? I can't go off. (PC: begins to laugh) Repeat it.

PC: You're ingenious. I can't go off. (sobbing laughter) I can't go off. I can't go off. I can't go off. I can't go off. (sobbing laughter) I can't go og now.

LRH: Go over it again.

PC: I can't go off now.

LRH: What else is said?

PC: I can't go or now. I can't go or now. I can't go off now.

LRH: What else is said? (pause) All right. Let's go over Push it in.

PC: Push it in. Push it in. Push it in. Push it in. Push it in. Push it in.

LRH: Anything like that there?

PC: Push it in. Push it in. Seems like it belongs but I'm not sure it's there.

LRH: What?

PC: Belongs.

LRH: Not sure it's where? (pause) Is it in? (pause) I can't get it in.

PC: (breathes) I can't get it in. I can't get it in. I can't get it in. (laughing)

LRH: Go over that again.

PC: I can't get it in. (sob)

LRH: Shift into your own valence now and pick up the sonic on this.

PC: (inarticulate sounds) On I can't get it in? I can't get it in now. I can't get it in now. I can't get it in.

LRH: You know what's there. You have a sonic on it? Your own valence?

PC: Yeah, I think so.

LRH: Okay. Let's roll it. What are they saying there?

PC: (panting) Something about before. I couldn't before, or something like that.

LRH: Hm? Couldn't before?

PC: I could before but I can't now. I think it's something on that.

LRH: Go on over it.

PC: (exhales)

LRH: How about coming?

PC: Idon'tknow. Coming. Coming. Coming.

LRH: Can't you come?

PC: Can't you come? Can't you come? (strongly) Why can't you come?

LRH: All right. Let's go over that.

PC: (laugh) Why can 't you come now ? Why can't you come now? Why can't you come now?

LRH: Continue.

PC: Why can't you come now? Why can't you come now? Why can't you come now? I could before but I can't now. Why can't you come now? I could before but I can't now. (snickers) What a silly thing to say.

LRH: What does she say?

PC: Why can't you come now? I could before but I can't now.

LRH: Go over it again.

PC: (laugh) I could before but I can't now. (pause)

LRH: Go over it again.

PC: (laugh) I could before but I can't now. (laughing) I could before. I could before but I can't now.

LRH: Okay. You can pick up these incidents the next time you come across them, can't you?

PC: Yeah.

LRH: Case easier now?

PC: I think so.

LRH: Should be.

PC: Should be.

LRH: All right. Now let's come on up to the time you get all well from that illness with the strep.

PC: Okay. Boy, that is one thing I thought of for years and years and tried to place.

LRH: Okay, contact the time.

PC: What Iget is Lie still and be quiet, and there's a light.

LRH: Continue. (pause) Go over that again.

PC: Lie still and be quiet

LRH: Pick up the sensation of that light.

PC: (coughs)

LRH: The sensation of the light. Light.

PC: (murmur)

LRH: How do your eyes feel?

PC: (murmur)

LRH: Uh-huh. What is he saying?

PC: (mutters and laughs)

LRH: Continue.

PC: (pause)

LRH: If there's light there, just say it.

PC: (murmur)

LRH: What else does he say? (pause) Continue. Continue on with the incident.

PC: (long pause; mutter)

LRH: What have we got here?

PC: Don't moue. (laughs)

LRH: What else does he say? Don't move, what else?

PC: (pause) He's doing something else.

LRH: You know what he's doing. You know what he's doing.

PC: (pause) There's.something on this.

LRH: All right. Can you feel the contact there?

PC: (muttering)

LRH: Is he saying, It's a case of strep?

PC: No.

LRH: Uh-huh. What is he doing?

PC: I can't hear anything.

LRH: What can't he hear? I can't hear what?

PC: The Voice.

LRH: Go over it again.

PC: I can't hear the Voice.

LRH: Go over it again.

PC: I can't hear the Voice.

LRH: Go over it again.

PC: I can't hear the Voice.

LRH: Go over it again.

PC: I can't hear. (laugh)

LRH: Go over it again.

PC: I can’t hear.

LRH: Continue.

PC: I can’t hear.

LRH: Youwill flash straight to the moment of the disease.

PC: I can’t seem to get the disease.

LRH: Get what?

PC: I can’t seem to get the disease.

LRH: Well, it’s mentioned somewhere along the line in there.

PC: It must be.

LRH: Yah. It must be what?

PC: It might hare been scarlet fever.

LRH: Now, who’s confused as to what disease it is?

PC: Must be the doctor, (laugh in voice) I guess.

LRH: All right. What does he say? (pause) All right. Let’s contact what he’s saying. It isn’t scarlet fever.

PC: It isn’t scarlet fever. It must be....

LRH: Go over it again.

PC: It isn’t scarlet fever. It must be.... (pause) It isn’t scarlet fever now it must be....

LRH: Go over it again. It must be.

PC: It must be.

LRH: Go over it again.

PC: Scarlet fever.

LRH: Let’s go over it again.

PC: It must be....

LRH: All right, now listen. It will flash into your mind when I count from one to five. It will flash into your mind when I count from one to five. One-two-threefour-five (snap!).

PC: It must be strep infection.

LRH: Now let’s go over it again.

PC: It must be strep infection. It must be strep infection.

LRH: Go over it again.

PC: It must be strep infection.

LRH: Is this correct now?

PC: I think so.

LRH: All right. What does he say about it being fatal?

PC: It's often fatal.

LRH: Go over that.

PC: It's often fatal. There isn't much you can do about it.

LRH: Continue.

PC: We'll just have to wait and see.

LRH: Go over it again.

PC: There isn't much you can do about it.

LRH: Continue.

PC: We'll just have to wait and see. We can only hope for the best. We'll just have to wait and see.

LRH: Continue.

PC: He may not die.

LRH: Continue. (pause) Is a can't tell in here anyplace?

PC: I can't tell?

LRH: Aha.

PC: Ha. (laughs) I can't tell yet. I can't tell yet.

LRH: Let's go over that again then.

PC: I can't tell yet, I can't.

LRH: What's the word just before I can't tell yet?

PC: He may not die. I can't tell yet. It's too early to tell.

LRH: Go over that again.

PC: (laugh) It's too early to tell yet.

LRH: Go over it again.

PC: He may not die. I can't tell yet. It's too early to tell yet. (blows air)

LRH: Continue.

PC: (groan) I'll be back later.

LRH: Continue.

PC: I'll be back later. Just keep him cool. Just try to keep him cool.

LRH: Continue.

PC: (moves violently, grunts, and laughs loudly) Damn serene bastard, I always knew he was bumbling. (laugh)

LRH: What did he say?

PC: (laugh) That's all he can do at present.

LRH: Go over it again.

PC: That's all I've been doing my whole life, Iguess. (laugh) Am, gee!

LRH: Continue.

PC: (chortling)

LRH: What's he say?

PC: Something about I'll call you later.

LRH: Let's go over that.

PC: I'll call you later.

LRH: Continue. (pause) Continue.

PC: Keep your chin up

LRH: What does he say?

PC: I think he says, Keep your chin up and try not to worry.

LRH: All right. Let's contact those words.

PC: Keep your chin up and try not to worry.

LRH: Go over it again.

PC: (pause; laugh) Keep your chin up and try not to worry.

LRH: Go through it again.

PC: (chuckles) Keep your chin up and try not to worry. (laugh; changes position)

LRH: Continue. (pause) Now what occurs?

PC: I think he was about to go then.

LRH: Does he say he's about to go, or he's going now?

PC: I have to lease now, I've got another call.

LRH: Let's go over it again.

PC: I have to lease now, I've got another call.

LRH: Go over it again.

PC: I have to leave now, I've.... (laughing)

LRH: What is it?

PC: (laughs) I have to lease now, I've got another call. (laughs) Oh, dear. Don't know why that's so funny but it is.

LRH: Continue.

PC: (laughs) I have to lease now, I've got another call. (pause) Good-bye. (pause)

LRH: Go over that again.

PC: Good-bye.

LRH: Go over it again.

PC: Good-bye.

LRH: Go over it again.

PC: Good-bye. Good-bye.

LRH: Doyou have any noises through there, any sounds?

PC: I seem to hear the door closing in there somewhere but this stuff is kind of mixed up. And it's pretty far away. I couldn't hear too much.

LRH: All right.

PC: It's pretty soft.

LRH: Your mother say something about you can't hear?

PC: I don't know. Seems like it's here somewhere. (long pause) He doesn't hear me.

LRH: He doesn't hear me.

PC: He doesn't hear me. He doesn't hear me. He can't hear me.

LRH: Continue.

PC: (pause)

LRH: Tell me what's in there.

PC: All this about dying.

LRH: Yep. What's this business about?

PC: He can't hear me

LRH: He can't hear me.

PC: He can't hear me. It's all right, he can't hear me. It's all right, he can't hear me. Shh, he might hear you.

LRH: Go over that.

PC: I think my mother said, Shh, he might hear you, or something.

LRH: And what does he say?

PC: He can't hear me. He's....

LRH: He's what? Continue. He's what?

PC: Ooh, He's too sick.

LRH: Go over that again.

PC: He can't hear you he's too sick. (laughing) Oh, no. He can't hear you, no he's too sick. (laughing)

LRH: Go over it again.

PC: He can't hear you he's too sick. (laugh) He can't hear you, he's too sick. He's too sick to know what's going on. (laughing)

LRH: Continue.

PC: He's too sick to know what's going on. (Oh, gee, wait till I get my hands on that guy!) He's too sick to know what's going on.

LRH: Continue.

PC: (laughing)

LRH: Who swabbed your face?

PC: I think my mother did and she had the basin of water there.

LRH: Continue.

PC: I think she just came over by me then, sat down and started cleaning my eyes.

LRH: What was she doing?

PC: Maybe that's very close to my eyes. I'm not sure.

LRH: All right. You know about all this. Now, let's go back to the first moment you start to become ill. (pause) Let's go back to the first moment when you start to become ill. The first moment you start to become ill.

PC: First moment. Ahem. (pause) Yeah, I've got a fever, I feel sick.

LRH: What was that again?

PC: I have a fever and I feel sick. I seem to be upstairs, I must have woke up at night or something....

LRH: Okay.

PC: It seems that way.

LRH: Okay. Now what?

PC: My chest hurts.

LRH: Continue.

PC: I call, Mother, Mother . . .

LRH: Continue.

PC: I'm sick. And she comes. (pause)

LRH: Continue.

PC: I think I vomit then.

LRH: Okay.

PC: I had stomach somatics anyway.

LRH: Continue.

PC: (breathes deeply, then grunts) Yeah, that's what happened.

LRH: All right. You know about it. Where did you vomit?

PC: I don't know, but I can smell it.

LRH: Okay. Then what occurs?

PC: She says, Go call the doctor, Henry, call the doctor, quick.

LRH: Continue.

PC: My dad runs downstairs.

LRH: Anybody say, Go downstairs?

PC: Maybe you should try to go downstairs and call the doctor, quick.

LRH: Go over it again.

PC: Go downstairs. (laugh) Go downstairs and call the doctor, quick.

LRH: Okay, continue. (pause; PC: panting) What's occurring?

PC: (breathing)

LRH: Now what happens?

PC: She says, I'd better clean this-up. Clean this mess up.

LRH: Continue.

PC: I've got a headache now. (sounds annoyed) My jaw aches up in here, and the back of my neck hurts.

LRH: Continue.

PC: I don't know what that one was. I thought that was meningitis or something.

LRH: Go on, you know what it is.

PC: The back of my neck is so cold. I didn't know I hurt euen.

LRH: Continue.

PC: He said it was measles.

LRH: He said it was what?

PC: He said it was measles.

LRH: All right. Continue with it.

PC: (breathing loudly) Phew. Boy, am I sweating. I'm so hot.

LRH: What's that again?

PC: I'm real hot.

LRH: Continue.

PC: (breathing loudly) I want a drink of water. I'm so hot. Phew. Get me a drink of water, cold water. Oh, so cold water.

LRH: Okay.

PC: Oh, so cold water

LRH: Continue.

PC: I want a drink of oh, so cold water.

LRH: Continue.

PC: Then she leases me. Goes into the bathroom and brings back a glass of water. Gee, the room must hare been a lot different then.

LRH: You know what it's like. Continue.

PC: It doesn't seem like it's a bedroom now. (grunt)

LRH: You know what occurs.

PC: Where the heck am I? Where am I now?

LRH: You know.

PC: Gee.

LRH: You have awareness of your surroundings there.

PC: It's pretty small.

LRH: What's this?

PC: I thought I was in my bedroom at first. But now I don't get it.

LRH: Okay, but you're aware of your surroundings there. How is the bed? Is the bed big? Small?

PC: Seems small.

LRH: Where's the light situated in the room?

PC: Coming from the left side.

LRH: Okay. You know. Does the bed seem small?

PC: Seems like a crib or something.

LRH: Okay. You know about this. What's going on?

PC: Oh, I'm just sick.

LRH: How about this: He doesn't know where he is. He doesn't know where he is. How about that? He doesn't know where he is.

PC: He doesn't know where he is. He doesn't know where he is.

LRH: Or, He doesn't know what he is saying. What is it?

PC: (grunt) He doesn't know what he's saying. He doesn't know what he's saying. He doesn't know what he's saying.

LRH: Continue.

PC: (panting, whispers) He doesn't know what he's saying. (aloud) He doesn't know what he's saying. (deep breaths)

LRH: Continue.

PC: Boy, I must hare been in a convulsion. He doesn't know what he's saying.

LRH: Continue.

PC: (seems to shift position) Has the doctor come yet? Has the doctor come yet? No, not yet. He's busy, he's out on a call. All these words just flash into my mind.

LRH: Continue.

PC: I hare a demon circuit on sonic nowadays: He's out on a call. He's busy.

LRH: This all the same illness? It is, isn't it?

PC: I think so.

LRH: All right. Carry it right on through to the time the doctor gets there.

PC: He'll be here as soon as he can. He will be here in a little while.

LRH: Continue.

PC: Just try to relax, or something like that. Try to relax. (ends in a whisper)

LRH: Go over it again.

PC: Try to relax, calm down and try to relax.

LRH: Continue.

PC: Calm down and try to relax. Calm down and try to relax a little. (panting) Boy, I tried.

LRH: Continue.

PC: (panting) I'm stuck now.

LRH: Go over it again.

PC: I'm stuck now. Boy, I'm in the middle of a terrific somatic and I can't seem to moue.

LRH: Can't see?

PC: (mutter)

LRH: Go on, you know what it is. You know what the phrase is. Now, one-two-threefour-five (snap!).

PC: I . . . (words under breath) I can't. I can't. (sob) I can't. I can't.

LRH: Can't what?

PC: I can't. I can't.

LRH: Can't what?

PC: I can't. I can't. I can't. I don't know. I can't. I can't.

LRH: What's wrong with him?

PC: (panting) Hell, but I'm mooing now.

LRH: What? You stuck? Is there a holder there?

PC: It seems to be, might be. I'm mooing I—I must be in a convulsion or something.

LRH: All right. Anybody holding you down?

PC: Feels that way.

LRH: And what are they saying to you?

PC: Lie still. Try to lie still. You'll be all right. You'll be all right as soon as the doctor comes. (breathing heavily)

LRH: Go over it again.

PC: Just try to lie still, you'll be all right. You'll be all right when the doctor comes.

LRH: Continue.

PC: (breathing deeply) I think maybe the doctor came downstairs or something. Seems like I hear something a long ways away. Something happened anyway.

LRH: Continue.

PC: (breathing deeply) Oh, I'm getting sicker by the minute at that point.

LRH: Hm-hm. Continue.

PC: I have pains. (exhales)

LRH: What about pain?

PC: Hm?

LRH: Where does the word pain occur in this?

PC: (panting) I seem to get I hurt all over. Where is the pain? (sort of painful laughter)

LRH: Go over it again.

PC: Where is this pain? (labored breathing while speaking) I hurt all ouer. Where is this pain? I hurt all ouer.

LRH: Continue.

PC: Pain and I hurt all ouer. (breathing heavily)

LRH: Continue. Now what occurs?

PC: (sniffling) My nose is stopped up now.

LRH: Okay. Continue.

PC: Pain and I hurt all ouer. I hurt all ouer.

LRH: Continue.

PC: I'm kind of weak all ouer. I seem to be able to see myself a little bit on that one.

LRH: All right. You can get in your own valence.

PC: Okay. I'm in, yah.

LRH: All right.

PC: And it must hare been the first time I could go outside. First time I can go outside after that illness. Igo out the front door and down the steps. It's a nice summer day and the sun is real bright.

LRH: Did you feel good?

PC: Oh, I'm fine on this one.

LRH: Yah, very fine.

PC: There must be something tied in with this one.

LRH: How does the weather look to you?

PC: Pretty good.

LRH: Okay. Now let's come up to a time when you are completely well. (pause) What are you doing?

PC: Well, that's a hard one.

LRH: You know what you're doing. You're having fun.

PC: I was wondering if I ever was well at all.

LRH: Why, what did you run into there?

PC: I don't know. Let me see.

LRH: Mother ever tell you this, make the remark that you were sick all the time, or anything?

PC: I guess so. Something about sickly.

LRH: All right. Let's come up to your tenth birthday party.

PC: Okay.

LRH: What are you looking at?

PC: Birthday cake. One, two, three, four, five and fiue, and, by God, there's another candle there, it must be my eleventh birthday party.

LRH: There's always one to grow on.

PC: Oh! That's it, sure. (laughs) That's true.

LRH: (laughs) Okay. What do you get for your birthday?

PC: I don't see.

LRH: Contact the moment you received a present.

PC: It's a package of some kind.

LRH: Let's open it.

PC: Why the hell does everybody shove stuff at me from the left side? Gee! Everything's been from the left today. No wonder I was left-handed. (laughs) Boy, I was, too. They had a hell of a time training me to be right-handed. Ha, I knew there was probably something to it. Yah, they're giving me this party from the left side too. It's on the table on the left side. Seems that there are other people there. Kids. Can't see them too well.

LRH: You can see them. What kind of a noise do they make?

PC: Oh, why, yakety-yak. Sure were noisy.

LRH: What is the present?

PC: Okay.

LRH: Do you feel excitement over this present?

PC: Um....

LRH: What's your emotion?

PC: All right....

LRH: Let's open up the present. Let's listen to it crackle.

PC: Okay.

LRH: Let's open it up. Take the cover off.

PC: What the hell is it?

LRH: Take the cover off and look at it.

PC: It's awfully quiet while I'm opening it.

LRH: Why?

PC: I have the impression that it's something to wear. I started to look at it. And then Igot an impression of—let's see—is that me? Yah, very strong impression of me dressed up in something, I don't think it's that particular thing.

LRH: All right. Give me flash answers. Is this present clothing?

PC: (pause) Damn it. I——.

LRH: Doyou like to receive clothing as a present?

PC: I've got something on present that brings me up all the time. I come up to present time and then sag back down again.

LRH: (laughing) Okay. Ah, yah. All right. Let's go up to the time you get your first bicycle. Is that before or after the tenth?

PC: After.

LRH: All right. Let's look at this bicycle.

PC: Yah. It's the only one I've ever had.

LRH: Nice bike?

PC: Yah.

LRH: Let's take a ride on it.

PC: Okay.

LRH: Get the kinesthesia there?

PC: Yeah, I'm going up a real steep hill. Just barely manage to pump it up the hill.

LRH: How does it feel?

PC: Fine.

LRH: Are you cheerful about it?

PC: (exhales) I wasn't particularly. I guess I wasn't cheerful very much of the time.

LRH: Well, let's come forward to June the 19th, 1950.

PC: Okay.

LRH: June the 19th, 1950.

PC: Right here.

LRH: Okay. Canceled. Five-four-three-twoone (snap! snap!).

THE 15-MINUTE ASSIST

A lecture given on
19 June 1950

A Demonstration

LRH: All right. Now, what is worrying you?

PC: (fearful, griefy voice) I don't know.

LRH: What's the first moment you started to worry?

PC: I started to worry since I got back here after lunch.

LRH: And what happened? Who did you meet when you got back here after lunch?

PC: I met a gentleman named Mr. Thomas, to whom I was explaining the things that had happened to people here.

LRH: And what happened?

PC: I started to worry.

LRH: All right. What did he say that started to worry you?

PC: He didn't say anything. I started to think about how everybody else has had so much better result than I. And that I hadn't done any auditing or anything. I'm terribly scared.

LRH: Scared of what?

PC: Oh, probably scared to run somebody and find that it was comparable to what I may find.

LRH: Comparable to what?

PC: To what I may find.

LRH: In your own bank?

PC: In my own bank.

LRH: Are you frightened of restimulation?

PC: Apparently.

LRH: Who have you run?

PC: I haue never run anybody.

LRH: You haven't run anybody. What engrams did you listen to lately that affected you badly? (pause) You can remember this.

PC: None but my own.

LRH: You've listened to one of your own?

PC: The only one that restimulated me badly was my mother saying, Pamela, you must always be a lady.

LRH: Hm. You remember that suddenly?

PC: I haven't thought of anything else practically since last night. And it was too late to run it last night.

LRH: You can remember when she said this. Right here in present time you can remember when she said this.

PC: Well, she always said it.

LRH: Yah, but what's the first time you recall her saying it?

PC: I was 3 years old.

LRH: And where were you standing?

PC: I wasn't standing. I was sitting in a little rocking chair.

LRH: Now what does she say to you?

PC: She said, Now you must be a lady tonight. We're going out.

LRH: Hm-hm.

PC: And I want you to be a lady.

LRH: Hm-hm. And what effect did it have on you when she said that, at that time?

PC: Well, I thought how foolish. I'm going to behave properly.

LRH: All right. What was wrong with being a lady?

PC: Nothing's wrong with being a lady. Being a lady's fine.

LRH: What's wrong with being criticized by Mama?

PC: It's unnecessary.

LRH: What's liable to happen if Mama criticizes you?

PC: Then I get all tied up inside and I want to cry.

LRH: If Mama criticizes you?

PC: (tearfully) Yes.

LRH: What's liable to happen? You remember this.

PC: If she criticizes me?

LRH: You can remember what followed one of these criticisms.

PC: The only thing that I can remember is that she is such a lady and that I am apparently not.

LRH: And you can remember her mentioning something like this. You remember her mentioning something like this?

PC: Pamela, you re a terrible tomboy.

LRH: Hm-hm. And when did she say this?

PC: I think I was 3.

LRH: When did she say this? Where was she? Where were you?

PC: I was in the kitchen.

LRH: And what happened?

PC: And I was dirty.

LRH: Hm-hm. What had you gotten into?

PC: Oh, I was out playing with all the boys. There were no girls in my neighborhood that I cared particularly about.

LRH: And she said you were a tomboy?

PC: Yes.

LRH: This upset you?

PC: Well, sure.

LRH: Criticism by Mama, very upsetting.

PC: Very upsetting.

LRH: Extremely upsetting?

PC: Oh, terribly upsetting.

LRH: All right. What particular moment that she criticized you did it really upset you?

PC: (pause) I can't get it.

LRH: There's a real bad one, when she really upset you. You can remember it. She really upset you.

PC: Well, it's something about spilling milk on the table. I've never liked milk.

LRH: Never liked milk?

PC: No.

LRH: You spilled milk on the table?

PC: Yes.

LRH: What happened to you when you spilled the milk on the table?

PC: I had to get out and eat in the kitchen with the maid whom I didn't like because she wasn't very bright.

LRH: Hm-hm.

PC: And that type of conversation didn't appeal to me.

LRH: What happened when you had to go eat with the maid?

PC: She laughed at me.

LRH: She laughed at you.

PC: Yes.

LRH: What's liable to happen to you if your mother criticizes you?

PC: People are apt to laugh at me.

LRH: Who else laughed at you when your mother criticized you? What body of company?

PC: There was nobody there, it was just a family dinner.

LRH: Just a family dinner.

PC: Yes.

LRH: What did your father say?

PC: My father said, That damn kid is so clumsy. Get her out of here.

LRH: Hm-hm. Which meant what?

PC: Get her out of here.

LRH: Hm-hm.

PC: Let's not have this thing around at all. It's a feeling of rejection, I think.

LRH: Hm-hm. You recall him saying this?

PC: Yes, of course I do.

LRH: Where were you sitting when he said it?

PC: He was sitting at the head of the table, Iamathisleft.

LRH: Okay. Now do you remember him saying this?

PC: Get that damn kid out of here. Sure.

LRH: Get that damn thing out of there.

PC: That damn kid. Hm.

LRH: Close your eyes.

PC: Hm-hm.

LRH: The somatic strip can go right back to the beginning of that incident. Get that damn thing out of here. Get that damn thing out of there. Contact the first part of that incident. Contact it. Contact it. You can. What are the first words in it now, honey? What are the first words? When I count from one to five, you'll give me the first words in sequence. One-two-three-four-five (snap!). You know what they are. Get that damn thing out of there. Repeat that.

PC: Get that damn thing out of there. Get that damn thing out of there. It's something that's in the way, in a room.

LRH: Contact his voice.

PC: It's something that's standing in the middle of the room. Mother's moved the furniture. Get that damn thing out of there, Julie.

LRH: Hm-hm.

PC: It has no place in a bedroom. Now what is it? I don't know. A piece of furniture.

LRH: All right. Now let's go to another incident, another earlier incident. Get that damn thing out of here.

PC: (pause; whispers) Get that damn thing out of there.

LRH: You've got to get that damn thing out of there.

PC: Got to get that damn thing out of there.

LRH: Contact his voice.

PC: Lets get that damn thing out of here. I can't.

LRH: Contact your father.

PC: I can't see him. Got to get that damn thing out of there.

LRH: All right. Now, contact your mother saying this.

PC: Got to get that damn thing out of there. Got to get that damn thing out of there. I think—do you suppose she's trying to get rid of me?

LRH: Well, let's see what you think. Let's contact the somatic on it.

PC: (anguished voice) Well, that's what I got.

LRH: All right. What's she saying?

PC: I He got to get that damn thing out of here.

LRH: Go on over it again.

PC: I've got to get that damn thing out of here.

LRH: What else is she saying?

PC: And she's saying, It's such a terrific bother.

LRH: Go on over that again.

PC: Its such a terrific bother.

LRH: What else is she saying?

PC: Well, that's all she says right now. She says (I wonder if it's the one I picked up the other night?) that summer is coming on, and I've got all these new clothes, and I can't be bothered.

LRH: Hm-hm.

PC: And everybody else is going to have fun and there I'll be stuck.

LRH: All right. Go over that again.

PC: The whole thing from the beginning?

LRH: All right.

PC: summers coming on and I've got all these new clothes.

LRH: Now get I'm afraid. I'm afraid.

PC: I'm afraid. I'm afraid.

LRH: Go over it again. I'm afraid.

PC: I'm afraid. I'm afraid I'm pregnant again. I'm afraid I'm pregnant again. That's not right. I'm afraid.

LRH: I'm afraid I'm pregnant.

PC: I'm afraid I'm pregnant.

LRH: I'm afraid of what will happen to me. I'm afraid of what will happen to me. What's this business I'm afraid?

PC: There must be tears connected with it.

LRH: Yes. I'm afraid.

PC: I'm afraid.

LRH: What's she afraid of? I'm afraid.

PC: (sigh) To hare another baby, I lost the first one.

LRH: I'm afraid.

PC: I'm afraid to hare another baby. I lost the first one.

LRH: Contact her tears.

PC: (sobbing) In the first place, it's too awful to take.

LRH: Continue.

PC: Suddenly, life is so wretched.

LRH: Continue.

PC: (sobbing)

LRH: Continue.

PC: I haven't had a moment's peace.

LRH: Continue. (pause) Continue.

PC: Oh God, (tearfully) there are all these emotional feelings.

LRH: All right. Let's go back to the beginning of it and run it again, honey. Let's go back to the beginning and run it again.

PC: I'm afraid I'm pregnant again. And I don't want another baby right now because I lost the first one. (sigh) And this will probably be a girl and Jim wants a boy so badly.

LRH: Continue.

PC: (gasp) I've got all these pretty clothes and summer's coming on and I'm not going to get to go anywhere.

LRH: Continue.

PC: Yes, there are a lot of tears—sorry for yourself. (pause)

LRH: All right. Let's contact the beginning of it now. What's she saying? Where does the word lady appear in this? Lady.

PC: Lady doesn't appear.

LRH: Lady. Where does lady appear?

PC: Oh, I'd like to dress up and be a lady, or something.

LRH: All right. Let's go over that again.

PC: I'd like to dress up and be a lady of leisure.

LRH: Go over it again.

PC: I'd like to dress up and be a lady of leisure, and here I think I'm pregnant again and I'don't want to be. (sigh)

LRH: Continue, honey. Contact her tears.

PC: (sigh) Oh, she's terribly sorry for herself.

LRH: You know about this. (pause; PC whimpering) Is your father present?

PC: No. She's all by herself in the living room.

LRH: I've got to get rid of this thing.

PC: I Me got to get rid of this thing somehow. It's just impossible. Jim was drunk half the time, and I lost the first baby, and it probably won't be a boy and that's what he wants. And the whole thing is impossible to endure.

LRH: Okay. Go over that last one again.

PC: The whole thing is impossible to end ure.

LRH: Go over it again.

PC: The whole thing is impossible to end ure.

LRH: Go over it again, honey.

PC: The whole thing is impossible to end ure.

LRH: All right. Let's get back to the beginning of it. Contact the earliest moment of it.

PC: I think I'm pregnant again, and I'don't want to be pregnant. And I've got all these new clothes. (sigh) I'don't want another baby because it probably won't be a boy and that's what Jim wants. The whole thing is impossible to endure because.... (sigh)

LRH: Continue, honey.

PC: I'don't know.

LRH: Yes, you do.

PC: The whole thing is impossible.

LRH: I'm afraid.

PC: I'm afraid I'm pregnant again.

LRH: Continue. What's the one about the lady now?

PC: (coughs) I'd like to get dressed up and be a lady of leisure.

LRH: Let's contact this.

PC: (That's silly.) I'd like to get dressed up and be a lady of leisure in the summer.

LRH: Continue, honey.

PC: I have all these pretty clothes and I want to wear them. (sigh)

LRH: Continue.

PC: I don't know.

LRH: Yes, you do.

PC: No, (half laugh, then despairingly) where do I go?

LRH: I've got to get this thing out of here.

PC: I've got to get this thing out of here.

LRH: What is the right phrase there? Got to get this thing out of here?

PC: (moan) Oh, no.

LRH: Just repeat the phrase. Got to get this thing out of here.

PC: I've got to get this thing out of here.

LRH: Repeat the phrase again.

PC: I've got to get this thing out of here.

LRH: Go on over it again.

PC: I've got to get this thing out of here. (starts laughing)

LRH: Okay.

PC: Oh, oh dear. Hoo!

LRH: Go over it again.

PC: I've got to get this thing out of here.

LRH: All right. Contact the first part of it. First part of the engram now. Let's run it on through.

PC: Mother's standing in the living room looking in that oval mirror (much more cheerfully) and she thinks she's awful cute, and she says, Oh, I'm afraid I'm pregnant again and I don't.... Oh, dear. (laughs)

LRH: Continue.

PC: (laughing) Oh, my. I want to get all dressed up and be a lady of leisure.

LRH: Continue.

PC: I've got all these pretty clothes.

LRH: Continue.

PC: (pause) And it won't be a boy and Jim wants a boy, and I don't see why I should bother anyway because he's drunk all the time and he probably wouldn't even know. And I don't think that's very good. Doesn't sound right to me.

LRH: All right. I'm stuck.

PC: I'm stuck.

LRH: I'm stuck what?

PC: I'm stuck. I'm stuck with that old buzzard and....

LRH: Go over it again.

PC: And because I am a Stuart, and Stuarts are always ladies we do not get d ivorced .

LRH: Oh. Let's go over that again.

PC: (laughs) Stuarts are always ladies and they have a status in this town and we do not get divorced, so I'm stuck with him.

LRH: All right. Let's go over that again.

PC: Stuarts are always ladies, and because I am a lady I will not get divorced and I'm stuck with him.

LRH: Uh-huh. Let's run the whole thing from beginning to end now.

PC: I am afraid I'm pregnant.

LRH: Continue.

PC: And I have all these pretty clothes and summer's coming on and I want to wear them.

LRH: Continue.

PC: And it's going to be a girl not a boy. And I lost the first boy. And....

LRH: Continue.

PC: I'm stuck with this old drunk. And I'm a Stuart, and Stuarts are always ladies, and therefore (laughs) I've got to be a lady so I'm stuck with him and I can't divorce him.

LRH: All right. Now is this a different engram?

PC: No, it seems to me it's the same thing; we're all in the living room all at the same time—my mother and I.

LRH: All right. Got to get rid of this thing.

PC: Got to get rid of this thing. Get rid of this thing.

LRH: It's impossible to endure. There, let's get that phrase.

PC: Its impossible to endure.

LRH: Let's go over that phrase again.

PC: That's pretty well gone. It's impossible to endure. It's impossible to endure. It's impossible to endure.

LRH: All right. Let's contact the first part of it. Now let's run it.

PC: It seems to me she's being very light-minded about the whole thing.

LRH: Hm-hm.

PC: I'm afraid I'm pregnant again.

LRH: Hm-hm.

PC: And I'm not particularly interested in being pregnant again because I've got all these lovely summer clothes and I'm going to go and have a good time. And if I have a baby it'll be a girl and Jim doesn't want a girl because we lost the first boy and I'm stuck with this old drunk and I'm a Stuart and Stuarts are always ladies, and if you're a lady you can't divorce anybody.

LRH: Continue. Is she crying?

PC: No. (PC hasn't been sobbing for some time)

LRH: Where was she crying?

PC: She was crying in the living room but she isn't crying now.

LRH: All right. Come up to present time.

PC: (short pause; then laughs; LRH joins in briefly)

LRH: How do you feel?

PC: Fine!

LRH: Better?

PC: Yes! (very happy tone of voice) I was so scared, I was so scared. And I'm not scared now.

LRH: Okay. (PC laughs) All right. (chuckles)

VALENCES

A lecture given on
20 June 1950

Effect of Valences on Therapy

Everyone should have a good understanding of the theory of valences. Previously this theory was of relatively small importance, because although we would occasionally go back into the basic area and find sonic, and then by coming forward up the line we would be able to achieve an erasure rather rapidly, in some patients we would go into the basic area and we would not find sonic but would have to start running the case merely with impressions and with no sense of reality about the validity of the information. The result was that a non-sonic or a dub-in case took much longer than the sonic case.

It was a goal then to set up some sort of a system or technique which would re-establish sonic recall. There has been quite a bit of work on this just recently, and a member of the research department made an observation that when he took people back over pleasurable moments he would have sonic recall on a large number of his patients.

In the early days of Dianetic research when it was of vast interest to ascertain just how much each standard memory bank contained, every patient who was processed was given a complete review over his standard memory bank before therapy began; and the constant persuasion to recall resulted always in an ability to recall.

But that was a separate line of research to find out how much he had in his standard memory bank. Once we had established that a standard memory bank contains everything a person has perceived when he is awake or asleep (but not unconscious), that technique was no longer used. The transition had been so gradual that it was not noticed that any transition was really taking place until it appeared that one had suddenly encountered a new series of cases which were more difficult than the old ones.

So there has been a very hard effort to discover why, and to find out if a person could recall in some instances and couldn't recall in others.

According to the basic axioms of Dianetics, the function of the mind is to obtain pleasure and to avoid pain. Once it was demonstrated that the mind could obtain pleasure, then it followed that it would go on trying to obtain pleasure. This seemed to apply equally to yesterday. So that in returning on a recall basis to yesterday and finding pleasure in it, the mind was then willing to face yesterday.

Well, that was highly theoretical. We still didn't have the reason why, until an earlier theory of valences came through. It was given a great deal of thought and the theory popped up that the reason you achieve sonic shut-off, dub-in, and upset recalls in general is because the person is in somebody else's valence. A check back over the data accumulated from the past confirmed this, and now we have valence shift in order to deintensify engrams.

We had found that the person could run it out as Father and could run it out as Mother and then could run it out as himself. But this did not take into account the fact that a person might be Mother continually, or might be Father continually, or might be Grandfather; and that he was trying to run out his own engrams in another valence—which evidently, according to this theory as now developed, is the cause of sonic shut-off, dub-in, emotional shut-off and other perceptic shut-offs.

It is as though the person has moved sideways and is being guided by an additional monitor, which monitor does not have available to him all the perceptics. Remember the old adage of being oneself? What we are trying to do in Dianetics is to make one himself.

The technique as applied takes cognizance of the fact that in other valences the person feels command somatics and is more violently affected by all command phrasesl in the engram. If he is in Mother's valence and somebody says to Mother, "Get out," he gets out. He bounces right out of the engram.

But as himself at that point, the words "Get out" are being said by somebody else to somebody else, and it is the recognition of the fact that these words are being said by somebody else to somebody else which is most efficacious in therapy, because he has additionally the recognition that these words were not addressed to himself and they do not apply to him. Therefore they need not be aberrative.

Another interesting point on this is the fact that no therapy which does not achieve as one of its ends a heightened sense of reality will achieve any great results. Reality is extremely important. By simply destroying a person's concept of reality (just that and nothing more) by making it so that the person believes himself to be continually wrong, without even installing engrams, he can be made fairly wobbly in his wits.

It means that if you took a man and convinced him at every turn that he had done something wrong, you would be destroying his ability to think. We have in this society a social aberration to the effect that everything that one imagines is delusion.

It is a prime argument that a person with a migraine headache is imagining it, and that it is just in his mind. That person is actually very ill. I have known migraine headaches that were very vicious, capable of prostrating the person. If somebody then tells the person, "Oh, it's all in your mind," the implication is that if it is in his mind it isn't real. That is working around to, "It's all in your imagination. You're just imagining it. You're just making it up," and so on. Such chatter on a social, conscious level is responsible for a large measure of the inabilities of people in this society.

Now if we take a person back down the track and in this more or less defenseless position begin to tell him he is imagining things, implying that he has dub-in, criticizing his recall, telling him that this engram doesn't fit there or that he may have believed that he is in the basic area when actually the somatic he is getting puts him at five months, all these things are destructive to the person's sense of reality. So the rehabilitation of his concept of reality is vitally necessary in administering therapy to a patient.

If we turn a patient loose into an environment where he is received with nothing but doubt no matter what he does, who has for years been received with nothing but doubt—"Oh, well, you know Jones is no good, he doesn't know what he is doing and what he says is of no use"—turn him back into this environment, we are going to discover that we are working uphill against people around him destroying his sense of reality and his confidence in yesterday. In an aberree that is a rather tenuous thing. It is hard for him to maintain. If we then put him into therapy and start slapping him around about his imagining things and so on, we would practically destroy him.

Therefore the primary breach of the Auditor's Code would be to destroy the sense of reality of the patient, even though we may know he is doing it all wrong. But if he is doing it wrong once he is in therapy, if he has dub-in or sonic shut-offs and he is still all at sea about what he is doing, it is no longer lying loosely in the lap of the gods as it was; it is now the fault of the auditor, because the auditor can very definitely swing that person into his own. valence. He can get him into the basic area and persuade him into his own valence there, at which time he will get sonic. He can take him into Painful emotional periods and make sure that he gets into his own valence and he will get full perception.

If the auditor then takes him into minor moments of pain when he is a little child, making sure he is in his own valence, and runs it out with all the perceptics as a child, and keeps insisting—wherever he is on the track—not by pounding it against him that he must do this, but by persuading him into his own valence and persuading him to sense these various things,

he is then achieving a double-barreled type of therapy. He is re-establishing the person's sense of reality on the one hand and really getting up the whole engram with all perceptics on the other.

The primary push in auditing should be directed toward getting the person into his own valence and rehabilitating his sense of reality about his own experiences. Keep your eye constantly on the fact that your first target is his own valence. He is to be in his own valence.

There can be complications to this. The first complication is the fact that a person who is in any valence but his own is most certainly stuck on the track somewhere, because engrams can slide up and down the track. They can become detached, and he can slide with them up and down the track. If he gets into an incident, for instance, where he feels he must vomit or have diarrhea, generally those things are hanging on the prenatal area. The child neither vomited nor had diarrhea, but somebody else did. So if he has a tremendous urge to do these things, he is out of his own valence.

All he should feel are his own somatics, not his command somatics. Vomiting and diarrhea would be command somatics. Of course, postbirth, a child actually will get into periods where he is feeling his own somatics, and they are the somatics of diarrhea. But the reason he is feeling such somatics at the present time is generally because he is out of valence.

Then there is the chronic somatic. A person starts running an engram and gets a somatic in his mouth, but the engram he is running has to do with having cut his foot, and while he is running it his mouth somatic cuts in. Or you may have a patient who does nothing but run incidents with pain in his legs. Every time he runs an incident he has pain in his legs. There you have someone very severely held. He is not only stuck somewhere on the track but also in another valence, and it will mean that this particular incident has picked up all kinds of engrams along the line. This is peculiar, for instance, to nitrous oxide and other things of a similar nature.

The best thing to do is by one method or another establish what the chronic somatic is, because that is the key somatic of the case, and the moment that is tapped, the rest of the case will resolve. But if you keep on running engrams endlessly without tapping that one, you will still be running more and more engrams into that chronic somatic.

Here is another method which is in advance of age flash in establishing the engram wherein a person may be caught. We have a patient, let's say, who is running nothing but a pain in the back. So, running this pain in the back, we start asking him about it. We send the somatic strip to the moment of highest intensity of the back pain merely by telling it to go to the moment of highest intensity of this back pain, to the moment when it was received. Ordinarily it is chronic and we can't attain it because it is masked with denyers and so on, so it is pretty well off the track. However, one tells him to do this, and whether he achieves a heightened somatic or not we really don't care. What we are interested in is whether or not we can now get more information on it. The following is a demonstration of how one handles a case who does not have sonic in present time.

LRH: Do you have a chronic somatic?

PC: Yes.

LRH: What is it?

PC: Extreme sinusitis causing pain all down the back of my neck, I'm not sure where.

LRH: All right. Shut your eyes. Now let's go to the highest point of that somatic. The moment of greatest intensity of that somatic. The moment when it occurred. Your somatic strip can go there. (pause) Now give me a yes or no flash answer. A yes or no on each one of the following questions: Hospital?

PC: (pause) No.

LRH: Doctor's office?

PC: Yes.

LRH: All right. Automobile accident?

PC: No.

LRH: Surgery?

PC: No.

LRH: Childhood?

PC: Yes.

LRH: Mother present?

PC: No.

LRH: Father present?

PC: No.

LRH: Doctor present?

PC: No.

LRH: Nurse present?

PC: No.

LRH: Who is present? (pause) Give a flash answer.

PC: (pause) I don't get anything.

LRH: All right. Let's go over it again. Answer yes or no to the following questions. Somatic strip at the highest point of intensity of that somatic. School?

PC: No.

LRH: Doctor's office?

PC: (pause) No.

LRH: Hospital?

PC: Yes.

LRH: All right. Age?

PC: 38.

LRH: This somatic was received in childhood?

PC: No.

LRH: When was it received?

PC: Earlier.

LRH: Prenatal. Okay. Mother's in the doctor's office?

PC: (pause) Yes. These are just guesses, I mean they're

LRH: Okay. All right. Now let's go to the moment when this occurs. The somatic strip is now at the first moment of the engram. All right. When I count from one to five the first phrase will flash into your mind. One-two-three-four-five (snap!).

PC: (pause) Didn't get anything.

LRH: All right. Now you can tell me what this is. You can tell me what this is. (brief pause) What do you feel like saying right at the present moment to somebody?

PC: It hurts.

LRH: Hm-hm.

PC: I occlude it but the whole thing is hurting at the same time.

LRH: Hm-hm. All right. All at the same time. Go over that.

PC: All at the same time.

LRH: Go over it again.

PC: All at the same time.

LRH: Contact it. Go over it again.

PC: All at the same time.

LRH: Go over it again.

PC: All at the same time.

LRH: Go over it again.

PC: All at the same time.

LRH: Give me the full phrase. Go over it again.

PC: All at the same time.

LRH: Go over it again.

PC: All at the same time.

LRH: How does the somatic feel?

PC: A bout the same.

LRH: All right. Go over it again.

PC: All at the same time.

LRH: Now, what is the phrase immediately before this? Your somatic strip can find the phrase immediately before this. (pause) When I count from one to five that phrase will come forward. One-two-three-four-five (snap!).

PC: (pause) It's there, it's there all at the same time.

LRH: Go over it again.

PC: Its there, all at the same time.

LRH: Go over it again.

PC: It's there, all at the same time.

LRH: Your somatic strip will now go to the holder in this incident. The somatic strip's going to the holder. Now when I count from one to five, give me the holder. One-two-three-four-five (snap!).

PC: can't.

LRH: Can't what?

PC: Uh....

LRH: Go over it again. I can't.

PC: I can't. I can't.

LRH: Go over it again.

PC: can't.

LRH: Go over it again.

PC: I can't.

LRH: Go over it again.

PC: I can't.

LRH: Next line. (pause) I can't what? I can't what?

PC: Feel it.

LRH: Go on over that again.

PC: I can't feel it.

LRH: Go over it again.

PC: I can't feel it.

LRH: Go over it again.

PC: I can't feel it.

LRH: Howis the somatic?

PC: Apparently it has turned off.

LRH: It's actually turned off?

PC: Yes, it seems to have.

LRH: Okay. Your somatic strip can go straight to the first moment of the engram, straight to the first moment of it. Now let's roll it.

PC: I can't tell.

LRH: All right. I can't tell.

PC: I can't tell.

LRH: It's too early to tell.

PC: It's too early to tell. Too early to tell.

LRH: How's the somatic?

PC: (murmurs a reply)

LRH: All right. Go over it again.

PC: It's too early to tell.

LRH: Go over it again.

PC: It's too early to tell. It's too early to tell. It's too early to tell.

LRH: I don't know.

PC: I don't know.

LRH: Please tell me.

PC: Please tell me. I don't remember, really. I don't remem ber.

LRH: I don't remember.

PC: I don't remember.

LRH: I don't remember.

PC: I don't remember.

LRH: When my last period was.

PC: When my last period was.

LRH: Go on over it again.

PC: I don't remember when my last period was.

LRH: All right. What's the proper phrase, I don't remember?

PC: I don't remember when.

LRH: Go over it again.

PC: I don’t remember when.

LRH: Go over it again.

PC: I don’t remember when.

LRH: When what?

PC: See if I can get it. I don’t remember when.

LRH: I don’t know if you’re pregnant or not?

PC: I don’t know if you’re pregnant or not.

LRH: It’s too early to tell.

PC: Its too early to tell.

LRH: I can’t tell.

PC: I can’t tell. I can’t tell.

LRH: It’s too early to tell.

PC: Its too early to tell.

LRH: How’s the somatic?

PC: (murmurs)

LRH: All right. Go over it again. It’s too early to tell.

PC: It’s too early to tell. It’s too early to tell.

LRH: I don’t remember.

PC: I don’t remember.

LRH: Go over it again.

PC: I don’t remember.

LRH: Go over it again.

PC: I don’t remember.

LRH: Go over it again.

PC: I don’t remember.

LRH: It’s too early to tell.

PC: It’s too early to tell.

LRH: I don’t remember what?

PC: I don't remember how.... (long pause)

LRH: Okay. I don't remember how . . .

PC: she did it.

LRH: Okay. Go over that again.

PC: I don't remember how she did it.

LRH: All right. Switch over into your own valence now. Switch over into your own valence on that somatic. What do you contact there now? (pause) Nothing happens? Would you like to get rid of it?

PC: (murmurs a response)

LRH: Does it worry you?

PC: No, just annoying.

LRH: Hm-hm. (pause) What is this incident? (small pause) You know what it is. Just give me a conception.

PC: Seems to be my mother.

LRH: Hm-hm.

PC: It's the other side of the coin, only in reverse.

LRH: Hm-hm.

PC: She was constantly complaining about a pain.

LRH: Okay. Come up to present time. (pause) How old are you?

PC: 38.

LRH: Okay. Now here's a computation you can't believe. One knows a little bit more about this now, since I never heard this before. Have you told anybody about this before?

PC: No.

LRH: Now let's see. We have got more information to go on. The proper procedure in this case is to go back to some time when Mama is complaining about it, or maybe when you went to the doctor's office with Mama, and get Mama's standard statement regarding this condition. And then take a phrase of that dramatization which is picked up off Mama and run it back into the prenatal area.

PC: Something came up while you were talking I consider important.

LRH: What?

PC: I remember being in a doctor's office when I was about 4 years old.

LRH: Aha.

PC: I remember being terrified sitting back in the chair and so on. There was fear and terror and so forth. That's what came to mind. I thought I'd mention it.

LRH: You didn't think it was important enough to mention earlier?

PC: (laughs)

[End of demonstration]

You will very often find that when you have returned somebody down the track and you have made a diagnostic run through an incident with a person, and brought him back up to present time again, ostensibly all through with it and so on, he will suddenly gush forth the vital information that you were looking for previously. But he won't do that evidently until it is quite certain that he is not going to have to contact it at that moment.

There was one particular case on whom time after time one would look for a mouth somatic with no results, until one day I brought him back up to present time, said that we were all through, the session was over, and that was all we were going to do as far as his case was concerned, at which moment we got the remarkable information that he had had a total exodontistry two years before. So we proceeded to go back and find the incident.

A positive suggestion is technical in the field of hypnotism. It is a suggestion by the operator to a hypnotized subject with the sole end of creating a changed mental condition in the subject by the implantation of the suggestion alone. It is a transplantation of something in the hypnotist's mind into the patient's mind. The patient is then to believe it and take it as part of himself. We do not work that way. Dianetic commands are not positive suggestions. They are simply outright commands no matter how persuasively put. "The somatic strip will go to . It is there." That is not a suggestion. It is there. We know it is there. Even if the patient doesn't know it, the auditor knows it's there because the somatic strip is most remarkably cooperative. The somatic strip will work with the auditor on Dianetics with neither the knowledge nor the consent of the individual if it is for therapy, whereas the somatic strip will not work for a hypnotic operator.

Of course there will be locks on top of some prenatal By feeding a person likely phrases observed in such locks, as he is trying to run an engram, the auditor can sometimes help the person tap the engram itself. These phrases are not suggestions. The person can take them or leave them; and if they are not right, he most certainly will leave them. But an auditor should have no hesitation whatsoever in stimulating the patient's senses. Though once these engramic phrases come into the analytical mind, the engram will never be the same again.

In the diagnosis of the above case, it is very important to find that the patient is experiencing something which he says his mother had. In whose valence is he? Apparently he is in his mother's valence. But this could also be a holder, or Father saying it.

He mentions that his father had had sinusitis so badly that he had to have a submucous resection. So this is super-reinforced, and the first adjudication that he is in his mother's valence is questionable. He might be in his father's valence. We do know, however, that here we have a prenatal bank which is crammed with sinusitis, and which is reinforced probably at birth. It is also reinforced every time he gets a cold due to the restimulation. Then there is probably an actual injury back along the line somewhere, probably prenatal, and this will tie in somewhere. There is also probably a grouper in there as well, such as, "They're all the same," and so on.

The above case is manifesting the somatic of the sinus chain. If we tackled the case without paying attention to this chronic somatic, we would be running off coitus chains and others through the curtain of the sinus chain. It would be a very cluttered and tangled picture by the time we got through. Some of these cases that are sonic shut-offs do become rather cluttered and tangled before they finally untangle, but they do finally untangle.

Here we have the theory of valences at work. It is evidently quite difficult to discover painful emotion, for instance, while a person is in somebody else's valence. There are all manner of

difficulties which can be encountered. On further testing, this theory may very well be supplanted by another, better theory, but at the present time this one is working. That is what happens in Dianetics: It works pretty well all along the line, but there are times when it works better.

The subject of diagnosis was very definitely slighted in the Handbook. Due to the limited space it was simplified, but evidently it was oversimplified.

The above demonstration was a diagnosis to find a chronic somatic and a chronic valence. Actually, diagnosis is a continuing process one does in trying to find what new material is in view by what is currently interrupting the case. I pay very close attention to it.

The earlier dissertation on the 15-minute assist technique to alleviate a headache or something of the sort depends mainly upon pseudo-allies. The person is confronted by either the real ally or the pseudo-ally, and we are trying to trace back the last moment when something was triggered; then, just by remembering, find the person who matched that person.

For instance, the patient says, “I’m talking to my partner Jones, and this conversation upsets me very much.” Well, the person is merely talking to somebody. The conversation should not upset him emotionally a great deal unless it is big news, or a huge loss, and even then it should not upset him out of proportion. So what we want to find is who is Jones. Is Jones Papa? Is Jones Mama? Is Jones Uncle Oscar? And in finding this out we discover all of a sudden that Papa had these identical business worries and Papa reacted exactly the same way, at which moment we can suppose that in the prenatal area there is an identical incident. On carrying that on through in an actual case, it was all of a sudden demonstrated to be a fact that there was an identical incident. Papa had been robbed by a ruthless partner, and everybody’s advice to Papa including the lawyer and Mama was “Say what you’re told to say, and no more. Don’t say anything because the more you say the worse it will be.” So I had him back down the track and I would feed him repeater technique, and I could feed him the words “chickens,” “cows,” almost anything, and he would repeat exactly what I said, and was perfectly happy to go on repeating it. But none of it had anything to do with the content.

In another diagnosis currently being done, we have a cross-questioning proposition. Just how that appears in the prenatal bank is not clear, but somebody definitely must not answer questions about something, and must just keep passing them off and putting them aside and being as agreeable as possible but answering absolutely no questions.

Another case cannot and will not return. That case is stuck in some kind of an argumentation incident chronically.

That sums up valences. You can see them working. If you run somebody who is having a bad case of morning sickness, remember that it is impossible for a fetus to have morning sickness. As soon as you break him out of these valences at the earliest part of the track and get him out of his mother’s valence or his father’s valence or grandma’s valence and into his own valence, and start running these things with full perceptics, the rest of the case will fall apart.

A person can slap himself around into various valences in present time. It is a mechanism. The mind is capable of a lot of these things.

ANALYTICAL MIND

A lecture given on
20 June 1950

Operation

The subject of the analytical mind is very important although it is apparently unstressed anywhere in therapy, because one should know something of the mechanism behind aberration as it has been observed functionally.

The analytical mind is a mechanism which is extremely capable. It is capable of counterfeiting or manifesting every psychosis, neurosis, compulsion or obsession or repression on the books. It is capable of every insanity, but it is also capable of just plain coming up with it. It is the calculating machine. It is the activating machine. It is what counts in the mind.

The reactive mind has about the same importance as an idly spinning phonograph record, but it impinges its recordings upon the analytical mind in such a way (and in the absence of some portion of the analytical mind, upon the somatic mind) that you then get a direct short circuit into psychosomatic illnesses and so on.

So the analytical mind and the somatic mind are a couple. They act very closely together, and engrams can become impinged upon the pair. When the analytical mind is out of circuit one is getting direct action on the somatic mind.

In view of the fact that an engram approaching to impinge itself upon the analytical mind turns the analytical mind off to some degree, then you have it going rather directly into the somatic mind and one has automatic speech and actions which are straight out of the bank. One also gets automatic fluid flows and automatic functional regulations and so on. But that is the analytical mind's strata that is the activator to the capable machine, to the switchboard, and so forth. This is a parasitic arrangement that is moving in against the capable machine. The analytical mind is evidently so constructed that each and every thing which you will see a person doing or saying comes out of the abilities of the analytical mind, but those abilities are being perverted. Those abilities can never be intensified beyond what they are natively, but they can be so impinged upon by engrams that if you are speaking in terms of a large automatic record changer, the record has come out of the slot and has moved onto the platter. Now all it will play is just that particular record or type of record.

Very cruel, sloppy thinking of a character that one would normally assign to the most degraded and barbaric society has been used in the past concerning the analytical mind.

So we have a situation here where the credit has been going to aberration. Aberration is the thing. The psychiatrist and psychologist are playing right into the hands of the engrams and aberration by crediting aberration itself with enormous strength, and have rendered it less possible for the problem to be solved or for people to be sane by saying that neurosis is the thing which makes a genius. This remarkable misreasoning is second only to the remarkable assumption that all a person can remember is delusion, or the circular reasoning that all insanity is without actual cause except the cause of insanity.

The assignation then to aberration of enormous power and strength has convinced a lot of the society of the great value of being crazy. To be crazy has no value whatsoever. The analytical mind by test, experiment and observation has been shown to work in a number of very precise ways.

One of the first methods it has of learning is mimicry. You have probably seen a little child going around mimicking his elders, or he mimics maybe the dog. Like the little girl that at the

age of 2 goes up the steps on all fours to the door and scratches. That's the way to get in the door. Her friend the dog says so. At Harvard they took a human baby and put him in a cage with a baby ape and the two got along just fine, with the baby ape mimicking the human child. Then the grandparents of the child who had been loaned for the experiment observed the fact that the child was scratching like the ape, and hastily removed him from the care of the university!

So, mimicry is number one in learning. That is coordinating the body as one sees other people coordinating their bodies. The little baby at the age of about three months will open her mouth as she sees other people opening their mouths and hope that some kind of sound is going to come forth that will mimic the sound that she hears from somebody else.

This is observable all around us and that is mimicry. But that the mind can mimic is no reason whatsoever to assume that mimicry is complete aberration. It's not! It is a method of learning and there are a lot of methods of learning like this.

The standard psychiatric reasoning has been that the personality is composed of a number of insanities in small degrees. This is like saying that an automobile runs because its valves are out of adjustment and would not run when you adjusted the valves. They completely overlook the automobile and they are listening to nothing but the squeaks. Those are not harsh words, it is simply an effort to establish a reorientation with regard to this.

A reorientation of it is very simple. One sees a manic-depressive. Now a human being can get depressed, analytically. It is a natural mechanism, for instance, to feel sad if one loses something. This does not mean that as soon as one takes out aberrations regarding loss one no longer feels sad in any way if he loses something. But he can pick up his life at that point and go on.

If he has an engram in there, the mechanism in the analytical mind which permits him to be sad is now impinged on with an engram of the subject and he can only feel sad—the depressive part of this manic. Then let us say in this particular case of a manic-depressive that he has the potentiality of being a very strong man, and he has a lot of engrams that say he is no good. But there is one ally engram that says he is some good, that he is strong, that he is able and that he is powerful. This is his manic. Move that forward into the machine and regard it as nothing more than a cheap ornament, and that thing will move in on the machine and impinge, using only as much strength as is available in the analytical/somatic mind series. It can't use any more than that.

You could take a moron and with a lead pipe and by other means lay in engrams to the effect that he was the most powerful person on earth, that he was a genius to end all geniuses, that he could write the greatest books in the world, and so on ad infinitum. Then key in that engram for him, and you would still have a moron acting on the stet datum that he is a genius—and there is nothing unhappier. He now has this conviction that he can do these things, but he can't, and you get some rather pathetic things. Then, in view of the fact that he can't do them, people are going to start breaking or stopping by their observations his dramatization of this manic. Shortly he is going to be a very sick man because he is going to fall back upon the fact that that thing was laid in with a lead pipe. Now he is constantly suffering with the pain of that lead pipe, because the compulsion is there to do this, and if he doesn't he is going to be hit.

That is the reactive mind forcing its command upon the analytical mind. But the analytical mind can't carry it out. Now, if the person happens to be able and does happen to have a good set of brains yet has that engram, it will still move in but it will carry too far; and if it is constantly keyed in the person will become aberrated, because remember that this thing has cut down his ability to be reasonable.

So now he is going forward on the idea that he is going to be the greatest person on earth and that he is terrifically strong and able. Well, he is strong and he is able, but it can't make him

any stronger or more able. Having the compulsion to keep demonstrating it continually actually makes him less able. Like a dynamo that has lost its governor he will eventually just fly into bits.

This is the boy wonder who burns out. However, I have also known several boy wonders who in a very quiet way went right on being boy wonders, straight on through. They didn't make a histrionic show of it perhaps, but they nevertheless were boy wonders. Such people as Thomas Edison who, if you look back over his past, was dealing less with compulsions than anybody I ever want to read about, and he gave us all sorts of things.

I found out in another case that a compulsion to be very good along one particular line, the composition of music, had ruined a man. He was an able musician, but he had the compulsion to be the greatest musician in the world. So at any moment that it seemed to him even for an instant that he was not going to be the greatest musician in the world, he would quit on any particular line of music in which he was engaged. And he had tried all of them, because the engram did not specify.

With this engram removed, the person settled down to composing. Previously he had had no time to pay any attention to the act of composing music. The only thing he had had any time to pay any attention to was the fact that he had to.

You will run into many people like this, so this will be of value to you in working with people. They will have a tendency to hold on to these manics. The reason they hold on to them is both educational and aberrational. Most of the time the engram content says they have to hold on to them. On the educational line they have received it from the society now for decades, that the reason they are great is because they are insane. Before that it was because they were temperamental.

The person who has one of these mechanisms at work can be made a little more amenable by an understanding of the situation. He will normally look over it and look back on his past and recognize that he has had a lot of failures along this line and that you can help him by taking it away from him, because when you take it away from him then the mind can evaluate properly on the situation.

The sorriest sight in the world is a man who has a compulsion to be one thing and whose basic purpose and personality says that he must be something else. For instance, he wants to be a good sailor He likes the sea and so on, but a compulsion dictates that he has to be a schoolteacher. Such things line up to the statement: Most men lead lives of quiet desperation. Basic personality is traveling on one route, and the person's compulsions on another. So there is a dual purpose.

Once in a while a person is found in an insane asylum who has the conviction that he has the power and the secret to save the world. This is very interesting. There is the fourth dynamic held in a vise and pushed right out to the front, but he has nothing to go with it whatsoever.

The content of many religious engrams will also do this, but they land in the sphere of the fourth dynamic. For instance, someone has this tremendous compulsion to do something, but he doesn't know what he is going to do; and this, combining with other things, will give him the most remarkable pattern. He has nothing to offer.

It's a mechanism too, and it is used analytically along this line: "I have a great secret, therefore you should be good to me. And I am safe as long as I have this great secret." So he has got to act a certain way. Then there is the person who says, "I'm going to save mankind," and goes out and slaughters several million people.

Hitler probably believed quite sincerely that he was busy saving the world for his race. Hitler without that confounded aberration would probably have been quite a guy, but he was stuck in the third dynamic on the subject of the German people. I call attention to the days when

Hitler was being gestated around 1889 when Bismarck was going to make Germany the world power. There was much talk by the German nationalists in the air at that time. There had to be a German nation. Take the unborn baby, while Mama is wearing too tight a corset, out to too many speeches at the picnic grounds with the band going oompah-oompah-oompah, and there you have it. Such an innocent little cause yet how many human beings did he kill?

It is nevertheless a natural mechanism of the analytical mind that if a person has something he believes man can use he will undoubtedly put it forward, not in one of these superaberrative protective mechanisms, but he will put it forward. If he has something which is going to help the group, he will try to put that forward too. But he won't be going around looking sly and thinking he is being followed everywhere, and that the FBI is after him. He will just put it out. He is more able to put it out and more able to formulate it if he doesn't have the compulsion to do so, because that compulsion attenuates analytical power. The mind is cut down by being impinged on by the engram, rendering the person unreasonable to some degree, with less ability.

There is another mechanism that the mind uses to save the first dynamic. For example, someone goes out and gets slapped in the head by a big Alaskan Kodiak bear. If he is very smart he will lie down promptly and play dead. He will probably be cuffed for 50 feet and he may or may not live, but there is a chance to live. There is no chance to live fighting that 1600 pound brown bear, the world's largest carnivorous animal.

So, playing dead can be a very good mechanism. You can go out on the battlefield, for instance, trip over something, fall flat and be in a slight depression with the bullets now whizzing overhead. It would be a very good mechanism to lie there, unless you have got the third dynamic kicking in there as being a highly vital factor. Certainly when we speak of battlefields there is no fourth dynamic in question at all. That has been utterly neglected.

There are a lot of times when a person can use this solution: Be quiet and play dead, "I'm not dangerous, leave me alone." A person can live longer and sometimes win a lot of battles that way. Now, all of a sudden we have a fear paralysis engram coming through and impinging itself on that mechanism, and we get a catatonic. The person is playing dead for no good reason. There is also the case of paranoia, "They're all against me." It would be part of the analytical mind to be quite observing of those forces in its surroundings which were antagonistic toward him.

I defy anybody to solve a problem that does not take into account the forces which are going to be aligned against the solution. He can't go out and say, "I'm going to build a dam across this river," and completely neglect the fact that the river is full of water. The force of that water is going to stop him from building a good dam and he would be crazy if he neglected it.

In the case of a paranoid or a paranoiac, this mechanism of taking cognizance of the things which are liable to suppress one's activities is so thoroughly impinged and held in place that the person thinks of nothing but those forces which are going to be aligned against him. He goes around doing nothing but worry about them. The power of that analytical mind has been pushed out of line so far that now we can't really deal with the person at all because we have no rational way to meet the natural obstacles.

Another thing about the analytical mind is that it runs on targets. It runs on obstacles. It has to imagine or pose obstacles in order to do anything. It has to conceive of what obstacles it is going to meet just in the process of walking from the living room to the front door. So it is a machine which runs very ably on the idea of taking obstacles into account, and it has a lot of fun getting rid of them. It actually, in its natural state, rather enjoys obstacles so long as they are known. As soon as the obstacles become unknown, it then has to search in such a wide sphere that it becomes a bit unsettled and not too well aligned.

So, it is going up against the unknown, and all of the monitors start idling, searching in various directions. There is no alignment with what it has to do and it can't find the target, so it does nothing.

But give the analytical mind a target, demonstrate the fact that the target exists, and it will attack it, or it will avoid it, or it will do something else with regard to it, and it may even be a good solution to succumb to the obstacle, temporarily.

Anyone who takes a job, for instance, in a large corporation is succumbing to the obstacles of food, clothing, shelter and authority.

This can happen on a mechanical arrangement. You can hypnotize a person and tell him that when you pinch him in the hand it is not going to hurt. You have automatically lined up against that hand pinch to come in the future, a certain number of resistive units. So when the pain comes through they file it under the heading of waiting. They don't register it. They are prepared. But when we simply pinch the person's hand, the pain comes straight on through and it will knock out of alignment some of these items. In such a way, take a horizon of activity which the mind sees as having no target but which is full of danger of an inexplicable source. It finds that there is real danger there. The units start diving into the standard banks to discover what data we have regarding this situation, and units dive this way and that and begin fanning out. There is less and less alignment. The alignment is just as wide as that horizon of the unknown is wide, and suddenly you get the impact of a shock if you say "Boo!" to the person.

Take a little boy, out at night alone. It is dark. He can't figure it out and he's walking along without knowing that you are there, and you suddenly say, "Boo!" He will jump about a foot off the ground. He had nothing aligned toward a "boo," so it came straight through and he got quite a shock out of it.

In this fashion, but on a higher computational level, there could be a field of action out of which the mind could not select obstacles, a field in which it could find nothing to attack, no targets, nothing explained, and in which it is in a highly disorganized state because it is not aligned with anything. Of course at that moment the minutest stimuli could reactivate an engram.

This can happen to a boxer out on his feet who is traveling 100 percent on his training pattern.l There was a case of a boxer on whom some doctor had the temerity to operate, without realizing that this man was a trained wrestler. So, as they started to put him out, what clicked in were the training patterns which were all mixed up with engrams by that time because he had been observing other wrestlers in engramic moments. He was in more valences than you could count after all the bouts he had been through. So, this doctor strapped him down easily enough. He was perfectly meek and mild up to the moment when the analytical mind was attenuated to the level of the training pattern. At that moment the boxer, being rather slim hipped, came out from underneath the straps. (Because any time you find yourself on your back, what you are supposed to do in boxing is roll over on your face and get your knees under you and come on up, which of course he proceeded to do.) He slid out his hips, rolled over, and came up with the popping of the chest straps which he had pulled loose, and proceeded to clean up the hospital.

When he woke up there were about 12 people in the room holding various parts of his anatomy and, although he had no recollection of it, some of those people had black eyes and twisted wrists. He had evidently put on a very intelligent exhibition all on the basis of a training pattern.

This is starting back at mimicry again, which is where you get valences. In order to mimic somebody, you have to be able to set up a mock circuit to be that person, temporarily. That is mimicry. So you can set up a valence, and the mind sets up and tears down these circuits at a terrific rate. But during moments when the circuits themselves can't be intelligently

monitored into and out of being, we get a permanent mimicry setup, and we get a valence. When you take the permanent valences out of a person, all you are doing is taking the solder out of the circuits so that he himself can now shift at will through these various valences.

Right at the present moment you or I could set up valences that would go right straight through on a complete parade of people we know, and then tear it all down. It is simply an analytical setup and is very easy to do.

The way you learn to shoot a bow is that you have seen Ugh out here shooting a bow, and he stands a certain way. You don't examine on an archery professional basis that one plants one foot 45 degrees from the other foot and at a distance of $27\frac{1}{4}$ inches, and that one draws back the bow with a certain flick—you just don't go into this. One sets up the other person complete, and then at that moment picks up the bow and just shoots it. You will find that once all of the aberration about training and not being able to learn is out of a person, he could just glance at another person going through a certain action and then with full confidence do the action. It is quite remarkable.

Valences are interesting because one can get stuck in everybody's valence. There could be a setup in the reactive mind that says, "You're just like everybody else." Or, "Well, I have to be like everybody else because if I wasn't, everybody would be furious with me."

With an engram at work like that, this nice, precise valence mimicry mechanism goes into full bloom, and the person finds himself in the horrible situation of mimicking everybody he meets, but unable to stop it. He feels identified with everybody around him. He sees somebody doing something and he is liable to find himself doing the same thing. In other words, you get the person automatically shifting into other people's valences, and the mind sets up a valence for everybody who comes along.

A large amount of analytical power is necessary to follow out the commands of an engram which says, "You're just like everybody else," and a complicated analytical circuit is necessary to obey that engram.

There are quite voluntary assumptions of valence in the society too. Take the days when the Prince of Wales was parading around and had nice clothes. Everybody was wearing what the Prince of Wales wore, and that was perfectly agreeable, that was the style. Of course that was really a winning valence, because that was a top echelon, high social level proposition and was an effort to find a higher plane of winning. If a person is rather dissatisfied with being himself for some reason or other, he can assume a higher winning valence. But that is all on an analytical basis.

Don't ever permit yourself to be persuaded by a patient (since the research on this area has been very subtle) that he is achieving any benefit whatsoever or any assistance whatsoever from any engram, because he definitely is not.

I knocked an engram out of myself that had me thoroughly stalled—it had to do with superfavorable comments on my writing—and after it I could barely push a pen. The target was set up so high, I had to do so much in order to carry out that manic, that I was dissatisfied with doing anything less than that. As a consequence I did nothing.

There wasn't any very tricky sort of a thing. It was just a statement. Although it was not completely beyond my ability to carry out such a superartistic, fairy-tale type of writing, mostly in blank verse and so forth (which was what this confounded thing called for), it was completely beyond my taste. It had me frantic for about a week, and yet everybody had been very nice to me at the time of receipt of the original engram when I was unconscious.

In short, you are going to find manics on the part of patients that they educationally have come to believe necessary to their livelihood. You can't suddenly set them up and show them

that without the manic they will do fine; because they have got the manic. You will find inevitably that they are not doing fine, but they can't believe it.

For instance, someone has the compulsion to be a great runner, and he goes out and runs. He has lost all kinds of races and he sits around and complains about it. He received a lead medal at a state fair once, but he is ashamed of that because that isn't great enough, and he is in a state of high dissatisfaction. Yet try to take this manic away from him that says he is a great runner and you will meet with heavy resistance, because then he would not be a great runner. He protects the thing that's licking him.

In answer to the question of whether there are any accidental natural releases or even clears, there are lots of people who have enough dynamic force so that when the dynamics is blocked slightly by engrams, their native ability just overrides.

You could take the relative values of a total population and the relative values of a released and clear population and see whether the dynamics and the degree of IQ remained constant. But we are not going to have to worry about that question for some time, and I would rather observe it than postulate what it might be. I can postulate, however—because I think in one's wildest imaginings one couldn't conceive of more than 10 percent of the populace in the next 50 years being clears—the rather unfortunate circumstance of an intellectual aristocracy.

The people who have a high dynamic, who have an urge to be better, who want to keep things going and so forth, have now set out and widened the gulf enormously; and there will be a lot of people who don't have the force to become better themselves, but who will be dragged along with those that do because they have associates.

There is where Preventive Dianetics2 cuts in strongly. To the society, I believe Preventive Dianetics really means more than Therapeutic Dianetics on a long haul basis; because on an educational level it will eventually reduce the insanity and criminality in a society without having to take into account every individual in that society. There is an equation not much covered in the Handbook concerning the potential value of an individual or group equaling intelligence times dynamic to the x power.l That equation, figured out for every dynamic in terms of symbolic (not numerical) logic, will give you a relative final value on human beings. You will find that people with a rather high dynamic force can swing over the tops of their engrams and can turn on their minds by brute force and take a look at something like Dianetics, and they can figure it out.

Then there are people who just need Dianetics because it is something new and they have engrams about things that are new. Those people don't carry on very far with Dianetics. A person has to have a recognition of it. I have found that although people with relatively little dynamic may be able to recognize the truth of Dianetics, they can't do anything about it. Intelligence is definitely entered into it. It is not a clear-cut picture that can be delivered out on a silver platter. Survival and necessity are entered into it as well.

I have seen a lot of people toy around with Dianetics. I constantly get letters from people out in Keokuk or somewhere, who tell me that just as soon as they have seen some proof of this or that, why, then they will be very happy to see that somebody else tests it, and they go around in this circuitous way. You can be very certain that this person doesn't have enough dynamic to overcome enough engrams to clear up his intelligence to a point where he has got any recognition of the subject.

Dianetics does not fall into the tried but not true patterns of psychology in which if you set up enough experiments to prove that rats run, you will eventually prove that rats run. There is a lot of recognition in it. One has to ask such questions as: "Does it seem this way?" and "Are these theories correct?" and "What is my judgment of this situation?" But it has to be a point of my judgment.

Somebody who says, “Well, I have to depend upon the judgment of Dr. Zilch, because Dr. Zilch has been very active in the field of sorting cat fur for years and his opinion is absolutely necessary, and I have to know what he thinks before I can think,” immediately poses a situation where a man’s dynamic must be subordinate to an authoritarian dynamic; but it doesn’t say much for his own dynamic.

It has been my findings that people who start in on therapy on a co-audit basis and then run down could have enough engrams picked out of them in order to reinforce their dynamic. But the auditor has got to carry it. They will not. And if they are asked to carry it as an auditor with relation to somebody else, they don’t make the grade.

I have been fascinated by watching this sort of thing. The person who is frightened to handle Dianetics is like the person who is frightened to handle an airplane. If he is frightened to handle the airplane, he will probably wreck it. There are five ways to handle any situation:

1. To attack it

2. To avoid it

3. To flee from it

4. To succumb to it

5. To neglect it

Now let’s put it on the basis of food, clothing and shelter. Naturally one has to overcome those. He has to attack that objective. Well, in order to attack it he has to make compromises. So you actually get all five of the above working in the economic pattern of any one individual. He is succumbing to something in order to attack something else. He is making compromises and adjustments all the way along the line.

Take some crushingly onerous job like standing punching a drill press on an assembly line. His work then carries to him no compensation other than food, clothing and shelter. That is a terrible price to pay for food, clothing and shelter.

This is not very sentient. There is a fact that man needs existence as an individual. He is commonly forced into very rough situations by this economic society in order to eke out an existence. I know of too many people who, just to eke out an existence, are carrying on the most horribly boring futureless jobs in the world. You know them too.

The military service is a good example of this, which takes 50 men standing in line and tells them what they are supposed to do as they pass down the line. The man who has more capabilities than the job requires gets absolutely no benefit from it. One pulls down the whole level of the organization just by assignment, assignment, assignment, without paying any attention to what a man can do. Militaristic regimented societies, social states and that sort of thing are the curse of mankind.

I know of lots of good engineers in big corporations who are rated simply according to seniority, who are really hot, who would like to do the job, and who could be of benefit, but due to lack of seniority they are busting their hearts.

There are a lot of people psychiatrists would be very happy to immediately label as being in unbalanced manic states, who have risen in life educationally, because they have disliked their surroundings and jobs, and who keep building themselves up by attacking the target. Such a person doesn’t like the kids he went to school with. He doesn’t like to live like a pig. And the first thing you know, he keeps on going upward, he begins educationally to keep raising his necessity level higher and higher and higher. He has got a high dynamic in the first place or he wouldn’t be there. This may appear to be slightly manic, but it is not manic at all.

I have sometimes seemed very wicked to patients on the basis of "Well, you are a self-determined individual. Go ahead and work it out," not on the basis of fee, because I never operate much on fees. For instance, a patient has a problem with his daughter Elsie, and he wants me to tell him the answer. His reply to my statement there may be, "You don't have as many engrams as I do, you're getting along fine and you can think better than I can. Now why don't you figure out this problem for me?" But he could not put me in possession of enough data to solve the problem adequately.

The number of people that the professional auditor will have to carry all the way through is almost zero. Even though the case seems to be creeping along and check runs show that it could be a lot better, the professional auditor just doesn't have time to carry a case all the way. Therefore the fee is not a fee for going straight on through. It's a fee for being helped on through. Don't tie yourself up with any one patient doing this.

You are working here on natural selection, so you might as well recognize it. Natural selection is very definitely inherent in this situation, just as it is in society. You are introducing an artificial (or maybe not so artificial) evolutionary step into the organism. It is being freed from certain cellular limitations, and natural selection always plays a part in that.

But you will find that you will have to carry one person all the way through, sooner or later. However, if you did it constantly, handling all of their problems and taking care of the whole thing, you would find yourself so tied up that you couldn't do a lot of work in the field beyond that point. That, to me, is important. We don't have very many people, and there won't be many people for a long time who will be real professional auditors.

That is why I keep hammering down on the basis of, yes, a professional auditor could go out and audit Mrs. Gotbucks who wants to be carried all the way through, but this puts him out of circulation for months while he worries around with whether or not she hates Pekingese dogs. One certainly could charge her for it, but there are the third and fourth dynamics to consider.

We had a movie actor recently who wanted an auditor flown out. He was willing to advance a great deal of money to cover the initial expenses. An auditor could have gone out to the movie colony and made himself a pile of money, there's no doubt about it, and spent six months doing that; but he could make the money just the same by handling it the other way. The correct thing to do in that case would be to take this movie actor and at a very good fee train him up and start him in and oversee his case. You can make just as much and probably more money running 40 movie actors than you do with any one of them, and at the end of that time you would have 40 movie actors who were cleared.

Incidentally, an actor gets into bad shape. Because if he has anything that makes his valences stet, he will start going into his part valences and sticking there, and this definitely encumbers his acting ability. As a profession, actors are the craziest people on the face of the earth.

We need trained auditors. I am thinking of putting a double grade on auditing: the grade of auditor and the grade of professional auditor. The professional auditor in an area could be in a position of getting material and people channeled to him by the Foundation, and he would find himself pretty well top dog locally. He would make auditors and he could certify auditors when he was satisfied that they could audit.

For instance, a patient who comes into the Foundation can be used as a liaison in the area he returns to, because he will have literature, information and so on. He will be able to brief these people and to check run to a point where the cases will stay pretty stable.

The question has been raised that an auditor, or somebody who is familiar with Dianetic techniques, might possibly be more difficult to clear because he is anticipating the auditing procedure.

This is only true if worked on by a person not as fully acquainted with the subject as himself. But here we would have a case of difference of altitude and training. You can even change auditors all over the shop. You can put 15 people auditing the same case so long as amongst those 15 there is not somebody who is so stupid as to mess the case up.

All one would have to do to utterly destroy a person's sense of reality is to rack him along about how he is imagining things, that he has dub-in, get angry at him a few times and plant a positive suggestion, and you have jumped it about 500 hours. Whether the patient knows it or not, his buttons are pushed; however, it will not have as much effect if he knows about it.

For example, if we audited a preclear in his house and somebody in the house says, "I don't see any improvement in you," or, "You don't know what you're doing," it may not have much effect, depending on whether the person who said it is his auditor or pseudo-ally—because the auditor of that person is an ally.

Through an examination of past figures on the time of clearing derived from my working on people, I have begun to realize in all humility that there is a speed differential at work here. I cannot put forward at this time an accurate average for people who are co-auditing, or even for a professional auditor carrying cases, since I have seen three pretty smart auditors working along on cases and they have just now, after eight months' experience, gotten to a point where they will look at a case and recognize exactly what to do next. They have now gotten the feel of the thing. (All these people were hand trained by me.)

The wife of one of these gentlemen had a very bad case of psoriasis with scale over her arms and body which she had had nearly all of her life. It had keyed in at the time of puberty and evidently derived from a number of chemical abortion attempts. She had been born with a skin sloughing and was in very bad shape. This thing was also hung up on a number of sympathy engrams. He found by tacit consents that it was almost impossible to handle the case. She, in addition to that, was an ally of his. So there were these complications. But these complications were taken care of a long time ago, and he recently got basic-basic out of the case. He had gotten all sorts of painful emotion off the upper part of the case and had worked on it for many hours.

I haven't seen her tally book, but her psoriasis is just now starting to go away with a vengeance. It has done recessions back and forth, but they have just hit the center of the case which he should have hit long ago by my standards. I even pointed out the diagnosis a while ago, but he didn't follow it straight down the line. However, he has since gotten basic-basic out of the case, is coming up the line on an erasure, and her psoriasis is receding at the very fast rate of about an eighth of an inch a day.

So the amount of hours it takes to clear someone is a highly variable figure from person to person. I have this fact though: Whereas we can learn the principles and we can learn many things about Dianetics very rapidly by reading the Handbook, which people can then co-audit, some of them are quite good at it right from the start; but others, even when they are quite good at it right from the start, still haven't developed it up into an automatically responsive art with themselves. So it evidently takes quite a while for a person to do this, working on many cases.

However, even if it took you two years to clear a human being, or to clear yourself, you would still be way in advance of anything ever achieved on this line previously.

On the other side of the picture, an auditor's own skill will be constantly increasing. But out of this set of variables, to postulate at this moment that you will be able to clear somebody in (as I have done) eight weeks would be pretty adventurous.

You may find someone who by being high-powered more or less cuts down the way ignorance stands in the road. If he proceeds to work with you, you can probably work very

smoothly. But don't expect some little person that would do at best pattycake auditing to be able to even help you.

A person, because he is trying to avoid things, is normally a very bad diagnostician on his own case. At the same time, through his skill as an auditor, he would have a far better insight into the case than somebody else, if he can make himself objective about it. I know I had to diagnose the final break on my case. In fact, I had to diagnose it practically all the way through, which was very tough. But it can be done.

Working on children is really an adventure, because the child doesn't have a fully developed analytical mind. But the child that gets up to 9 years of age without too much in the bank can be cleared; and any child around 9 can have enough locks taken off the case, by educational methods, or enough done to the case in general so that they get along pretty well. It is a touchy situation handling a child. You are not dealing with a fully developed organism. It isn't dangerous; it's just how slow is it going to go, and how antagonistic is the child going to become?

I have worked on a child 4 years of age and have obtained results, with big emotional charges like losing his lollipop last Tuesday and that sort of thing, and made him feel much better, made him much more cheerful about life in general. And I have worked on children of 9 who didn't have enough push to go back to yesterday but, after we worked a little while, could finally be coaxed back into it. Most children pick this up very rapidly and you will find them wiping out their own engrams, and so on.

There was one humorous story about a little girl who was switched, who then went out on the back porch and was heard muttering to herself out there. She was picking up the engram of the switching and was going through it again and again, thoroughly erasing it!

Child Dianetics is a pretty broad subject, however, which will not be covered in this lecture. It is of great use for the parent to furnish the pain and furnish the pleasure; in other words, to create an artificial situation of drives, resistances and awards in order to coax the child into doing something. But do it on an analytical level. Don't spank and then talk. Talk quietly, and then spank; because by not saying a word you haven't put much of an emotional engram on the case.

Fortunately it is pretty hard to upset a person unless one uses very cruel and sadistic methods.

ENGRAMS

A lecture given on
21 June 1950

Characteristics and Handlings

In tracing the moment an engram occurred there are many signs which an auditor can use. The primary one that is used, but which can be overused, is age flash. The patient will very often be found to have a built-in circuit which will bypass the engram and give the right age automatically. This can be overcome rather easily by two or three mechanisms.

One of the mechanisms is to ask him for a number. He will very often give you a number without realizing that you asked him for an age, and the number will be the age. Of course, on any of these flashes, it can't be relied upon 100 percent, but they are in the main pretty good.

For instance, in getting at an exodontistry one time, the only number the person would give me throughout the whole case was the number 7. However, no exodontistry could be found at 7 years of age, but exodontistry had taken place at 27. The 27 had nothing to do with it. Seven was the last number he heard as he was going out and, as he was counting, the nurse was saying to him, "Say 7." He had counted up to 6 himself and the nurse was telling him, "Say 7." As a result, every time he was asked for a number he would say "7." So there can be variables.

Another method for discovering the age of the engram moment is to give a person flash questions like, "Give me a yes or no on any of the following: A hospital?"

And you get "No."

"Doctor's office?"

"No."

"Mother?"

"Yes." "Dentist's office?"

"No."

"Automobile?"

And you may get something coming through like "Accident."

So you say, "Give me a yes or no. Automobile accident?"

"Yes."

"Home?"

"Yes."

So now you assemble this thing and it looks like somebody was in an automobile accident and got taken home. You will have established then where the person happens to be at that moment on the track.

Being stuck in present time is a misnomer. It was used in the understanding that a person was never stuck in present time, but the point was not made clear. The fact is that a person who is stuck in present time may be suffering from two things:

1. A command that will not let him return so much as a minute (that is the rarer of the two).

2. The person is latched up somewhere on the time track, which is the more general.

Now, it so happens that if he is pushed out to the outermost limit of present time with each succeeding second, he is also in an engram, and that engram has a specific age such as 2, 3, 4, and is actually stuck on the time track.

So the thing to do is to find the incident and the valence in which he is stuck. This can be done by straight memory diagnosis, trying to get him to remember what is worrying him and so forth. However, it is of the utmost importance to find where the engram is located. The age at which it occurs is secondary to finding it, although it will help; but find the engram, whether it is prenatal or postnatal. No amount of effort should be spared, particularly at the beginning of a case, to find the exact moment where the person is stuck on the track, and that effort is seldom without very immediate beneficial results.

You can try and locate where he is and get the holder and the call-back out of it. Study it, you may get a holder out of it such as “Stay here,” and be able to bring him up to present time to his proper age for a moment. If you give him an age flash shortly afterwards, or run through the routine again, you may find he is right back in the incident once more, but at this moment you could uncover a call-back such as, “I’ll be back in a minute.” So, “Stay here, I’ll be back in a minute” is the whole phrase that should be run.

Also, if there is one holder in it there are probably several, and perhaps the first holder you get in it is not the holder that is holding it. The main thing is to get as much of it as you possibly can.

For instance, in opening up a case you find the patient rigorously stuck at 9 years of age. You can count on the fact that he is going to keep on getting latched up at 9 years of age. Get the incident in full recall. Get it into a state where he can not only run the incident but remember that it actually happened. That is important. Don’t just bleed it off on the basis of the patient saying, “Stay here, stay here, stay here.”

“That’s fine, now what incident were you in?”

“I don’t know.”

You haven’t done enough there to bother with. The thing you should do is to take him back to it and run it again, and hammer and pound it until you have finally gotten that incident into complete recall, from present time.

“Yes, I remember when I was a little kid at 9 years of age and I had scarlet fever and they told me to do so-and-so, sure I remember that.”

Now you have deintensified that incident to a point where it is not going to cause you any more trouble. Otherwise every time you bring him up to present time you are liable to find him latching up in it, because it is after all a pretty sturdy lock.

It is always profitable to try to straighten out as many attention units in the mind as possible. In fact, extend it to the outermost limit. That is actually what you are trying to do as an analogy in therapy. You are trying to free up all the mind’s attention units so that they can all function, with none of them retarded in any way. So, by starting right in at the beginning of

the case and working on the business of freeing attention units, you will get something worthwhile done.

Of course, you will run across people who have an amnesia back of yesterday quite often and yet are apparently functioning. They don't know what has happened to them in life, they merely say, "Well, that's all occluded, I don't know anything about it," and so on. You get quite an argument from these people about the fact that. they absolutely cannot remember. There are several things you can do when the person says, "I don't know."

Throwing endless repeater technique at a patient seldom accomplishes very much because he is going to put that on a bypass circuit and sit there comfortably running it. Then you may or may not get the incident. Also, using repeater technique you can give him so many incidents (holders) that you restimulate a lot of new incidents and now he gets held on five, six, ten places on the track. Engrams will move on the track and they will bunch up. So you can retard therapy by an overuse of repeater technique.

Nevertheless, repeater technique has that very special function of getting exactly what we are going after. That is done in two ways: We catch the patient in a real dramatization, not just a remark like, "I don't know," but saying something like, "Oh, go away from me, you're bothering me. Leave me alone, leave me alone, for heaven's sakes!" and use repeater technique on that. In the first place, that incident is restimulated and you should be able to tap it. By using repeater technique on it one can very often get straight back into the incident from which it came, at which moment you have advanced the case.

It is not necessary, and would be dangerous, to annoy him. It is much easier to take somebody with whom that person is living and ask them what he says when he is angry, and just to run the patient over one of his own dramatizations. By doing either one of the two you will find it, and that is a legitimate use of repeater technique.

The other use of repeater technique that is always productive of results is watching what the patient is doing. If the patient is sitting stone-still after he has been running an engram, you know there is something of a "sit still" or a "don't move" being dramatized. One can start pitching repeater technique at him to match his current manifestation and that will bring results from him, because all of a sudden he will hit the incident. You will find that you can guess at this pretty well; it's a matter of practice.

But repeater technique has its dangers and limitations. It isn't one of these overall techniques where you get the person in present time and then suddenly pick a phrase out of the air and decide that you are going to have him run that phrase. You have got to have some reason behind it.

Also, never tell someone to skip a phrase, merely say, "Keep on going, we can pick it up next time."

For instance, if the patient is having a great deal of trouble getting through the engram and he is clutching his stomach, instead of just pummeling the person about this, be perfectly willing to take him back to the beginning of it and run him on through the incident again. Of course, depending on the number of times through, there are always phrases that will come into view because there are always phrases in a bad engram that are out of sight. Even when you run an engram sometimes and you think it is all up, it may astonish you to come back three or four weeks later, after you have uncovered another earlier engram, and find that it had a phrase sitting right in the middle of it that was quite aberrative. But apparently the engram is gone. So phrases duck out of sight.

In this particular case the patient was clutching at his stomach, so we got a holder out of there, at which moment the person could move freely through the engram. He had been moving a little bit in front of the engram and just a little bit behind the phrase "hold it." He had been around a big cluster of "hold it" all his life.

These are efforts to free the person on the track but the main subject is trying to find where those incidents are located.

There is another way of going about it and that is to have him use his "imagination." Ask him to imagine the worst thing that could happen to a little boy, "What is the worst thing that could happen to a little boy?" Also, "What is the most dangerous time of life?" and you will get some astonishingly accurate replies.

Ask him, "What is the most horrible thing you can think of?" or "What is the happiest and most cheerful thing you can think of?" If he is stuck in a bad engram he is going to resent it sometimes and start giving you gruesome details. You can very often get a patient negating against you if you say something like, "Oh, well, she's just your grandma after all, try and get her death. After all, you know, people pass away, and so on," inferring that it doesn't amount to much. The patient is liable to resent this and suddenly come through and tell you that it does amount to a great deal.

Another manifestation that you very often see is a person lying on the bed with their hands crossed, very still and quiet. They're dead! And that is the engram. You could run a whole case with a person in that position and he would eventually touch that engram.

Normally when a person has his hands twisted together and against the cheek he is in a prenatal. But if the person is lying straight out, everything complete but a lily, that person is latched up in funerals.

So one can tell something about where the person is by the manifestation of the body and the body's agitation or lack of it. If you get a man into a prenatal who is running consistently laid out straight, you can be certain that he is running in somebody else's valence and that you are not doing a very good job, because there is something desperately wrong with this case.

Another method of telling how and where a person is on the track is by their command somatics. We know, for instance, that a fetus does not get morning sickness. The manifestation of morning sickness on a fetus will be one of crunching into himself. A person will be rolled up a trifle or on his side, not too tightly, just suggestive of a fetal position, and there will suddenly be this crunch and a shuddering into himself. That is Mama vomiting. If he is lying there with a pain in his stomach, choking and coughing, he is in Mama's valence at the time it is being run, because we know that morning sickness doesn't occur to a man and that a woman will not dramatize her own morning sickness without there having been morning sickness earlier. This much can be established on a person who has morning sickness.

The command somatic operates only when the person is in the valence of the person who is doing the commanding. Otherwise the person is in his own valence and getting the right set of somatics. Another thing is that you are not going to find anybody in Papa's and Mama's valence simultaneously.

Then there is the problem of the zygote. A zygote is round and the only pain that a zygote could experience would be an all-over pain, all over the body. If a douche has been thrown in there, you might possibly get half of the body covered with that douche. But it is not very likely because a zygote is so tiny that it could be engulfed by a drop of something rather easily.

So you get all-over somatics in the basic area. If you get basic-basic with anything but an all-over somatic, a pressure or a burning or an irritation or something of the sort, you should know very well that you are not in the basic area. Somebody has crossed up the lines. Of course the person could be in another valence. But you should be able, in the basic area, to throw them into their own valence (there is really nothing easier in the basic area), at which moment this thing will turn on.

Morning sickness can start very early, because the cells find out the person is pregnant before the person finds it out.

There is an earlier somatic than the all-over somatic of basic-basic, and it is hardly a somatic. It is a sensation of movement and swimming. It is the sperm or the ovum, and you will get all sorts of split-up ideas at conception. At the very instant of conception a person can pick up the motions of the sperm, and ordinarily does. You will have some girl who knows nothing about Dianetics, to whom you've said, "Let's go back to the first moment of pain or discomfort that you can now reach," lying out straight trying to swing her feet sideways like a fish tail. Suddenly she is up against something that she pushes against, trying to get through.

The cells are pretty disorganized, but this is the impression of later engrams mixed up in conception memory, because conception itself is evidently not an engram as such, and there are all these strange manifestations. It's as though the last moment of sentience was the moment of conception itself, then the next impression was received after a lapse of time during which no recording was done of any kind. So it appears that pain and conception are simultaneous.

I have peeled 30 engrams off the sperm dream one right after the other, each one a little earlier. So the first recordings are often confused, and each one of them has this slight feeling of the sperm. So you can peel at least one engram off the sperm dream. If you recount the sperm dream a few times you are liable to find yourself with a full engram that has nothing to do with the sperm. You are also apt to find all manner of odd computations being made by the patient at that moment, of being first in Papa and then in Mama and so on. These things will resolve however into engrams. So just keep running what you have got and the thing will fall together.

In view of the fact that this point of the track is extremely serious from an aberrative point of view, one must take particular care to get everything in it. In fact it is the most important area in the whole time span of life and has got to be cleared out. Once you have those engrams not just.reduced but erased, then and only then will the case resolve completely. And the earliest moment that you can do this, it should be done. The first target of the auditor is down in basic area, getting both it and basic-basic erased. After that the case will run rather easily.

The question has been raised that once a lot of charge and painful emotion has been taken off, would it be of value to start working a case from conception forwards? The answer is no. You can say, "Go to one hour after conception," if you want to, and you may get one hour after conception, but usually it is more complicated. You say, "Well, let's go to conception, and now let's go to the first moment of pain or unconsciousness after conception," and the person winds up at five months after conception. That is the first moment you now have a recording of, and if you encounter it you should tackle it. Although there are literally scores and scores of engrams in between, that may be the first one that he thinks he can attain.

The somatic, then, of the basic area is an all-over somatic, all-over pressure, all-over irritation. It isn't localized. If you find somebody who claims he is in the basic area and he has a pain in his stomach, and in addition to that you have established the fact that he is in his own valence, know that you are way up the line after the first missed period. Anything after the first missed period is late.

Your first and main target is the basic area, which is the area before the first missed period. It is the first two weeks or ten days before. The material in there is the most aberrative, and those commands are the most severely impressed. The greatest alleviation in a case which you are just tapping is of course painful emotion, but if you are going in there to totally erase the engram bank, the only target that you want the patient to reach is the basic area. Therefore you get painful emotion off the case so that you can reach that first part. But everything you are doing is an attempt to reach basicbasic.

It is very important then to know what the somatic is in that area. Don't let anybody ever try to sell you "I have a pain in my foot, this is basicbasic." You can certainly let him run "I have a pain in my foot," and let him tell you all about it. But it is going to resolve into one of three things:

1. A command somatic (meaning it was actually Mama's pain in the foot) .

2. An all-over somatic.

3. It was way up in the second or third month when the fetus actually had a foot.

I recommend the study of a book on embryology. Look it over and you will discover some strange facts. Because as you run engrams out of the patient, you will find such things as his eyes being smashed together. Smashing a person's eyes together is of course impossible. But the eyes are clear out on the side of the head in an embryo. You will also find that the mouth has some odd positions. For instance, a needle or something siinilar could thrust straight through the eyes of the fetus, from side to side, and I have run into this. So don't be amazed at any damage whatsoever that you find in the prenatal area, because here is the organism floating in amniotic fluid with adequate supplies of amino acids and tissue repairing facilities, and the blueprint still very much to hand so that it can repair itself remarkably well.

You are going to find some other manifestations that are interesting in the prenatal area, one of which is the "breath cutoff." A person obviously is beginning to suffer, he is going unconscious, let us say, for lack of oxygen and yet it is not registering in his lungs. He can become extremely confused, not because he is not breathing but because the oxygen is not going in through the umbilical cord and he is suffering from anoxemia.

In attempted abortions it is occasionally possible to tick the umbilical cord with a knife or similar instrument, and cut it just enough so that the oxygen supply is lessened. I had one very interesting AA show up on a person. He had been douched and pounded at for quite a while, and then Papa decided that the best way to do it was to go in there with a buttonhook and a pair of shears simultaneously and fish up the umbilical cord and cut it. He did succeed in nicking it but not in cutting it. It evidently congealed in some fashion.

So there are various types of somatics which can be received.

In review, the basic area and development of the embryo are almost always all-over somatics and their intensity is quite severe because the organism is quite tender in that early period. Later up the track one starts to find selective injuries.

One case that I recall very well is almost common in AA cases, where the fetus had been thrust with a hatpin. The embryo was pretty well developed (around 3 months), and the hatpin went through the back of the head, down through the brain, out through the throat and into the leg, and there were seven or eight thrusts of this character, piercing more or less this same area each time. Fortunately the fetus does not have to depend upon its own regulation of the organism in order to survive, so vital areas of it can be touched. One coronary illness encountered had been caused by the heart having been brushed by some instrument of some sort. You will find countless combinations of effort, instruments and somatics in AAs.

But if you are hitting an AA and you believe that this is now basic area, you will be wrong, because the AA must have taken place after they knew thebaby was there. Furthermore, the baby would have to be big enough in order to be touched by anything, otherwise it would merely be bruised slightly by being nudged aside.

Embryology is an interesting subject. For instance, the head is actually at an early stage of development just an extension of the trunk. Look this over in embryology texts and you will get a much better idea of what is going on.

There is no certainty that an AA is going to succeed. Even doctors will tell you that. It is quite common knowledge in the field of medicine that a woman ordinarily can be counted on to become frantic and tamper with herself to some degree. The number of ways she can tamper with herself are limited only by her own inventiveness. The unfortunate part of it is that every time she tampers with the embryo or fetus, she makes herself sick. So on top of the engram then comes this sickness proposition, and the whole chain makes a very nasty setup from a standpoint of engraphy.

No limits are evidently discoverable on the ability of the fetus to heal itself. I have run across a few where long surgical scissors were used, and I imagine that if the cut of them had been slightly more efficient, that would have been the end of it. But they didn't quite make the grade. It is astonishing the amount of damage which you will encounter from time to time and from which the patient has gotten well.

Although I have never recovered an engram where there was a division into two parts, I have recovered them where a limb was almost severed, or something of this type.

This is all seemingly rather gruesome, but if American womanhood would just find it a little more gruesome than they do currently, we wouldn't be troubled quite as much.

Another thing about attempted abortion is that if one person has a dramatization or a fear, and attempts it once, you can count on it being attempted again. I have not yet run across a single attempt in a whole case, except one case that had a professional abortion which was legal. But they just didn't do a good job. The baby was supposed to be taken because the mother had high blood pressure and the baby lived through it. It gave the person an extreme manic, because immediately afterwards when everybody was standing around and the baby was evidently still alive, some comments were made such as, "Good heavens, the baby must be made out of cast iron. Boy, what survival there. How strong that kid must be," and so on. One of them even said, "The infant triumphant!" So this case manifested a strange thing when we got to the birth engram and asked him, "Now how do you feel as you're coming out there?"

He immediately replied, "I feel powerful, I feel able to lick the world," and so forth. (He was still talking out of this holder back in the prenatal area.)

An AA case is also vicious to the extent that ordinarily older people will be standing around or there will be doctors. who don't like the idea of the child being killed. And of course the recording there is extremely interesting in that the child agrees with the fact that it shouldn't be killed. This makes a very sturdy ally computation.

You will find in the Handbook a list of chains taken out of one case. I am always willing to expand the number of chains that can be found in the prenatal area, but that list happens to be roughly representative, which is why it was chosen. There are one or two that could be added to that. One is the non-coitus chain which is "Get away, leave me alone, I don't want it," on the part of Mama or Papa. I discovered one of these one time on Papa, of "Don't bother me," and so on, where Mama was a bit on the side of a nympho. The other is the enema chain which actually belongs on the bowel chain, but it is a special kind of bowel chain because the heat of the enema can be transmitted through it.

In all these prenatal engrams you will find a consistency of dramatization on the part of Mama and Papa which actually helps the auditor. If an aberree dramatizes something once, he or she will do it again is the working rule. If Papa got angry and beat up Mama once, the possibilities are strongly in favor of his having done it twice, even though the engram may include his promises "I'll never do it again," and even though the wife may be saying, "You've never done this to me before"—that is just a dramatization. Or she says, "You've never been like this before, you've never done this to me before. Oh, what has changed you?" Yet five days earlier there's another beating, and she's saying, "You never did this to me before, what has changed you?" She is merely playing off a record.

Another thing you will discover in watching this is the edging up into contagion of aberration. The aberrations of the parents become by contagion part of the aberrative pattern of the child. However, he may handle them in entirely different ways and he may have such genetic strength that he does not dramatize them. Various things can occur there and the pattern, of course, gets altered by extraneous conversations to the dramatizations. But nevertheless the patterns are constant in the parents and they can be found.

The one thing which changes the pattern of the parents is the fact that one, by cruelty to the other, transplants by contagion the aberrations of one into the other. So we get somebody who is potentially a manic-depressive at 20 years of age, but getting along fairly well, marrying a paranoiac who is also madly jealous. At the age of 30 we find the original manic-depressive now with a new overlaid manifestation of paranoia, which rather complicates the picture.

You will discover this in a first child early in a marriage. You can actually check up on the engrams, as they run up the bank in the prenatal area. You can find first Papa being mean to Mama, and Mama being rather nice; but soon Mama is using some of Papa's phrases; and then Mama is worrying about the engrams that Papa has implanted in her. For instance,one of his dramatizations is, "You never know anything, you've got no mind of your own at all." Let a few weeks pass by after some of these tirades and Mama will start going around saying, "I'm so worried, I don't have any mind of my own." Now she has taken in and doesn't recognize the source of his beating. And we get a very complex pattern in the prenatal area of a child, because whatever Papa says may be echoed afterwards by Mama. If Papa beats her, she will later begin to re-utter what he says. Or MaJna is very cruel to him and gets him very confused; soon afterwards he is liable to start worrying about his state of mind.

Worrying about the state of mind has another subdivision in that they not only worry about their own states of mind, but particularly after an AA chain they start worrying about the child being feeble-minded or a moron, which compounds into a super worry about the intellect, or a super worry about conduct. It is one of these tight spirals. First Papa has this dramatization, then Mama starts to manifest his dramatization, then Papa begins to pick up parts of Mama's dramatizations, and then both of them are impinging their own into the child. You get this picture which, when they are worried about the genetic or the AA aspect of the child, places in the child a superconcentrated worry about his mind, about himself, about his physique, about his abilities, and so on. This is rather a pitiful thing to examine when you get into one of these that is really bad. Yet the person may be apparently quite normal, with this material pretty well in hand. This is one of the reasons why, when you enter the case of a child of 8 or 9 years of age, and begin to discover a lot of these cross-aberrative side effects, you can understand that a child of 8 or 9 would be absolutely incapable of experiencing a successful therapy. They simply do not have enough push to get into the material in the bank.

The amount of material that you will find in the bank is ordinarily enormous. Never get optimistic about having discovered one engram which now resolves the whole case. The case can be crammed with material, and the only place to start it is at the beginning. It is a waste of time to look for a specific injury, a specific psychosomatic illness or a specific aberration if you are really going out to clear the case. Just get back into the earliest moment which you can get in that case and reduce the engram and get earlier and erase. Break basic-basic and the way a case looks one day and the way it looks the next is very different. That is the real change in the case.

Where there is a new basic on a chain, or new painful emotion that has shown up, or the auditor has not been on the ball on keeping a person free on the track, one starts to pile up the case in one spot. These are some of the manifestations that you will encounter in cases.

An interesting phenomenon that occurs is that the reactive mind will occasionally leak with a little information on the track. One case in particular kept running across Mama patting herself gently on the stomach and saying, "Well, here I am pregnant, I wonder how it feels to

have a baby." The person didn't have sonic, they just had this impression and recovered this incident every once in a while. But after a few days of handling that incident, it all of a sudden turned into Mama beating herself savagely in the stomach, saying, "God damn it, I've got to get rid of this kid!" What he had been edging in towards there was that incident and, because it was painful, getting a complete misinterpretation of it.

Mama in this same case appeared at first to be bumping herself gently against the sink, only she wasn't bumping herself gently against it, she was slamming herself into it and slamming herself into table edges and so on.

I recently reviewed a girl's case and said to her, "Let's take a look now at the living room of your mother and father's place. What do you see?"

"Oh, the furniture with all the sharp corners." I didn't evaluate it for her, or go back into prenatal area, but we know what is there.

An auditor should not let someone bounce back and forth. The auditor who will let a patient do this very long is doing him a great disservice because you can get everything in the case stirred up after a while. Some cases have basic area computations like, "You have to run away from everything" and "You have to get away from it" and "You can only go through this once" and "You can't get caught," or "I just can't be caught, I just can't let myself be caught. Oh, this would be so horrible, this would be so dreadful." A person is so leery of being caught that you get the fact that he runs away from everything.

It is also interesting to learn in any case whether or not there are any older children. If there are older children, those children are going to appear in the engram bank of the child's prenatal area. There are some cases on record where there had been an older child who had died, and the child was then assigned the name of the child who had died. So, of course there was a lot of conversation in the prenatal area about him being dead.

So, there are these various complicated computations that can enter in. One of the most complicated ones that throws the time check off in a case is where Mama has some aberrated reason to keep Papa from knowing about her pregnancy. In one case she was protesting clear on up to 6 months that he should not come in her. She knew very well she was pregnant and was AAing on the side very busily trying to get rid of the child. Yet she was still telling Papa that he must not come in her and that she would just die if she found herself pregnant and so on. She was leading a completely dual life on it, and the content of the engram bank was very badly messed up.

Another dilly of a case is where the parents have gotten married a couple of months after the child was conceived. In such a case you quite ordinarily find efforts to get rid of the child have been unavailing and they have gotten married. You may even find somebody around, some relative, such as her papa or his father who is insisting that the marriage take place. This gets very complicated because here the parents are married and setting up their home under very unhappy circumstances, quite ordinarily, and you get all this as part of the engramic content. Well, it throws the time way out and it also throws out the stories which the child has been told. So he can't compare what he has been told with what actually occurred, and all manner of things happen to him.

Another complication that you will discover in a case is the matter of running, or a discharge. There are such phrases as "I keep running" or "I have a heavy discharge." Because after a woman becomes pregnant there is quite often a discharge, and if she has a guilty conscience she may assign this to venereal disease. You get some of the most remarkable screaming worries on the fact of having gotten venereal disease, with fights between Mama and Papa as to who brought it into the home, and so on. But it isn't venereal disease at all, it is just a discharge occasioned by pregnancy.

Another aspect of this is that a person drifts from one thing to another. "Running" to the reactive mind means to run, or to run away, and if you get a heavy charge in the basic area about venereal disease you get not only "running," ordinarily, but you also get "I've got to go away, I will just sink deeper and deeper in the social strata of life, and I am ruined now and I will never be any good," or something of the sort. This computation adds up to a severe engram. It usually occurs, however, well after the first missed period.

We had a case recently of an airplane pilot who had in his basic area the command "I'm no earthly good." He had owned a garage one time and failed because he was no earthly good. The motto behind all of these computations is: The content of the engram is ordinarily the content of some aberree's reactive bank exterior to the person. As a consequence the datum implanted in the engram bank should not be the last word about anything, because the amount of error to which an aberree is subject implants itself as error.

So you very often can't tell where the engram is occurring because it says it is occurring someplace else. Mama has forgotten that she has missed the period before and we get her talking about "I didn't get the curse this month," and so on. Well, she is already two months pregnant. She is just loopy enough so that she has skipped a period. I've run into this and it makes it very confusing, along with other things. So, the content of the engram should not be taken by the auditor as the last word, by a long ways. One is not suspicious of a patient who is running the engram. What you are suspicious of is the aberree that gave it to him. But there is no reason why one should take what Mama said, either in present time talking to the child or when the child was on the way, as being factual. They will concoct some of the most rugged lies imaginable. Mother may have large statements about Papa—all lies—that she gives to a girlfriend such as, "Oh, he treats me so mean, he beats me all the time, he comes home drunk every Saturday," when the poor guy's never taken a drink in his life. Perhaps she wants somebody to feel sorry for her, so she will go on, and the bank gets filled up with erroneous data.

The principal computation that will completely spin a case is when it contains secrecy on the subject of a lover. That is a nasty one, and I suppose always will be. Mama says, "I don't dare tell Joe about this because if I did he would kill me," and so on. Or there is a computation going where, "If he saw us he would just die of shame, I know that," or "He mustn't see anything about this," or something vague like "He mustn't catch us here," and the person then has a great apprehension all up and down the bank about being found in any engram. In short, Mama's lover can make a lot of complications. And Mama's lover is sometimes an ally, which mixes things up further because the baby is now going to protect the ally.

None of these computations are easy, but all of them will surrender on a relentless attack. So we have here various things which establish the point at which the engram was received, and we establish also the circumstances as well as its aberrative effect upon the individual. If these things add up we know we are on a definite main line.

There is a test for an engram, no matter what is being said in that engram, to find out if it was valid. Was it aberrative? Did the person manifest any part of this engram? If you are really suspicious of a person's computation, try that.

Another one is to put him halfway into it and bring him back up to present time. If it's a real engram he will know about it. Then take him back into it again. For instance, in one case a highly suspicious incident showed up where there was hypnotism in the early part of the prenatal area, whereby some young gentleman had hypnotized Mama and seduced her.

This seems to be straight out of True Confessions and couldn't be actual, and the person kept saying, "Well, this isn't true," and "This couldn't be"; but I would get him back into the phrase "Go to sleep, go to sleep," and he was doing nothing but sleep. Whenever we started running "Go to sleep," we would run into this hypnotism and his case was really stalled.

So I ran him halfway through it one day, and brought him up to present time and got a reaction immediately. Then, in putting him back into the incident again, he ran it once and was unwilling to run it again, which is another test. However, after it was run a few more times it deintensified and the case went on progressing; but that hypnotism was an incredible incident and yet it happened to be actual.

Another hypnotic incident is the computation "Go to sleep, go to sleep, go to sleep. Now your eyes are going to close, you won't be able to open them. Now as you go to sleep, sinking into this deep, dreamless sleep, you can only hear the sound of my voice, only the sound of my voice, you will not be able to hear anything but the sound of my voice. Now you can only do what I tell you to do, only do what I tell you to do." And a demon circuit is thereby installed. Then it concludes: "Now you're going to forget, you're going to forget everything I have said to you. You're not going to know anything about it." So that every time someone says, "Forget this," all the way up the person's life, he does.

Also the baby can accidentally get hypnotized by Papa just telling Mama to "go to sleep" in a quiet tone of voice. Later on somebody may try to hypnotize this person and it latches on to that early "go to sleep" computation.

The computations that you will run into are unlimited. These are just some examples and some ways and means of trying to validate them and wade through them. Anybody who is very much on guard; who is very fond of Mama but hates Papa violently, is that way not because Mama said Papa was no good. Papa didn't want that child and Papa may have tried something. There is the sly one where he walks up to Mama and all of a sudden hits her in the stomach with all the force in his fist in order to produce a spontaneous miscarriage.

Sometimes engrams get tangled with each other. When you are trying to run one engram in which many other somatics seem to be occurring, by running one engram off that chain, you will ordinarily get the others to drop out and go back to their proper places. But that indicates a grouper. They have become mechanically tied up. For instance, in every coitus incident Mama says, "I'm coming now," and we get "I'm coming now" all across, which stays more or less together. Then when we try to run these things, it is like running down the spokes of the wheel, in the center of which we find "I'm coming now." In running one of them we pretty well straighten out the whole bundle. But stay on one. Don't go into a case and grab an engram here and an engram there and an engram someplace else, and get tired of that one, and race off elsewhere without reducing it, because that case is going to seal up on you sooner or later.

Another subject is that of stripping an engram. This is done by taking it off phrase by phrase. Let us say we have a long nitrous oxide incident which is very engraphic and has a very bad effect upon the mind in that it picks up the whole reactive mind selectively and pulls it into the nitrous oxide incident. We try to run this case again and again, and just nothing is happening. This person has been in and out of this nitrous oxide for years. He hasn't been able to touch any part of it. He doesn't know he is there. And we eventually discover this incident.

As soon as we do, we have a bad problem on our hands. The person wasn't conscious. This could happen with any kind of a late life painful incident where he is unconscious and in physical pain. It is a bad situation because we start to run into the beginning of it and we can restimulate it and we can make the person extremely uncomfortable.

So one has to be pretty well convinced that he has to go into one of these things before he starts it, because this is a special technique and it takes a long time. But it is effective. It is better to leave unconsciousness in late life alone, however, unless you absolutely have to tackle it. If the case will run without those areas being tapped, that is good. But if those areas are occluding the earlier bank (and you can tell that fast enough) then tackle them.

You tackle one of those engrams in this fashion: You get as far into it and run as much of it as you can at the beginning. You will find that you will get several phrases at the beginning of it. Now let's take phrase number one (it is certain that that has appeared earlier in the engram bank) and start running it back all the way to the bottom. Having reached that point run out the whole engram you find there. Each time you hit that phrase as you go down the bank, just test it about three times to see whether or not it is loose, and then go earlier and earlier and earlier and earlier and pick that thing up the first time it appears.

Now, having picked it up at the earliest moment that you can, run the whole engram in which you find it. Theoretically you should be coming down toward the basic area. As you run that you are going to find that there are two or three phrases in there that probably won't release. Continue to run those as early as you can get them and when you find one of them that will release very early, run that whole engram and reduce it. But pick the phrase in it which won't reduce and run early on that phrase until you get the first engram in which that phrase appears. If this is done thoroughly and systematically (and you have luck) you will find basic-basic on the case. But having done all this, you now start back up the line and erase as much as you can get your hands on.

One of these actions can take a couple of hours if you are working hard at it. Overall, it is going to take weeks. But in doing it, you are practically resolving the whole case. Get as much data as you can on this now that you have scared it loose and erase and reduce as much as you can.

Then take the second phrase in the late incident you are working with and run it all the way down. All the time you are doing this, you get the person down into the basic area, throw him into his own valence and get the whole engram with all perceptics into view, and that case will start to resolve. It will resolve fairly rapidly unless it has enormous computational difficulties, such as Mama's lover or something else. So we get down into the early part of the case and erase. Then we take another phrase out of the late one, take that down in these various steps and stages and erase it.

In the meantime you will find out that you are skipping 10 minutes here and 15 minutes there in the late one, although it now appears to be consecutive because the material was buried. So you have to keep running it from the beginning each time. But don't run it deeper than you have to or restimulate it more than you have to or the somatic on it will hang up the case.

However, one doesn't go into this case with narcosynthesis or amnesia trance hypnotism. You can tackle incidents and they will settle out in a few days. But as long as you are running the case, as long as you are clipping it, it will stay in a restimulated state. That, however, should not bar you from going right on with it.

This particular technique is for a case where the incident has bundled up the track to such a degree that you cannot do much with it. The technique then is to strip it off a phrase at a time, going all the way through an incident and deintensifying it by getting it into recall and so forth. And you keep picking that incident up two or three times.

Take a tonsillectomy, for instance, or birth if it is lying there wide open and accessible, and run the thing out. But be sure to run it out. Don't just tamper with it and then leave it.

There is another technique you can follow on this if you want to get rid of birth, for instance. Let's say somebody has asthma, and you ascertain that asthma comes from birth, and that you want to get rid of birth in order to make his asthma easier. Just start grinding birth if it is accessible.

In a case of chronic asthma, if the state of the person's birth is such as to admit an easy entrance to it, get it as early as you can get it and just start recalling it, grind it out. When you have ground it to a nub practically, bring the person up to present time from it and have him recount it again. Have him see if he can pick up any of the perceptics in present time. Then

take him down to the birth area again and see if there is anything left down there. Then bring him up to a pleasure moment and bring him up to present time. Quite often you will find that birth will stay stable and out of the case, and very often it is very good to do this to birth because it opens up the whole case. Birth may be the engram that you have to strip. I have been in and out of birth in some cases where just a phrase would be presenting itself, and the person would be quite happy to have that phrase or comment gone.

When you have been working one of these incidents for a while you should bring the incident up to present time, not by telling him to bring the incident up to present time, but just by telling him to come up to present time with the words, "Now let's start in at the beginning of birth again in present time. Let's go over it in present time." You will find out that they will still contact some of the somatics, sometimes, and if they can do this you really flatten it.

If that incident is not brought up to present time, or not addressed three or four days later, it has a tendency to sag.

A full-blown migraine doesn't come from birth. Those that I have found that were really savage were caused by high blood pressure. (But this could still be definitely wrong.) There are many varieties of migraine headaches, but the one which really lays the person out I have found stemming from high blood pressure. Birth will give a kind of headache. An AA involving a knitting needle through the skull will also give a kind of migraine. But those aren't real migraines. A real migraine fills the whole body, overcharging the child with pressure.

It is interesting to note that as you are running one of these migraines, it will be in the prenatal area and the thing the person will suddenly notice after a little attention is off is that he starts hurting all over his body. He hurts all through himself. But hitherto his head was hurting so badly, and he was in such bad shape with regard to his head, that he never noticed the rest of him. But as you deintensify it he will find out fast.

It is perfectly valid to tackle any engram anywhere whenever that engram presents itself rather easily. But you make trouble for yourself when you go off searching for engrams by saying something like, "Well, this person has a pain in the abdomen. Let's see, 'Oh, you had an appendectomy? Well, let's go back to the appendectomy."' That appendectomy isn't accessible at that point, and you can tangle yourself up most horribly by trying to reach it and slug through it.

But if you say, "Now the file clerk will give us the reason why you have this pain in the stomach," and the file clerk turns up the appendectomy, run it. But leave it on the choice of the person.

I had two cases recently where both people, husband and wife, were stuck in birth, and there was nothing you could do in either case but run out birth. I did not get a chance to run it out on the wife and it got rebalanced in about three or four days, but during that time she was quite ill with a headache and sniffles. (I assumed that the husband would run it out but he didn't.) Then she settled down to having an occasional headache a couple of times a day.

But birth is lying there waiting. All one has got to do is tell her to close her eyes, "The somatic strip will go to the first part of birth. Now let's roll it," and one will get rid of the incident because it is right there waiting. It is the key incident on the case.

However, you can't guarantee at any time invariable behavior along these technique lines in the reactive mind, because some of the material is filed on top and some of it is filed on the bottom, and there is some material on the case which is repressed by painful emotion and some which isn't. So, it is a bad filing system that we are going toward. If it were a good, smooth, easy filing system, there would be nothing to Dianetics. You would simply take the person back to the first moment of pain or unconsciousness, recount it out, erase it, take the next moment of pain or unconsciousness, erase that one, and keep right on going up the case.

Bring him up to present time, then take him back to the beginning of the case again and catch everything that may have sprung free that was wound up in the later incidents, and the case would be clear. That would be all there was to it, but it's not that simple. It requires a lot of judgment on the part of an auditor.

We are looking right now for a drug or something else which will straighten out the reactive mind's filing system so that the analytical mind can contact it more easily. That drug all by itself would cut a case down to around 75 hours to clear.

If you are running a prenatal incident without somatics and the person is lying flat out, he is in another valence and probably has a pain shut-off as well. If he is in his own valence he will at least be curled up. But don't try to command him into his own valence.

For instance, if you were to take a Junior case and say, "Go into your own valence," it would be very confusing because his valence is Papa's valence, and he would get all snarled up on it.

But by taking a patient and diagnosing him very thoroughly and by asking him questions, trying to open up his memory, trying to get data of various kinds, you will discover all sorts of things.

For instance, in trying to get a diagnosis on a case it finally turned up that the one thing that she could not do was answer a question. But she could repeat what was said. She was in somebody else's valence. Then she came up to where she could repeat her mother's phrase, "I hate men, I hate men," and so on. A male auditor would have trouble in that particular case, and your diagnosis will show up that type of computation.

So, spend time on diagnosis; look the case over carefully and get a pretty good idea of what it is all about, whose valence the preclear is in, what languages the basic area is in, what recent incidents might have triggered the case, and so forth. You can save yourself a lot of time in the progress of the case by taking time at the beginning to make sure that you have done everything that you possibly can.

There is returning him to pleasure moments, and if this doesn't work finding out why he can't. Try to take him into the basic area just with main strength and awkwardness. Try to get him into his own valence and see if he can run material out there. If you can't do that, find what late incident has got the whole track in a ball. Try to tackle that incident. Keep searching, but realize that you are searching for an entrance to the case.

Something that should be noted here as part of diagnostic technique is that a person has a tendency to begin to rely on return rather than memory, particularly if this person is running non-sonic and has already built up all manner of bypass circuits which reach data in the standard bank without remembering directly.

So asking such a case to remember sometimes clips out some of the circuits that are there. Halfway through the case you have perhaps a dependency on returning. The preclear returns to get the information. But that isn't the kind of recollection this man is going to use straight through. There are still extraneous circuits, and you can actually blast some of those circuits out very gently merely by asking him to remember.

Up to this time he has had, let us say, a tiger parked back of a curtain. He knows very well a tiger is standing back of that curtain. Well, you have gone down the track and picked up the engram which was the tiger and now there is no tiger there but the curtain is still there. In trying to persuade the person to remember this particular area of his life, he thinks at first you are asking him to tackle a tiger head on. Then he will remember and all of a sudden the curtain will vanish.

You can ask a patient halfway through therapy to see how much he can remember, staying in present time, and you will find out that in the first part of the case he cannot remember a single face or person anyplace. However, just urge him a little bit. Ask him to remember this person and that person and another person. Start building it back, and very soon you will have the standard bank straight memory circuits going well. That is the fastest way to get occluded areas back into view again.

He can do a lot of this himself. Just ask him to remember things and you will get a lot of success on it, particularly one of these cases which has run without any sense of reality. You can finally spot the computation of why he has no sense of reality. Now you can ask him to remember the reason he can't remember. You can ask him to remember the reason his data is invalid, and so on. Keep insisting on it. Help him out. Suggest things for him to remember. Because when he gets things into memory they are valid and real to him, and more and more of his life will be getting this way.

I first came across this technique when I was running a patient in amnesia trance exclusively, and he had finally gotten to a point where he was entirely occluded. When he started out he was bad enough, but now he was really bad. I had never fed him any data back, and he had no recollection of anything he had run, because it had been run in an amnesia trance. I never told him he could remember it or urged it on him in any way. He had lost the idea of just remembering. About three quarters of the way through his case he was apparently one of the most messed up individuals imaginable. (This is why we don't use amnesia trance unless we absolutely have to. It is not an optimum method of doing therapy. It is extremely slow.) Then I sat down with him and started him remembering. He resembled someone approaching a pool of water he believes to be ice cold. First in goes the tip of the big toe, tentatively, and then finally all five toes go in, and then the foot and then the leg and then suddenly the person is swimming!

I set it up on the basis that he absolutely had to remember this material, and kept him in present time and kept handling him. Very soon his whole life started to clear. His sense of reality had gotten very bad before that. So it is a good therapeutic measure.

After all, there was a past school of mental treatment which did nothing but this, and in 20 percent of the cases produced a slight alleviation by doing nothing but remembering. Of course, occasionally they would go off the rim of it a little bit and would suddenly spin the person out of the depression state into the manic end of the state or turn on a psychosis or something of the sort. But merely by the process of remembering, they were able to achieve therapeutic results.

When you are dealing with Dianetics, remember that you are not dealing with a specialized slot of activity; you are dealing with anything and everything that has ever proven effective on the treatment of the human mind, and its researches are good and advantageous only when this is recognized: anything could be part of the problem. For instance, a medicine drum is highly effective on a psychotic.

We have been working here with precision axioms, and you will be surprised how far they will advance, and how much therapy will be formulated before the next five years are over. It is a hard thing to picture this therapy even a year hence, because about every 60 days its breadth is widened, there are more and more pieces, and more and more people are thinking about it. And the more people think about it, the more people handle it, the more people get ideas—the clearer and easier it gets.

A TALK WITH TWO CO-AUDITING TEAMS

A lecture given on
21 June 1950

Discussion of an Evening's Auditing

Let's take up what you've been up to so far, Vic. Let me ask you a question. Do you really care whether he gives you an answer or not?

Vic: Well, I felt pretty lousy.

Yes, but did you really care whether he gave you any material or not?

Vic: I guess not.

See what I mean?

Vic: That's the way it felt.

All right. One of the first things an auditor has to do is to try to connect up, and this applies in both cases here. Try to establish an interested affinity with the preclear The auditor must actually feel and demonstrate an interest in the person. And if he does, he will get a type of reaction and a type of attack which is entirely different. The preclear will feel that somebody is really interested in him.

Now I am not finding fault here. I'm not giving you criticism, I never criticize anybody. I'm trying to give you a hand. The establishment of a personal interest with the preclear throws the analyzer of the auditor into automatic computation. Your approach demonstrates a lack of practice more than anything else. You still have not digested the material to a point where it rises automatically. You have to think, "What do I do now?" and "I wonder what would be best to do next?"

Vic: In this instance tonight, yes, but in other instances, no.

In other words, you were doing a different kind of auditing tonight?

Vic: Yes.

Well, I sensed the fact that you were nervous, and also that you were a bit to the side of following the Handbook.

Now one can't audit by rote. Don't think there will ever be a machine built which will be the automatic auditor. Your approach to this case simply lacked a plan of attack. It might be disastrous to go into a case without one. You also went after the phrase I threw you, "I can't see a thing without my glasses," violating the first datum: Don't go after a specific aberration or a specific psychosomatic. If a person in Dianetic therapy is manifesting a bad somatic chronically, you go after it not because you want to make him more comfortable but because it probably contains the resolution of the case.

Vic: Hm. I see your point.

What you are trying to do is bring about an erasure of all the engrams in a case when you are going for clear, and certainly a release of affect of all the moments of painful emotion in the case if you are trying to produce a release.

So, when you go in for a specific thing on repeater technique you can create a bad situation whereby the auditor is feeding random phrases. You don't know that that phrase doesn't occur at birth, and suddenly the person may be in the middle of birth, only birth is not ready to be lifted and anything can happen. So it's actually dangerous to use random repeater technique on a spotted aberration.

I wondered if you would fall for it. I'm sorry I baited a trap for you.

Vic: You know, Ron, I had half a mind not to use that phrase.

All right.

Vic: I was going to go after something entirely different.

You permitted yourself to be overpersuaded by authority. You're looking at me as an authority on the matter?

Vic: That's exactly the truth.

All right, I showed you a phrase.

Vic: Good.

Now I hope that demonstrates something quite adequately to you that when a person is attacking a case, only he knows what his evaluation of the case is.

Vic: That is something that I just learned.

You have to play any case more or less by ear. You have to watch it as it comes. But one should have some sort of an idea of what he is doing all the time, and he should keep planning ahead continually as he runs it.

In an effort to get an engram, an auditor should have some idea of what he is going after before he goes after it. He has to do some diagnosis of the patient. So I point that out to you—don't be overpersuaded by anyone, me or a preclear or some other auditor. You have an idea of how you want to attack the case, go ahead and do it.

But feeding repeater technique can be dangerous and obviously the case doesn't have any decent recall at the point where you had him. He was not recalling well. Therefore the first thing you could have attacked in it was recall. He is stuck on the track someplace. You were using two or three mechanisms, but you didn't seem to be used to them yet.

For instance, take the technique of "hospital, doctor's office" and so forth, you wanted a yes or no, and yet you let him give you an associative word, and at that moment he went out of hand because you were letting him do something that you didn't want him to do. You said, "Now I want a yes or no flash answer on each of the following: 'Hospital," and he said something else, then you said, "Doctor's office," and he said something like "Sickness" or something. What you wanted was a yes or no answer. It is stuck someplace on the track, we know that.

Then when you were developing Ed's recall, you were using a couple of words which are fatally restimulative. "You can hear him, you're right there," you said, and returned him to a moment of high stimuli. That was fine, but then you asked him, "What are you hearing now?" You weren't persuading him to hear something such as, "Now what is he saying?" It is up to you to pitch your interest in the scene with his.

It is a simpatico arrangement. You are not interested in examining him or turning on his recalls at this moment because that is the computation which is standing in the road of his

recalling. What you are trying to do is to turn them on. The best way to do that is to ask whether or not the phrase is so-and-so, without saying bluntly and disinterestedly, "What is he saying?" It would be more on the order of "Well, let's see what it is," or "All right, there you are, sitting there. Now we know who is on your right," and keep reassuring him that he is right about this sort of thing. Or, "All right, let's pick up the point where there is a lot of laughter." In other words, you're coaxing a person into it, you are not examining him for recall. Soon he will become so absorbed in what is happening that he will forget for the moment that he is trying to turn on his recalls. And that is what you want. You have cut down at that moment his awareness of the general situation because he wasn't aware at that time. So when you add awareness into a situation at that time you are not going to get a perfect recall. Of course, he is still very much aware of the fact that he is in reverie, which was not part of the computation as he was sitting there. So you had a good, solid return on that.

However, you weren't observing his physical manifestation. You knew he was returned to that incident because there was a slight agitation of the toes, but if you had persuaded him into some other little incident there, if you had taken him back a few more days, if you had kept on persuading him, soon he would actually have had recall and sonic.

In short, the amount of trouble which you care to put in on a case is very definitely an index of how much of a result you are going to get.

We are dealing with a quantity which is unknown—the quantity of affinity. That doesn't mean that it can't be used, because we can observe some of its manifestations. One of those manifestations is this incredible fact that one human being can sit down and be interested enough in another human being who is lying down, and because the first human being is there and asking the second human being to do things, they are then done.

In Dianetics we use practically every possible method of approach. We have the mechanical facts pretty well down, we can use them. Dianetics is workable, and if you keep at it long enough, even if rather disinterestedly, you will still produce results of some character.

But it is the extra ingredient which very often resolves the case more rapidly. That extra ingredient is interest—affinity.

There is also altitude. Altitude is a word which is used quite commonly in Dianetics meaning precisely the relative dynamics or personal force of one person compared to that of another. A person can actually build up altitude on a computational basis by knowing more about his subject than another person. When you go into a doctor's office, for instance, the doctor is the one who is supposed to know all about it. So at that moment, as far as your physique is concerned, he is the one who has altitude.

When it comes to a husband and wife auditing each other and the husband says that his wife doesn't have enough altitude to audit him, he is probably working on a reactive computation, "I've got to wear the pants in my family." He has got to be the boss. In this case it would require on her part a very definite effort to produce altitude in Dianetics. She could demonstrate her competence to him, and soon gain enough altitude even to overcome this "she has no altitude" engram of his.

It can also be done by a transfer of altitude. One could rave about what a terrific auditor she is, and how well she is working on so-and-so, and keep building up the idea in his mind that she is an excellent auditor. And although he might fight it, he would still have to accept her auditing.

For some reason or other although telepathy itself may or may not exist, at least there is enough affinity passing between auditor and preclear to make it necessary for the auditor to express interest, and to withhold the manifestation of incredulity toward the preclear

If he is, without saying so, trying to label the preclear's data as garbage, if he is being incredulous and doesn't believe the preclear and so on, in such a way he withdraws the affinity.

The whole equation here is simply that the auditor with his analytical mind on, and the preclear with his analytical mind slightly attenuated whenever it strikes engrams, add up to more than enough force to overcome the power of the engram.

The instant the auditor reduces in any way his assistance by being incredulous, by being unsympathetic or disinterested in the case (which does not mean a lot of hand patting or being careful not to let the preclear get in trouble), he could interrupt the whole case. But if the auditor is interested in the case, interested in people's engrams, and he is interested then in attacking them himself, cases resolve much faster.

LRH: We had an example of this tonight when you were jarred out of the calmness of your ways by having had a curve thrown at you. Well, don't let that happen.

Vic: I won't.

LRH: Now in your case perhaps you felt restimulated, and also because of my presence you let the thing go off the line.

Vic: I was working automatically. My analyzer shut down.

LRH: All right. Do you have trouble when someone is watching you while you talk?

Vic: When I'm observed and have to do something.

LRH: When you have to do something and talk, what happens?

Vic: I seem to just go to pieces, somatics turn on, and I get a headache.

LRH: Somatics turn on, and a headache when you have to talk or be observed?

Vic: No it's not talking.

LRH: Observed doing what? What would your mother have been worried about?

Vic: Well, she would die if she had to be observed talking to a group.

LRH: In other words she would have been very self-conscious about it.

Vic: Extremely self-conscious.

LRH: All right, what would she say about it?

Vic: Well, she would say, I can't do it.

LRH: Can't do it. Can't do what?

Vic: (laugh) I can't . . . uh—she couldn't address a group or do anything of the kind.

LRH: What would she say? I can't do what? Something is just about to break, what is it? What is the something that's just about to break? You know what it is, you can remember this. Mother says, I can't do what? Go on, she says, I can't do what? You can remember what your mother can't do.

Vic: Can't talk in public.

LRH: Now you know exactly what it is your mother can't do.

Vic: (pause) She can't face things.

LRH: She can't face who?

Vic: Her mother.

LRH: Oh, come on, what can't your mother face? You know what it is, remember, just remember it, remember what your mother can't face. You've heard her talk about it often enough.

Vic: The word hit comes to me.

LRH: What can't your mother do? It has nothing to do with face, probably. Your mother can't do what? (pause) What can't your mother do?

Vic: I don't get anything on it.

LRH: Okay.

Evidently in both of your cases we have had completely insufficient diagnosis occurring. The portion of the diagnosis which you gentlemen are missing has to do with validating your own abilities to remember. Now there's a method of doing this. Just start a person remembering, and you will start to pick up recollection on the standard bank circuits. Then a person will find out after a while that there was a yesterday and that he can remember it. Keep validating this. In Mlc's case he doubts everything. He is even doubting his own existence to some degree.

Well, there have been a couple of deaths of people that are close to you, people who are intimately associated with you, but even that, as serious as that is, isn't good enough to invalidate it.

LRH: Now who used to tell you you were wrong?

Vic: My parents.

LRH: Uh-huh, which of your parents used to do this?

Vic: (mutters a reply)

LRH: Your parents had lots of fights, all right. What is the justification that you generally employ? For instance, supposing I said to you suddenly,You're wrong. What would you say?

Vic: Well, here, let's look at it. (I always want to have time to go over the whole operation. I'm not one of those people who jump to conclusions.) Let's view it from all angles.

LRH: Go on, is that what you would say?

Vic: No, my father would though.

LRH: What would he say?

Vic: It was somebody else's fault. I'll bet you money is one phrase which has been thrown up at me several times, I'll bet you I'm right, I'll bet you money.

LRH: All right, which parent insisted on being right?

Vic: Mama.

LRH: She wanted to be right.

Vic: Yes. Everything, it seemed, that Papa did was wrong.

LRH: Yeah, but who doubted her?

Vic: She must have doubted herself.

LRH: Yes, but wait a minute, you just said something else here. You said, Everything Papa did was wrong. How did she go about doubting him?

Vic: Well, it all stemmed from one silly thing, I think, and that was his drinking problem. Simply because he drank he was no good.

LRH: Yes, but do you recall an incident of her saying that he is wrong about what he remembers or what he thinks, or about the situation that has occurred? Did they do a lot of argumentation like that?

Vic: They had lots of arguments. They had them by the thousands.

LRH: Yeah?

Vic: Yes. Many of these arguments woke me right out of bed in fact, my brother and I, and we'd get up out of bed and try to stop them.

LRH: From doing what?

Vic: From fighting.

LRH: Who was wrong?

Vic: I tend to blame Mama a lot more.

LRH: Are you remembering this?

Vic: No, I sided with her up until I was an adult. I always used to think she was right. And only in recent years have I begun to feel that she wasn't.

LRH: All right, who told you personally that you were wrong? Who used to tell you you were wrong?

Vic: Mama.

LRH: You were wrong about what?

Vic: I don't recall her saying I was wrong so much as I recall her telling me, You're not good enough, you're not good enough.

LRH: All right, but how about this computation It's just your imagination, it's all in your mind, that was not what happened?

Vic: About this wrong business? That I was wrong ?

LRH: No,I mean an argument, and somebody starts justifying and the other one says what?

Vic: That didn't happen, or It was this way. There is a reversal of circumstance, a different opinion as to what circumstances existed.

LRH: Okay. So how does that hook into your case?

Vic: You mean how does it change the circumstances?

LRH: Yes.

Vic: Justifying all these activities?

LRH: What does this do to your recalls?

Ed: [Vic's co-auditor] He can't believe them anymore.

Vic: Hm?

Ed: You can't believe them, because that isn't where you want them to be.

LRH: Well, that's up to him what it does to his recalls. Don't evaluate. It either did or it didn't.

Vic: I know that.

LRH: Do you see the point there?

Vic: Yeah.

LRH: How do you feel about it?

Vic: Damn it, I still can't release that. Looked at from my point of view, I was right. But the circumstances aren't according to my point of view.

LRH: No, what I'm driving at is that somebody there is telling somebody else the circumstances were different. That was not what happened, something else happened.

Vic: Uh-huh.

LRH: Yes, and in an argument you get awakened and what happens? Somebody is telling somebody else that was not what happened. What does this do toward invalidating somebody's recalls?

Vic: It would invalidate mine, sure. If it were an engram, you mean?

LRH: Yeah.

Vic: Yeah, it would make one's recalls kind of shaky.

LRH: All right, how about you then? How do you feel at the present moment, now, concerning that? Do you remember the tirade being turned on you?

Vic: No, I don't, no, always between Mom and Pop.

LRH: Always between Mom and Pop.

Vic: Yeah.

LRH: Was it ever turned on you?

Vic: Probably was.

LRH: Can you remember it?

Vic: No.

LRH: Then why wouldn't you be able to hook up with it?

Vic: Because I don't want to for some reason.

LRH: No, that wasn't the way it happened. What are we looking for?

Vic: The engram.

LRH: No, we're just looking for a conscious memory recall right now and we're looking for a recall of somebody saying to you, That wasn't the way it happened. Do you follow me?

Vic: No, as a matter of fact I haven't finished the Handbook yet, I'm still struggling through it.

LRH: Well, I'm not talking about the Handbook. This isn't in the Handbook.

Vic: Oh, I got lost there.

LRH: All right. I'm just trying to demonstrate to you and I'm not trying to return you back down the track right now to look for an engram. All I want you to do is consciously recall, just plain remember. We've already gone over ground of somebody fighting with somebody and saying, That wasn't the way it happened, that wasn't the way it was. Do you remember such fights?

Vic: What immediately comes into my mind is an Italian phrase meaning It wasn't like this, it was like this, and my mother saying it sitting at the table with her hands folded.

LRH: All right. That's in conscious recall. Okay. Now we've discovered an incident. What would this do to a person's ability to attach reality to yesterday? You must have faith in your own recalls, you know.

Vic: Yes, I know and that's my principal hurdle.

LRH: Well, all right, but who put the hurdle there?

Vic: I know it's me but you've got to trick me out of it some way.

LRH: Was it you? That's what I'm trying to drive home. Did you put the hurdle there?

Vic: No.

LRH: Well, who did?

Vic: My mother or father.

LRH: What did your mother say at the table?

Vic: It wasn't like this, it was like this.

LRH: Okay. Did your father ever argue that way?

Vic: I have no recollection of my father arguing much, usually he took the back seat.

LRH: All right. But tell me this now: Where would you start doubting whether or not it was like this or like that?

Vic: I'd get it in an engram from them.

LRH: From who?

Vic: From Mom, I think.

LRH: Do you know?

Vic: No, I don't know.

LRH: Why don't you know?

Vic: I can't remember.

LRH: And what can't you remember? That it wasn't like this, it was like that?

Vic: Yes, I remember that expression coming up multitudes of times.

LRH: Well, you're taking refuge here in an engram which you suppose to exist that you aren't contacting, but you've contacted the whole chain of engrams just by remembering Mama.

Vic: Hm-hm.

LRH: There's the top lock. You have remembered the lock, haven't you?

Vic: Yes.

LRH: Have you recalled this before?

Vic: No.

LRH: All right, you've scared the lock into view, now therefore the chain is in view.

Vic: Hm-hm.

LRH: And just by the recognition of that lock, how does that make you feel about your own recalls?

Vic: Well, if it's as you say it is....

LRH: I'm not trying to evaluate anything for you.

Vic: No, but I'm waiting to see.

LRH: Waiting to see?

Vic: I personally feel that that's a link there, yes, somewhere on the chain.

LRH: Who else used to invalidate your recalls? Did your brother ever turn this stuff on you?

Vic: No, not as far as I was concerned.

LRH: Any sisters?

Vic: No, just my brother and myself.

LRH: Just your brother and yourself. What relative did? Your mother's parents?

Vic: I immediately think of a first cousin. This stuff is just popping into my mind.

LRH: All right, the first cousin, what about the first cousin?

Vic: He used to come to our home summers and I always had a sort of an inferiority feeling around him.

LRH: What did he used to tell you?

Vic: Well, he was a leader. When he wanted to play something we played his way—Let's do this, let's do that.

LRH: What if you had said, No, let's not do this or that?

Vic: I rarely did because I must have tried it out a few times and it didn't go my way.

LRH: All right, remember the times you were trying it out.

Vic: I immediately recall an incident where we did do something that I suggested—boxing. Igot the worst of it.

LRH: Hm-hm. And so he beat you up.

Vic: He beat me up, yeah.

LRH: What did he say when he beat you up?

Vic: He was very nice about it.

LRH: He was nice about it?

Vic: Yeah. He said that he had been taught a little bit about it by his Dad.

LRH: Would he ever say you were wrong?

Vic: In this one incident he swings off into another individual.

LRH: Yeah, but in another incident would he ever say you were wrong?

Vic: Now I wonder. I think maybe.

LRH: All right. Who never knew in your family?

Vic: Oh, Mom.

LRH: She didn't know what?

Vic: I don't know.

LRH: How would she say it?

Vic: (says something, apparently in Italian)

LRH: Your mom would say, I don't know.

Vic: Yes.

LRH: What is the Italian for that again?

Vic: (words indistinguishable)

LRH: How did she look when she used to say that?

Vic: Sad and depressed. Everything she said at those times was negative. And I've been fighting that in recent years. I wanted to try a business venture and attempted it.

LRH: You've been fighting her, who else has fought her?

Vic: Pop fought it a hell of a lot of course, must have, don't know if he fought that, but he fought her. He must have fought her.

LRH: Well, you say you fight it.

Vic: Recently, yes.

LRH: Why do you have to have it?

Vic: I have to have my own way, I want my Own way. As a man I don't want to be traveling along with Mama.

LRH: All right. Do you know what happened to you?

Vic: No.

LRH: You say you don't want to be traveling along with Mama.

Vic: No, but it has been recently, ever since I went away during the war and came back into that prewar situation, that there have been constant eruptions between the two of us.

LRH: What valence did you go into after the war?

Vic: Pop's, I know I sided with him. Whenever she has brought him up since the war I have acted conversely to what I had done previously.

LRH: What happened to you that made you shift valence? Did something happen to you in the war?

Vic: Well, we went through action.

LRH: What happened to you in action?

Vic: Nothing serious, I don 't think.

LRH: Did you ever get shot up?

Vic: Not shot, no, but I was on a ship that was sunk and another one that was mined. I was down below in the engine room and it scared the hell out of me.

LRH: Have you picked these up?

Vic: Yeah. I've been through these before.

Ed: With no emotion.

LRH: Only with no emotion. Then you picked these up about the same way that a magnet would draw a block of wood.

Ed: We went right through them.

LRH: Like a shot, no doubt.

Vic: I described them with complete details on recall and went through them very matter-of-factly.

Ed: There was a point where he tended to become emotional, but the more we ran it the less emotional he became.

Vic: Yeah, that's right.

LRH: Who had to do things alone?

Vic: Ralph, as far as slowness was concerned. Mama used to say, Poor Ralph, he had to learn the hard way. Her argument would be that Ralph had to do it alone, whereas I, being younger, had his knowledge to lean on, and that I was lucky because he had already taken the knocks by having had to do it alone.

LRH: How much younger are you?

Vic: Than my brother?

LRH: Hm-hm.

Vic: Two years.

LRH: He was killed in the war?

Vic: Yes.

LRH: Where was he killed?

Vic: He was torpedoed off Miami between Miami and Cuba.

LRH: Oh, yeah? On a what?

Vic: A regular Cuban transport, I believe. Manzanilla was the name of the ship. He was going to a shore station for the first time. He had been running the Coastal Patrol and Coast Guard for most of the war and this was supposed to have been his first break. He was getting a shore station in Cuba and he was being transported there when the ship was torpedoed; he was a passenger on it.

LRH: When did you get the news?

Vic: Oh, shortly afterwards. I think it was August 13. No, it happened on August 13th. We got the news on August 14th or 15th of 1942.

LRH: [to Ed] Have you been through that?

Ed: Yes.

LRH: [to Vic] How many hours have you been in therapy?

Vic: Five, five or six I guess, perhaps a total of seven or eight.

LRH: And you're telling me that you have synchronized the track and been through all these incidents?

Ed: Well, that particular incident, I guess we ran through it two dozen times.

Vic: Yes, and it gets more mechanical all the time.

Ed: He means he can tell the whole story up until one point, when the rest of the trip home in the car, after he was told, was a blank. I've tried to hammer at that point, and nothing comes up.

LRH: All right. Now your other brother Vic was dead though, wasn't he?

Vic: Yes, but he was born three or four years before me, and died a few days after birth.

LRH: What would your mother or your father say about not crying about him?

Vic: Oh, I thought you meant...

LRH: No. Either one.

Vic: The first one? I was named after him. He couldn't have said much because he died a few days after birth.

LRH: Okay. Who would have consoled Mama if she had ever gotten to feeling bad about it?

Vic: My father supposedly would have.

LRH: Think your father might have?

Vic: Well, he should have been the person to.

LRH: [to Ed] Well, as far as auditing is concerned you're working very late on the track with these things. You're trying to get off painful emotion. If you make a long, solid effort to return complete recall on his case, and pick up some of those fights between Mama and Papa very early, you will generally ease him around on the track up to a point where he gets lighter and lighter recall. Make him remember everything that you pick up early by bringing it to present time and telling him to remember it, but keep him validating his own data and soon you will have built back the conscious live standard bank circuits to where they belong and things will begin falling into place.

Vic: Will that help the valence situation?

LRH: Yes, very definitely. Now what valence have you been doing this remembering in?

VicL I couldn't identify it.

LRH: All right, shift your valence to your mother's valence.

Vic: Sm-hm.

LRH: Shift valence to your mother's valence. Now remember something about your early youth.

Vic: Something I haven't mentioned already? I think immediately of an incident with two fellows. I'm in the middle and we're tolling a bell. One of them lets go and the bell comes down and pierces my temple. I'm bleeding all over. Mom was there and Igo unconscious.

LRH: How do you feel about that incident?

Vic: Nothing comes to mind on it. That much is there, that's all, after the catastrophe.

LRH: [to Ed] Did he observe himself during the accident?

Vic: I was in there. Yes, I saw myself there.

Ed: But that you were remembering when you weren't in therapy.

Vic: Oh, Wasn't?

LRH: Okay. Now shift to your own valence and remember it, just be yourself and remember it.

Vic: I can be myself in one part of it, and that's when I'm crying afterwards and looking out of the window with this bandage around my head. I see that clearly. I'm in myself there.

LRH: Do you see yourself looking out the window? Or do you see the window?

Vic: I kind of fluctuate. That 's been bothering me. I try for a moment and then I seem to be at the end.

LRH: Aha.

LRH: [to Ed] Well, look, you've got a good history on this case, but you haven't done enough on validating recall; you should work on it. He has demonstrated considerable doubtfulness about the past. You picked up two phrases there just a moment ago which you definitely should have down in his book because those are standard dramatizations. If aberrees do something once they will do it again; and if you find them doing something once late you can be certain that they did it early. So Mama did this and those fights occurred all the way through the prenatal bank. All you want to do is get into one of those fights and start traveling south and you are going to wind up in prenatals on that fight chain. Run that fight chain all the way down to a nub and you will find it clear down in the basic area. Okay?

Ed: Sure thing.

LRH: [to Ed] I haven't said anything about your auditing yet.

Ed: No, I may be in bad shape, I don't know.

No. You have something which is very good in an auditor—you are sympathetic, you want to get material.

Ed: Yeah.

Vic: I don't feel he makes me go back over things enough. Sometimes I want him to ask me to go over it again, I wait for him to do that and then sometimes I just voluntarily go over it again.

LRH: [to Ed] In other words, you're letting him do auto.

Ed: Yeah, I like to let him run his own course.

Why?

Ed: Because I'm not yet firm in my auditing for one thing.

You'd better get firm, because that's the first thing that an auditor has to develop just on a necessity level, is confidence. He must radiate confidence. He must instill confidence in the preclear. If the preclear is shaky about what he is doing, the auditor must help him out just by being confident that he knows what he's doing. Even though you might not feel confident about your own auditing, that is no reason why you should feel unconfident of somebody else in therapy. There is no reason why you should not be self-confident as an auditor.

Ed: But it's all very new to us, Ron.

That's why I'm sitting here telling you the answers.

Ed: Yes, but I have to see it done. I have to believe it. And possibly have a somatic in myself handled.

Oh, you mean you're having trouble believing therapy?

Ed: Well, that's pretty bad, but I'd say yes. Logically I know it works.

Here's identification.

Ed: As far as reading is concerned and analyzing it with the analytical mind, I go along with it wholeheartedly.

But you're talking about your inability to accept.

Ed: Yes.

And now all of a sudden you're talking about your ability to transmit on the same line? Now we're talking about your reaction to Dianetics and we're getting the same computation each time.

Ed: Yes. But where does that lead us?

Well, that leads a man as an auditor to radiate self-confidence. You should finish reading the Handbook, it's quite adventurous to audit without it.

Ed: That I'll have to do, yes.

Vic: Well, it takes a lot longer to read this book than an ordinary book.

Ed: I'm a plodder even in reading ordinary novels. But I want to get it thoroughly, I want it but good, I don't want to make mistakes.

Sure.

Ed: So it may take a long while.

The very best way you could make mistakes though is to be doubtful. If one doubts himself and doubts the preclear and doubts what he's doing enough, he is almost certain to bring a case down in a heap.

Vic: [to Ed] If you do that to me I'll never forgive you.

I don't think he will. Particularly when I show you what a vital part self-confidence and validation play in therapy. So you are having a little bit of trouble in therapy not believing in yourself. Well, if you don't believe in the other guy you get the same reaction in him. So you have transplanted the contagion of aberration. Therefore your necessity level should be picked up along the line, and in this case you can run it on the good old maxim, Faith before intelligence, and you will still get some therapy done.

Ed: Okay.

LRH: [to a third auditor, Jim] It so happens that most patients will try to run an auditor if the auditor lets them. A lot of auditors will sit around and play pattycake with a patient without achieving anything, because it rather looks as though the patient is going to get very angry if the patient is told anything or forced into anything. The patient is sort of daring him to do something about it. This is not criticism of your auditing, I merely want to brush you up on it.

In some cases an auditor has to use a lot of judgment, and in some cases repetition will achieve something, and the repetition of bouncers, denyers and holders is indicated. Of course, the repetition of other phrases which are not bouncers, denyers, holders, or misdirectors, is not indicated except at the beginning of the engram, where you are trying to get the first phrase as well as trying to get the somatic strip to contact it solidly. Then the repeating of the phrase will pull the patient back into the engram and further repetition is relatively unnecessary.

You were auditing with a little more conversation than was absolutely necessary, but you were getting the goods. All auditors when they are learning their trade have a tendency to talk too much, except those few who can't think of anything to say and who just sit there numbly. It is better to talk too much than to say nothing. But you can actually, by talking to a patient, smother his recall. You appear anxious that he touches the incident, which gives it some question in his mind that he is doing so. Therefore he is runnlng you.

When you tell his somatic strip to go to the beginning of the incident and start on through it, you can be very sure it will. If you tell him to go to the beginning of the incident and then tell him, "Now a phrase is going to pop into your mind when I count from one to five—one, two, three, four, five (snap!)," and he gives you a phrase, he will generally give you the right phrase somewhere up near the front of the incident.

Make him repeat that phrase to more or less stabilize him in the incident. Now start running it along and you can tell the moment he contacts the actual incident because there is a momentary agitation. If that agitation starts and then stops, he has hit a bouncer. If he assumes a certain angle or a certain posture and doesn't alter much from it, know that he has hit something along there which is holding him.

You realize all these things, I'm not trying to brush you up on that particular thing. But I assure you that if you can start his recall at the beginning of the incident, then just tell him once, the somatic strip will be there. Then as he starts recounting the incident you can sense the moment he leaves it by watching him.

All right. Now he said that he couldn't get it in deep enough to do any good, or whatever this thing was. That's the non-coitus chain. There's a "Leave me alone," and there's a lot of material in there. Now if you could have clipped just those phrases, you would have gotten your work done faster. You are doing very good work, but if you want to get optimum speed results, clip those phrases and let him roll them without interference, because he will go right straight into them. Merely say, "Repeat it once again," and wait for him to repeat it before you tell him something more. Make it a cooperative effort. Tell him to do something, and then wait for him to do it before you say something else.

After you have rolled through from the beginning, and gotten those denyers and so forth deintensified, get the somatic strip back to the beginning with the words: "The somatic strip will go to the beginning of the incident, now let's contact the somatic on this and roll it." And he will go on through the incident consecutively.

I also noticed that you were asking him for more information than there was in the engram. He can't tell you any more than was in the engram. He can imagine more but he wouldn't know this. He would know who was saying these things, but he wouldn't know necessarily what was happening until he had run the whole engram. Then he probably wouldn't have been able to tell what was happening clearly and convincingly to himself until he felt the undulating somatic of the coitus through that.

Jim: When we first contacted the bouncer and the going got rough, I had him repeat it and he began to run through the engram. He began to pick up phrase after phrase. At that moment I just let him roll without any help at all. Then he got into a situation where he began going over one phrase which was a very unimportant one—I remember thinking to myself at the time. It was something about, "It hurts me, it's warm. It hurts me, it's warm. "

"Well, all right, " I said, "go to the next phrase, please. "

Then for about ten minutes by the clock he wouldn't go anywhere except "It hurts me, it's warm."

I asked him for the denyer. I said, "Flash answer, yes or no, denyer?"

"No. "

Then I said, "All right, let's pick up the denyer. Let's find it. "

"I can't, I can't, I can't, I can't, I can't get deep enough into this thing. "

And I started all over again from the beginning with "I can't get deep enough into this thing, " figuring that one would lead to the other.

Now at that moment if you had guessed "I can't get deep enough into this thing" was the non-coitus chain or an AA chain, but probably noncoitus

Jim: Which I asked him right then. I said, "Flash answer, yes or no, "Yes." "Flash answer, yes or no, abortion?" "Yes. " At which point I was at a crossroads.

Now if there is a non-coitus chain running back down the line on this, those phrases probably appear earlier, although he got a false four on two of those phrases. He laughed, so there was relief there.

Dave: [Jim's PC] Yeah, I got an awful hot stomach there once. All of a sudden I got warm all over, my stomach got hot, and I felt very uncomfortable.

LRH: [to Jim] Your self-confidence is wonderful, that is 4.0. With anything I'm saying here take that in because you're doing swell.

Your computational ability is fine. What you can do to improve your auditing is make it an interchange between you and the patient. Let him do something before you ask him again. Let him listen, don't repeat so much for him to help him, because he is in there. You could delete the echo repeat out of your technique and it would cut your volume of conversation about back where it belongs.

Never ask the patient to do two things at once, or ask him to do something else before he has completed the command before that. Let him do one thing at a time. When you ask his somatic strip to go somewhere, give it an instant, then simply know it's there. Don't try to insist that it go there once you have sent it there. Then ask him for the next thing, ask him for a flash or whatever is necessary to get that first phrase or an actual audio contact. Then go on your way, each time letting the patient carry out everything you have told him to do before you give him something new to do, otherwise he will become confused.

Repeating the phrase you want him to repeat isn't necessary in this case. That is a device that is used on someone like a catatonic who will not repeat it. By your repeating it you will commonly turn on enough pain for the person that he has got to do something about it, so he repeats it. That is its actual mechanic. Delete that from your technique and your auditing will come about as close to being excellent as I could wish for at this stage of your training. It's very easily the best auditing I have seen tonight.

Jim: One more question, Ron. What do you do in an instance where a patient picks up a series of thoughts or phrases and then refuses to go anywhere when there is in the immediate area no denyer or holder indicated ?

You mean he won't do anything about it?

Jim: No, he picks up a phrase and he likes this phrase so he goes over and over it, and then you finally let him run along for a while and then you take the role of the auditor and attempt a directional change.

You should never relax the role of the auditor.

Jim: No, I say you are looking to see what is happening when you see it is not giving out with results.

Well, something is wrong if the phrase is not reducing and you have to catch the phrase earlier in the bank by saying, "Now the somatic strip will go to the earlier time this phrase appears." Repeat it. Go to the earlier time, and if that doesn't release, go earlier, repeat it, go earlier, and you will finally get it down to the bottom of the bank if you work on it hard.

But the phrases that you should follow down to the bottom of the bank are bouncers. Make it your business to discover the type of bouncer. "Get up, get up, get off of me, you're too heavy," may be the standard non-coitus phrase that Mama uses, let's say. Let's repeat that and if it doesn't give up, that is the one which is keeping you out of the basic area.

The important thing is to get into the basic area. So, whenever a bouncer is found in the prenatal area, rub your hands together and start early with it.

A good process when you're looking for a bouncer is to say, "The somatic strip is going to go to the bouncer. When I count from one to five, you're going to give me the first word that will flash into your mind. One-two-three-fourfive (snap!)," and you will quite ordinarily get the bouncer.

Your procedure there on asking him to remember a bouncer was excellent. There is nothing wrong with that procedure. What you want is the bouncer. But the one thing you didn't do with this bouncer was ride it south. You should have sent the somatic strip to the earlier time when this occurred in the bank, getting him to repeat this to see if you could get a bouncer on any chain which seemed to be a dramatization. That one had "Leave me alone." So if you could just get that non-coitus chain down to the bottom, you might be in basic-basic area.

Jim: Well, earlier in the therapy, basic-basic was coming in on flash questions, because one flash answer indicated that the answer to the problem was to be found in basic-basic.

> And I said, “All right, let’s go back to basic-basic, let’s go to the earliest moment of pain that you can experience.”

Well, this might be basic-basic, although it didn’t appear to be reacting as fast as basic-basic should. However, you should give a patient time to comply with the command. Time moves slowly in the prenatal area and it is nothing for basic-basic to drag out as, “I . . . am . . . so . . . lonely.” Everything goes slowly there. You will find that the older a person gets, evidently the faster the time is. So when you get back into the prenatal area you must allow a little more time than you would if the person were awake, even on a flash answer.

If you take it a little easier on him, a little slower, and cut down the volume of your conversation, you are going to get even better results. Never feel that the patient is out of your hands, because he is not.

Jim: Surprisingly enough, I don’t. It seems that whenever I work with a patient I have a terrific self-confidence about it.

You have, you exuded self-confidence and that’s fine. All I’m trying to do is just help you make it better.

Jim: Well, you are helping me very much.

You’re doing good. Okay.

INSTITUTIONAL DIANETICS

A lecture given on
23 June 1950

Observation and Imagination Get Results

Direct memory channels can be used to deintensify some incident of the past. A direct memory channel if opened to some past incident very often serves to knock out a heavy lock, without erasing or reducing the lock by standard Dianetic therapy.

The way one discovers the lock is by asking what is wrong with the patient. His words will express usually, word for word, what he has been told is wrong with him by somebody. It goes down on a channel more or less straight to one of the parents, grandparents, relatives or teachers. That is either a straight circuit in restimulation or it is a circuit via a pseudo-ally. The person, for instance, has married pseudo-Grandmother. Grandmother used to be very nice to the boy, but she used to consider him not too bright. Now he has married a woman who reminds him of Grandmother.

It is only necessary sometimes to get this person to use a direct memory circuit to demonstrate to him that his wife does remind him of his grandmother, and because the upper analytical sphere of the mind is able to differentiate, suddenly this illusion is pulled apart and the identification occurs, whereby wife is wife and Grandmother is definitely Grandmother.

What we are doing here is putting something straight into the computer. The 15-minute technique will take a good percentage of cases (20 to 30 percent) and put them into pretty good shape rather hurriedly.

By the use of this technique one can very often discover what has destroyed a person's sense of reality, why a person is not progressing properly, what the general diagnosis is, and so on. So, it is a diagnostic technique. But in the application of it, it will sometimes become a therapeutic technique and if you are very rushed for time you will find out that you can use it more or less exclusively as a therapeutic technique.

In its use as a diagnostic technique, you will very often find the person unable to recover and deintensify a lock, or find him sliding straight into an actual engram. If this happens, you can extend the technique to the point of letting him slide right into the engram and then handle that just as you would Dianetic therapy, and bring your patient back up to present time again. Then ask him to remember on a straight memory circuit what he has just gone over and in such a way you will again produce a quick alleviation on a case.

It is actually productive of miracles and is nothing to be slighted, because it has actually triggered out things like Parkinson's disease and chronic suicide attempts.

You can also handle a pregnant woman in this way and keep her smoothed down about the situation.

In Standard Procedure, if you are suspicious of a case, you should call for a medical examination. On the one hand it will save you a lot of work and on the other it will save you somebody who is beyond recall. However, don't depend upon such a diagnosis unless the person is very well acquainted with Dianetics, because you will sometimes find a "moron" who will come up very rapidly in IQ and when cleared will be about normal. One can take a lot of "feeble-minded" cases and do things with them, whereas the doctor has a rather definite habit of saying, "It's probably something organically wrong with this person's nervous system."

Nevertheless one should ask for a full physical examination including a Wasserman, blood pressure, urinalysis—the full laboratory examination. You also want the medical opinion of the case; and it is best to get all that in writing and signed if you are working with a large parade of people. You can tell the doctor, "We are adding to our case records and it would assist a great deal to have your professional opinion on this case before it is entered into therapy."

The main part of this lecture concerns the treatment of psychotics by Dianetic therapy. This is called Institutional Dianetics. In this subject more than any other the auditor must use imagination, perseverance and nerve, because in the treatment of the psychotic one encounters engrams in the raw. They are right there and in many psychotics all one observes to be there is just the engram. The person has no higher sphere of consciousness working. Therefore efforts to attract his attention, to make him concentrate, to treat him, very often meet with very slow results. But the accessibilityl of the patient must be obtained first and that accessibility is very often denied because the patient is highly restimulated by his environment. He is not called upon to do anything. Whether we observe it or not, the fact that he is behind bars or restrained is very often sufficient to knock out the last small effort to maintain association and reason within himself. In consequence, an auditor who is approaching a patient in an institution or a psychotic in his own office is put straight on his mettle, and quickly. He has to use his head, because you have probably seen what an engram can do in a sane person; and now supposing we had nothing but this engram to work with—that is very often the problem which is posed.

However, it is not as hopeless as it might seem. Consistent effort on any case which is not suffering from actual physiological brain damage will produce results. Sometimes you can produce a result on a psychotic in a matter of minutes, and sometimes it takes days and weeks of patient effort.

There was one case of a manic-depressive who was capable of enormous strength during one of the manic periods, but the remainder of the time was extremely depressed. However, this case was a very strange one since the overall manifestation of the case was a jolly, pleasant old lady. One could look at this case and say, "Well, here's this hail-fellow-well-met character who doesn't care about anything," and so on. But that was just another dramatization, and it was the carry-over dramatization which went along more or less continually.

So when the person would go into this jolly hail-fellow-well-met dramatization, the psychiatrist in charge of the case would pronounce the case "a remission," and then try to turn the case loose. The next thing that would occur would be one of these enormous physical strength exhibitions while she was in the manic state. Then as soon as this was blocked and she was cowed on that, she would slide back down into a depressive state and sit weeping endlessly.

The way this case worked out actually was all contained within one incident. The jolly person was Grandma who had walked in immediately after an attempted abortion. The person who was crying was Mama who didn't want to get rid of the baby. The strong person was Papa who, boasting of his strength, was attempting an abortion upon Mother, holding Mama down very forcefully, talking about being the strongest man in the world, how nobody could put anything over him, how he was going to go ahead and do what he pleased, and that nobody but God himself could stop him. And Mama was saying, "Oh no, please, please, please, I want my baby, I would just die, I'll go crazy, I'll lose my mind if you take this baby from.me." A doorbell rings after this altercation—with the baby practically dead by this time—and in walks Grandma, but there is no vestige of the fight. Everything is very hurriedly hush-hush. Then Grandma says, "I'm going to stay for a while and visit with you. I thought I'd come because I was worried about Elsie, but that's all right, ho, ho, ho. Everything's going to be fine," and she's so happy there's a baby.

This whole incident was one consecutive dramatization. No part of this dramatization was sanity, but the valence of Grandma appeared to be a sane one. However, if one listened carefully to the patient when she was being very jolly about it, she was very disconnected, since she would dub in more or less rational phrases into Grandma. It was a baffler, because of course one had to get both Grandma's and Mama's protective mechanisms out of there before you could touch this manic.

In the first efforts on this case, before we realized what the engram was, in trying to get a case history all we got was the standard psychiatric jargon which had no bearing on the case, except that the patient experienced remissions and had been released many times and had been shortly afterwards returned to the institution. So, on going into it, we knew a dramatization was there that said "strong." Well, there was also a dramatization there that said something to the effect that "I've got to keep it," because as soon as you touched this patient and said, "Give it to me," of course you became Papa. The instant you said, "I've got to keep it," you became Mama, and the moment you were rational to her, you became Grandma.

So the three things that you could do to this patient were to twist her into the three valences present in the engram, and you could do this one after the other merely by assuming other valences. Although this trick is not too new, the mechanisms of it have never been known until Dianetics. One assumes another valence when one hears the patient talking about something or other, and then one gets the rest of the engram because he starts to dramatize that, and in that way one can keep doing a valence shift on it.

That is actually a valid method of diagnosis. It is not a very good therapeutic measure, because pure 100 percent dramatization does not occasion a release. One could keep a person dramatizing ad infinitum and they would still go on being psychotic.

So, here was a case of having to use one's wits. One wrote down what was more or less the engram after about two or three hours of observation. The engram was complicated by the fact that Grandma was a demon circuit to some degree because some of her conversation had set up as a demon circuit which could dub in rationality. Out of the engram, then, were selected all of the holders, bouncers and call-backs.

Next, by very patient, friendly persistence, trying as far as possible to stay out of any of these valences that she had, the auditor tried a new approach of changing tones, just testing them until a tone that he had was finally met more or less lucidly. Then, by repeating the holders, bouncers and call-backs, he could get in maybe 15, 20 minutes of effective work out of every hour with the patient jumping up, running off and going into one of these dramatizations, then coming back and settling down again on persuasion with the most irrational arguments such as, "I'll give you lollipops if you work," and so forth. Because already she was getting unstable in the engram, and more or less clipping into other engrams, so that she would be a little child of about 2 for a moment and then she would be something else. However, there was always a tiny amount of cooperation present even if very slight.

After about three sessions the case was diagnosed, and getting a little fixation we were able to establish a small amount of accessibility, and the patient all of a sudden repeated a bouncer and began to laugh. She repeated the bouncer about 15 times on this basis: "You and I will play a game."

"All right."

"I bet I can say this more times than you can."

"All right, we'll play the game." (Very cheerful for a moment.)

In this case the phrase was "Lie down there and stay down there and don't you ever get up!" So the auditor said, "Lie down there and stay down there and don't you ever get up."

And the patient said, “Lie down there and stay down there and don’t you ever get up.”

After she had done this about 20 times, all of a sudden the thing started coming loose and she started to laugh about it and get rather hysterical. Then she got up, raced around for a while, sat down and laughed some more, then she became attracted to this mechanism and started repeating it over and over. She must have repeated it about 200 times. Suddenly it no longer interested her, but she had found what she thought was a game.

So now we started on the call-backs and repeated out the call-backs, one at a time. Each time one of these phrases was run out she was more accessible. It was in about the fifth session that she came back up to present time. Now the engram was still there. It had earlier material and so on, but fortunately it had very little ahead of it in terms of the same voices and the same actions. It was more or less the basic on the chain. She then came back up to present time and manifested an entirely different person, that of an extremely tired individual. But after that she was accessible, although you had to be very careful, as you do with all psychotics, not to work her when she was too exhausted, or to work her too long. Because if you work even a normal patient when they are exhausted, you will get a heightened dramatization when they go through an engram. So a patient should be fairly fresh if you can manage it.

The matter of the accessibility of that case was cared for by the inventiveness of the auditor. The very next step on that case was a quiet, orderly effort to get up the last painful emotion that had charged that case into a psychosis. The painful emotion incident worked out rather easily, in spite of the fact that there were countless tears.

There is a motto in this that unfortunately does not always hold true— that a psychotic bleedsl quickly. If you can really put your finger on the charge, you can generally get it off the case, because the case is so far from a normal and operative organism that you are getting a spill of charge rather easily accessible. Unfortunately many psychotics don’t bleed quickly. One can get into such a case, and flounder around with painful emotion and so on.

The above example shows the handling of a manic-depressive. An auditor can become very depressed working a manic-depressive because sometimes it appears to be the most thankless task imaginable. Perhaps he isn’t getting anything and he isn’t sure what he is doing with the case. It may be very closed in, in a deep apathy and he is unable to secure cooperation and so on.

In the case of a paranoid or a paranoiac, he has a lighter task. Prior to Dianetics, people used to throw up their hands in horror about them. But the hard case in Dianetics is the old-time easy case of a manic-depressive. The easy case in Dianetics is the paranoiac.

The manifestations of the paranoid are: “Everybody is out to get me. Western Union Telegraph Company has rigged up special wires to my brain and I can hear those messages going by and they are telling me so-and-so.” The case is rigged up on demon circuits, completely aside from Western Union.

Or he says, “I can hear these people whispering in corners all the time. I know what they’re going to do to me, and I know why they are going to do it.” But he hasn’t any idea why they are going to do it. He is working on a demon circuit setup. That is a paranoid.

A paranoiac has been considered a very dangerous fellow because he is more or less intelligent and he has a specific thing that is after him such as “my family.” This is sloppy terminology, but it does sum up a certain type of case. The paranoiac has picked out a specific target, and if he has a specific target then that is what the engram is about of course. If someone merely has vague ideas about it, you can be sure that his engrams are very vague about who is after him, who is talking about him and who is trying to get him.

Those two cases however are normally approachable just on the idea of "against me" or "out to get me." One can handle these cases by pronouncing these words with repeater technique, and in this way very often get some very explosive discharges from them. Such material is normally found in the prenatal bank, just by directing the patient from father to mother.

If possible the auditor should get the painful emotion off any psychotic as fast as he can. If he can locate that painful emotion by any means whatsoever and get it relieved off the case he will have accomplished something very definite. Theoretically if one could discharge all the painful emotion in the case one would have a sane person, because you will find in such a case that the psychosis succeeded some very definite disasters and loss in the person's life. It has not taken place by accident. He was not just walking down the street one day.

We have the data in Dianetics on what makes a psychotic break. One can go back over the case after having brought the person up to a neurotic state at last, and trace back from moment to moment what immediately preceded these breaks, and one will find that it was something shocking, something very heavy on the loss side.

There is another way of treating psychotics by the use of a mechanism known as psychodrama. We are adapting here some of the methods which have been used in institutions over a long period of time.

Psychodrama is merely an effort to get the person to dramatize. If you can start them dramatizing, you can quite often shift them from engram to engram. You are not going to achieve a lot with this shift because it is just dramatization after all. But you can get them into painful incidents; you can tease and wheedle them into them by saying something like, "Oh, I bet you can't possibly tell me about your grandma's case. You wouldn't be able to tell me about that."

"Oh, yes, I could too."

"All right."

"Who do you want me to be?"

"All right, you be Grandma."

"Oh, I couldn't be Grandma because she's dead." (Tears.)

"Well, all right, then be Mama."

"All right, I'll be Mama."

Yakety, yakety, yakety, yakety-yak. The person goes into a full dramatization of what Mama was doing, including all Mama's foolish remarks to the child when the child was disturbed about the death and so on.

"And now let's be the doctor," or "Let's be the undertaker." Or "Let's be somebody else." Just keep running him through these valences. What you are doing is valence shifts on him until you finally get him to run out himself. He will fight around about it a little bit before he will run himself out ordinarily, but you will have gotten him into his own valence!

Now if you can work a psychodrama—and it can be a very noisy affair—on a patient to finally get him into his own valence, the least you will get is the history that is recorded there in the reactive mind. There are other methods, all of them depending upon inventiveness and the discovery of the chronic engram.

In a psychotic, one can pretty well count on the fact that there is one engram which is worse than any of the others which is doing the damage. One can get a patient into this engram in

various ways, and get out the bouncers, the holders and the call-backs. The person apparently possesses a reservoir of push to get up into present time, and if you can free him of that engram you can get him up.

Just by repeating the bouncers, holders and call-backs, the person tends to laugh after a while or giggle.

A hebephrenic, l however, should be distrusted on that. Giggling may be the psychotic manifestation of some portion of a case and you may think you are getting false fours, but it is very easy to distinguish once you have seen it, and don't mistake a hebephrenic giggle or hysteria for a false four. In a false four you can hear the sanity. In hebephrenia you can't hear any sanity at all. It is insane. A false four could be described as a good, solid belly laugh.

There are an enormous number of manifestations of psychosis. There are as many manifestations of psychosis as there are engrams, which is quite a number. This was what gave Kraepelin a great deal of trouble. He spent a long time thinking about it, and he finally classified all the manifestations of psychotics. His list is staggering because it finally ended up dumping in the trash bin everything that would not fit into the rest of the categories. He was trying to classify manifestations without the knowledge of what was causing them, and that type of classification is very poor.

But there are some psychiatric classifications which are of some use. There is the manic-depressive. We know that a manic is something that makes a person feel strong and powerful, and that it is probably adjacent to a depressive part of an engram which contains the danger, and the person will fluctuate between the two. So that is a definite and very common aspect of an engram.

Then there is the fellow who thinks that everybody is against him. That's fairly common. There is also the hebephrenic who does nothing but giggle. Then there is the catatonic who is just limp, dead, motionless, and you might include in that category the apathetic case. There is also physiological psychosis whereby the person is simply physiologically a moron. You can tell the difference between a physiological moron and an engramic moron very easily, because the engramic moron is dramatizing (and will dramatize, even though the dramatization consists of being super stupid) whereas the physiological one is just plain dull. This is no real test for an auditor at all. You can look over a few of these patients in a home for the feeble-minded and, even without previous practice, you could simply sort them out into their two respective groups. You would probably have a center group of people who were both dumb and dramatizing, but there would not be very much dramatization. So you would have three categories in which you could put people.

The ones that were strictly engramic would be the ones you would want to do something about. The others you wouldn't care much to do anything about. But regardless of whether a person is a physiological moron or not, remember that engrams are still present, and that there has to be analytical mind machinery in order to express the engram. So if the person is not expressing any of these engrams you can be sure that the machinery is broken down somewhere.

These engramic morons are very often quite cooperative. One is simply dealing with all the manifestations that engrams can take. The very ability of it and man's desire to classify into tight little compartments all of these things has in the past led him astray, and we don't want to be led astray on this. But there are these general classes of manifestations which psychiatrists will point out, and I will take up these classes one by one. Firstly there's the catatonic. There are various ways that you could do something about him, one of which is to set his bed on fire, or other heroic measures. He won't stay there. That is a strange thing and the hypnotist is fully acquainted with this manifestation. This is a similar manifestation to the person who is hypnotized and you tell him you are going to give him a red-hot poker, then you hand him a broomstick. He will take the broomstick and pretend that he is burned and actually the tips of his fingers will sometimes blister. That is the kickback.

Now take the same person, hynotize him, and hand him a red-hot poker telling him, "This is a red-hot poker, take hold of it." He will jump back and say, "Why, you so-and-so!" He is no longer in a hynotic trance.

You can also take a hypnotized person and say, "Now this is a window that is 480 stories above the ground, and you're going to jump out and fall to your death" (which would be as we know in Dianetics one of the foulest things you could do to a man). But he will stand there at the window waiting for the command "Now, open it up and jump out." (Of course the window is just a mock-up.) Then he will step through the window and onto the floor on the other side and he will go through the whole thing, pretending to jump (being careful not to hurt himself) and screaming as though he is falling, and he will even land with a crunch, sometimes.

But now take him over to a real window which is maybe four or five stories above the ground and say, "All right, open the window and jump out." (Of course you want to be careful on this, because he may have a dramatization which says, "I have to open the window and jump out," and in such a case might do so.) But the usual reaction is that he opens the window and takes a glance outside and says, "Why, you so-and-so, you're trying to kill me," and he will come right out of the trance.

So in a catatonic there is a whole string of rather heroic tricks that can be played on him to make him accessible. One should not indulge too freely in these tricks; one should use quieter and softer methods because we know that the catatonic is sitting squarely in another valence and obeying a "can't move" command.

One of the ways one can take a catatonic and raise his necessity level artificially is to feed him full of Benzedrine—he knows how to open his mouth and swallow—and it will bring up his attention level to a point where you can sometimes work him on engrams. In fact, almost any person who is disassociating badly will present a different aspect when he has been given a stimulant such as Benzedrine.

You are not allowed to give Benzedrine, however. You do that in liaison with a medical doctor. I don't expect anyone who has been certified by the Foundation to have any difficulty whatsoever working with a medical doctor. Doctors will probably be very pleased to work with you.

An obsessive compulsive could be classified as psychotic. Trying to hypnotize such a person would be the first mistake. Mistake number two would be to try to assume any state with the man which was even suggestive of taking command or control of him. Never give a psychotic the idea that you are taking over control of him when it agitates him in any way. Make it out to some degree as though you are merely playing with him a little bit.

Sometimes you will find that he is accessible to your taking control of him. When that is possible it will demonstrate itself rather rapidly, and you can do so, and then you will achieve rather rapid results. But trying to place him in a state before you do something else, and trying to go through any orderly procedure, is of course throwing organization against chaos, and they just don't mix. In consequence you have to catch an obsessive compulsive on the fly. There are certain things they are doing or saying, and you can attract their attention one way or the other and help them.

Just because the person is psychotic is no reason to believe that general human laws have been suspended, which is a sad and serious mistake on the part of anyone trying to treat a psychotic, because part of that person is reasonable. One might not be looking at any part that is reasonable, but part of the person is; and any of the things that will be effective upon a normal patient are equally useful in the treatment of psychotics.

However, one should know quite a bit about Dianetics before one starts working on psychotics. Work a lot of normals and neurotics, and only then take a deep dive into the psychotic end of the picture.

One of the things that makes Institutional Dianetics appear a little bit backwards is that in the institution one has before him mainly psychotics, and as a result a doctor may read the Handbook and say, "Oh, yes," and assume immediately that he knows all about Dianetics, because this dovetails in and he will use parts of Dianetics without organizing at all. He will invariably pick the patient that he couldn't do anything with by any other method and tackle that case with some strange version of Dianetics, and he is very definitely going to have failures on his hands. If he would just content himself with working some accessible patients, handling people long enough for him to get a good command of auditing, and only then start tackling the tough ones, he could break them. But it is a process of education.

With Dianetics in the public domain we have several factors at work.

We have Preventive Dianetics which is very, very important, because with it one can keep a psychotic from a break.

Neurotics, who ordinarily are confused with psychotics as there are no precise definitions, can be released.

Psychoanalysis will eventually cease to make attempts upon these people. That is not offered as a derogatory statement but as something of which we must take cognizance: Psychoanalysis in practice very often precipitates a severe neurosis or psychosis. In many of these very large clinics it is a byword of the people in the surrounding country that a man goes to the clinic for psychoanalytic treatment, and as long as his money holds, why, they treat him, and then they ship him across the river to the state institution.

The people in the institutions who can be reached rather easily with a cursory knowledge of Dianetics can be freed. Furthermore, people coming in for a very short period can watch the case settle and will know what to expect of it, and they will be able to release what is troubling the case and send him on his way again.

I would say Dianetics would markedly decrease the institutional population of the country.

It will decrease even more swiftly the criminal population of prisons, because the criminal has quite a bit of time on his hands. Very few of these people are inaccessible, and they will do almost anything to get out of prison. As soon as parole boards learn that they can only guarantee an individual on parole after he has attained Dianetic release, there will be a lot of prison Dianetics practiced and our criminal population will decrease markedly.

To return to the subject of psychotics, the psychotic will challenge anyone's ingenuity. One should know his Dianetics thoroughly. He should have had practice on relatively sane people, neurotics and very easily reached psychotics before he starts to graduate up the line and take the cases that could never be touched by anyone. He is then more able, because the tools are easy and familiar in his hands, to use his imagination and to change from one thing to another and work it as an art; because the treatment of a psychotic becomes a fine art. One has to be able to recognize the engram in the raw, see it and know it for what it is, and invent methods instanter to take care of this engram of this particular patient, because there are so many manifestations of psychosis.

The next thing an auditor should know well is the effect of hypnotism and drugs, and he should have observed this actually. In hypnotism one can reach the basic personality, and he can work out the emotional charges certainly from a psychotic case if the case can be hypnotized. So he must be prepared to use hypnotism, he must know how it works, what he should do to make it function, how to regress a person in hypnotism and so on, which is very definitely different from Dianetics in that one produces a trance.

There is a little book by a man by the name of Young written about 1899, which contains in it about as much hypnosis as one ever wants. It is called Twenty-Five Lessons in Hypnotism, published by O. N. Ottenheimer and Company, Baltimore, Maryland. Practically everything in that book works, and clairvoyance, mesmerism and so forth are also delineated.

So there are various methods of hypnotism and someone treating psychotics should know them.

There are a few things that can be added to those techniques, one of which is fixating attention with spinning mirrors and light. This could be reduced much more easily on a technical basis by having a type of mask tipped over the face that has a spot of light in front of each eye that flashes, producing a trance in the patient. Then there is the proposition of setting up a carrier wave by pounding monotonously on a dishpan with a spoon and saying with each clang, "Sleep," or some such thing, as part of the carrier wave, which will often put a catatonic into hypnotic trance.

It is very difficult to produce hypnosis in a psychotic for the mechanical reason that it is hard to hypnotize anybody who is regressed on his time track. The person should be in present time. Nevertheless you can effect hypnosis at times on psychotics and particularly when the psychotic doesn't happen to be regressed.

It is a very difficult thing to understand, but psychotics will very occasionally settle and you will have short periods when they are quiet and rational. Sometimes a psychotic will run on a time clock. For instance, between the hours of 8 and 10:30 at night any effort to work this patient, although the patient is more or less normal, is quite unavailing. Another patient can't be worked at 2 or 3 o'clock in the morning, as that is the time of the engram and they get quite disturbed on it. In such a way you will find psychotics who are very psychotic during three days of a month in some coincidence with moon periods. So the psychotic, during the monthly phase of the full moon, for instance, may be a raving maniac, and on the remaining twenty-some days he is quite placid and accessible. But because he goes mad every time there is a full moon he is retained in the institution. So you have to work him on the days when he is accessible.

You will find that another psychotic will be more accessible at 2 o'clock in the afternoon than he would be at 10 o'clock in the morning. That is because of the time tab on the engram. So at 2 o'clock in the afternoon this patient who all morning had to lie in a cold pack can be found walking around conversing very cheerily with everyone, but next morning she will be back in the cold pack. Then at 2 o'clock in the afternoon, she will again be quite accessible and seemingly very rational up in present time. This is because there is a call-back at a certain period of the day—a time stimulation. She is restimulated by the hour of the day. Incidentally, you can put a person in a dark room and you will still get the chronometer effect occurring.

It may be that 10:30 at night was when Papa and Mama went to bed and had coitus, and maybe they did that very regularly, so that 10:30 at night was a nonsurvival hour.

I haven't made sufficient observation of working a preclear at such a restimulative time to come to any conclusion, but I have found some preclears were completely unworkable when certain periods of the day came around, usually late evening along about bedtime (which seems to be the pet hour for AAs), and sometimes in the morning around 9:20. For instance, 9 o'clock was when Papa left the house and said goodbye. So at 9:20 Mama said, "Well, I have got to get rid of this baby." Jab! This might have been a standard dramatization of Mama's, and there might be 30, 40 abortion attempts lying around whereby she is throwing herself on the bed or banging herself up against the door or doing something or other that she is very hopeful will get rid of the child. So that at 9:20 in the morning you will find some people in a high state of restimulation, but again, it varies with the engram.

In the matter of drugs, you should be apprised of the relative uselessness of drugs and the danger of their use on the psychotic. It is the favorite stunt in an institution to give sedation to a psychotic. This is very dangerous, and although it is one of these things whereby they think it is better to administer drugs than to do something else, and that it is the lesser of two evils, it is not much less. Here is the situation of a person who is violently disturbed, amid people who are violently disturbed. What would you think of hypnotizing this person and telling him, "Now every word that you hear in your surroundings is going to enter your engram bank"? It does exactly the same thing when a patient is under heavy sedation in an institution.

An auditor will pick up the most fantastic variety of locks when he is finally finishing up a released and cleared psychotic, because the psychotic has nothing around him but high-powered engrams sufficient to hold up a person on the track, and these are being poured into him while he, although walking around, is still in a suggestible state.

Although I have never cleared an institutionalized psychotic I have brought them up to a point where it was obvious that they were stable and could go on through to clear. When one has removed all the painful emotion from the case then they are stable, but not up to that point. You cannot take out prenatals and clear away a lot of other material and leave the painful emotion in place and not expect something else to happen to the case, because it is liable to collapse at any moment and have a relapse. Unreleased painful emotion is dynamite.

One can be very easily deluded in the administration of soporifics to a psychotic. It appears that the psychotic after the drug has been administered has a return of rationality. You can take sodium amytal and give it to the psychotic who is raving, and within a short period of time find in his place an individual who is fairly rational. So, because he is, one has a tendency not to guard what he says to him, but talk to him as though he were rational. He is not rational in the finest sense. He is in a highly artificial state.

Let us postulate that the charge of engrams breaks down the insulation amongst the memories, and the psychotic would therefore be identifying all the way across the switchboard. Everything is hooked into everything else on the switchboard. As a consequence any stimulus-response, even remote from what we would consider in normal people to be a good reason, will set him off and keep him going. Just the fact of being alive perhaps might be restimulative to him. So, he has what might be termed short circuits all the way through the memory bank and anything will activate his engrams.

Now, by the administration of sodium amytal, sodium pentothal, and many other drugs, we seem to temporarily restore the insulation. We could also use the analogy of an airplane engine which won't start. The reason it won't start is because it is soaking wet and its magneto and spark plugs and wires have all short-circuited. Now we take out the pyrene gun and squirt the engine over with pyrene, drenching the spark plugs, the magneto and the various wires and connections. Then we go back and throw her on, contact, pull the prop through, and the engine is on its way; and because it gets hot it will keep on running because it has dried itself. Unfortunately the analogy doesn't carry all the way through on the administration because the engine in this case doesn't get hot, and the wiring doesn't dry out, but what we have done is restore the insulation amongst the memory banks, temporarily.

Something stated at a moment when a psychotic is under the influence of a soporific is of course received as an insulated and isolated memory. When the drug wears off that is hooked into the circuits too, so that all the dramatizations that he observes while he is under sedation, together with all of the things said to him while he is under treatment, or sedation, become part of the short-circuited pack in his mind.

In the case of an institutionalized patient who has often had a given drug for sedation, if you gave him that drug again, there is some possibility of restimulating the earlier times he was given it; and because it produced the same mechanical effect previously, it will keep on producing it.

The resistance to soporifics on the part of certain human beings has been a subject of great puzzlement to psychiatry for a long time. One person can get drunk on the smell of a glass, and another person doesn't get drunk on a gallon.

The rather careless statement I've overheard amongst psychiatrists of, "Well, anybody can throw it off if he wants to," is not a good, solid scientific statement. It happens that some of the engrams in which the psychotic is existing at the moment carry with them a resistance to drugs and alcohol. The statement "Alcohol doesn't affect me," or "Don't give me any more drugs because they don't do me any good," is good enough in an engram to practically nullify soporifics.

So these people have to be very heavily sedated before they succumb. They will succumb somewhere along the line. They could be 80 years old and almost dead, yet they will stay under the influence of the drug only at the peak, which may be ten minutes to half an hour. So there is a great tendency then, because this person is resisting, willfully and maliciously—and is therefore guilty of mopery and dopery on the institution floor—to keep pumping him full of drugs in an effort to produce an amenable state of mind along the lines of "it does it on some patients therefore it should on others."

I don't know what effect heavy sedation of that character has over long periods of time, but I do know that any of these various types of sedation are poisons. They can control mechanisms of the body, and affect the protein balance, and it is possible that continued sedation over a long period of time in very heavy dosages might bring about a physiological breakdown of the nervous structure.

There is data on this subject which seems to predict the fact that such a breakdown might exist, since I have treated an alcoholic whose brain was "so far gone" that the cellular batteries didn't seem to be able to recharge themselves and he was in a sad state. He had been drunk nearly all of the time for many, many years. It was interesting that he could be worked when he was drunk, and so one got him drunk and worked him, and it went along all right. But he had lowered himself down to a moronic level.

Unfortunately many other things were more pressing at the time and I was unable to make a close observation of him for a long period afterwards. I would have had something more of an answer than I have now on what various drugs can do to the human nervous system the way it is structured. But it is possible that you may encounter in institutions people who have been under sedation so long that the toxic effects of it, plus the fact that engrams are going in there continually, render them almost hopeless as cases due to the enormous volume.

Working a patient with narcosynthesis is not very difficult when the narcosynthesis works, but give a patient narcosynthesis sometimes and you will find he merely goes unconscious. There is no period of accessibility there, or if any it is so fleeting nothing can be done about it. A very good reason for this is that the patient is caught in some sort of an illness or delirium engram which has underlying it enormous layers of unconsciousness.

One patient of which I have a record was in a mumps incident. I finally established this after a couple of sessions. In the engram he had been unconscious for about three days, with Mama and Papa holding him down and pleading with him not to move and thrash about. They did this for three days, telling him they would take care of him, and he was not to worry and so on.

Well, this patient did let them take care of him. His father was a shipping clerk and made a very small amount of money. The boy was not loath to pick up over half of his father's salary and spend it on his own living, and he was 27 years of age, which was rather remarkable. Those parents certainly did themselves proud when they held this boy down for three days—he was still there: "Get back on the bed," "Lie still," and so on. Why they didn't just let him thrash around I don't know, because what he was obviously fighting was them. So whenever he was given sodium amytal, he went right straight into mumps, a high fever turned on,

glandular changes took place in his jaws, he became very restless, very wary, frightened, and then would pass through that into straight unconsciousness with no period of accessibility. All it did was turn up the engram.

So, don't depend on narcosynthesis to do anything spectacular for you, and be leery of it because it may do something very, very bad for you. It is possible for you to enter a case with narcosynthesis and start through a late life period of unconsciousness, restimulate it 100 percent, and not lift it or deintensify it because it is right there and it has too much ahead of it. You may not be able to get earlier than that incident because of the extreme weakness of the mind at that moment, and you may succeed in permanently restimulating it, because when the narcosynthesis wears off you haven't approached this thing as you would have in reverie.

In reverie you are trying to get "I" in contact with the reactive mind, and in contact with the standard banks. When you use narcosynthesis you are not working with "I." You are working below the level of "I." So when the narcosynthesis wears off and the bank gets all short-circuited and connected again, you have added with full strength the engram which you have restimulated artificially, and that doesn't wear away or rebalance. So it would be possible for you to enter a case with narcosynthesis and drive a person insane who has not hitherto been insane.

The same analogy can be applied to alcohol. The alcohol, by changing the carbon-oxygen battery setup in the brain, makes it possible for the various memories to stay in their own compartments more or less in an orderly fashion. But when the alcohol has worn away, the whole thing would be short-circuited again.

The reason drunks become worse and worse is because they hang around bars, and people push them around saying such things as, "You bum, get out of here." Insults and arguments go on, yet all this time they could be considered to be under sedation. So they have rendered themselves extremely liable to the receipt of enormous numbers of locks.

I am not warning you on the use of narcosynthesis, merely on the possible consequences in using it. Any use of narcosynthesis that complicates the total knowledge of exactly what engrams are and what they can do is nothing short of irresponsibly adventurous, as many of the past therapies have been—irresponsible in the extreme; because an inspection of the clinical records on the subject of administering narcosynthesis will demonstrate clearly to anyone that a good, sizeable percentage of those cases were much worse afterwards, and stayed worse. It was the fact that narcosynthesis was a variable which made me investigate it.

You will find people who are using narcosynthesis without any knowledge of Dianetics rather anxious to justify themselves in its use. Therefore they will disclaim any responsibility for the patient, with statements like, "He was crazy anyway, narcosynthesis didn't do anything," which tend to bury the actual figures.

What we have to guard against when we treat psychotics is that we do not worsen their condition. It would be possible for a psychotic patient to be in an institution, apparently accessible, and for that patient to be under very heavy sedation of which you would not be apprised. The danger that this poses would be that you start to work a case which is under sedation and slide, whether you want to or not, into a moment of unconsciousness and physical pain late in the person's life. You do not succeed in relieving it, or you accidentally touch it and restimulate it, and the patient doesn't get any better but on the contrary when the sedation wears off is much wilder. Because of the apparent accessibility of a patient under sedation there is an enormous temptation to use it.

If you have to work a patient who is under sedation, work him or her with the full knowledge that the curve of progress is not going to be smooth or all upward. It is going to be a rollycoaster affair, where occasionally the condition of the patient will suddenly seem to be much worse than ever before, and then it will go up again and become better than it had been before. Then right when you think you are winning, down it plunges again. This is a case that

you are working under sedation which is actually in amnesia trance, a thing which you might overlook.

The whole operation of amnesia trance is unsatisfactory at best, even when it is done with hypnosis and without drugs, because basic personality's attention units, which we can postulate are down somewhere around the standard banks, have very little force. They find it very difficult to buck into incidents at the beginning of the case. They get more and more powerful as the case goes on, and the more of them that are evidently released, the more the man can do in amnesia trance. But the person has no recollection of what happened when he wakes up.

So there is a definite danger in the treatment of a patient in an institution, and you should be aware of that danger and prepared for the wild emotionalism of the "men of science" in these institutions concerning the changed state of the patient. "The patient has to be under sedation," they say. So, if you want to work the patient, know what you are going to get.

With Benzedrine, you are not running any risks. You could stir the case up as much as you want to. You could take half of an engram and chew it up and maybe not get the other part of it, and leave that and go on to something else, as you will do with a psychotic, and although they may appear pretty wild the following day, a week to ten days later the case will have rebalanced and that cycle can be repeated.

The amount of cooperation which you will get at this time in an institution is slight. The attitude of a gentleman out in Chicago is perhaps representative of this: He was far too busy to look over Dianetics because he had too many psychotics on his hands. He was just going day and night 18 hours a day doing his best for these psychotics. This man was in a bad state. Finally he looked over the basic tenets of Dianetics.

It seems that this person had a bad case of ulcers. He had been free from these ulcers up to a certain moment when he was walking through a corridor of an institution and a gentleman who was somewhat bereft of his wits leaped out of a cell, jumped on him and mauled him a little bit. Didn't hurt him any, but after that for some peculiar reason he had ulcers, and he had had ulcers from that minute right on forward.

The ulcers tell you immediately—one AA. I have never had an ulcer connect with anything else. Ulcers are all caused by AAs as far as I am concerned until I find one which isn't. It is actual pain and injury to the fetus, not a secondhand injury to Mama. The next thing it tells you is that Mama considered Papa a maniac. The next thing it tells you is that Papa jumped Mama about the whole thing and it tells you immediately that the key-inl contains the words "You maniac," or "He's crazy," or "Get him out of here," or something of the sort. There is a shock key-in there. So there is the case lying there nakedly, yet this man was working with and doing things for madmen.

Another thing you must watch for in Institutional Dianetics is the use of positive suggestion during electric shock as practiced by many psychiatrists. They do not call it positive suggestion since they don't recognize it as such. They have never compartmented it. But it is quite ordinary to take a patient immediately after a convulsive shock and tell him, "Well, you're all right here, you will be much better," and "We're your friends," and "People are taking care of you here," and probably "stay here," "don't move," "come back" and all the rest of it. However, it is worse than hypnotism because there is physiological damage going along with it, even if it's just a disturbed electronic balance to the body.

One psychiatrist naively remarked to me that after the patient had been issued forth from the hospital as a remission, the patient very often said that he had a recollection of this touching moment and it had helped him a great deal. I don't know how many of these patients were remitted only because of such a positive suggestion, but if that were the case, the convulsive shockwould have been completely unnecessary in the first place.

To sum this up, people have been working with an enormous number of variables in this area, and there have been a great many learned observations. As a result, when you go into a case you can find almost anything, and probably will. It is not a happy picture. Institutional Dianetics is complicated, not so much by psychosis, but by psychiatric therapy. That is not a bitter statement, I am just asking you to confront this.fact for what it is. You are dealing with patients who are under sedation, patients who are in close contact with people who are going to lay in engrams left and right on them, patients who have been given electric shock therapy with no record of what was said around that patient at all.

You don't know what kind of an engram you are going to suddenly trip into. You may trigger one of these things. You may put the patient right back into the convulsive shock suddenly, because some psychiatrist as he turned from the machine while the patient was still convulsing said to the nurse, "Come back here a minute. Now wait till I'm through." You just trigger this phrase and the patient goes right into a convulsion. But that electric shock engram, which is after all only an engram, is not susceptible to removal at that moment.

Furthermore, there are freak side effects which you cannot predict, such as the electric shock pulling the whole engram bank up into one place, so that you find yourself working through the chronic somatic of the electric shock, whereby everything you do to this patient takes him into a convulsion.

On the positive side of the ledger, you know what you are looking at. By close observation, you can detail the engram or engrams by the use of your tools and a very good command of them. By using them with great imagination and observation you can produce spectacular results on psychotics. But don't go into the treatment of psychosis, particularly on people who have been institutionalized, with the assurance that you are going to produce positive results in a very short space of time with great ease and with no complications, because the complications are going to be there. You are going to have to work very hard, and sometimes very long to achieve a result. But you will eventually do so, even though you cannot predict how long it is going to take.

If you could just get the person at the time of the psychotic break, and relieve the painful emotion at that time, without the person ever going near an institution, you would have a fine chance of getting a fast release on the case in a few hours of work.

After the patient has been placed in the environment of insanity, under sedation, electric shock, has had psychoanalysis under sedation or narcosynthesis, and maybe years of such an environment have elapsed since the admission of that patient—when you run into this, be pessimistic because you may not want to spend all the time it is going to require to produce a result. But if you are going in because of personal attachment, know that you can fight through this maze and that you can win. However, know also that it may take a lot of time.

Certainly for the first part of your practice in auditing avoid psychotic cases which are institutionalized. You can do quite a bit for somebody who has not yet been institutionalized, but if you go into an institution, you will find yourself dealing with people who have now been deprived of all civil rights, who are wards of the state, who are actually the property of the state, people who by their psychosis are making it possible for other people to be employed. There are economic values being entered in here, and you are not going to get a very pleasant reception.

There is so much work to be done in this field of the mind, there are so many people to be treated, that unless one has a definite personal attachment for an institutionalized case and is going to carry forward just on that line alone, one should leave them alone, because that is a problem into which psychiatry has busily dug itself and they are perfectly satisfied with the problem. I think every effort should be made to keep patients from going into institutions, but once they are there and have received treatment, I think it is up to the psychiatrist. He got them that way, on his head be it. It is all very well to take over the responsibility of all the

sins of the world, but it is quite another thing to have enough hours in the day to remedy all things wrong.

I have heard some reports of success in working with electric shock cases, but I have not carried out a long series of test cases and consider it still equivocal. There are many things in the field of man's activities which have not yet been inspected.

In researching Dianetics we take what seem to be the most open and natural manifestations of man first. For instance, we compartment out mysticism and say, "Those are all blue chips with red spots and we're only interested in white ones in this puzzle." So, we compartment out that side of it and we find the other part of it resolves nicely. But we don't disallow mysticism. We say, "That possibly exists, we just don't need it at this time." And so we continue. "Very little is known about structure, so what do we do about structure? Well, let's just put that aside because we can study function by itself," and we have compartmented it again.

On studying man's behavior, there are more sane men than insane men, or at least they pass for sane. So we get the people who are sane and study them, then we study the neurotics, then we study psychotics and we find out that their minds work in a similar fashion; we are finding the same manifestation on a functional level. And it goes on through.

Now in the studies on that line, we are on very solid ground. But when we start to introduce structure, or anything which alters structure in the mind, then we are not on solid ground. An enormous amount of work has got to be done on this. That is the field of structure.

What has been done physiologically to the mind by an electric shock, by insulin, by metrazol, we don't know. What is done to the mind exactly by a topectomy, a transorbital leukotomy, a prefrontal lobotomy, no one knows. I certainly don't and I know very well no psychiatrist does.

Some experimental psychology could be done on pregnant rats whereby one takes the rat, impregnates it, and kicks the rat in the abdomen afterwards, giving it a good sharp blow and a stimulus. One keeps this up until we get this rat's litter, which is gestating right up through the whole course, giving this litter the same engram over and over and over making it a good tough one. Of course one will achieve the aborting of quite a few litters of rats if one gets too enthusiastic. Then we have control rats of the same strain, raised the same way, but with no blows. Now we take those two categories of rats together, and get them tired in order to key them in. (Of course the rats that didn't have prenatals are not going to key in.) Then we turn them loose in the pen and give them the stimulus and observe what happens to them. You will find that the rats with the engrams are going to be pretty scrawny and extremely depressed. If that experiment works, there is beautiful evidence of Dianetic principles in operation.

The way I have worked it in the past is by comparing mother and child, getting exact recordings from the mother and exact recordings from the child, word for word. Although they might have been relayed conceptually with Mama saying, "Oh, well, you were such a terrible burden to me when you were on the way," and so on, she is not going to (because she is incapable of doing so in present time) give the child a word-for-word account of a moment when Mama was under anesthetic. As a consequence the tapes can be checked and the series of engrams in the child are validated by running Mama through the same incident independently, showing the recordings were there.

Sigmund Freud blew himself a flock of fuses in 1911 when he said all was delusion in childhood because he had found prenatal l He could not account for them, although his tenet of longing for the womb stated clearly that there must be memory connected with them. He got into about as confused a state of mind as any person could get, and suddenly pronounced that all is delusion in childhood, because he discovered seductions by parents. In Dianetics,

seductions by parents are so ordinary that you just lose count. Every coitus engram could be translated as a seduction by one parent or the other.

About three years ago, there was a series of eight tapes done checking mothers giving birth against children receiving the birth engram, but since then we have got many more. This is because you treat a young man for a while, and he is getting well, and then all of a sudden Mama gets wind of this, and you are liable to have her as a patient too. You can conduct this experiment any time such a combination shows up. I want to get a pair of identical twins separated at birth some time. Of course their engrams are not going to track 100 percent, because one of them might have been on the outside receiving the injury. There might have been an AA, and only one twin was ever accessible for this AA, and the other one might or might not have recorded such an incident. But you will get on the track there enough engrams in common so that there will be good tapes, running word for word on a lot of engrams. But doing the above using tapes, I have validated it to my satisfaction checking Mama against child.

Many papers have been published on the subject of embryology in the past, which are not well enough known. The work of Hooker is particularly interesting in the field of morphogenesis.

Hooker took an embryo (I don't know how he did this work) and stroked it on the back with a single hair five weeks after conception, causing it to straighten out and then go back into position again in half a second; and he could get this reaction, thus proving nervous muscular control five weeks after conception.

Actually what would be incredible about all this would be if an organism could record nothing or knew nothing until a certain period of life such as two years of age, but up to that moment was not recording, was not doing anything, couldn't think, couldn't act or guide itself in any way; because the most cursory examination of a baby, a few hours old, will demonstrate many abilities, many recordings.

I tested a baby on the subject two weeks after birth to see whether or not an engram could be restimulated in that baby. I didn't do it on purpose, it was an accidental observation. A phrase was uttered loudly in the baby's presence. Many loud phrases had been uttered in the baby's presence, but on this one phrase the baby flung up its arms to protect its face, two weeks after birth.

That was interesting to me; so, guided by science rather than humanity, I promptly threw in with the same intonation many other phrases with no such reaction. I came back to that special phrase, threw it back at the child and got the same reaction again, arms thrown up over the face.

I thought that very curious, so I went back in memory, knowing this child's prenatal background vividly, it being my own child, to the time when that phrase might have been uttered. Mama had fallen at that time and the child had been jarred severely. That was the push button working. It has to be the exact word. For instance, if a man's cough turns on with the word "painted," you can tell him "paint, painter, painting," and you will get no response, but the moment you say "painted," you get a cough. The push button mechanism is very accurate.

Sometimes you get a "delusion" on someone when you are working with them where their present day analytical mind will get back into the prenatal engram and they will start telling you what they thought about it when they were a fetus. Of course they are rationalizing information as it comes up. They can say, "Yes, every time my father came home I used to so-and-so and such-and-such." There is some possibility, by the way, that a child knows quite a bit of language by the time it's born.

I have been looking for something that was scientific enough to be used to act as a means of establishing the character of affinity and the role it plays in raising a child. I have run across several experiments, which, advertisedly, were conducted with the "gravest and greatest scientific care," and on looking at them closely found out that they were just random observations that somebody had optimistically assigned an answer to.

In this lecture I have not told you perhaps with force and precision the exact push button to push in exactly which psychotic, beyond telling you that the rendering of a psychotic accessible without sedation is the most desirable thing that you could do in handling him. It is even possible that some type of metrazol or something of the sort in very light dosages might bring a psychotic into a short period of accessibility. There is some slight evidence to that effect. But as far as electric shock is concerned a look over the field of the insane has not demonstrated much hope for it.

I am always glad to hear of successes in this field, not because it has anything to do with any validation of the work in Dianetics. The day I get interested in my personal reputation ahead of any data of Dianetics is never going to arrive, because this science is as good as it can be applied, and no better. There is an enormous amount of work to be done, enormous numbers of case histories to be collected in Institutional Dianetics before big, wide statements can be made about it.

But I have treated enough psychotics to know that when I wanted to I could produce a remission in them one way or the other. I have used, in doing that, some very interesting devices. One I learned from a man named Homer Lane in England many years ago. He had some trick of accessibility which he was developing whereby he went into a large institution in England and just said, "Give me the toughest patient you've got. I'm going to cure him."

The superintendent of the institution looked at him aghast and said, "Oh no, besides you're only a layman, you therefore could know nothing."

And he said, "Well now, after all the worst patient you have is undoubtedly hopeless, isn't he?"

The superintendent said, "Yes."

Then Homer Lane said, "Well, he's certain to die, isn't he?"

And the superintendent said, "Yes."

"Well, then let me have him. What have you got to lose?"

"Well, all right."

So they pushed Homer Lane into a great, big padded cell where an enormous brute of a man was in raving homicidal fury, and expected Homer Lane to be torn to bits immediately.

Homer Lane said to the madman, "I hear you can help me."

And the psychotic turned around to him and said, "How did you know?"

Standard Dianetic therapy is administered to normal and neurotic patients. It can be fairly routine, something like repairing a faulty radio set in the home. But treating psychotics could be compared to somebody in a war area who is called upon to re-establish the communication systems of a city that has been bombed into rubble.

The psychotic does not vary greatly in ability or dynamic from the normal or the slightly neurotic, at this time. But I have some evidence that he is essentially a less dynamic individual, and essentially less capable genetically of stability. That does not argue that his

stability, such as he has, cannot be restored to him, but it does state that he is not capable of the cooperation which you can expect from a neurotic; because the content in the psychotic bank is not necessarily more than the content in a neurotic or a normal bank. The recalls of the psychotic are not necessarily more occluded. On the contrary, you will find a large percentage of psychotics walking around with emotion, pain, sonic and visio fully turned on, which is an incredible state of affairs, with evidently no greater amount of aberrative content in the bank than a neurotic or a normal person. But the data which has come into the reactive bank of the psychotic has had the effect of laying the town flat, whereas in the neurotic it has had the effect of only knocking off a few blocks of it, and in the normal just deranging a few circuits.

In conclusion, we have treated lots of psychotics, but until several thousand of them are on the books, we won't have a good, thorough standard procedure whereby even a psychiatrist will be able to treat one successfully.

RUNNING OUT BIRTH

A lecture given on
24 June 1950

Advantages

Due to the reactive mind filing system not being too orderly, later incidents in the case lying out by themselves are sometimes approachable. Although there are injunctions against running birth in the Handbook, birth is not an incident which should be willfully avoided. If the file clerk ever gives you birth without you asking for it, or you find the person bouncing into birth, take hold of what you get and run birth. If the patient can get words and somatics on birth, whether or not he has gotten out basic-basic, run it; because you are going to get a convulsive asp.ect, the case is going to have a great deal of tension taken off it, there may be a lot of prenatals latched up in birth; and therefore it can be run with profit, if it can be run.

Don't pick a birth which is very mild, which is not well developed, or if the person is not showing much of a manifestation because of it, where he can't discover the words and doesn't know where he is going or what he is doing there. A birth into which you have had to place him will be met with some resistance.

But if he goes into birth and he has got somatics then be sure to run it, because you will very often deintensify the case and make it possible then to get basic-basic.

Alan White's case, for instance, is progressing at the rate it is for an excellent reason. He happened to have been latched up in birth most of his life. The file clerk handed over birth. Birth was the number one convulsive incident in his case and the first incident really run out on his case that produced a change. Now he feels fine, and we are able to go back down to the prenatal area and start coming up the track, erasing incidents as we go. He ran out all the birth perceptics and even got into his own valence on it.

However, let me give you an injunction about running out birth: Try and erase every perceptic separately as you go through it, because you are running out birth now without the earlier material erased. So, run it out with anything you can get the first time through, then try and find the rest of the perceptics, and one by one you will sort the thing out until the man has tactile, odor, and so on. If birth is ready to pluck, those things are available. You tell whether or not it is ready by the manifestation of the patient when you slide down into birth.

If it is very calm, the person is not particularly interested, or the somatics aren't very large, leave it alone! because that birth will only go down to recession. But if he is afraid of birth, if he is jumping around with it the second he hits birth, if the somatics are strong, if he can contact word content in birth, run it, and you will run it with profit.

The case that answers you, "Oh, no! I don't want anything to do with birth," tells you the very birth you want to run. When a person says, "I don't want to go through that one," you can rub your hands together and say, "Aha! Now we have got an incident which is really painful and really aberrative, let's roll it"; because you will get an improvement in the case every time, as that is the one he is sticking on and trying to avoid. Take him into that incident and you will find out that you can run it easily and that the case will deintensify, the person will feel much better, the incidents on the track will be more accessible and he can be gotten into his own valence more easily. That is important to know about birth.

It is equally important to know that a late dental nitrous oxide incident can be run out if it presents itself. But the moment you try to run out any incident above the basic area (after the first missed period) which has no very large content, which isn't presenting itself very easily, about which he is not very interested, you are liable to find yourself working with an engram which will only reduce to recession and which will merely make him uncomfortable.

It is sort of filed beyond the veil. It isn't on the side of the valence or the side of the emotional wall on which you are working. You axe working it elsewhere and it has got too much earlier, so you run phrases earlier and earlier and earlier out of such incidents until you really get early on it.

Birth is quite positively the most magnificent piece of material imaginable when it comes to aberrating a human being. People stand around Mama when she is delivering. There are women screaming elsewhere, and the doctor and the nurse close by Mama are giving her such aberrative chatter as: "Now, go to sleep, now breathe deeply, now push down, keep pushing down. Now rest between your pains. This is probably going to get better for a little while, and then it's going to get a lot worse, so just grit your teeth, you just have to take it. Now lie still. Now hold it, hold it now. Now put your legs up. Now push down. Push down, now keep pushing down, keep pushing down, I tell you."

This material, when reactivated, cannot fail to bring a person out of present time down into the birth engram and stick him there.

There are very often manics right on the end of birth, and the auditor has to be very careful because the patient will tend to skip those.

The baby's head is sore for two or three days at least; sometimes the baby is ill for about ten days, with everybody coming to visit and chattering around him. So the first three days after birth should be watched very carefully, because somebody is going to come in and say, "Why, what a beautiful baby, I always wanted a son! Oh, my little darling!" And it is probably going to be all the relatives, all the allies and so forth.

There is a possibility that every person that is going to be intimately connected with this person's postbirth life, and some of the people who have been around the mother in the prenatal life, are going to come in and say either something derogatory or something complimentary about this baby. So there is a lot of material around birth.

In most any case you can count on running sections of birth, from maybe the twentieth hour to the hundredth hour; or in a tough case which is going up toward three, four, five hundred hours, right at the end one finds this patient is still very nervous about a noise. One traces around, and suddenly here is a little two-second section right in the middle of birth that has been utterly overlooked. It will be some fool nurse saying something or other, and perhaps there is a motor or a respirator running in the room, the vibrations of which have been upsetting to this person all his life.

So, chunks of birth in particular will keep coming into view, and even though you think you have deintensified birth, always be prepared to find more in it, because birth may have latched up a lot of prenatals and postnatal Run that, deintensify it and the track straightens out. Now as you run off the prenatals, or as you run off postnatal painful emotion, more birth is available.

You can actually use birth as a type of center point on a case. This is the way that I handle birth and the way that it has proven satisfactory in the past.

If the person can't get into birth I don't bother with it. But if he is scared of getting into it and he goes for a spin every time you start to approach it, just buck him right into the beginning of it and run him right on through.

I have run out birth on a person in a two hour session, and run it through three or four times from beginning to end although it was a long labor.

The time the incident took originally compared to the time it takes to run it out varies, because there are so many sections that could be missing on it. You will find that generally

15 or 20 minutes will suffice to run out all he can contact at that time of maybe 36 hours of labor.

It is a very gruesome thing to see a psychotic latched up in birth. They scream right on the minute as the contractions are rolling, and run minute for minute: a minute of therapy time for a minute of birth time. Usually, as one goes through a birth, one probably runs about a minute to a second. There is a lot of silence that takes place in this period, but just keep pushing the patient along and it generally comes up.

When birth is inaccessible, where you can't get the person into it, where things are not set up so that birth could be run—it's out of touch—you could run the person's somatic strip through it without getting any content, and it will run minute for minute. Just start his somatic strip running in birth and it will run. He will get very tiny, mild somatics that don't amount to anything, although there is a thorough restimulation of birth. Fifteen, twenty minutes is average to take a sweep through birth, and a large number of cases behave this way. Then you can go back to the beginning of it again.

If he runs it minute for minute, one can conclude one of two things: Either he is thoroughly revivifiedl in birth and he has been there for a long time, or the patient is psychotic and is dramatizing birth in somebody else's valence.

It is tough to find somebody who is pretty well down the line, who starts to run it minute for minute, because he can't rush it up for you or do anything else. However, if it is doing that, it isn't the incident you want out of the case anyway.

I would say that the last hour of labor would cover about the bulk of the superaberrative material of birth. Ordinarily the 10 minutes just before the baby comes out or just after it is out in the average birth are the roughest minutes.

The injunctions against running birth are mainly enjoined against the eager beaver who says, "Aha, everybody has a birth," and grabs hold of someone and runs him straight back to birth without paying any attention to anything else in the case. But birth, as far as auditing is concerned, can be quite a hurdle if you leave it alone and it is aching to come up.

I have never failed, if the birth was presenting itself, to deintensify it and to bring about a better state of workability in the case. But one would never fail to get a case thoroughly messed up if one took birth right at the beginning and tried, by suggesting phrases, to get the person to run it when it was not ready to run. Then birth would go into a very nasty recession.

Someone with a physiological disturbance, with perhaps a bit too much weight and so on, probably has a holder down the line occurring fairly early in the case, and you would look for some bad incident back there someplace with lots of holders in it. If it doesn't surrender very gracefully, it may be that by taking the case back into birth and running from the beginning right straight on through, you will bring about a remarkable increase in workability.

So there is much to be said for running birth, and there is much to be said for avoiding it. There are conditions by which you adjudicate whether you are going to run it or avoid it, and the best way to test it is to ask the file clerk to keep giving you the incident which is holding up the case. If he gives you birth, or if the person seems to do a lot of bouncing into birth, or birth seems to be very evident, run it!

You can also run a case that will never mention birth, never think about it or bounce into it and this is probably the majority of cases.

There was a case which at any given moment could suddenly be found bounced into birth. I tried to avoid it a few times, and then realized that birth was really asking to be run. So I ran out as much of birth as I could get, which was only a sequence of what has been called the first stage, where Mama was screaming a content which put the child permanently into her

valence. And that birth had such a severe holder on it that the whole case was running up and down the line out of birth. I ran just that out of birth, and then ran it early and got a lot of good material.

A few days later the case was still acting up most remarkably, with the person very disturbed and unsettled, so I ran up into the day after birth and found that there was material there, but it was not accessible. Then we went up the line to a moment when an ice wagon started up suddenly—when the patient was 8 years of age—and she fell off the tailgate of the ice wagon hitting her head on a step and injuring herself badly. Mama gave her a screaming torrent of abuse while she was unconscious, although walking around, for having gotten her dress dirty. Then Mama suddenly discovered the child was injured and was supersympathetic. Also, the ice man had come out and there was a weird holder of him screaming, "Whoa!" at the horses who had started forward suddenly, causing the child to fall.

That is the first time I have ever seen "whoa" as a holder, and I hope the last, but it was a real holder. And this person has had chronic headaches since that time.

So there was the headache, and there was Mama raving. We ran that incident out. It deintensified beautifully. It was gone as far as therapy was concerned and we never had to bother with that ice wagon incident again.

Then we found ourselves back, not in birth precisely, but one day later running the same material that we were trying to run before. We found her manic, ran it out, ran the charge off it, went back into the early area, found a lot of material, went up to the influenza epidemic of 1918, and picked up Mama and Papa breaking up the family. (They were going to get divorced because he was unfaithful.) There were a lot of tears and a manic there with Papa where he was talking to the child and saying, "Your mother doesn't love me anymore, and I love you so much, and I don't want to go away."

Back we went again down into the very earliest period of the case where we found a coitus and a sperm incident now available. We ran that out and it proceeded just so far and then was not processable anymore. Then we ran some more out of birth, returned to the early one again, and the case settled down with the chronic psychosomatic illness deintensified to a point where the patient was no longer paying any attention to it at all.

There was the actual sequence of incidents touched which may appear to be very disorderly, but each one of them had a good reason to be where they were, and the file clerk handed them to me. I simply asked the file clerk to give us the next incident we needed to resolve the case and the file clerk handed it up.

So, rely upon your own judgment and observation of the resistance the patient might exhibit toward going into birth. For instance, Alan White's was the last birth I ran out. The first time he was into birth he said, "Never again, I'll never go through that again! You can't make me go through that again, I won't touch it!"

The next time I worked him he said, "Well, now, we'll avoid birth."

"All right," I said, "now let's repeat 'False alarm."'

"'False alarm, false alarm."'

"Let's see how early we can get with the phrase 'False alarm."' (Of course "false alarm" is right at the beginning of birth in that particular case.)

" 'There's no real pain yet, they're mostly false alarms."'

He got that and we ran out the birth. It only had to be run about six times to be completely deintensified, although his chronic psychosomatic dramatization had previously been to roll

back and forth on the bed, holding his stomach and saying, “If I could just have a baby and get it over with I would be all right,” and he had told his wife this many times before he ever heard of Dianetics!

TESTING FOR THE RIGHT ENGRAM

Lecture given on
26 June 1950

What Basic Personality Wants Run

I don't like to see cases held up by bad auditing. The following case very definitely has been. Somebody has been chewing away at an engram in this case for too long.

LRH: Now, for instance, there are certain symptoms here. What's the phrasing on this line?

PC: It seems like Don't touch it.

LRH: All right. Don't touch it. I got it that time. I think I got it that time. What's the phrasing on this one?

PC: I think I got it that time.

LRH: All right. Go over it again.

PC: I think I got it that time.

LRH: Don't touch it. I can't touch it.

PC: (mutters)

LRH: I slipped off?

PC: No.

LRH: It slipped off? Okay, let's return to the beginning of this AA. Can you return easily to the beginning of this AA?

PC: No.

LRH: Oh, sure you can return easily to it. There it is. All right. Let's contact the beginning of this AA. What are the first words that come to your mind at the beginning of this AA? One-two-three-four-five (snap!).

PC: A scream.

LRH: What?

PC: A scream.

LRH: Okay, let's contact the scream. (pause) Contact the beginning (snap!).

PC: It wasn't Mama screaming, this one was somebody else screaming.

LRH: All right. What's she saying about somebody else screaming?

PC: (murmurs)

LRH: Give me a yes or no on this. Is this the AA?

PC: (murmurs, together with sound of violent movement)

LRH: Aha. All right. Let's contact the moment when you get that slammed into your back. The moment it goes into your back. Let's contact the moment. The somatic strip can contact the moment.

PC: What goes into my back?

LRH: Whatever it is. Contact it. What are the words that come with it? What are the words that come with it?

PC: Oh, I don 't know.

LRH: The words will flash into your mind when I count from one to five. One-two-three-four-five (snap!).

PC: I can't tell.

LRH: Go over that again.

PC: I can't tell.

LRH: Go over it again.

PC: I can't tell.

LRH: Go over it again.

PC: I can't tell.

LRH: Go over it again.

PC: I can't tell.

LRH: Go over it again.

PC: I can't tell.

LRH: Go over it again.

PC: I can't—I can't tell. (chuckles)

LRH: Okay. Go over it again.

PC: I can't tell.

LRH: Go over it again.

PC: I can't tell.

LRH: Go over it again.

PC: I can't tell.

LRH: Go over it again.

PC: I can't tell.

LRH: All right. Give me the bouncer now that's keeping you out of this incident. The first bouncer that's keeping you out of the incident. One-two-three-four-five (snap!).

PC: Get out

LRH: Go over that again.

PC: Get out

LRH: Go over it again.

PC: Get out.

LRH: What's the first whole phrase there? One-two-three-four-five (snap!).

PC: I don't know what you're doing there. Get out.

LRH: Go over it again.

PC: I don't know what you're doing there, get out.

LRH: What's the somatic with this? Go over it again.

PC: I can't....

LRH: You in your own valence (snap!)?

PC: No.

LRH: All right. What's preventing you from getting into your own valence? Let's contact that phrase. The somatic strip will go to that phrase. Give me a flash (snap!) .

PC: You know I'm not myself.

LRH: All right. Go over that again.

PC: I don't know what's wrong with me today, I'm not myself.

LRH: Go over it again.

PC: I don't know what's wrong with me today, I'm not myself.

LRH: Go over it again.

PC: I don't know what's wrong with me today, I'm not myself.

LRH: All right. Is this in the AA? Yes or no?

PC: Yes.

LRH: All right. Go over it again.

PC: I don't know what's wrong with me today, I'm not myself.

LRH: Is this before or after it?

PC: After.

LRH: All right. Let's contact that again.

PC: I don't know what's wrong with me today, I'm not myself.

LRH: Are you in your own valence(snap!)?

PC: Yes.

LRH: All right. Let's go back to the beginning of it. Now,giveme the first denyer available. The somatic strip will go to the first denyer in this engram. One-two-three-four-five (snap!).

PC: Don't tell.

LRH: Go over it again.

PC: Don't tell.

LRH: Don't tell what? Go over it again (snap!).

PC: Don't tell me what's wrong with you.

LRH: Go over that again.

PC: I've got everything I want to know right here.

LRH: Go over that again.

PC: Don't tell me what's wrong with you. I've got everything I want to know right here.

LRH: Go over it again.

PC: Don't tell me what's wrong with you. I've got everything I want to know right here.

LRH: You in your own valence(snap!)?

PC: Flash says no.

LRH: Good. Slide into your own valence. (pause) All right, the somatic strip will go to another phrase

PC: I didn't think that was in the AA. I don't know....

LRH: All right. Give me a yes or no on this one. Can we reach basic-basic now (snap!)?

PC: Yes.

LRH: All right. Let's contact basic-basic. The somatic strip can contact basic-basic and let's slide into your own valence in this incident. Slide into your own valence in this incident.Earliest moment of pain or unconsciousness. (brief pause) All right. What are you contacting in this (snap!)?

PC: (pause) Closet.

LRH: What?

PC: Closet.

LRH: What about the closet?

PC: It's a word that's in there. Proceed to the closet.

LRH: All right. Let's go over closet.

PC: A water closet, probably.

LRH: Let's go over closet or water closet.

PC: Water closet.

LRH: Go over it again.

PC: Water closet. Water closet. Water....

LRH: All right. Post or prenatal (snap!)?

PC: Well, actually I'm post.

LRH: All right. Give me the bouncer in basic-basic.

PC: Get out.

LRH: All right. Go over that again. Go over it again.

PC: (very firmly) Get out.

LRH: Go over it again.

PC: Get out.

LRH: Go over it again.

PC: Get out.

LRH: Go over it again.

PC: Get out.

LRH: Go over it again. Get the sonic on it now.

PC: (very firmly again) Get out.

LRH: Your own valence (snap!)?

PC: No.

LRH: All right. Get into your own valence. Go over that bouncer. Slide into your own valence until you feel the water.

PC: I'm stuck someplace.

LRH: All right. Give me a flash phrase (snap!). Where? Where are you stuck? (pause) When I count from one to five, you'll tell me where you're stuck. One-two-three-four-five (snap!).

PC: I can feel part of it. I'm counting places where I'm stuck.

LRH: All right. How many places are you stuck (snap!)?

PC: six.

LRH: Okay, let's pick up the one which can be reduced. The first place you're stuck that can be reduced. The first phrase that's sticking you there that can be reduced. Okay. Your somatic strip is there. One-two-three-four-five (snap!).

PC: I'm stuck

LRH: Go over it again.

PC: I'm stuck

LRH: Go over it again.

PC: I'm stuck, I'm stuck.

LRH: Go over it again.

PC: Can you help me get it out?

LRH: All right. Let's go over that again. (pause) Go over it again. (pause) Go over it again.

PC: I'm stuck my hand's caught.

LRH: Go over that again.

PC: I'm stuck. My hand's caught. (pause)

LRH: Go over it again.

PC: I'm stuck my hand's caught.

LRH: Go over it again.

PC: I'm stuck My hand's caught.

LRH: Go over it again.

PC: I'm stuck my hand's caught.

LRH: Go over it again.

PC: I'm stuck my hand's caught.

LRH: Go over it again.

PC: I'm stuck my hand's caught.

LRH: Go over it again.

PC: I'm stuck my hand's caught.

LRH: Get into your own valence.

PC: I'm trying to unstick myself.

LRH: All right. Give me the phrase that accounts for this. One-two-three-four-five (snap!).

PC: Accounts for what?

LRH: Unsticking yourself.

PC: Breaking my holder?

LRH: All right. Are you trying to break the holder?

PC: Yes.

LRH: How are you trying to break the holder?

PC: By figuring out who's saying it.

LRH: Is there a phrase in here which says self-control?

PC: There must be.

LRH: What is it?

PC: All over.

LRH: All over what?

PC: All over my pre and postnatal bank.

LRH: All right. Can we pick up the first moment there that says self-control?

PC: Hm-hm. It's in basic-basic.

LRH: All right. Let's go over self-control.

PC: Self-control.

LRH: Continue. You can repeat yourself right down to it. Just repeat it.

PC: Self-control. He doesn't know what.... He doesn't know—he doesn't know how to control himself.

LRH: Let's go over that again.

PC: He doesn't know how to control himself.

LRH: Go over it again.

PC: He doesn't know how to control himself. He doesn't know how to control his temper.

LRH: Go over it again.

PC: He doesn't know how to control his temper.

LRH: Is there a phrase there which makes it necessary to control oneself?

PC: Yeah.

LRH: All right. Let's get us that phrase (snap!).

PC: I don't see how a man can stand it. (pause) He's never been anything, or been anywhere, or ever been able to control himself.

LRH: All right. Let's go over that again.

PC: I'm not sure whether that's in this incident or not.

LRH: All right. Now give me a yes or no on this. Can we reach basic-basic at this time (snap!)?

PC: Flash comes out yes, but I don't think so.

LRH: All right. Let's reach basic-basic.

PC: I guess there's an I can't in there someplace.

LRH: All right. Go over I can't.

PC: I can't

LRH: I can't what?

PC: I can't reach it.

LRH: Go on over that again.

PC: I can't reach it.

LRH: Go over it again.

PC: I can't reach it.

LRH: Is this in basic-basic (snap!)?

PC: Yeah.

LRH: All right. Go over that again.

PC: I can't reach it.

LRH: Go over it again.

PC: I can't reach it.

LRH: All right. Can you get into your own valence now? Let's go over it again.

PC: I think so.

LRH: All right. Go over it again.

PC: I can't reach it, Bert, can you get it for me?

LRH: Go over that again.

PC: I can't reach it, Bert, can you get it for me?

LRH: Go over it again.

PC: I can't reach it, Bert, can you get it for me?

LRH: Let's go over it again.

PC: I can't reach it, Bert, can you get it for me?

LRH: Let's go over it again.

PC: I can't reach it, Bert, can you get it for me?

LRH: In your own valence?

PC: Yes.

LRH: What's the jar or anything that disturbs you there in basic-basic?

PC: I don't know.

LRH: All right. You're going to get a flash reply on the nature of the injury in basic-basic (snap!).

PC: (instantly) Bump.

LRH: All right. Let's contact the bump.

PC: Bump.

LRH: Let's contact the actual bump. Let's contact the actual bump. Your somatic strip can go 15 seconds before the bump, 15 seconds before the bump. Your somatic strip's right there 15 seconds before the bump. Now it's at 10 seconds before the bump, now it's 5 seconds before. All right. What do you get with this? Are there any sounds with the bump?

PC: I didn't hear it.

LRH: All right. Let's go back over it again. What are the words that come up right after this bump? One-two-three-fourfive (snap!). What are they?

PC: I can't tell.

LRH: Go over it again. (pause) Is this basic-basic (snap!)?

PC: No.

LRH: All right. What's bouncing you out of basic-basic (snap!)? What's bouncing you out of basic-basic?

PC: Now I'm all confused, I don't know.

LRH: All right. Let's go over that. I'm all confused, I don't know.

PC: Now I'm all confused, I don't know.

LRH: Go over it again.

PC: Now I'm all confused, I don't know where anything is.

LRH: Let's go over it again.

PC: Now I'm all confused, I don't know where anything is.

LRH: Go over it again.

PC: Now I'm all confused, I don't know where anything is.

LRH: Go over it again.

PC: Now I'm all confused, I don't know where anything is.

LRH: Let's go over it.

PC: Now I'm all confused, I don't know where anything is.

LRH: Let's go over it.

PC: Now I'm all confused, I don't know where anything is.

LRH: Contact the somatic with this. Let's go over it again.

PC: I feel kind of uncomfortable.

LRH: All right. Let's go over this. The somatic strip can pick up the first moment in this engram, which is . . . ? (pause) The first moment in the engram. The somatic strip's there. The first phrase is going to flash into your mind when I count from one to five. One-two-three-four-five (snap!).

PC: Oh, I don't know what the somatic is.

LRH: All right.

PC: I can't talk.

LRH: Continue.

PC: Who knows, I'm not myself.

LRH: Continue. Is this basic-basic (snap!)? (pause) Is this basic-basic (snap!)?

PC: Oh, it was kind of a yes/no there. I don't know.

LRH: Is basic-basic the same kind of engram (snap!)?

PC: I think this is hooked up with it in some way. It's either very close to it or very similar to it, I'm not sure which.

LRH: Okay. Let's see if we can't get the entire picture now on this. Give me a flash reply. Will this engram reduce (snap!)?

PC: No.

LRH: All right. Come up to present time. Present time. Come all the way up here. (snaps fingers several times fast) Okay. Who's the doctor? (pause) And where are you located on the track?

PC: Where am I stuck ?

LRH: Yeah.

PC: When we came up to present time?

LRH: How old are you?

PC: 24.

LRH: How old are you?

PC: 24.

LRH: Give me a number (snap!).

PC: Five.

LRH: Okay.

PC: (laughs)

LRH: Five what?

PC: Years. I don't know whether that's the number.

LRH: Well, we won't worry about that.

(Note that some people have a demon circuit built in that gives their real age automatically. And instead of getting the engramic moment on it, why, we get the actual age of the person.)

PC: (originates) I smashed my finger last night. Possibly an engram is in restimulation here which says, My hand's caught.

LRH: Well, in view of the fact that you weren't standing there looking at it, it would seem to me it would be a missing datum that would be in the computation that we can't restore at this time. The reason I bring this up is the relative inaccessibility of the engram. Who has been working it?

PC: George.

LRH: All right. Well, how inaccessible have these engrams been?

PC: I've been working pretty well.

LRH: You mean starting at the beginning of one of these things straight on through to the end of it very nicely?

PC: No.

LRH: Did you get a deintensification of the somatic?

PC: No.

LRH: In other words these engrams have not been reduced?

PC: No. But we got some reduction on a tonsillectomy.

LRH: This is not criticism of George in any way. I merely want to present this as a type of reaction. Now we can go on working with this along at this level with flash replies, and that is a perfectly valid technique. But it tests the thing out very rapidly. Of course it also restimulates a person to some degree, but all that ground has been restimulated already, hasn't it?

YC: Yes.

LRH: I wasn't restimulating anything new.

PC: No. Most of that is chronic.

Now it should have occurred to somebody before this that we are dealing with a preclear who is in some weird way latched up in an engram which has not yet been contacted, and that there is an accessible engram somewhere in the case which should be run, after which the case will resolve. Now that could either be painful emotion or it could be just a plain ordinary physical pain engram which in itself has a convulsive reaction and which has all this other stuff wrapped up in it. Well, we're not contacting it. We're just playing tag with it. The case acts as if he is darting from some area down to the engram and then promptly back out of the lower engram back up into this upper area again. He isn't contacting anything in this nice parade ground fashion, he's not running through an engram, he's just diving in and back up repeatedly. We ask for a bouncer, he gives us a bouncer; but after getting the bouncer the behavior of the case doesn't alter. So at this moment we should suspect that there is another engram someplace.

The first move that you would take in such a case is not to go on working it on the basis of, Well, let's see if we can do this, let's see if we can do that. If we can't reach basic-basic on this case and if what we are reaching can't be reduced, then there is something else on the case that can be reached and the problem is to reach it. And not to reach it 5, 10, 20 sessions from now, but to reach it right now.

So you should recognize this manifestation for what it is—that it is a latch-up somewhere on the track back to which the patient is being called, continually. So he can dive out of it and back into it. But there is tension on this case. He is not comfortable. He may even have been complaining about lack of therapy or anything, and he has been cutting his left hand rather to ribbons. He is going to get attention from somebody. Basic personality wants an engram run.

LRH: Okay, Bert. Close your eyes. Take off those glasses. All right. I am going to count from A to C and when I reach C and snap my fingers, you are going to tell me a name for the engram in which you are latched up. A-B-C.

PC: Control.

LRH: All right. Now give me a type of incident (snap!).

PC: I wonder if there's a doctor.

LRH: You're wondering?

PC: Yes. (pause)

LRH: All right. Just give us the incident that you're latched up in, Bert (snap!). A-B-C (snap!).

PC: (mutters)

LRH: All right. The file clerk will now present us with the first moments of the engram which, if run, will resolve the case and make it very easy to work. The file clerk will now present us with the beginning of that incident. Now the somatic strip is there, let's start to roll. First word, first word, first word. (pause) First word.

PC: I don't know where I am.

LRH: That's all right. Give me the first word, don't need anything else.

PC: That's what they were.

LRH: I don’t know where I am?

PC: I don’t know where I am.

LRH: Continue.

PC: I can’t hear anything. (voice quavers) I can’t hear anything.

LRH: Continue.

PC: Its a complete blank.

LRH: Continue.

PC: Nothing seems to make sense.

LRH: Continue.

PC: (pause) Mama’s valence.

LRH: Continue.

PC: She was pregnant in there.

LRH: Continue.

PC: (muttering)

LRH: Continue.

PC: I want to get out.

LRH: Continue.

PC: Got to get out.

LRH: Continue.

YC: Got to get out.

LRH: Continue.

PC: Let me out.

LRH: Continue.

PC: Let me out of here, I’m leaving.

LRH: Continue.

PC: I want to get out of here, I’m leaving.

LRH: Continue.

PC: I want to get out of here, I’m leaving.

LRH: Continue.

PC: Will you tell them to let me out.

LRH: Continue. (pause) All right. Give me a flash reply. Is your father's voice in this (snap!)?

PC: Not right now.

LRH: All right. Keep rolling.

PC: There's some sort of an interruption. Mother was more or less monologuing and shouting.

LRH: Yeah. Continue.

PC: And that's when somebody came....

LRH: Who comes?

PC: I don't know.

LRH: Okay. What's the next line?

PC: Whats the matter, what's wrong?

LRH: Continue.

PC: Get out of here, I'm getting my clothes. Get out. Get out.

LRH: Continue.

PC: What's the matter? Can't you hear? Get out.

LRH: Continue. What does the nurse say?

PC: I don't know. Keep quiet.

LRH: Got a somatic?

PC: No.

(gap in recording)

LRH: All right. What were they doing to your mother?

PC: (murmurs)

LRH: Okay. Let's go to the beginning of birth. (pause) Pick up the first contraction of birth.

PC: Yes.

LRH: All right. Just keep rolling right from there. Roll the thing right on through. (pause) Give me a flash reply here. Can we run birth? Yes or no (snap!)?

PC: Yes.

LRH: Okay. Come up to present time.

PC: (pause) I'm here. (laughs)

LRH: What's the matter?

PC: I don't know. I'm just expecting someone to say hello.

LRH: Hello. All right. (pause) Who entered your tonsillectomy?

PC: Who entered it?

LRH: Hm-hm.

PC: Ah, well, Dr. Scott.

LRH: Who gave it to him?

PC: I did.

LRH: Did he demand it?

PC: No, I told him it might run out.

LRH: But he immediately jumped for it.

PC: Yes.

LRH: Was it ready to be touched? (small pause then snap)

PC: I think yes, I still think so.

LRH: All right. Is birth ready to be run (snap!)?

PC: Yes.

LRH: In what area has your case been run so far (snap!)?

PC: It's been run down in the basic area.

LRH: All right. Give us a yes or no—would your case resolve if we run out birth and the tonsillectomy (snap!)?

PC: (slight pause) Yes.

LRH: Okay.

(I just wanted to demonstrate this. Mind you, now, this is not absolutely conclusive on his case. If birth can be run it should be run. But there is an incident along the track here which will vastly relieve the whole case. Since there is a lot of muscular tension locked up in him that shouldn't be there, there is something that can be done to take the tension off him.)

PC: I've got no idea what it is.

LRH: You've got no idea what it is?

PC: No.

LRH: No idea?

PC: No idea at all.

LRH: Who would you like to run off your tonsillectomy and birth and solve your case so it will run?

PC: (pause) Well, I'd just as soon not have it run if it gets much more restimulated and doesn't get run out.

LRH: I want to show you something else just for that remark.

(Here is what happens with a case which is run badly for 20, 30 hours, and the material offered isn't being deintensified and it is all in a tangle. After a while it gets so that the preclear won't go near the center of the vortex unless he is really given a yo-heave.)

Do you want me to start it and run it out?

PC: If you have the time.

LRH: Okay.

(End of demonstration)

By tackling things which are not trying to come up of their own accord, by hammering away at a case, by upsetting the case and then not removing what has been contacted, basic personality finally has a tendency to quit. You can slow down a case tremendously in Dianetics by trying to reach material which is not ready to pull and refusing to do a good job on the material you do get.

One current case offers that aspect. A marked change will be produced in the patient's attitude if all hands just lay off 100 percent and refuse bluntly to run her, not by arguing, but just by dropping her out and letting her case rebalance. That case will then settle, but better than that, basic personality will come around until you finally get some cooperation, because therapy has been pushed to her. She has not been coming to anyone for therapy.

She should simply be dropped off the schedule and told noncommittally, Well, there are so many cooperative people around who are asking for therapy that one just has to pick and choose the ones that it will do a lot for and who want it. And her case will settle. Be nice, be kind to her, but just don't bring up the subject of therapy. If she wants to do something, let her volunteer it.

Sometimes by using this mechanism one produces a very remarkable state of desire to recover. She has run quite a bit and evidently material has been hit on her which was not immediately relieved. Basic personality has been locked up somewhere on the track with a lot of attention units stuck in what she is locked up in. Basic personality can only push so far and then it evidently says, Well, if this case is opened it will just mess me up. So we get the same answer, which will happen with anybody.

So, be expert on a case when you first open it. Find out where there is material. Find out where tension can be taken off. Make the person feel better quickly. Bpl now suddenly begins to flex his biceps and say, Let's really go to work on this material we can tackle, because we are getting competent aid.

On someone who has been worked for an extended period of time with minimum results, let the case rebalance. In such a case it is very well to shift auditors.

Always do a very careful diagnosis at the beginning of a case. Locate the charge. Try to find out without touching it whether or not that charge can be blown, and then go for it and get it out of there in a hurry.

There is a lot of value in getting a case started fast, and getting a swift result. No matter what you have to use in order to get some kind of results, make a patient more comfortable immediately.

One ought to be good enough to listen to a diagnosis from a patient and have insight enough into that case to go toward the point which can be relieved. That takes experience, but it should be good enough so that when, for instance, you take the diagnosis and write down in the book, This birth is ready to run and should be relieved, the next auditor who picks up the casebook can take a look at it and see that's what should be done, and say to the case, Go back to the beginning of birth, and roll it. A notation in the casebook should give the succeeding auditor all the data he needs, and it should be accurate data.

We can't hope at this stage for crystal ball type of auditing that holds people in awe, based entirely on computational experience. It is going to be accomplishable by all, but we ought to get to that point in a hurry, because we have got to start cases fast, make them more comfortable, take the tension out of them, and keep them rolling.

HYPNOSIS

A lecture given on
26 June 1950

Common in this Society.

This lecture is about hypnosis.

Hypnosis is a subject which every auditor should know, not so that he can use it—although occasionally in the treatment of psychotics it is beneficial and renders the patient accessible—but because one will find quite commonly in the reactive mind sessions of hypnotism. These sessions can be extremely insidious since the hypnotist in his patter commonly employs mechanisms which are hand-in-glove with the things the reactive mind dearly loves to clutch to its bosom. One of the things that a hypnotic session will do is disappear entirely from conscious recall, so much so that the person is not aware of having been hypnotized.

That is done by the simple mechanism of installing before the session is concluded a forgetter mechanism in which the hypnotist says, "You will now forget everything which I have told you during this session and you will have no memory of it." The hypnotist will then go on talking for a few minutes and then "awaken" the patient, which blots out the session, particularly if this form of it is used: "You will have no memory of what has occurred here," which is standard patter.

The next thing it does is install a demon circuit. This is all very common and standard; we recently ran into a case of it, and it was quite baffling for over an hour. The demon circuit later showed up in the case with a standard hypnotic remark in full sonic with considerable volume—"You can remember all this in present time." Now that is standard patter with a hypnotist who is using regression in amnesia trance: "You can remember all this in present time." It has the most remarkable effect of pulling the suggestion right along with the patient and also thrusting up into present time everything which the session has restimulated. It would not be very desirable to have birth, for instance, thrown into present time, since the hypnotist may have nicked birth.

In fact, one could drive a person close to insane by dropping him into amnesia trance and telling him, "Now, everything which has ever happened to you which has caused you any pain can be recalled by you in present time." It has the effect of moving the entire reactive bank into present time thus turning the mind wrong side out. The person will exist after that with the reactive mind rather than the analytical mind as his closest contact.

Pleasure moments in such a wise can become utterly obliterated and nothing but painful moments will remain in recollection. If you combine this suggestion with the content of a reactive mind, it can become very disturbing to a patient.

If we move back a little earlier in the hypnotic session, we may find the demon circuit which says, "You can only hear my voice telling you to go to sleep. You can only hear the sound of my voice. You are aware of nothing else but the sound of my voice." That's standard patter. That sets up a demon circuit.

Then he continues, "You want to do what I am telling you to do. You can hear my voice telling you to do this. You can't hear anything else." Of course he actually means this in a rational sense to include the disturbances in the form of noise in the environment, but the way it lies there is in a very literal sense, that only his voice can be heard. His intent may be very good but the effect is to install a demon circuit.

After that a person has an added "stream of consciousness"—a vocalization which goes along with him. He may not have recognized that it suddenly came into being with the.hypnotic

treatment or parlor trick or stage exhibition, since that exhibition or trick or treatment may be entirely occluded from his memory.

"Go to sleep" is bad enough, and that is in plenitude at the beginning of a hypnotic session. Another phrase they use is "Now, you lie back and be quiet and entirely relaxed," which has a tendency to depress the person on the time track. So a hypnotic session can be very scrambling to the reactive bank.

For example, we ask A, "Have you ever been hypnotized?"

He says, "No. It's been tried several times but nobody ever succeeded in hypnotizing me." Well, if we accept this as a blunt answer and accept its validity, we are overlooking the 100 to 1 chance that it did succeed and that he did not know because he was told to forget. Therefore, the information that someone tried it on him is an excellent clue, but it also may be a clue to something else. It may have been tried on him and it may have been very successful much earlier in his life.

Another mechanism of the hypnotist is to say, "No one else will be able to hypnotize you," which would give us the person who is unhypnotizable. Of course a large percentage of people cannot be hypnotized, which is a severe limitation, fortunately, upon hypnotic therapy; it can only be worked on a relatively few people.

It may also mean that he was hypnotized earlier and told that nobody else would ever be able to hypnotize him, and that he must now forget what has occurred. So the whole incident of having been hypnotized disappears, and later when someone comes along and tries to hypnotize him he is null on the subject.

When we try to recover a hypnotic session we have to know the patter of a hypnotist. I don't want you to go to sleep under this but I am going to tell you roughly what you will find.

The hypnotist will seat the person in a chair or have them lie down, and he will start off his patter something like this: "Now, I want you to relax. There is nothing to be afraid of. There is nothing wrong with being hypnotized. You're going to sink into a little sleep. It's going to be a more relaxing and a deeper sleep than you have ever before experienced in your life." If the subject is at all suggestible, he is already about half hypnotized merely by suggestion.

Then the hypnotist starts in and says very calmly, "Go to sleep . . . go to sleep." He may make passes across the person's face. "Go to sleep. Now you can feel your muscles relaxing. Now all through your body you can feel your muscles relaxing. Now, first your toes are going to relax. And now your legs are going to relax. And now your hips are going to relax. And now you can feel your back relaxing. You can feel your hands relaxing. You can feel your arms relaxing. You can feel the back of your neck relaxing. You can feel your mind relaxing. You can feel your face relaxing, and your eyes are closing. Your eyes are closing and they are closing more and more. It is very difficult for you to keep your eyes open. In fact, you will find that it is impossible for you to keep your eyes open when I have counted from one to five" (or from one to ten, or some other such series; or he may merely make passes). Then he says, "Go to sleep, deeper . . . deeper . . . deeper . . . deeper sleep. Now lie there quietly and go to sleep. You can only hear the sound of my voice telling you to 'go to sleep.' All you can hear is the sound of my voice. Nothing else will disturb you. Go to sleep."

He keeps this up for a while and then as the subject drops off into a light sleep he lets it deepen. There are many ways to deepen that sleep, one of which is to put one's index finger and thumb on the patient's closed eyelids and say, "I am going to press you back to a deeper sleep." This is very interesting, because to "go back to sleep" is a phrase which makes a person, whenever he goes to sleep, travel back down the time track and is not the natural method of sleeping. A person goes to sleep in present time; it doesn't have anything to do with regression.

The person who does not have "Go back to sleep" in his bank someplace is a rare one and should be put in a museum, because he is a strange creature.

So he says, "I'm going to press you back into a deeper sleep." He presses the two eyeballs simultaneously and the person has the feeling of going into a deeper sleep.

Then he takes over control of the hands by saying, "Your right hand feels very light; it is rising; it is rising; it feels very, very light." Finally he gets the hand to move up in the air. He gets the other hand to move up in the air and then he gets the two hands spinning around each other in an automatic action.

Now he says, "You can try to stop your hands from spinning but you will not be able to. Try and stop them." The second he tries to stop them, the fellow's hands go faster and faster and faster and faster. This, of course, convinces him that he is utterly and completely under the control of the hypnotist.

So the hypnotist says, "When your arms drop to the sides of your chair you will go into a much deeper sleep." The person's arms drop, and he will be in an infinitely suggestible mood if this has worked this far.

Then the hypnotist puts in a suggestion: "You will be able to talk clearly. You will not have to stutter anymore. You will feel the urge to speak low and slow." This is, for instance, in the "curing" of stammering and incidentally quite often works, on one patient out of ten. So he says, "You will be able to speak clearly and distinctly. All you will have to do is speak low and slow and you will be able to speak perfectly, without stuttering or stammering. And you want to speak slowly and clearly, you want to do this."

At this moment, or before he introduces the positive suggestion (which, technically speaking, is what the individual says that is to be implanted in another person's mind intentionally to produce a certain effect), he very often adds, "You want to be kind to people. You don't want to be mean to anyone. You want to be very kind and very pleasant with people, and you feel very comfortable now. You're going to wake up feeling better than you have for days, and you will be able to talk clearly and distinctly after this. Now you're going to forget everything I have told you. You're going to forget it, and it's going to be put out of your mind, and you will have no memory of what has occurred here. Now, you promise me you're going to forget all this! " ("Promise" may be something that lies in the reactive bank as something supersacred.)

Take good note of this because you may have to take this apart in the dark. As an auditor you won't have any knowledge of when the hypnotism took place or who did it, but these are the essential parts.

Now he says, "One, you're beginning to forget it. Two, you're forgetting it a little bit more. Three, you're forgetting it even more. Four, it's over half forgotten. Five, it is getting very, very vague in your mind. Six, the dimmest dream is there. And seven, you have forgotten it." Now he indulges in a little chitter-chatter to the effect of "How do you feel?" and so on.

He closes down the session by awakening the subject with the words, "One, you're beginning to wake up. Two, you're halfway awake. Three, you're awake." That is a standard therapy session.

Substituting for the content there about speaking clearly, you can put in positive suggestions to this effect: "When you awaken, you will want to take off your left shoe; and you will take off your left shoe and you will put it on the mantelpiece." That is a posthypnotic suggestion.

When the patient awakens after the full routine he will either be very irritated about not taking off his shoe, or his foot will get very uncomfortable about it, and he will finally take off his shoe and lay it on the mantelpiece, if he's going to carry out the suggestion. He will

have all manner of explanations as to why he has taken this shoe off. It's because it had a rock in it. It's because the mantelpiece is higher in the room and therefore the air is drier there, and the foot was just a little bit damp and the shoe was damp, and he wants it to dry out. This is justification at work.

Then eventually the hypnotist brings it to his mind that that was the suggestion, and at that moment the suggestion deintensifies. This is very interesting to me in this respect: A person obeying that positive suggestion is not awake. If you look at a person's eyes when he looks at the hypnotist you will see that there is a slightly dull glaze on them; he is not entirely awake. He is still in a hypnoidal state when he carries out the suggestion, and only when it has finally been recalled to his mind that he was hypnotized does the thing flick off more or less as a compulsion so that he can put his shoe back on and be happy about it. But he very often feels like he has been made into a fool and he is not particularly overjoyed about the whole thing.

Another mechanism is to tell the subject: "You are now President of the United States. When I awaken you, you are going to deliver a magnificent speech to these people as President of the United States." And he will deliver a speech. This is interesting because if the man, let us say, had a manic to this effect: "Someday you will be President, I am sure. You are a nice little boy. Someday I am sure you will be a great man. You will be a president or something; a strong man," and now we give him a hypnotic suggestion that says, "You will now be President of the United States," we have reinforced the manic. So, the hypnotist is unaware of the fact that his hypnotic suggestions are often dropping down into the bank as key-ins.

In the past in the deepest sincerity and in an effort to help people, hypnotists have used these techniques. Now, studying the subject further in the light of Dianetics, most hypnotists discover that it is not quite the thing to do. It upsets things pretty badly.

If you have a patient who is getting blank-outs during a certain period, a patient who is sure somehow that he has had homosexual relationships with somebody but can't tell you when or where, you start looking into hypnotism.

You may not find it, because one of the chief weapons of the pervert is hypnotism. He uses hypnotism quite freely. I have found many incidents of hypnotism used for perversion.

Even worse than that, you very often find that by contagion of aberration the person will go out and dramatize the engram without knowing it ever happened to him. He merely thinks, "Well, that's something to do," so he is liable to hypnotize somebody else.

The standard pervert session of hypnotism seems to wind up, "Now, if you told anybody that this had happened, they would never believe you!" Or if it is done to a young boy, "Your mother and father would of course drive you from your home if they knew about this. If you told them anything that had happened here, they would not believe you. In fact you can't believe it yourself. You don't think anything has happened here at all." That perversion sequence may contain such a thing as "You are a woman," or if a woman is using it, "You are a man," and so on. It will be a hard engram to tackle in that it will be completely out of view. You may find this once in a hundred cases, although the percentage to date has been about one out of 95 cases, which is about one percent. This is only a series of about 180 so it is not a good statistic, merely a guess.

None of these remarks are leveled at hypnotists at all; they are leveled exclusively at a practice which you will find in the society.

Hypnotism may still have enormous therapeutic or anesthetic value. In addition to that it is an excellent research tool in Dianetics. But it is not something with which you would toy idly. It has real horsepower in it.

You will discover hypnotic therapy or deep analysis in quite a few patients who have undergone psychoanalysis. Deep analysis is a practice of discovering hidden data and delivering unto the patient insight regarding that data.

The words "You can remember all this in present time" sometimes appear in these sessions, and "You can remember it" is also a standard phrase. The fact that the patient often does not remember has never amazed anybody practicing deep analysis. It should have. Because "You can remember it" is a statement made in the reactive mind long after the early statement of Mama's "You can't remember it." So the positive suggestion later falls on deaf ears. The field is already closed off.

That is true of all hypnotic suggestions. If you hypnotize a man on Tuesday and tell him that he cannot write a line and that he will never be able to write, and then you hypnotize him on Thursday and tell him that he is a great writer, he isn't going to be a great writer. It takes it on a priority basis. I conducted a few experiments on this which seem to confirm that finding.

The engram bank does this also. Hypnotism is simply another engram, but it is a special kind of an engram because it has malice aforethought behind it. Furthermore, it's quite often a sympathy engram. The person is in affinity with the hypnotist.

In deep analysis the person is given the insight often while he is still asleep, and that is where you get a large parade of positive suggestions which were never intended to be positive suggestions. The person has been hypnotized, and later the hypnotist tries to give him insight because he appears to be perfectly rational, so why not talk to him? At that point you are liable to find almost anything.

We move from that field into drug hypnosis which differs in no way from any other kind of hypnotism except that it is effective to the degree that a toxin is present, that of the so-called "hypnotic" drug. So, when it is restimulated, one gets the weariness of the toxin in the organism, which as a consequence is a little tougher on a person.

Give a patient sodium amytal, for instance, and you will discover that this brings about a seeming rationale which the person has never had before but which is actually sinking him into amnesia trance, Dianetically speaking. But basic personality is there, and he looks so reasonable, so utterly rational, that it appears possible to have a conversation with him.

So one says, "Well, how do you feel today?"

"Oh, I feel pretty good."

"How are you doing?"

"I'm doing all right."

Now as long as it is kept on a question basis, it is not so bad. But the hypnotist often continues, "Well, you look pretty sleepy. You've been very disturbed lately, haven't you?"

"Yes."

"Well, why do you do these terrible things? I bet you don't even know yourself. What's the idea of raving around here all the time? You know better than to make all this noise," and so forth.

Now we go from that into sodium pentothal which is an effort to probe deep memories. Sodium amytal is seldom given intravenously, but sodium pentothal is given in a controlled intravenous shot, and the depth of trance is more or less controlled by the amount of sodium pentothal in the blood stream. It is adjustable and a person can be held at a depth of trance

this way. Sodium amytal, however, just follows its own curve and a person finally goes all the way to sleep.

One will find regression if one treats soldiers who have been unlucky enough to undergo narcosynthesis. One will sometimes find there was a point in the person's life when he changed. You can't discover the cause of this change, but he changed. He was merely sick before, but now he is crazy. Very often you will find lying right there on the borderline between these two things—in the case of people who have been processed by the army particularly—narcosynthesis, because they try regression under narcosynthesis. Therefore in sodium pentothal or some other drug used in narcosynthesis it is possible for the doctor to touch upon a late life period of unconsciousness and go over it trying to find something in it. But because it is late life, the earlier material is not out of the case and all it does is restimulate. It also has this insidious quality—when restimulated in that fashion it does not thereafter die away. It just behaves like an engram in full restimulation. You could perhaps change things around so that it might deintensify some way but it is pretty fixed.

The buttons are permanently held down. For instance if this has to do with battle, let's say that all around him people are talking about killing, we get such remarkable occurrences as "Man released from Veteran's Hospital on Tuesday kills wife on Thursday!" Anything which is touched in narcosynthesis is apt to be restimulated permanently. The only thing that one can touch and get away with is a charge of painful emotion which will blow if the person can reach it.

This is how to undo damage done to people we have to treat. Because they didn't know about valence shift or other things, they may have hit some charge and barely restimulated it. Now the mind closes in over the top of it when a patient wakes up, and it tries to punch its way through and is fully active. So you will have to reach periods of narcosynthesis. Narcosynthesis can have in it a full hypnotic patter, thus doubling the felony.

So, when you have a patient who is acting very strangely about certain things, such as you are working him on a session and suddenly he is frightened, or he can't recall something, or everything seems to blank out on him, and he has no way of knowing what it is, one of the things you can suspect is hypnotism, whether he knows about it or not. If there are hypnotic incidents back along the track somewhere, it is better to relieve those as soonas possible.

Hypnotism has been found in the prenatal area. One notable case was a hypnotism and a rape in the prenatal area by a doctor that had the auditor and preclear guessing because this person was rather antagonistic toward doctors. Because just enough psychotics have dreamed up a delusion that they have been seduced in this manner, doctors have disregarded the fact that occasionally one of them actually has been.

A perfectly reputable analyst out in the Middle West evidently had the practice of treating young boys in such a fashion, since such an incident seemed quite valid when discovered in the bank. The patient knew nothing about it, and it would be a rough one to recover normally. There have been several of these incidents reported, and I have found them in banks myself. They were valid, they were not delusions; because by reducing them, enormously increased sanity resulted. They were very insidious.

So, hypnotism is something which an auditor will sooner or later encounter, and he should be ready to handle it.

Then there is the forgetter mechanism which may latch on to Grandma's favorite trick: "Now that's all right, honey; you fell down and hurt your face and knocked all your teeth in, but that's all right. You'll forget it in a little while, you'll forget all about it. The best thing to do is to put it all the way out of your mind. Let's think about something else."

On one particular case, Grandma compounded the injury by saying, "Just lay there and daydream about pleasant things," and every time you took him down the track he'd daydream!

To find such an incident you could have the patient do a repeater technique on "Go to sleep," but remember that on the end of it there is "Forget it" and you would tackle that first.

You can tackle any patient on the subject of "forget it" and he will turn this up. Around 1910 there was a standard slang phrase "Aw, forget it," and it is still going today, and that will appear in the prenatal bank. If Papa has this manifestation of "Forget it, forget it, forget it," or "Oh well, all right, so forget it," the whole bank occludes.

From hypnotism we can also observe engrams by seeing the effects described above. Although it may be lighter than another engram, it can be laid in very heavily, and because it is specifically tailored to be an engram it can be a very insidious one.

One of the Professional Course auditors all of a sudden hit a snag a short time ago, and in auditing him we found hypnotism at 6 years of age which cured his stuttering, but it also installed the nicest demon circuit you ever wanted to hear.

There is another brand of hypnotism whereby the hypnotist grabs the patient by the throat, clamps him on the back of the head, shuts off the blood flow to his brain, rocks him back and forth about three times, shouting at him, "Sleep! Sleep! Sleep!" Then because the blood is shut off to the person's brain and he feels himself getting dizzy, he realizes at this moment he is being hypnotized—he thinks. And it works on quite a few patients.

One sometimes finds such incidents in children's banks when they are going to school. What is said in there makes a minor hypnotic lock; but usually it is just chatter: "Oh, lookee, he's going to sleep!" I ran about 150 of those out of one child. It seems that he could do it excellently. At prep school, he would go around and very proudly let people do this to him. Then everybody would stand around saying, "By golly, he is asleep, isn't he! Yup, knocked himself out; yup, he's unconscious."

Hypnotism in an expert's hands used as an anesthetic can be an effective therapy tool, and you can use it if you want on some inaccessible psychotic and get results. But remember that if you start a patient working in amnesia trance you are throwing the case out, in terms of time, to about three times as long as it will take in reverie. It may look infinitely desirable to put the person into an amnesia trance and run him back to the earliest moment of pain or unconsciouness. He can find it eventually and run something out on it, but usually someone in amnesia trance talks pretty slowly. When he is slowed down further by colliding with an engram, it is lengthy work. He can't compute worth a nickel and as a consequence you have to do all of his thinking for him.

Furthermore, you are putting in positive suggestions whether you want to or not, no matter how careful you are. As a result the case takes a long time, works very slowly, and it usually follows the curve of getting worse at first; then it gets a little bit better and it follows along in its own plane, improving slightly and then getting a little worse. There is a slow, slow rise. Right at the end of the case, the person gets well almost all at once. He is suddenly no longer hypnotizable. It is almost impossible to hypnotize a clear.

There is another method of knocking a person into an amnesia trance. If you can get him to dream, you can take the dream, find out what that dream is depending on in the reactive bank, find the incident about which he was dreaming, run that incident out—taking all of it out that you can—then wake the person up, bring him to present time and take him back to the incident again. That incident will now behave faintly as if you haven't touched it. You can run the incident out again, and this time it will go away.

But they get better very slowly, and everything you say to them is a positive suggestion. A break of the Auditor's Code at that time can be almost fatal to a patient.

Normally as you watch a patient go back down the time track, when he hits an engram his analyzer attenuates; but if you have the patient in a deep trance and his analyzer is already way down and now he hits an engram, it doesn't merely attenuate, it disappears altogether! So when you are running him down the track, don't confuse a hypnotic state with reduced analytical ability because of a triggered engram.

A simple test is to watch the person's eyeballs. You will find as he lies there that the eyeballs under the closed eyelids will hunt back and forth. You can see the bump of them on the eyelids, and they will be wandering. Don't mistake this for the fact that a preclear returned down the track will often think he is looking around, when he is actually reading the words! I have had patients that got all their engrams on teletype. But the hunting indicates a hypnotic state.

When I find a person is taking my statements literally—for instance, if I say, "Go on," and he says, "Where?"—I immediately suspect that he has dropped into a hypnotic trance. If a person is going to drop into a hypnotic trance though, he will do so very shortly after he enters therapy. It's unmistakable, and one is not going to find it easy to work him out of that trance either. However, the motto is: Work him where he lies. If he drops into a half hypnotized state just by closing his eyes, work him there.

The reason why we were using the count of seven was because it did attract people's attention a little bit better. But by running a long series on merely closing the eyes, we have found no failures and we were doing something which was unnecessary. Further, by counting to seven, we sometimes fell right in on top of somebody else's hypnotism. So, just tell a person to close his eyes.

There are actually two types of hypnotic states that people wander around in. They are either regressed back down the track someplace but not in a real trance, or they wander around in a permanent light hypnotic trance. Or they do both. They are not only regressed back down the track so thoroughly that it is obvious, but also they are in a trance. That person is in pretty bad shape.

Strangely enough, these people cannot be hypnotized for the simple reason that they are already asleep. Everything said to such a person may be engramic, but they may be sitting in a moment which says, "I can't believe anything you say," so nothing goes in.

Everybody is more or less in a light trance until he gets up to a very good release. That is a fact.

Hypnosis is a good anesthetic. But even though you pick up an immediate accident of a few minutes before and take what you can out of it with Dianetic therapy, and give it first aid to help its healing, that won't get around the fact that it still hurts to have a needle shoved through you.

Hypnotic anesthesia, when we know Dianetics, is a highly beneficial thing when it can be used. One would certainly prefer it to any current anesthesia. But it should be so tricked out that it can be recalled after a certain period of time. You can put a time tag on it and say, "By July 21st, 1950," which is when you know the patient is going to be pretty well healed up, "you will be able to remember everything that happened," and it will spring into view at that time.

Using hypnotic therapy, it is no great trick to flash back to the moment and lift the suggestion through and one should do that. This can be done by installing a canceler previously which you can then lift after the operation, because it is now on the track.

A renowned hypnotist is currently running a series of tests so that we will know exactly what effect installing a canceler will have, and can work out the optimum use of hypnosis in anesthesia. Because it is a good anesthetic, if we know Dianetics.

He took someone whose hand was torn and hypnotized him, putting in a canceler and a pain shut-off. Then he sewed his hand up and woke him up. The person felt no pain in the area, but at the end of this session of sewing the hand up he pulled the canceler out and the pain immediately turned on.

When a person is lying on the couch, the only pains he has are restimulated pains. The person may have had asthma for 40 years and a session of it every week, but when you get the original cause of that asthma, you have in the next 40 years only the locks. The pain itself carried over does not create new engrams. In such a way when you have a patient in therapy and you install a canceler just to make sure, you are treating somebody who has no immediate injury, whose pains are restimulated pains. As a consequence all of that blows out.

In the case of actual injury, there is a cellular retention of whatever is said in the surroundings. The hypnotism will undoubtedly be there, but what effect it will have and what new effect it will have to produce is something else. However, that is a research project which is underway.

If you are working somebody that you know has been hypnotized, you had better take an exploratory of the hypnotism and find out how aberrative it was and how much was in it.

In order to hypnotize a clear, he would have to set up a demon circuit himself that says, "I'm hypnotized."

The hypnotist says, "I'm going to hypnotize you," so the clear sets up a demon circuit that says, "Okay, I'm hypnotized; all the words coming in are going to produce a terrific effect upon me. Okay." He will hold it as long as you want him to, but after an hour or so he may decide that that was all nonsense and just drop the whole circuit. If you took him back along the track, he would have it all, but it was in conscious recall anyhow.

A clear can probably install a pain shut-off in himself. He can install another circuit that controls the somatic mind or the fluid flow.

When a person is using autohypnosis, he is liable to use engramic language to himself, and he is liable to pick up things which he has in the bank in order to apply to himself. As a consequence, his autohypnosis is a self-restimulative process, and it can really get him into trouble.

If anybody ever comes to you and says, "Please give me the following positive suggestion . . ." or if you are working with a patient who does trance easily and he wants you to give him a suggestion, under no circumstances give it to him; because the desire for that suggestion is dictated by an engram and you will succeed in laying in a lock. If it goes on top of a sympathy engram, you will have a lot of trouble releasing that thing.

The language that he wants reinstalled in himself is straight out of an engram, so you will simply be doubling up on the thing and making that engram and the later suggestion inaccessible to yourself.

A young man came to me one time insisting that I drive him crazy, and when I refused to do so said I was hedging about Dianetics. But he pestered me and pestered me. He had been hypnotized many times and he wanted me to install a particular suggestion in him. We were barely into therapy in Dianetics. He begged and he fussed, so finally I gave him a hand grenade with the pin pulled. From a research angle I wanted to know if the predicted result would take place. So I said, "Well, all right. I'll give you the suggestion. What do you want installed?" He wanted the following suggestion put in: "I can remember everything which has

ever hurt me in my whole life in present time so that I myself can then run off the engrams and deintensify them, myself, and so be able to administer therapy, myself."

So, I threw him into a deep trance and gave him a full routine. I gave him the suggestion, tamped it shut on the end, wiped the whole experience out of his mind, wiped out the experience of his coming to tell me that he wanted it done (all in the bargain), woke up this patient and had a psychotic on my hands.

He was crazy and he stayed crazy for quite a while! I was very busy, I didn't have much time to work on him, and I wanted to find out if this thing would settle out, or something else would happen. But nothing settled out. The poor man went around running such engrams as: "I'm killed, I'm killed, I'm stuck, I'm caught. I'm stuck, it must be that. Yeah, that's it! Oh, that's that horrible pain in my shoulder! I'm stuck, I'm stuck, I'm stuck. Oh, I'm caught, I'm caught."

You could see him on any street corner or any place that he was hanging around, or sitting on the front doorstep, and he would be running these engrams. That was all he did, hopelessly. Of course he never ran a single one out! He restimulated practically every engram in the bank. So, finally he came back and confided to me that because he had a couple of bad spots in the past, he didn't want anybody else to know about it. But now he was desperate and he threw himself upon my mercy, and proceeded to tell me all about it.

I worked with him for about 10, 12 sessions. The case was really nailed down. What was actually underlying that suggestion, as I got down the bank and really threw the thing into full gear and finally pulled it up, was the phrase "If anyone remembered everything which had ever happened to him he would go mad!" That was the engram underlying it, but the actual computation was that if Mama went crazy, Grandma would take care of her.

Of course, one can recall the engram bank with perfect safety once it is gone, and one can recall it in chunks as it is going. But don't try to recall it all at once, because it is possible that an engram could contain this whole thing to such a degree that you would find everything that would ever hurt a man in present time out front. However, if you did discover that, the person would also be in an institution.

DEMON CIRCUITS

A lecture given on
26 June 1950

Identity

Psychosomatic illness is caused by actual injury. There is no psychosomatic illness without an actual injury. If you wish to demonstrate this fact, all you need do is ask people to imagine various pains. When you ask them for a pain where they have had a pain, they will experience a real pain. But when you ask them to imagine a pain, they do not experience one. They merely tend to say, "Yes, I can imagine...."

The command somatic is confirmatory. It acts as a holder. It acts as the aberration, and it will lie with or over an actual pain. At the moment that a command is uttered which says, "My stomach hurts, my stomach hurts very much, I can't stand it," there may be no pain; the person is stuck. But at a later moment, in an attempted abortion, a thrust is received through the abdomen followed by some complaints to the effect, "My stomach hurts so," and "I've got to lie here until it gets better."

If there were no commands in an illness, the only restimulators present would be the noises and the smells around the person's environment. They would be relatively slight. However, an actual injury which is confirmed by an engramic command will not disappear.

Take the unfortunate man who walks around with the continuous statement "I have aches and pains all over," yet he can demonstrate no aches and pains to anyone's satisfaction. He has been unfortunate enough in this current society to receive a series of engramic commands without at the same time receiving enough automatic damage to justify it. We call this gentleman a hypochondriac. There's no real pain in order to justify an engramic command. However, the engramic command all by itself can influence fluid flow to the point of "I have to throw up." Fortunately, postpartum, there are enough nauseating illnesses about—all hanging together by morning sickness—so a person can throw up. The engramic command could state, "I feel terrible. I feel very sick," and this would some time or another coincide with the fact that the guy was feeling very sick. But if a fellow isn't fortunate enough to have such a coincidence, he is labeled as being a fake, it's all in his mind. And that is the truth, it's in his mind; it unfortunately is not in his body. As a result, in the society at large there seems to be a great deal of feeling about the fact that a person to be ill must be able to exhibit damage, just as in an army dispensary it is absolutely necessary to have a fever. One walks in, his temperature is taken, and if the temperature is normal he is restored to duty. I imagine there have been cases when a fellow had a broken leg, yet he was still restored to duty because he didn't run a temperature.

Such is the nature of a psychosomatic illness. Don't just look for a command, look for the damage. You can find a lot of commands that would seem to justify that illness. But if that illness is demonstrating itself in the form of calcification, chronically cramped up muscles, bad headaches, or something of the sort, you had better find the actual injury too. When you find that, the psychosomatic will key out.

Nevertheless, hypochondria can be knocked out very rapidly.

A child is in an unfortunate state who has had antagonism from one or the other parent. This basically can thrust him into the hands of an ally. Although his reactive mind doesn't do this to be comfortable, it will very often result in the confirmation. This is the second confirmation. This establishes the chronic nature of the psychosomatic illness; so that a psychosomatic illness which is truly thriving has with it a secretive factor done by an ally.

The fetus applies the personal pronoun to itself or to somebody else. He will mostly favor "it" prenatally or "I." However, "you" is also received. The human being doesn't receive plural, doesn't consider one a "they."

The demon circuit works on a "you" basis. Someone says, "You're going to listen to me talk. You're going to listen to me all the way through. You don't know what you're doing, I have to tell you everything you do. You're going to follow my orders from here on out. Now, damn you, sit right there and listen." That sets up a demon circuit which is outside the immediate valence the person is occupying, and this causes actual voices to impinge upon "I." Here is "you" being set up as a separate "I," which then dictates to the person.

"I" is applied to self, "it" is applied to self, "you" will sometimes apply to self, and "you" can also get in there as a demon circuit applying to "I." But mostly we get a situation whereby "You are no good" sets up a demon circuit all by itself.

Now, how is this used by the aberree? The demon circuit says to the aberree, "You are no good," and the person himself believes that he is no good. But as long as he can thrust this out and rechannel it so that it applies to other people than himself, he does not have to feel it. He has this selected target. It goes toward himself unless he can give it to somebody else. For that reason this person goes around with a great deal of plain force turned against him—"You are no good, so to hell with you." And then it is broken down to the point where he is afraid to act all of these abreactions. In other words, the exterior world has blended back what this person feels to the point where he is the exterior world and the interior world and they are all interior. So his demon circuits can decide to go around and carry on a conversation inside his head, and argue with each other.

One person had a demon circuit which said, "Now this is what you're supposed to say. Now you say this," and when the demon circuit came into play it would cut out a piece of the analyzer. It was a thinking circuit and it said, "Now the best thing to say to this fellow is . . . well, all you need to do is shut up." That was not an engram, merely a thought up attitude which was said by the demon circuit to "I."

"I" listened to the demon circuit and then retransmitted, so that nearly everything this person was saying was dictated to him by that part of the analyzer.

A circuit could say, "Now tell him to grin," and the person would. Or a perfect stranger might come up to him and a demon circuit could dictate, "I don't like guys that wear pink neckties. I don't like that very much."

But this is thought. When he thinks something over carefully, there is the demon circuit which says, "You've got to think these things over carefully. You're really pretty stupid, and you're going to listen to me." So he listens and thinks, "I wonder what I was going to do?" and gets a reply, "Well, things aren't running too well. It would be a good idea to go down to the garage and get the tires changed on the car." These computations are going to be in milliseconds, and the demon circuit has to receive the answers and carry them forth into a vocalization. So he says, "I don't quite know. But I think it would be a good idea to think this over carefully." This is so common that the whole society has it in its head that it must vocalize and that the ensuing stream of consciousness is active thinking, whereas it is actually the most inactive thinking a person could do.

The case mentioned above had a second circuit which was vocal. It spoke in a real voice. He heard these voices completely. A lot of people merely get the impression. In this case he was getting sonic where the whole circuit itself was sonic. So the second valence would sit on the other side of "I" and say, "Well, I don't know—going down to the garage to get the tires changed—it's awfully hot. You can't really be sure. I don't know whether you ought to do that or not. I don't think you're up to it."

And the first voice would say, “Well, the best thing to do is to get the tires changed because they’re going to wear through.” Now this person had a third circuit, also sonic, which nullified everything said, and these voices had pictures. So he would finally, between these two other conversations, make up his mind that he was going down to the garage to have the car’s tires fixed, and then the third one would say, “Nya, I know you’re gonna make mistakes anyhow, nya. Sure, you’re going down there. Probably going to get charged all over the place, nya.” Or he would say to somebody, “How do you know what the cost of this thing is?” And this little subeircuit would say critically, “Nya. How do you know what the cost of this is?” Everything he said when he was conversing with somebody on various subjects would get “Nya.” Every word he uttered would get echoed by this circuit.

The knocking out of a demon circuit is very necessary to our business. The original command from which a demon circuit stems concerns the psychosomatic illness, it concerns many things, but it creates all by its lonesome the demon circuit. It has become a speaking entity within the person and although the speech may be just impressions, they are computed impressions.

Running a circuit would be about as efficient as setting up a telephone line between myself and you by routing the line to San Francisco, then down to Mexico City, and by radio over to Paris with a teletype sitting there, and having the teletype come out with what I’m saying to you. Then put a censor in San Francisco who edits all the copy and takes out everything there that is antipathetic to the engram, and put another one in Mexico City who puts in a lot of material that wasn’t in the original communication. Then the fellow over in Paris translates it all into French so that a German can read it, and retranslates it back into English again with the resulting loss of phrases and words, after which it comes back and the linotype sitting in front of you is broken so that it only gets out every third word. That will give you some idea of the accuracy of communication and computation of these demon circuits.

Computations are made in terms of milliseconds. The mind quite commonly handles a hundred variables, and actually posits for each one a value. For instance, it does a computation on “Is it going to rain next Wednesday?” It starts to flip the problem, and you will find that there are all sorts of variables entered into the problem and the fellow thinking it over will get some kind of an answer. We are fortunately not running on an arithmetical computer which can only give an answer when there is a precision answer available. It can give lots of imprecise answers, which are still usable answers. That the answers are imprecise means that the question which is being asked is imprecise.

All this comes under the heading of Dianometry which is how you most efficiently feed and receive data from the computer. One doesn’t much interfere with the action of the computer itself.

I’m speaking now of the analyzer as the whole computer. You could postulate that “I” was a series of monitor units which are aware of being aware, and that these have the task of feeding the computer and taking the data back from the computer—in the meantime operating a similar computation to keep tally on the data being computed. It is not arithmetical mathematics one needs in order to feed this data. If we were to take the computer and throw into it vocalizations, a stream of consciousness, and other things, this computer is so able that it can still function despite all the accessories that are hung upon it.

Here is the computer running off a problem: “I’d like to go to Maine and hunt moose.” The person doesn’t intend to go to Maine and hunt a moose at all. But there is nothing much happening, a fellow has seen a picture about Maine and says, “Gee, that would be fun,” and could actually sit back and without thinking about it go and enjoy moose hunting.

But no, we have to interfere with that. It has to be rigged up that a person shouldn’t daydream, and imagination is pretty bad—engrams, engrams, engrams. He should be able to sit back and smell the north woods, even if it is dub-in, and see a moose and listen to a moose call—which may be a duck quack because he has never heard a moose, but it is a satisfactory

moose call as far as he is concerned. He wouldn't push effort at the computer to force it to do something.

The moment one starts pushing effort toward thought, the computation becomes deranged. The thought process is a pretty automatic proposition. "I" stimulates the computer and it gets out the computation; that is the smooth way of running this computer. If one did that, and went to Maine to hunt the moose and so on, he could actually sit back and he would get an automatic three-dimensional colored video with smell and tactile of hunting moose. He wouldn't have to figure how, the way we think of figuring how. He wouldn't have to think, "Well, let's see, moose are pretty big animals." No! The moose would be a big animal. If the person had never seen a picture of a moose he might put an elephant in its place and call it a moose, or he might dream up something that was highly unrealistic, but it would be a satisfactory moose to him and he would have a good time hunting it. It would all go into the computer and it would come back out, and he would have the picture. So, the "I" attention units are not distracted by observing the computation.

It so happens that the monitors of "I" by an analogue could be postulated as able to inspect circuits. They could inspect any circuit. Let's say we have a thousand units of "I," we have a lot of engrams influencing the analytical mind, and we have a large number of circuits which have compartmented off pieces of the analytical mind and are using them just as though a monitor unit had flown in from somebody else's mind and is busy at work there. Actually that isn't what has happened but it is a good analogy. These are parasitic circuits.

Now some units of "I" could be said to go in and look at the loops of the computation. This detracts from "I" one unit of awareness. In addition, for example, we have another computation going on over here that has to do with whether or not we are going to get paid next Saturday. So we watch that computation. There is another unit of "I." In view of the fact that we may have several problems going on simultaneously, we have to keep taking away attention units from "I" and putting them in there to inspect the circuits. We inspect more circuits and more circuits and more circuits. It is like asking a centipede how he walks. The centipede starts to worry about how he walks and starts inspecting these circuits. The more circuits he inspects, the less attention he has. When the computer is running smoothly, all of "I's" attention units are directed toward his present reality, his past reality, or his future reality which he is busy wanting.

He could go on thinking up some wonderful schemes to make a million dollars and he has thought of this for three or four days and played with it for a while, thinking it over. He has got a lot of attention units working on this problem. He is working it, you might say, up here on the front board. He is adding it up one way or the other, and he is getting paid money for it. Now all of a sudden he says, "All right, that will work itself out, I'll get an answer to that somehow or other," and it goes back into a closed loop circuit. That circuit is not now inspected. It answers whether a thing can or can't be done, how it should be done, whether it is a good idea and so on, and the answers come out in due time at the moment he needs it. He can compute it right now if he wants to, and get parts out of it; however, he does all of this without thinking. Or it goes back to this closed loop, uninspected. There is where the computations are justified. Those are the only computations that are worth anything. The rest of it with the demon circuits are all gingerbread and rococo. A person will sit around and laboriously think, and when a person has to laboriously think about anything it means they have got so much analytical shutdown that there is no automatic computation going on.

There is this beautiful computer which works automatically. But if one starts to subdivide it, shut parts of it down and do everything on a supervised basis, the attention units depart from "I," and one becomes less and less attentive to reality, and less and less watchful.

You can even set up a prediction circuit in this computer. We set one up on the basis of black and white squares, and just two little tabs were put on it. If the answer was right after a swift glance over the situation, the white square would flash. If the answer was wrong after a very cursory glance (there obviously was practically no data), the thing would flash black.

Now, one did a conscious computation looking at all the factors involved. You did a computation on the front board, saying what the things were going to do or not do, and noted whether or not the prediction circuit said it was right or not, but you didn't permit that to influence the conscious computation of it. The conscious computation on this thing had the interesting characteristic of being almost 80 percent wrong. Yet the strange faculty there is that those other computations were right. They would predict almost anything within reason and they were predicting futures.

So I set this thing up and then documented it, doing a conscious computation on it, and the board would flash yes. I wouldn't give any attention to it because I had no way of knowing whether or not the future was going to work out as this flash system predicted. But the future has a habit of working out to be in a very high percentage what the flash circuitry says. The flash circuitry was a closed loop circuit set up with black and white squares. (It could be set up in red and green too, it would look prettier.)

The way it worked evidently was that it took a sample of a problem, not a typical problem to solve but merely a sample of one. For instance: Is Gracie Legs going to win at Pimlico today? Well, not being at Pimlico, this puts it into the realm of metaphysics. But let's go down and stand in the grandstand and listen to people and look at the horses led out before we begin to make an adjudication, and the prediction starts to go up. Now we are observing a great deal of data "unconsciously." We aren't inspecting the observations as they come in; they go straight into the computer and all this material is absorbed. It is apparently just a clean, clear prediction out of the blue.

There is a rather complex mathematics of prediction. Quite in addition to this there is the faint possibility of clairvoyance and clairaudience. These are all uninvestigated. Parapsychology is wide open as a field. There may enter into this thing a radiolike telepathy as an actual perception. A lot of things can add into it that we needn't say exist, but we have no good evidence to say they don't exist.

In short, the brain untended as a computer will roll out all manner of problems. One can say, "Now let me see, we have four cogwheels here, and this little gimmick is supposed to light up a brilliant purple. I wonder if this tape is all right? I wonder what this tape is for anyhow? Never found the words to clear it up. Couldn't mean anything particularly." We can stir inside the computer and worry about the computing mechanism, and about whether or not it is going to do the job it is supposed to do, or get all snarled up with what somebody else has said it should or should not do, and in short wind up inspecting circuits that won't work when they are inspected. In such a wise, if you set up "I" on an uninspected circuit basis you will get a wrong phrase.

So something very interesting happens when you tell a person that he is wrong. The monitor units of "I" (the inspection units) have the data that this whole thing is liable to be wrong. So it sets up a computation—being wrong is being dead. The ultimate in being wrong is being stiff and stark, so we don't want to be wrong. Well, let's start inspecting circuits. We inspect circuits and send off unit after unit to inspect more and more circuits, and then inspection units that go off and inspect the inspection units.

The reason for this, of course, is the existence of demon circuits. The computer is getting compartmented off by engrams taking over parasitic circuits. If the person is being convinced continually that he is wrong, his attention units are being thrown into a turmoil inside his head, and they finally stop inspecting entirely and won't inspect anymore. They are just left idle, all out of alignment, not knowing what to look at. They have run the computation through 5,622 times and they still get the first answer, but that answer according to everyone was wrong, although the answer itself as far as the computer is concerned is completely right. In view of the fact that the computer could be influenced by an engram, the engram as a stet datum in the computation could throw out the whole answer. As far as the brain computation is concerned, not being aware of the engram, the computation is right; yet it's wrong, but it's right.

In such a way most normal minds are doing a tremendous amount of inspection of: "It can't be right. Let's set up an auxiliary circuit to see whether or not we can't check and counterbalance the solution. Now let's test it all by something or other. Well, Grandpa was always right. Let's use the way he looked at things. But then Grandpa dies, so he couldn't have been right! Because that is as wrong as you can get. So let's close off that valence." And one gets a tangled picture. None of this, however, is the part of the mind which is doing the real thinking.

It is an interesting fact that the computer is so vast and so complex that it can be subdivided and impinged upon by engrams, and new circuits laid down by itself encountering other circuits which were laid down, and yet the person still has enough room with which to think. But one does, and that room gets bigger and bigger and more and more circuits become available, to a point finally where you are running on closed loop circuits without any of these things. You ask for results and you get them without stress and strain, but it's a lot of fun asking for the results, and it's a lot of fun trying to figure out the proper question to ask to get the proper result. That is conscious level thinking. It is feeding the computer, not solving the problem.

If one just went ahead and got rid of his painful emotion, he would evidently take off some of the charge. But the demon circuits seem to be confirmed whenever a lot of painful emotion comes into being. They can almost be considered to grant pieces of life to it. Grandpa is dead but Grandpa is still alive because here is this circuit, and this circuit is Grandpa. This circuit doesn't come into highly active and aberrative being unless Grandpa's departure or death throws enough painful emotion in there to set up a circuit.

In the field of navigation, for instance, the computer will run on an educational basis using the data of arithmetic and so on. These things are learned. The computer will evidently turn on its own mathematical strain; and once the person has done the problem by rote, by the books and so on, the computer will then check it and tell him how right he is. A navigator who can't do this is a very bad navigator.

In Dianetics, we are not constructing a computer from raw materials. We are trying to take the gadgets away from the computer, or off it, which have inhibited its operation. So, when one is dealing with demon circuits, the wrong approach is to tell a person that it is a demon circuit. The right approach is to simply knock the demon circuit out.

A demon circuit which is thinking, which has part of the analyzer absorbed, is a difficult thing to locate. This is a real lie factory at work which will manufacture engrams and other things. It won't manufacture somatics, but it will sometimes manufacture muscular jumps on a basis of mimicry.

You can tell pretty rapidly whether or not you are getting material out of this case. The best test is a person changing his aspect toward existence. That is the final test. The next one is that a certain aberrated attitude he had toward something diminishes or disappears. So we have an exterior check. Another test is: Is he becoming more self-determined as we run these things out? That is a good one and one I use to determine whether or not a man is released—no manifestation of transference either way.

At any time if part of the mind is absorbed by a parasitic circuit, it is not going to do as good a job as the auditor can do.

Another point is that a person who is running a lie factory engram won't change it. Furthermore he is getting no diminishment of the somatic. You actually would have to run one of these people (they are very rare) to appreciate what this amounts to. It is easy to detect.

One of the things that a person with a lie factory will do is to run an engram in the following fashion: Let's say the engram runs, "I am willing to go with you but I'm not going to take any more of it. Stop it now, go away," and the fellow runs the engram through and doesn't

bounce on the phrase “go away.” We know the thing should have been aberrative, but there is no slightest bounce on “go away.” He runs it through just like that, word for word.

In normal engram running, phrases drop out of it and new phrases appear in it. So in the first run of the thing the words “You’re no good anyway” might suddenly appear right in the middle of it. That was the deepest point of unconsciousness, so the words would be more deeply buried. Now the thing will get up to a point where the tail of it starts to drop off, and finally “You’re no good anyway” stands there as all the engram that is left, and then we knock that out. That is rather normal behavior for an engram. Even in a reduction, new words and phrases will appear and old phrases will become so uninteresting to the person that he won’t say them.

If you don’t find new material in an engram on the third or fourth run, somebody is doing it by rote. If it doesn’t change any, or if he can’t quote it as he did before, those are all symptoms of a lie factory.

However, if the patient is pretty far advanced in therapy, bouncers won’t have as much effect on him as they do in the first stage of therapy. Well along in therapy, the person will hit bouncers and won’t bounce; but you couldn’t have gotten that far in therapy had you had a lie factory.

The aberrative content of the material depends on who is speaking the commands, what valence the patient is normally in, and other factors which enter into it. For example, Papa says, “Keep your mouth shut. Shut up.” And Mama says, “I can’t say anything.” A person will just run this, moving his mouth, and then all of a sudden is unable to open his mouth and he starts talking with his mouth shut!

In working lots of cases, the aberrative person won’t appear. For instance, the preclear is perfectly willing to run Papa, but you get chopped up dialogue such as, “Hello, honey, I’ve been very busy today.” “Oh, that’s too bad.” They will run this as an engram with Mama’s dialogue missing. In such a way the auditor should develop dialogue sense.

If someone says, “How are you feeling?” and there is no reply, somebody either didn’t hear the statement, at which moment it would be repeated probably; or the other would be in a sullen mood with no answer, which would be followed by, “Well, why won’t you talk to me?” or something of the sort.

Or, “How are you feeling?”

“I’m feeling pretty sick.”

“Oh, well, that’s too bad, honey, I’ll get dinner for you.”

“Oh, would you? That’s so good.” That would be the engram.

So if Papa is practically nonaberrative you will find him in patches of conversation, followed by silence, and the person is definitely out of valence when that happens.

He would be in the valence of the person he is being. But he isn’t going to get any sonic on that person, or, if he does, he is going to run a circuit in there so he can get it dub style. You will find this in case after case.

For instance, you start clearing up, let us say, the cough chain. In this case what Mama says is not very aberrative. So there will be a cough and then “Excuse me” and then another cough, “I don’t feel good,” and another cough. You can just keep running out these coughs until you get a notion after a while that there is probably somebody else present. You go back to the first cough which has flattened, but immediately succeeding “Excuse me” was “I hope you feel a lot better, honey,” which was Grandma. But she has been missing from this scene

although she is the strongest ally in the case. Or Grandpa may be present in the prenatal area, and later he is missing.

Some big holes have been left in it and the most aberrative material is the most occluded. In consequence the person runs coughs, coughs, coughs, and he runs all sorts of attempted abortions and other things without changing his manifestations toward life at all. He still uses the same cliches and so on. When this happens, you can count on the fact that you have missed the ally.

You can use flash answers in this. Flash answers are quite mysterious and could come through in a number of ways. If you have a good, solid demon circuit, and you know you have got a demon circuit, the flash answer can be pretty distorted, but it is still usable. Don't give full credence to any flash answer. It probably won't be right more than 60 or 70 percent of the time. So when you ask for age, don't count on it absolutely. Use it as an indicator. It is always better than no answer.

When you get a person who consistently and continually says, "It's blank, there's nothing there," that is a real indicator. You are bucking against a case which has a lot of material in it which is extremely aberrative. If you ask a person to dream and you get no dream, that's better than a dream; because although it does not have any specific information in it, it says this subject is absolutely forbidden.

The way one finds that out is to go ahead and punch around and eventually, by flash questioning, by getting more material, by getting flash phrases, sooner or later you will crack the incidents.

There can be an engram in the case which has the whole case tied up that you should make it your business to find. This is the aspect of demon circuits where the flash answer comes forward on a circuit of its own, or it comes via a demon circuit. You could get three flash answers on some specific question which will be three different answers to that question. There you are working through three demon circuits, or maybe two demon circuits and a lie circuit.

But you are going to get material and although you shouldn't place absolute reliance on it, it is useful material. You can use the flash answer for age, even if it is sometimes wrong. You can also use the flash answer on a person by saying, "How many times does this engram appear before in the bank?"

If he says, "This is the first time," you take it with a grain of salt, and then you watch the behavior in the engram. If that engram doesn't start with any of its phrases and so on, you can be pretty sure that this is much later than the first time. After you have run it for a little while, you may be able to send him back earlier.

All of a sudden there is another engram and you say, "How many times is this in the bank before this?"

And he says, "Twelve." Or he may keep saying, "Two." When this occurs, he may have such a number stuck in the engram bank.

For instance, when you ask him how old he is, he says, "Two."

Or, "How many engrams before this?"

"Two."

"How far is it to the moon?"

"Two, uh—what?"

You are simply getting an engram response.

Let me take up demon circuits more specifically. A demon circuit is laid in by a command that has to do with speech and answers. It is laid in forcefully and with pain. You can locate the source of all demon circuits very simply, using direct memory if possible, by finding out which parent wanted to be the boss, or wanted to be this or that. You will find out that that person also wanted to be the boss as far as the child was concerned. Or we may find out that a grandparent, not an ally, was the boss. And we will find all manner of demon circuits.

Demon circuits are normally antipathetic. They are seldom sympathy circuits. They are accusative circuits and didactic circuits. You get these by scouting down the person who is most likely to have put in the circuit; get the most likely moment for it to have been put in; find some sort of an injury which might associate itself with such answers; and you may find yourself slammed or slamming the patient right into the middle of the demon circuit. This is one place where he very normally does not want to go because it is talking back at him and you are really trying to address part of the computer which is sort of off the track.

You could actually get a person very upset in trying to take away a demon circuit. A writer, for instance, may have been writing for some time with the aid of a demon circuit although he is perfectly able to set up his own demon circuit and write profusely.

You can install demon circuits in people in this fashion: Hypnotize them and say, “Now your life is going to be run for the next 10 days by the great god Motaw. l And the great god Motaw is going to stand alongside of you and give you word for word everything you’re supposed to say, everything you’re supposed to think, everything you’re supposed to do. All you have to do is just call on the great god Motaw for anything you want to know and he will tell you.” And you leave poor old “I” sitting there with about two and a half grasshopper-power units. You have moved the whole computer sideways. So the great god Motaw then stands there and says, “You had better be a good boy.” So he is a good boy.

If you make the great god Motaw merely a friendly character, if there is nothing else earlier in the bank which postulates another demon circuit which can be used—you just lay it on top of the other demon circuit as a very friendly circuit—the person isn’t going to pay much attention to it.

But let’s make the great god Motaw tougher than nails. “He is the god of vengeance, and if you don’t do what he says, why, oh man, he’ll kill you!” Now the person in consulting him is acting with a fear reaction. That demon circuit now has more altitude than the person has himself, but it is circuited in his computer.

The circuit will now turn out perfect replies. It will plan, for instance, the exact way to put 15 suitcases into a station wagon so that every one of them will go in and sit very snugly and the whole job will be done with a minimum of effort. All you have to do when you have a great god Motaw working is follow orders: “Now you pick up the tan suitcase, now lay it on its side, no, turn it a little further on its side and shove it all the way back.” The person just works as an automaton under the behest of the great god Motaw. So he packs the whole thing up, and he doesn’t think a thought during the whole operation. Then it is all packed, and it will be packed perfectly.

Or, if it can’t be all packed that way, the great god Motaw will say, “Well now, you go get yourself a trailer, and put it on the back of this.”

“Okay, where do I go to get the trailer?”

“Well, you go down to Ninth Street and Park Avenue.”

The person will drive down to Ninth and Park, and there is the trailer place. He didn’t realize that that trailer place was at Ninth and Park before but, “By George, the great god Motaw was

right!" Of course, he noticed this place time and time again. He never stopped there, it wasn't in his immediate sphere of observation.

But he has got this gimmick working and it will run his whole life for him. It will take over his life and then from two and half grasshopper-power of attention units, now he has got one and a half grasshopper-power units, which then dwindle to half a grasshopper-power unit. He doesn't realize that he has given the great god Motaw that much altitude over him.

One case I worked had this "I am the big I am" God demon circuit. "I am the big I am, that's who I am. I'm going to tell you what to do. Yes, I am going to tell you what to do, I am." Well, that is TO BE. That is existence itself, and he could very easily skid over into it.

The proposition of going from one valence to another in a psychotic becomes a very marked, sharp affair. A person can have 50 valences. We talk of ambivalence. I never knew an ambivalent person. I never even knew a quintivalent person. Everyone has lots of compartments in an aberrated state. In a relatively unaberrated state, the compartments are a tenthousandth as wide open.

Scout for the most likely planter of the demon circuit who would be the most aberrative person and who would still be more or less antagonistic. Knock those things out because they could really get in the way.

I never found a positive suggestion capable of doing more than reinforcing an engram, and I never found an engram doing anything more than aberrate. But I have set up circuits in people who were releases, which would run out other circuits. However, I have not found this workable. By setting up circuit A to run the engrams out of the engram bank, one finds that even in his sleep at night this poor man has been doing nothing but run engrams. They will be going through his stream of consciousness continually. But in view of the fact that we would have now fixed it up so that everything gets stirred up and nothing gets deintensified, we would soon have a mess.

The first engrams in the bank, being basics on their own chains, are erasable.

Now, I want you to be very cognizant of the demon circuit setup, as it relates to the flash answer and as it may mess a person up. About all I can do is to ask you to be on the qui vive for them; you will see some of them working. You may be able to inspect some of them in your own head right now. Speculate on the source of that circuit and you can deintensify it.

You will find that a verbatim recall has probably been heavily edited. This is what Freud ran into when he postulated that wild one about the censor. There are censors all through the mind, because parents are rather censorious, and I expect his were particularly.

I imagine he had a couple of demon circuits running and one of them was talking about sex. We can read about the product of that demon circuit in any of his books on the subject. He figured that the censor was something you couldn't get past, and whatever lay behind the censor was translated by it. I can just hear his mother saying, "Now, if it weren't for myself and my training of you, you would be a wild little savage. Therefore you have to listen to me. You listen to me. Now I'm going to tell you what to do, you little brat. (Bap bap bap!) Yes, sir! Now you try to get past me with that stuff and you are really going to get in trouble. Now I'm going to tell you what to do because you are actually a nasty, dirty, primitive little savage. But I'm going to make you into a civilized human being, damn you."

The material reads as if it is on a sudden pounce-rage basis. Mr. Demon Circuit was sitting there and you couldn't get behind it because of this. But in such a wise all of us have censors. All the censor manages to do is bring up savage and barbaric behavior, keep it in the engrams, then repress it off into some other corner, and then tell the person continually that he is liable to do this unless something else happens. Although it is suppressed, it is in a continuous state of foment and unrest. That, unfortunately for the tenets of Mr. Freud, had

nothing whatsoever to do with the civilizing process which has been going on in our race for the last fifty thousand years.

A person who is in that state is in a state of anxiety. He is afraid he is going to do these things. But he has something there which represses these things from happening. He believes it is his basic nature, that he is no good, that he has to put on some sort of a front, otherwise he is liable to break out with sudden irrational acts, that he is barely being restrained from doingthese things, and that Mama and Papa or even some relative or even a sergeant in the army have to "train" him.

The person's full pattern then is devoted to the engram trying to move out into action and the demon circuit sitting there telling him that it is repressing the engram, which it actually isn't. The engram is repressing itself. But there is this very confused, crazy picture whereby people will object to having some of these demon circuits taken away from them on the grounds that they will have lost this voice of conscience or their most "rational" behavior.

This may not be very specific, but I wanted to apprise you of the condition of the normal person and his stream of consciousness, and make you aware of the fact that such a stream of consciousness connotes a dictatorial attitude by somebody in the engram bank; and that when you have succeeded in clearing an individual you won't have any of these demon circuits left in the mind. His mind will run quietly without a lot of chatter.

For instance, I'm not setting myself up as any example, but I can sit here and put up a demon circuit over on one side and set up a censorious demon circuit on the other which says, "You shouldn't talk to these boys that way, because they have rather tender minds. Some of them are extremely apt to have like conditions operating in their own brains. It will unsettle them about flash replies." And I can just break the circuit down. That is an audio circuit that I could set up.

Or we could set up a self-critical argumentation about taking the wrong course, such as, "You should be doing something else." Or one can set up an "I" that is going to tell you what the proper course is to take, and where to go and what to do about it. You can set it up to say, "You shouldn't be doing all that stuff, this is what you should do." Or, "There are reams and reams of papers which have been written on the subject of the mind, unfortunately. Time after time I have told you that you are wasting your time. Being a great writer is enormously advantageous over doing what you are doing in present time because then you go down to posterity, particularly in the field of poetry."

You can set up a vocalizing circuit on almost anything. You don't have to set it up as a relay. The moment you set it up so that it does a relay to you, you lose some of it, because after all you are only setting up maybe one little loop which is not doing very much observation.

To do a political speech on the subject of Dianetics, you could set up a demon circuit with a microphone speaker system so that "I" would merely have to repeat what is said with no effort, such as, "You people who are sitting here little realize that tomorrow will be a strangely changed existence," and so on.

These things are all part of the analytical mind and its functions. Whether they are good or bad does not matter. You could set them up simply on a jackleg basis of this thing is going to do this now, or this thing is going to do that. Self-control, for instance, as an engram is very bad because it inhibits a person's ability to control himself. "You've got to control yourself" imposes some sort of a circuit as an engram, and the person then doesn't control himself, he merely makes the effort.

None of these engramic computations are really successful efforts. You can set up demon circuits, critical circuits and analytical circuits. Something that requires a little more care and a little less levity would be to set up something like a mathematical circuit in order to add up a set of books, which then goes on and adds or subtracts and goes to the proper columns and

the proper ledger and so on while you just sit there. But there's no reason why it has to be short-circuited through "I." You can throw it right down into the somatic mind and add up the books by hand while sitting thinking about the races at Pimlico.

When clearing somebody, a lot of times you can expect to find apparently rational conversation which is a straight demon circuit talking, the contents of which are not an engram. If a person's speech appears to be rational, but it contains a rather specious logic and you can't quite put your finger on it, don't look for what he is saying to be engram content. He can sweep on and on and on without uttering a single line out of an engram.

But he can be talking 100 percent out of an engram. This is observable in some psychotics, and they are the tougher psychotics because they aren't giving themselves away.

Therefore when you see this manifestation you must suspect a demon circuit, and you must realize that it is a particular engram which dictates specifically that the person must do or say what he is told to do or say, and that the deliverer of the engram is somebody in the person's past. By an inspection of the person's past we learn who was most likely to have uttered such a line, and then we can try to trace one of that person's dramatizations which will not be a demon circuit. There we will get the thing in its raw state.

It is not only more or less knocked out, if you have succeeded in contacting the engram which contains that demon circuit, it collapses and this is a highly valuable gain in therapy because you have made more analyzer available.

There is another condition of the man who is merely reacting to a sympathy command. That is not a demon circuit, but he is nevertheless obeying. That is just some engram phrase dictating: "I'll tell you what to say. Now you say only what you're told to say and you'll be all right, because anything you say will only make it worse, therefore I'll tell you what to say." But the "I will tell you what to say" is from a source alongside of him and it sets in a separate valence. So he is not going around telling people what to say. Someone tells him, "Now when the cop comes up here, why, you tell him that there's just us chickens"—he doesn't criticize the remark at all, he will deliver it.

You will find this in people who, when you feed them repeater technique, merely repeat ad infinitum anything you give them. You give them "Ducks have feathers," or "Chewing tobacco produces brown juice when the tobacco is masticated," and ask them to repeat these things as parts of engrams, and they are very likely to go on and repeat them very faithfully and endlessly. Realize that you are running on one of these "Now I'll tell you what to say" circuits. Normally it is a fairly simple kind of circuit, not the dictatorial type. But it produces a manifestation that anybody who comes along can tell this person what to say, particularly the pseudo-ally of the person who made the original remark.

The flash answer is something that can be carried to an extreme, and a flash answer should never be admitted as evidence when the actual engram itself is in sight and what is happening is contrary to the flash answer. Nevertheless a flash answer is valuable, and the somatic strip will move with great rapidity from this to that. It is also quite possible that one can solve a case rather more rapidly by flash answer than by simply plowing away telling the somatic strip to go there and run it.

You can get a person's flash answer circuit so relied upon that he will start depending upon his flash answers rather than his own thoughts. In view of the fact that he may be using a demon circuit, you would have removed him a step from reality. Nevertheless the flash answer is very usable within those limitations.

When you have to work an engram which is very reluctant to come up, in X which the person seems to be very securely nailed down, you don't seem to be getting very much in the way of result, he's jumping into and out of it, and the somatic is turning on and off, you should tentatively conclude that this engram is not the thing which is holding up the case, but that

there is another engram which is more or less a partner to this one which is more accessible. A person should be started at the beginning of an engram and should then be able to proceed to the end of the engram, not jumped all over it and jumped to other engrams, back to this engram again and through it. What you want and what will produce the best results in the long run is a steady run through an engram.

The engram which is most available in the case we can postulate to be runnable in a very orderly fashion and that it can be deintensified. Now where that engram rests in a case is a matter for the auditor's discovery. He can and should find what that engram is, and if that engram is deintensified the case will start to resolve. You can get that with the file clerk and you can get it with a flash answer. You can also test engrams with flash answers, and so on. The best method of showing you about this is just to take a patient and run a test on what engram is most available, to attempt to get the case resolved.

The case I will use in the demonstration which follows this lecture has been very reluctant in the hands of several people. Material is coming off the case, but the engram which is the apparent holdup is not really it, otherwise it would have resolved already.

The mind as a whole does not wish to be aberrated. It can apparently desire to be aberrated on a prosurvival sympathy engram basis in psychosomatic illnesses, but it is not willingly doing so. As a result it will give you, for your confident address to the problem, the engrams which are most aberrated.

Discovering the location of that key engram is a very, very important thing in therapy. You must be able to discover what engram it is which you must relieve in order to resolve a case. This should be given your very close attention, because I have seen many auditors hammering away at some part of a case which is inaccessible and therefore slowing the case down. Cases should progress fast.

There are people of course who are so wicked, so mean, so recalcitrant, so utterly devoid of all human feeling, principles, conscience and integrity that they will go hundreds and hundreds of hours still protecting and nursing to their bosoms some engram which they will not deliver!

Those are demon circuits.

BIRTH

A lecture given on
27 June 1950

A Trying Experience

Birth is a rather trying experience on a child, and an experience which brings about a condition of great weariness because of its excessive length and high emotional content in most cases. It can continue for 50 hours. The first contractions are not considered terribly important by the child, but as they go on they get worse and worse and they become very important. They become very painful until in the last half hour of birth before the head emerges, it is somewhat like being in a cotton press or jute mill.

Now it so happens in birth that a woman who is sexually frustrated doesn't develop very well in the pelvic region,.sometimes it is much too narrow and a lot of difficulty ensues. At this moment a doctor, when he doesn't order a Caesarian, usually starts in with instruments. Then you get a real picnic in birth.

The practicing theory in the last 20 or 30 years has been to get the woman as frightened as possible then anesthetize her utterly so her muscles wouldn't work and she couldn't push down anything, get her into a complete nightmare state, then scream at her to "push," and harangue her for not cooperating and so forth. This is standard at birth.

Birth is a very engramic period, extremely so. As a consequence, headaches from birth are very common. The doctor often says, "Hold still now. Now push. Now push down. Now push down. All right, it's coming now. It's coming. It'll be here in an instant now." It is things like this which pull the person down the time track into birth, and it is very common to find people latched up in birth. I know I wouldn't like to be born again.

Then as soon as the child's head comes out, usually his eyes are facing a strategically located blazing white light, square in the ceiling. This is to render him conscious of the fact, no doubt, that this is the world. If you want to give somebody a bad cold, give him a sudden light flash in the face. It will very often work on a person as a restimulator, and very shortly afterwards he will start to sneeze or blow his nose.

The next greeting that he gets is somebody grabbing him by the ankles, usually, swishing him up into the air with a great deal of energy, and spatting him very securely upon the rump with lots of conversation in the meantime. The person has just been pushed through hell, returned back and pushed through again, and now somebody spanks him.

Then they lay him down and put things in his eyes with lots of chatter like, "Now, hold still, hold still. Oh, that's a good baby." Then somebody always comes along and says, "My, what a beautiful baby," or, "Aren't you lucky," which puts a manic on the end of birth. This makes up a pretty standard birth.

Then they take the baby and put him in a room with a lot of other squalling infants to din his ears in. The nurse comes by, and people stand around, and for about three to five days the baby has a headache. In short, there are about four or five days of material.

Fortunately this material will come up in chunks, and even the longest run on birth normally won't take over an hour and a half, right through from beginning to end. But you can count on birth, whether it is accessible or not, being at the very least quite a trying experience.

It produces a headache which is often severe and which is variable, because as the baby's head starts to emerge, first there is the headache which just covers the crown of the head, and down; then there is the headache which covers the forehead as a band; then there is the

headache which covers the lower part of the jaw and back of the neck; then there is the headache which merely chokes the child and ruins the back of his neck. Next his shoulders are squeezed as they come through, and so on. Bursitis can set in about this time.

Now if the doctor has placed his instruments "expertly," he can give the baby a very fine traumatic condition of the gums and jaw, so that the baby will have tooth trouble for the rest of his life. If the doctor is very "clever" at it he can say at that moment, "Don't be anxious, now hold still. Now I'm pulling him down. Here he is. Hold still, Baby. Now, we just get another grip here, just get another grip here. Damn it, Nurse, I told you to get that sterilizer out. Now there's no reason to be nervous, Madam, there's no reason to be nervous. Now hold still for a minute. Now push, now push once more."

About this time, if it is a fairly normal birth, the baby is extremely tired—and the patient at this point will start to get tired. A baby goes to sleep about two minutes after he has been born, in most cases, and this weariness will settle over the patient if you try to erase the engram. Or, if you clip birth, the person will be extremely tired for days afterwards.

I clipped a birth one time and for two and a half months the patient was exhausted, because we couldn't get back to it again. And finally we got things squared around and got it up, and I don't think the patient has been tired since. But chronic weariness is something that comes directly from birth. Conjunctivitis is something else that stems from it. Sinusitis, too, is very common in birth.

The reason that people often get colds after taking a warm shower and then stepping out into cold air, is because it is a restimulator of birth when the baby moved from a warm, dark interior to a cool, light exterior, with his nose and throat full of mucus. And that is actually the source of the common cold in its psychosomatic aspect.

There is all sorts of material back of birth, but birth can lay down the injury on which these things can feast. A person knows what a headache is—it is "Oh, poor little boy, you've got a headache." So now he knows what a headache is—it means getting born.

You will find most normal births difficult enough to lift. But now we get into births which are not as normal. These produce some quite remarkable psychic conditions in people. The cord very often gets around a child's neck so that he is born in a strangled condition, unconscious from lack of oxygen. The cord is not giving him oxygen and he can't breathe the air. The doctor once in a while will say, "Well, the baby's dead," and other "helpful" remarks will occur at this time which give the child a horror of strangling.

In one case, a woman who was sure her husband was going to strangle her at any moment was found to have had in birth a cord around her neck, with a holder, and the doctor as an ally. But the doctor was just like (according to her reactive mind) her husband. So her husband restimulated birth, and restimuluted a strangulation. Because of an antagonist in her case who was also restimulated by the husband, she achieved the remarkable judgment that her husband at any moment was going to strangle her. She was terrified of strangling, and if he touched her throat it would upset her considerably.

Another aspect of birth is the Caesarean. One might think offhand that one would not discover very much that was upsetting to the child in a Caesarean. But remember that most Caesareans are given only after natural labor has been attempted and has failed, so that the child now and then has his head wedged in the pelvis for some hours. Only then do they cut the woman open in order to retrieve the child. To do this they have to give her a general anesthetic, so we get an operation on top of the thing, and it is a very nasty traumatic experience. They never give the Caesarean in time to cancel out the effects of a labor.

Another aspect of birth is the false labor. You may think you have found birth, and all of a sudden it will turn out not to be birth. There are labor pains, contractions and so forth, with Mama screaming and sure that she is going to die. Finally she gets so nervous and tensed up

that she can't deliver and they wheel her out of the delivery room. Then it may be three or four days before that birth is accomplished, during which the baby may be out of position and all sorts of things may be wrong with the child; so it is a rather nasty period.

Women in the past have not reacted too well to birth, yet I have reason to believe that birth in a natural sense where a woman has very few engrams may be a fairly easy experience. Birth is very much impeded by fright on the mother's part. When you hear, while you are diagnosing somebody, that he had a very difficult birth, you peg Mama. Mama is a loop. It will work out one for one. I have found no exceptions to this.

If you get a blocked second dynamic,1 know that there is a nasty birth around someplace, although you can still find women who are too small to give birth and who are not nervous and who aren't particularly loopy. Nevertheless, it is true that blocks on the second dynamic cut down various fluid flows in the body including glandular excretions. The body does not construct itself along lines to give birth. You get very narrow-hipped women and other very undesirable things. Here is the blocked second dynamic very definitely at work. If the second dynamic is blocked, Mama is going to abreact somewhat. So you probably have a loopy prenatal background too if you have got a bad birth.

The next thing that you will run into in birth is that it is an engram in common with the child. Mother and child have the same engram. Postpartum psychosis may be rare, but postpartum neurosis is the standard thing in America. This is the child that gave her all the pain. This is the mama that I heard screaming. Between the two of them it is a setup that the devil himself would not have countenanced.

Then there may also be the condition of the doctor saying to the baby, "Now you'll forget this in a little while. Okay, little Baby, hold still. You'll forget all about this in a little while. Things aren't so bad. Things aren't so bad," while the child is lying there knocked to pieces with his head all swollen up.

He actually has what in an adult human being would be called concussion and skull fracture. Of course, because he is limber he can take it, but that doesn't mean he isn't hurt. "You will forget all about this in a little while," the doctor says. "Now hold still." You will find Mama, after that, occasionally using this phrase to the child which keeps the child nicely restimulated. She doesn't know where she got these phrases.

Now take a doctor who doesn't know, who can't be sure, who is being hammered by the husband in the area asking, "Will they be all right? Will they be all right?"

"I don't know. I can't be sure. This sure is a mess here. You never can tell about these things," and so on—the doubtful doctor. He really gives you a case, because you will pick this up later and just from that source alone you can have "I don't know, I'm not sure" chronically in restimulation.

The doctor loses his self-confidence most in a case that he believes contains some possibility of death for the mother or child, and becomes very unsure. So here is a tough birth with a tough computation laid on top of it. There is more than one person walking around today who is a "don't know and can't be sure" case straight from the doctor at birth.

So, birth is a very interesting experience any way you want to look at it when you are lifting it as an engram. You will find that most sinusitis, a lot of bursitis, quite a bit of arthritis, stomach pains (because the stomach is very badly clenched on the final ejection during delivery, and because of instruments which are clamped against the stomach), tooth trouble, eye conjunctivitis, and several other conditions stem mostly from birth.

If you can get up birth alone, you will produce such a marked difference in the case that the preclear will hardly know he is the same man as far as his psychosomatic illnesses are concerned. Birth is quite a target.

I would love to have some kind of a mechanical aid which would help with diagnosis. Rather than ask the patient, if one could just start running off types of incidents and watch for a reaction on something like an EEG, that would be one way to do it. The best way we have now is simply by flash answers and checking over the case and getting a diagnosis on it and so forth.

This covers birth very generally. The first few times you handle birth in a case you will know more about it than I can tell you. And once you have gone through your own birth, you will have a vast appreciation for the experience.

SENSE OF REALITY

A lecture given on
27 June 1950

Rehabilitation

After a diagnosis there is nothing wrong with starting and resolving a case quickly, but picking up the patient's sense of reality is very important. It should be done at the beginning of the case. I seldom dive on a case without looking it over fairly carefully, but when you do dive you want to resolve that case as fast as possible in its initial stages. That is vital.

It is the dullness of tackling a case when you don't know where you are going in it that is the hard, brutal approach, because you could very easily slug a case around and get it all tangled up and stuck in 15 places.

The target is to get the painful emotion off the case as fast as possible or the physical pain engram in which the patient is held. You want to relieve that case quickly. Although your primary consideration is not patient comfort, patient comfort is an index of how far you are getting, and an index of whether or not basic personality is satisfied. BP knows all about this.

In a case I took up recently where the patient was stuck somewhere on the track, we eventually found him going appetite over tin cup off a tricycle, which seemed to be tied in with the back somatic he had. That was the incident that was covering the earlier incidents, so we were diving from that incident into the earlier ones. Therefore we were exciting that incident of falling off the tricycle continually without ever spotting it, and the case would have gotten more and more uncomfortable until we discovered it.

The following is an auditing demonstration of picking up a preclear's sense of reality.

LRH: Okay, close your eyes. How about going back to a moment when you were having a lot of fun, enjoying life, and so forth. (pause) Okay, what are you doing?

PC: Riding a horse.

LRH: Okay, how does the horse smell?

PC: Like most horses.

LRH: Okay, like most horses. Doesn't this horse have a particular odor of his own? How about the leather?

YC: Probably the rein.

LRH: Okay, the rein.

PC: My olfactory has always been dim and is still dim. I can only get a vague impression of it.

LRH: Okay. How does the horse look?

PC: Fine. It's a chestnut horse.

LRH: What's he doing?

PC: Moving forwards.

LRH: Aha. And he is doing what? Cantering?

PC: Yah, at this point, some cantering.

LRH: All right. How does it feel?

PC: Feels fine, Ron.

LRH: What's it doing to your breath as he canters?

PC: Sort of a slight bouncing.

LRH: Okay. The file clerk will now give us the incident which is necessary to resolve your case. Your somatic strip will go to the first moment of that incident. When I count from one to five, you will give me the first words of the incident. One-two-three-four-five (snap!).

PC: Ouch.

LRH: Go over it again.

PC: Ouch.

LRH: Go over it again.

PC: Ouch.

LRH: Go over it again.

PC: Ouch.

LRH: Next line. .

PC: That hurts.

LRH: Go over it again.

PC: Ouch, that hurts.

LRH: Go over it again.

PC: Ouch, it hurts.

LRH: Go over it again.

PC: Ouch, that hurt.

LRH: All right. Any bouncers in this incident? The somatic strip will go to any bouncer in this incident. A bouncer will flash into your mind when I count from one to five. One-two-three-four-five (snap!).

PC: Seems like You can't come in, you can't come in.

LRH: All right, go over that line.

PC: (mutters) You can't come in.

LRH: Go over it again.

PC: You can't come in now.

LRH: Go over it again.

PC: You can't come in now.

LRH: Go over it again.

PC: You can't come in now.

LRH: Contact it more solidly. Go over it again.

PC: You can't come in now.

LRH: All right, any bouncer? Any get out or go away? Anything like that? The somatic strip will go to that part of the incident. When I count from one to five, it will flash into your mind. One-two-three-four-five (snap!). (pause) What is it?

PC: Not a bouncer, I got Stay here.

LRH: All right, go over that, Stay here.

PC: Stay here.

LRH: Go over it again.

PC: Stay here.

LRH: Go over it again.

PC: Stay here.

LRH: Go over it again.

PC: Stay here.

LRH: Go over it again.

PC: Please stay here.

LRH: Go over it again.

PC: Please stay here.

LRH: All right, let's go to the denyer in this incident. The somatic strip will go to a denyer. When I count from one to five the denyer will flash into your mind. One-two-three-four-five (snap!).

PC: You can't tell.

LRH: Okay, let's go over You can't tell.

PC: You can't tell.

LRH: Go over it again.

PC: You can't tell.

LRH: You can't tell what? Go over it again.

PC: It might take a long time.

LRH: Let's go over that again.

PC: You can't tell, it might take a long time.

LRH: Go over it again.

PC: You can't tell, it might take a long time.

LRH: Contact the somatic with this. Go over it again.

PC: You can't tell, it might take a long time.

LRH: Okay, go over it again.

PC: You can't tell. It might take a long time.

LRH: All right. Let's contact the beginning of the incident. Contact the beginning of the incident, the word ouch.

PC: Ouch.

LRH: What's the jostle just before Ouch? The somatic strip will locate this. Let's contact it. (pause) Let's contact it.

PC: Hm-hm.

LRH: Okay, that's all right. Is there a pain shut-off in this incident? Yes or no (snap!)?

PC: Yes, there is.

LRH: All right, let's contact the pain shut-off. The somatic strip will go to the pain shut-off, I'll count from one to five, one-two-three-four-five (snap!).

PC: I don't feel anything.

LRH: Go over it again.

PC: I don't feel anything.

LRH: Go over it again.

PC: I don't feel anything.

LRH: Go over it again.

PC: I don't feel anything.

LRH: Go over it again.

PC: I don't feel anything.

LRH: Go over it again.

PC: I don't feel anything.

LRH: Get the somatic, go over it again.

PC: I don't feel anything.

LRH: Go over it again.

PC: I don't feel anything. (yawns)

LRH: Go over it again.

PC: I don't feel anything.

LRH: Go over it again.

PC: I don't feel anything.

LRH: All right. Let's contact the beginning of the incident and roll it. The somatic strip will go to the first part of the incident, Ouch.

PC: Ouch.

LRH: Continue.

PC: That hurts.

LRH: Continue.

PC: I feel like I'm making this all up, Ron.

LRH: Yeah? Let's roll it.

PC: Ouch, that hurts. Ouch, that hurts. Ouch, that hurts.

LRH: Continue.

PC: Ouch, that hurts pretty badly.

LRH: Continue.

PC: That hurts.

LRH: Continue.

PC: That hurts.

LRH: Continue.

PC: (mutters)

LRH: Let's go over that again.

PC: I don't care, I wish we could get this ouer with.

LRH: Go over that again.

PC: Oh, doctor, I wish we could get this over with.

LRH: Continue.

PC: (mutters)

LRH: Continue. I wish we could get this over with.

PC: I wish we could get this over with

LRH: The somatic strip will go to the moment in this sequence which makes you think this destroys the reality of it. When I count from one to five it will flash into your mind. One-two-three-four-five (snap!).

PC: (mutters)

LRH: What do you get?

PC: That's the same, or something like that.

LRH: All right. Go over it again.

PC: That's the same

LRH: Go over it again.

PC: That's the same. (pauses, then coughs)

LRH: Go over it again.

PC: That's the same

LRH: Go over it again.

PC: That's the same

LRH: Go over it again.

PC: (gags) That's the same.

LRH: Go over it again.

PC: That's the same.

LRH: Go over it again.

PC: Thats the same

LRH: Go over it again.

PC: That's the same

LRH: Contact the sonic on this. Go over it again.

PC: That's the same

LRH: Shift into your own valence. Go over it again.

PC: That's the same

LRH: Your own valence. Go over it again.

PC: Thats the same

LRH: Continue.

PC: (more agitated voice) That's the same.

LRH: Continue.

PC: That's the same

LRH: Continue. Continue. (pause) Next line.

PC: Always. That's the same thing.

LRH: Go over that again.

PC: (coughs, then mumbles) That's the same thing.

LRH: Into your own valence.

PC: It's always that way

LRH: Let's go over that again.

PC: Thats the same thing, it's always that way.

LRH: Into your own valence. Attaboy.

PC: That's the same thing, it's always that way.

LRH: Okay. Continue.

PC: That's the same thing, it's always that way.

LRH: Continue.

PC: Well, you al be better soon.

LRH: Go over it again.

PC: Well, you it be better soon.

LRH: Next line.

PC: We'll just see if we can't make you more comfortable.

LRH: Continue. (pause) Continue.

PC: I'm sliding out of valence.

LRH: All right. Into your own valence, go over it again. Make you more comfortable.

PC: Let's see if we can't make you more comfortable.

LRH: Into your own valence. Into your own valence. (PC coughs) Continue. What's your mother saying?

PC: Well, I hope you can. I don't want to go on like this.

LRH: Go on over that again.

PC: Well, I hope you can, I don't want to go on like this.

LRH: Continue.

PC: I hope you can, I don't want to go on like this.

LRH: Continue. Next line.

PC: Oh, we it have you fixed up We it have you fixed up pretty soon.

LRH: Go over that again.

PC: Oh, we it hare you fixed up pretty soon now.

LRH: All right. Go over it again.

PC: Oh, we it have you fixed up pretty soon now.

LRH: Go over it again.

PC: Oh, we al hare you fixed up pretty soon now.

LRH: All right. Next line. (pause) Next line.

PC: (mutter)

LRH: Shift into your own valence. Pick up the next line. What do you get there? Any impression of sound there in your own valence?

PC: Not a sound. The words just changed.

LRH: All right, that's okay.

PC: Something got changed in here.

LRH: All right.

PC: (mumble)

LRH: You know the next line.

PC: Something about Well, I guess that's about all I can do now.

LRH: Go over that again.

PC: Well, I guess that's about all I can do now. I'll be going now.

LRH: Let's go over that again.

PC: Well, I guess that 's about all I can do now, I'll be going now.

LRH: Continue.

PC: All right, Doctor, thanks very much for coming out. I get the impression it 's going to snow.

LRH: All right, let's go over that again.

PC: Thanks very much for coming out, Doctor. The farm was about 15 miles out of town.

LRH: Okay.

PC: Thanks very much for coming out, Doctor. That's all right, if anything more turns up, tell me.

LRH: Okay.

PC: (mutters)

LRH: All right. Let's return to the beginning of the incident. The first moment of disturbance of this sequence now. Right at the beginning of it. Shift into your own valence now. Let's run it. Let's run it.

PC: Ouch, that hurts.

LRH: Continue.

PC: (coughs)

LRH: Continue. Into your own valence. Continue.

PC: Ouch, that hurts.

LRH: Continue.

PC: What are you doing?

LRH: Continue.

PC: You'll be better soon, Ma.

LRH: Continue.

PC: I hope so I can't go on like this.

LRH: Continue.

PC: We'll get you fixed up here.

LRH: Continue.

PC: (murmur)

LRH: Continue.

PC: (grunts)

LRH: Attaboy. Roll it. Shift into your own valence, pick up the rest of it. (pause) Everything's the same, go over that.

PC: Everything's the same. Euerything's the same.

LRH: All right. What's the phrase? The whole sequence?

PC: Everything's the same

LRH: Go over it again.

PC: It's always that way

LRH: Let's go over that again.

PC: It's always that way.

LRH: Let's go over that whole phrase.

PC: Everything's the same. It's always that way.

LRH: What's the somatic with it? Let's go over it again.

PC: It's not so much somatic, it's just very hot.

LRH: All right. Let's go over that again. Everything's the same.

PC: Everythings the same. It's always that way.

LRH: All right, continue.

PC: Thats all right. We'll have you fixed up pretty soon.

LRH: Continue.

PC: That's all I can do now, I guess I'd better be going.

LRH: Continue.

PC: All right, Doctor, thanks a lot for coming out.

LRH: Okay. Is can't come in in this sequence anyplace? Yes or no?

PC: No.

LRH: All right. Let's roll it from the beginning. Let's roll this thing through again. Let's pick up the tactile on this.

PC: Ouch, it hurts.

LRH: Okay. Keep rolling it.

PC: Ouch, it hurts.

LRH: Next line.

PC: What are you doing?

LRH: Continue.

PC: (mutter)

LRH: You know what it is, just roll it.

PC: Ouch, it hurts. What are you doing?

LRH: Continue.

PC: You'll be better in a little while.

LRH: Continue.

PC: You'll feel better. You'll feel better in a little while.

LRH: Continue.

PC: I hope so It can't go on like this

LRH: Continue.

PC: That's the same, it's always like that.

LRH: Continue.

PC: (mumbles) That's all right.

LRH: Continue.

PC: Well, we it have you fixed up pretty soon.

LRH: Continue. Shift into your own valence.

PC: (yawns) We'll have you fixed up in a few days.

LRH: Continue.

PC: Unlikely. Then there's something about medicine in there.

LRH: You know what that is. When I count from one to five, it will flash into your mind. One-two-three-four-five (snap!).

PC: If you get this prescription filled, I think that will help.

LRH: Go over that again.

PC: If you get this prescription filled, I think that will help.

LRH: Continue.

PC: If you get this prescription filled, I think that will help.

LRH: All right. Let's go back to the line She's sick all the time. (pause) She's sick all the time. I'm sick.

PC: Shhh.

LRH: What is it? She's what?

PC: It's not the same. It's always like that.

LRH: Let's go over it again.

PC: No, it's not the same. It's always like that. I'm always sick at my stomach.

LRH: Ah. Let's go over that again.

PC: (sighs) It's always like that. I'm always sick at my stomach.

LRH: Shift into your own valence and run that.

PC: Just the same, it's always like that. I'm always sick at my stomach.

LRH: All right. Let's go over that again.

PC: Just the same, it's always like that. I'm always sick at my stomach.

LRH: Contact any somatic on that now, let's roll it again.

PC: (whines) It twitches, I think.

LRH: Ah, you know about that.

PC: Yes.

LRH: All right. Will you contact this incident when Bert runs you?

PC: Yes.

LRH: All right. Go on up to the time you were riding a horse.

PC: (more awake) Yeah.

LRH: Was it a big horse?

PC: Middling horse.

LRH: Medium size horse? What's he doing?

PC: Cantering through a field.

LRH: How do his hoofs sound?

PC: Well, not Very much on the turf.

LRH: All right, but listen to those hoofs on the turf.

PC: Just a thong

LRH: All right. Pick up any saddle creaks there?

PC: Sort of. Someone was saying, Oh, look at the baby colt.

LRH: Okay. You enjoying yourself there?

PC: Yeah.

LRH: How's the fresh air on your face?

PC: Okay. It's sort of blowing on it.

LRH: Okay. Come on up to present time, five-four-three-two-one (snap! snap!).

PC: (murmurs)

LRH: Hm-hm. Well, at least the file clerk gave us the grouper.. What was the grouper?

PC: That's the same....

LRH: Go on, what was it again?

PC: Thats the same, it's always that way.

LRH: Let's go over it again.

PC: That's the same, it's always that way.

LRH: Okay.

That was merely a demonstration of the technique. The technique in this particular case wasn't working too smoothly at the beginning because this patient is working under self-control.

LRH: Who in your family desired that you be very self-controlled?

PC: (reply not audible on recording)

LRH: Yes, but has he ever told you that you have to control yourself?

PC: (reply inaudible on the recording)

LRH: Yes.

When I ask for a bouncer, we get a holder. I ask for a denyer and we get a grouper or something else. That is the manifestation of a self-control mechanism at work, Control yourself, control yourself. A person is fully equipped to control himself without having an installed light trance that he carries around his whole life telling him what to do, back and forth and vice versa.

Something to note here is that your assurance that the somatic strip is going to be where you say it is going to be is the single test. When you automatically assume with confidence that it is going to be somewhere, it goes there. That is the best test. There is no sense in coaxing a person's somatic strip around. You don't have to.

The bulk of slow starts and minimal success runs happen because people don't realize that the somatic strip is doing exactly what they ask it to do. They will assume that because they are not getting data immediately, that the somatic strip is not doing what they have asked it to do, and so they will ask it to do two, three, four things at once before they get anything out. The somatic strip by this time gets pretty fouled up with the bank, it is hard to move it, and the person gets stuck. Then you have to go through the procedure of finding out what it is stuck on.

Note also the use of the forcing technique of counting and snapping one's fingers. This doesn't work too well on some patients because somebody back in the early part of the bank may be telling somebody to count to five and when you count to five, this may mean something very bad. However, if you run up against that, just recite from A to D or something like, When I count from A to D and snap my fingers, such-and-such will flash into your mind.

A very workable technique is one whereby you merely tell the patient to close his eyes, you install a canceler and flash him back down the line by telling him to go to the front part of the

incident with the words, The somatic strip will go to the front part of the incident; or if you know what you want the somatic strip to go to, you merely tell it to go there and then count to five and get the first phrase that flashes. He will recount it. Get him to pick up the somatic and spot the incident so he is not going to bounce out
of it, spot a bouncer, spot a denyer, generally chop it full of holes before you run it, and then just start in at the beginning and run right straight on through the incident.

Something that has to be rehabilitated in a patient is his feeling of reality. Never neglect the rehabilitation of that very fact.

An auditor must keep in mind that he is going to run across people who don't know five minutes ago was real, who are floating about eight feet off the ground as far as reality is concerned. One isn't asking them to face crude, sordid reality, merely trying to put them in contact with the living world a little more solidly.

It is very much worth an auditor's while to spend a lot of time trying to find out who knocked out reality for this person. That can be done on a straight memory basis sometimes. The straight memory circuits are set up to validate reality and what they get is real. As far as the bank is concerned that is real too. However, the person knows it is real when he knows it is real.

There is no sense in going back into a prenatal and running a lot of material out and chomping around on it if you haven't made a person's sense of reality come to the fore. We are not asking a person to go back and play with delusions. The incidents are there. The worst enemy of a man's stability is a sense that everything is false and unreal. It compounds the felony. In short, the aberration is now not only furiously active but also pronounced utterly unreal, and between these two things he gets pretty well cornered.

Sanity is reality. Therefore one has to be able to contact a reality, but in order to do that you have to contact the things that make reality unreal.

The chief factor in this society today that makes a reality unreal is a small group in the world devoted to mental healing, with their pronunciamento that all insanity is childhood delusion. So some poor person tries to go back and contact a reality..If he does so with some of these past schools of mental healing, where very often people have gotten into birth and the prenatal period and all up and down the line somewhere, he is immediately challenged by the healer to the effect that what he is remembering is delusion. And one of two things happens:
his case gets worse or he gets angry.

One has the remarkable situation of the psychiatrist who told two people who were remembering back into birth and prenatals that there was no validity to their memories about any of this. So the people started in just remembering with each other and at the end of a year had practically every psychosomatic illness that was on file in the reactive mind in furious restimulation. Then one of our students on the night course showed them Book Three of the Handbook and told them, You start in here and read, and don't do it any other way but this or you will keep on getting in trouble. He worked on their cases to a point where they were fairly straightened out and comfortable.

So the practice of knocking out reality has more than one repercussive
result. If a patient has an impeded sense of reality, that'sense of reality is impeded in pleasure as well as in pain. You should rehabilitate it for the later moments of his life until he can be sure about these later moments, and they are more easily validated.

So make sure that you know whether or not he considers yesterday real. If he doesn't consider yesterday real, do something about it. The 15-minute technique where you tell the preclear to remember, Who told you this? Whose fault was it? and so on will handle it. Don't ask, however, Who destroyed it? because destroyed is a bad word inferring that it has been destroyed which it hasn't.

If a person does not think that today is real, then he is psychotic, and we would have to practice Institutional Dianetics on him.

The subject of reality then is the first factor in the following case which needs solving. That is not too hard to solve, but it had better be solved now before the whole track is chewed up from one end to the other.

LRH: All right, let me then check this with you. Who was of the opinion that imaginary things were bad?

PC: Papa. I was just going over that in my own mind.

LRH: When did he used to say this?

PC: Well, he said it more or less all along that you have to draw a sharp line between what is real and what is imaginary. And you have to be very careful not to start considering the imaginary is real.

LRH: Did you have any older brothers or sisters?

PC: No older brothers, no older sisters.

LRH: All right. Was your mother very imaginary, or had she ever tried to practice any of the arts?

PC: Piano.

LRH: Piano. What did your father think about her piano?

PC: Oh, I don't think he thought she could play.

LRH: Uh-huh. Did he ever encourage any artistic lines in you?

PC: He never discouraged them. My mother would encourage them.

LRH: Did you ever try to write any stories?

PC: No, but my father does.

LRH: He has written a lot?

PC: Some, but not much fiction.

LRH: Not fiction. I'm beginning to get this boy's number.

PC: He's done some fiction.

LRH: All due respect to your Papa, he is writing fiction every day of his life. The hardness of reality. When did he used to beat you around about telling him a lie?

PC: Well, that was a number one sin.

LRH: What happened to you if you told a lie?

PC: I learned about it.

LRH: You learned about it. All right. Now, tell me this. When did you learn about it?

PC: I remember one incident, because I'm sure to this day that he told me at some time that if I saved up enough money I could buy a rifle.

LRH: Yah.

PC: I was about 11 or 12 and I had saved enough money so I went over to the little store and bought one. Then he said to me that he had never said that.

LRH: Hm-hm.

PC: And boy, was I confused, because I was sure he had. I never would have considered buying it if I hadn't been sure of what he had said. But he was sure he hadn't.

LRH: You remember this?

PC: Very definitely I remember this, there has never been any doubt about it.

LRH: Because he told you what?

PC: Well, he told me that he had never said that. He was very sorry that I had bought it.

LRH: Now what were you to do with the rifle?

PC: Well, as I remember it, he said I should put it aside for a few days.

LRH: You were feeling very proud and triumphant the moment you brought this home with you. And what happened?

PC: We sat around and talked about it.

LRH: Okay. Now tell me this, how many incidents were there earlier than this, where a similar thing was told to you?

PC: (pause) There was a flash in there just after you asked me how many incidents, and I got three.

LRH: All right. Let's take it on a straight memory circuit, straight through the standard banks right down the line now. When did you tell the truth and were accused of lying? What's the first incident that you can remember when you told what seemed to you to be the perfect truth?

PC: The first one was the one Ijust gave you.

LRH: All right. Are there earlier ones?

PC: Flash is yes.

LRH: All right, let's contact them, straight memory.

PC: I can get a phrase of mine in there that either I did tell the truth or that I am telling the truth.

LRH: Hm-hm. About what? What was the furor? What was the big upset? (pause) You can remember.

PC: I had a book.

LRH: Hm-hm. Big upset.

PC: I think it was George Washington wandering around in there. I never tell a lie.

LRH: Hm-hm.

PC: That was more or less the idea with which we were brought up, that it wasn't so bad what one did, but to lie about it was.

LRH: All right. We want the time now when I you told the truth and it upset the whole household.

PC: I can get an impression of Daddy there, with Mother sort of staying out of it, which she generally did. Later on I learned that it was no good to argue with my father.

LRH: Hm-hm.

PC: It was something about taking care of the woman who lived in the house next door.

LRH: What's the score on this early incident?

PC: I remember now.

LRH: Hm-hm.

PC: The reality on this doesn't fit. (chuckles)

LRH: Who said it was unreal?

PC: (murmurs)

LRH: Hm-hm. And you've just got through telling the truth in this incident, and now it has been stated that that is a falsehood.

PC: Yes.

LRH: You stood up to this, how long?

PC: Oh, I don't remember too well.

LRH: Now listen, we're going to set this up as a little homework for you.

PC: Okay, I'll work on that.

LRH: Bert is going to run you in a few minutes. There is the crux of the situation. There is a lot of material like that in the upper part of the bank. You don't have to have it there because I said so.

PC: No, I know.

I'm just demonstrating that the rehabilitation of a sense of reality can actually best be accomplished by stimulating the standard memory.

Reality is most commonly knocked out by:

1. A psychiatrist.

2. A psychoanalyst.

3. Mama, who is very frightened of the child remembering back to what she might have done to him (which knocks out memory and also knocks out a sense of reality).

4. Papa, who doesn't want something bruited about, or Mama who doesn't want something bruited about the neighborhood. So that when little Johnny says so-and-so, then it must be categorically denied, although what little Johnny was saying was true.

In one case Papa and Mama were dull enough to let themselves get caught with an AA in progress. Little Johnny in gr.eat terror went and told a neighbor's child about it, and it was all over the neighborhood in a hurry. Papa had to use heroic measures, and of course invalidate everything that little Johnny had said. In addition to that, little Johnny's own AAs were keyed in at that point. He was in great terror and then the giants descended upon him and I think in this case Papa used an electric shock to teach him better.

So this is something for an auditor to check, and this is why he should use a diagnosis at the beginning of the case, why he should check a person's sense of reality, why he should check the character of the parents and so on. Naturally, although this gets validated on the straight line memory bank circuits, one hasn't achieved the primary source of it. But having gotten that far, when one gets to the primary source, the source itself will be accepted. Because there is material like this in actual engrams.

One can, however, continually hammer at a person that he is wrong, and practically destroy that person. The person has to stand up pretty solidly on his own two feet. Once a person's sense of being right is knocked out by the connivings and hammerings and infiltrations of aberrees around him, he is almost done for.

The mind is set up to be right. Even though a person is working from an engramic background, and even though he himself has the feeling that he might be, remember that is still data that is in the computer, and until it is relieved it is still right. He doesn't go around being wrong.

A big computation goes on in this society today that You're too fond of being right, or You insist on being right all the time, and so forth. Yes! Insist like fury on being right. If you have somebody around you who insists continually that you are wrong, that you don't understand, that you don't know, that that is not the truth, and you are getting a continual knockout of your data, your conclusions and so forth, there are only two things to do to that individual: either a la Rigoletto wrap him up in a sack and give him the deep six, or use Dianetics on him and shut him off as far as having much validity with you is concerned. Because it is a cinch that one human being in a fairly alert state who is thinking, who is not in an institution, absolutely cannot be wrong 100 percent of the time.

The whole computation of that person insists that he is right. If his conduct seems aberrated, to buck that conduct, to break the dramatization by telling him continually that he is wrong, is a foul trick. If one wants to drive a person insane he can do so by convincing him absolutely that he is wrong, and wrong forevermore.

The analytical mind is so set up that when it recognizes that it has made a miscomputation (on its own power and determinism), it hastily re-evaluates the situation. But if the analytical mind has to accept on somebody else's force that it is being wrong, and has to admit it is wrong because somebody says it is wrong, then that analytical mind has received another engram which says it is wrong, or it has received a lock on an engram which says it is wrong. In other words, there is no reason involved in it. A person cannot argue very much against engrams. He can push buttons, and he can handle them in other ways, but to blunt them and to use force against them is impossible.

On the other hand, when a man is right he knows he is right; and if he analytically discovers that he is wrong, he will correct the.computation.

The rehabilitation of reality also covers the field of the maintenance of the auditor's own sense of reality. This is pretty important to him, because he is going to get a lot of patients when he is tired who may argue with him and try to knock his own reality out.

Where an ally has said the person is wrong, that can be remedied; because the instant one discovers that this person has no analytical recollection of something, one knows that it is pretty deeply messed up in engrams. You can still head for those and ease those if you know what you are doing.

It is quite ordinary for Grandma to be the great ally, to have saved the child's life, and to be very pleasant toward the child. But the only way you could spoil a child is the way Grandma quite often employs, which is to give the child everything and let him own nothing, to make the child undetermined about things, and to undermine his determinism.

The child says, I want to go outdoors and play.

Just because Grandma wants to be the boss where the child is concerned, and she wants to show the child that'she is really caring for it nicely, she says, No, the sun is shining too hot. So he has made up his mind one way, but he has been proved wrong. Then she says, Why don't you go and play with your blocks.

So he rather long-sufferingly may go and play with the blocks. All of a sudden it starts to rain, so he says, All right, that's fine, and he gets all squared around ready to go outside and play.

But Grandma says, It's now raining.

But you said it was too hot, it's not hot outside now, it's raining.

Well, that's different.

But what's the matter? I don't understand this.

Well, you're not supposed to understand. You're too young and I'm going to take care of you.

Or he goes and gets a new pair of shoes and is told, These are your shoes, Georgie. They're all yours. But then he starts out to wear the shoes and she says, Why are you wearing those shoes today? Why aren't you wearing your old shoes? In other words he is kept in a continual state of indecision. He is never permitted to make up his mind for a moment.

He is in an environment where his mind finally becomes terrifically confused. As such he is not a happy child. His sense of reality is being destroyed because he isn't getting a chance to be right, ever.

As an auditor you want to know this and recognize it for what it is because you are going to find this in a lot of patients. Grandma is the great ally. She took care of the child when he was sick. Or the nurse was the great ally, or somebody else was. That nurse or Grandma, the ally, never gave the child a chance to be right; the child was always wrong; but the child had to depend upon that ally for his very existence, according to his reactive mind.

For instance, in a period of illness she says, I will take care of you, Oswald. I'm going to take care of you. Now I'm right here. As long as I'm here you're all right. Just do what I say and get well. Now do what I say. You want to do what I say. You want to, don't you? Now lie back and get this nice cool towel on your face, and so forth, with the child in a complete delirium while all this chatter is going on. So afterwards he does exactly what they say. Supposing Grandma now says, You know you are wrong. Why are you always so wrong about these things? You've got to do what Grandma says. You can break out a whole chain of

you're wrong's by finding out why the child had to believe so implicitly. Knock out those reasons, and all the rest of the computations disappear as locks.

For instance, in the above demonstration the patient has a computation that he has to believe his father, he has to mind him, otherwise he would have argued with him. It's irrational for a child not to fly in his father's face under such a computation.

My father told me I was wrong two or three times in my life, but only two or three times. I had a big computation that I had to mind my father which had gotten negated against completely. He was sudden death as far as I was concerned. He was not to be tolerated at any moment. None of his adjudications could be considered right. So if he said, Mind, the instantaneous reaction was to scratch his eyes out. So whenever he told me I was wrong, he would get hell raised.

I went back down the line and sitting there isolated in conscious memory was a time when I was about 2 years of age when he came in and said, You never finish anything you start. Now you want to clean up this stuff around here.

I immediately said, Get out of here. You're the one who never finishes anything he starts. And to my surprise, he backed up. He was a quarterdeck naval officer too. I looked back on this and I was amazed at the temerity of it. But the strategy was turned dramatization on him. He restimulated resistance, so I just threw it back at him and that handled it. Since then my father has always treated me with the gravest respect when he could treat me at all. He had a set of dramatizations which were fortunately not permitted to take root. For instance, I would come in and say to him, I was just down to the——.

And he would say, Oh, you were just down to the corner.

No, I was down to the store.

Oh well, corner, store, what's the difference? So you were just down to the store, huh? What were you doing down at the store? Up to no good, I suppose. I was about to tell him that I had spotted a kite down there that I thought I was going to buy. Then he would pun my words so that they would be lopsided, and my meaning was all horsed up one way or the other.

I got even with him once though. He was having a big, important meeting with a lot of officers around and I was being patted on the head. I was about 5 years old. My father was telling some long-winded tale about a time when he was down in South America on some important trip, and I looked at these people and said, Don't believe a word this guy tells you, he's the awfullest liar in the world.

Now this doesn't mean that as a child I was hurt particularly, but it does mean that a child can and will take extraordinary measures to safeguard his own right to be right. Because if I had ever permitted him to do anything else, he would have proven me so wrong he would probably have wound me up in an asylum someplace. So I never permitted it, and I wouldn't mind him. I couldn't accept anything he said, because that was sudden death.

Now, on the other hand, in the demonstration earlier in this lecture, there was a reverse computation on it. The child had accepted the computation that he must mind. His father was undoubtedly a reactive mind ally. He may argue that he accepted the minding part but not what his father said, and that he had his own mental reservations that he was right and his father was wrong, and that the only thing to do in the situation was to let his father go on believing that he did accept it. However, that was a surrender. The mind won't really recognize a compromise down in its depths.

CONCEPTION

A lecture given on
28 June 1950

Getting to Basic-basic

A case that is running without its perceptics on is quite often long, tedious, and difficult in general. So, we can afford to spend a considerable amount of time on a case trying to get him into contact with his perceptics.

The way it is being done at the present time is to spend about 20 minutes on it at the beginning of every session and then go find engrams anyway, and gradually attempt to restore reality. That could be combined with straight circuits increasing the person's sense of reality by actual memory. This is worth a lot.

One of the ways you can get him to return and coax him into it is to take him back to pleasure moments, because the mind has a tendency to seek pleasure. That is one of its functions and if it can find pleasure by going back, it will do so.

If it doesn't find pleasure as it goes back you are dealing with a case which has some kind of line charge which will blow if you know where to look, and you should be able to adjudicate where to put your finger on it.

The charges will be all over the bank if there are no pleasure moments. There will also be a lot of fear in such a case, and probably a lot of emotional charge.

The next thing that you can do is try to get basic-basic out of the case after unburdening some painful emotion and making the patient feel better. In getting basic-basic out we have a new technique which has some workability, although it has not been tested to the degree that I would care to test it before releasing it, and that is to take the patient to a moment when he was enjoying sexual pleasure. Don't ask him to tell you anything about it. Just return him to a moment when he was enjoying pleasure and then tell him to go to his own conception. In some percentage of cases you will get it. Don't tell him to remember a pleasant incident, simply say, "The somatic strip will now go to a pleasant sexual incident. Now, run through this pleasant sexual incident. You don't have to tell me about it, but I want you to re-experience it."

The person may tell you, "Oh, there are just so many of these, I can't . . ." and not be able to settle down in anything, and this technique may not work. But you are going to find it working in a lot of cases.

So you put him into this moment of sexual pleasure, let him stabilize in that point without telling you what is going on, and then tell him to go to his own conception. Enough cases will do this to warrant this as a valid technique. He will go to his own conception and run out the sperm sequencer now as basic-basic.

You don't tell him to contact it, you say, "The somatic strip will go to conception" (after you see the smile begin to dawn upon his face). "Okay. The somatic strip is there, roll it," and the person will, at the same time wiggling his feet, which is very interesting.

This is research, but we have found it working on enough patients to warrant its use. It is a good way to try to get into the basic area fast. However, once there, you may find out there are 15 engrams piled up on conception. Trying to sort them out is the best thing you can do at that point. You may find all sorts of things in the area. Conception ordinarily in Dianetic erasure gets run out anyway. That is the way it has been done in the past and that is the way it will have to be done in the future.

You will find some fantastic stories accompanying this. You may find somebody back in the year 1575 or back in the year 1200 or back in the Roman Empire as far as he is concerned. Research the matter and you will find out it is not engramic. Let him go worrying about it, that's all right, but it is not anything, as far as I can tell at this time, that we need to consider.

But erase basic-basic. There actually may be pain on it, and if there is you will have to erase it. However, just in the normal course of erasure you will contact this, and usually if it is contacted the person may remark on the fact that there is some pain on it. In such a case you try to get back there as soon as possible and erase it, because you would have what is really basic in a case.

We had no method of contacting this so absolutely before, because very often when you take the patient down the time track and go to the earliest moment of pain or unconsciousness, he doesn't arrive at conception, he winds up at a piled up block at the beginning of track where there are 15 or 20 engrams bunched up. He appears to start talking about the sperm, but he is actually talking about five other engrams.

This technique seems to go over the top of the piled up engrams at the bottom of the track. It has not been incorporated yet into standard technique. It is still to be investigated. However, we do know that the female always gets the sperm, and I have had a male patient pick up the ovum. So it has nothing to do with the future sex of the individual.

In running a patient through this, you don't have to ask him to tell you anything. I have never had anybody embarrassed yet. I have even put some girls through this who belonged to the "Young Women's Christian Temperance Association," who knew all sorts of reasons why sex was nasty. Yet I never had any trouble.

However, the way the auditor approaches the subject has a great deal to do with it. There is no disgrace when a person finds himself being a sperm. If he finds himself being a sperm, he may lean back and say, "This can't be." Okay. It can't be, but there he goes down the channel and up the curves and around the corners and into the ovum. I picked up one recently where the moment of the division of the cell was engramic.

If the patient is embarrassed, bring him up to present time, put it on straightwire and try to get him to remember something. Knock the thing out as a lock so he won't have to be so embarrassed. If anybody is that embarrassed, you can bet your bottom sou that you are dealing with somebody who has much reason to be, in terms of locks and so forth.

On the subject of line charges, a line charge is a line charge is a line charge, as Gertrude Stein would probably say. There is hardly any other way to describe it. After entering the case, if one goes back a few days and doesn't get much charge, but the patient is quite agitated, and one goes a few days before that and notices the patient is more agitated, then one goes a few years earlier and the patient can discover no pleasure, realize that one has a worried person on one's hands.

But if one just says to the file clerk, "We will now go to the incident which is most aberrative," or, "Go to the source of all this, somatic strip," he will land in an incident that is going to explode. So one merely lets him explode, and keeps running it through.

You don't have to ask for a line charge. You may get no words with that incident. You are just running what might be termed the whole engram bank. You are simply pulling a charge off the engram. That is what is meant by a line charge. Sometimes you strike the fight chain and just at the mention of a fight—you get into any part of the fight chain—you will get an explosion on the part of the patient with weeping, terror, agitation, physical convulsion and so forth, which doesn't tie itself down to an incident. However, after that is gone it doesn't come back, and the patient will then proceed as usual.

You get into a whole chain of incidents sometimes that one right after the other as you come up them will be equally explosive; that is called incident charge. But line charge is the other thing. One runs it back and forth just as though one were getting him to recount an incident. Actually, he is probably recounting about 25 simultaneously. He may not even be getting words, merely racing up and down the line. In actual fact, any case a certain distance toward clear does a line charge release, and it is really a release. You suddenly get the person to a point where you have picked up enough engrams and now there are lots of locks on the case, lying all over the place, and the person will start to laugh.

I have seen patients laugh continuously for a couple of days! One says to them something out of the air like, "Repeat the word 'cat.'"

"Cat, cat, ha-ha-ha-ha-ha-ha-ha-ha," and they are off again.

The first case I ever saw that line charged really worried me. I thought, "Boy, I've really made this guy blow his top. Now anything he does he laughs." I thought he was going to go on being that way, but he quieted down in about a day and a half. However, during that time he could pick up a newspaper and start reading, or look at a sign or at blades of grass or hear a bird sing, and that was a big joke. Or he would shut his eyes for a minute and all of a sudden pick up a whole chain of the word "the." It was simply a vast amount of relief coming off the whole surface of the case in a line form. You will notice that as you get into an incident and the analytical mind grabs hold of it and all of a sudden recognizes it as being silly, you get a laugh even though the person still feels that it is very silly to laugh that way.

Somebody may be stuck on the track and not working well, and you say, "Let's go over the words 'I don't know.'"

And so he starts to repeat "I don't know," and then all of a sudden breaks out laughing saying, "That's silly, what am I laughing about?"

And you say, "Well, go over the words again."

"'I don't know, I don't know,' ha-ha-ha-ha-ha-ha-ha-ha. That's silly, why am I laughing?"

Keep this up with a case for a while and you are converting whatever it is right into relief, and the case will work more smoothly.

There is such a thing as incident charge, which is charge off one incident. Now, imagine someone laughing off his whole life that way! I have seen somebody who was fed anything they could think up, like "death," and he would burst into laughter. Or, "I think he is dying," and he would hold his sides and just scream with laughter. Once you have gotten this thing going it snowballs up the line, and after that the person is never the same. He can't be badly frightened and his case no longer upsets him very. much. There are some cases which go for a long time before that happens, and on some of them it happens fairly early in the case. You don't have to stimulate it. All of a sudden one day it will start to happen. You will break off some sort of a sorrow charge, and mop that up, and the person will start laughing, because it is false data. As he laughs it builds up in volume and the whole case will start to go.

Practically every case sooner or later will experience that. Run and reduce everything you can find trying to get earlier each time you reduce one. I have run the sperm as an engram and then run the ovum as an engram, turned around from the other way where the person says, "I'm in two pieces!" Then, after another run through it, all of a sudden he is only in one piece as the sperm. It doesn't do to neglect the other piece; there may be nothing as the ovum at all, but on the other hand there may be. So one should take him around on the other side, working it as an ovum, after you have gotten through running him as a sperm. A person who says in therapy, "I feel that I'm in two places at one time," is in the sperm sequence.

It could also be computational if it is far up the bank. I have never seen the conception sequence go up as late as 2 or 3 years old and cause that manifestation, but of course it is always possible that it could. That 2 or 3 year old incident could be lying right square on the other one.

What you want to get off the case very early is yawns. You want to get some unconsciousness off the case, particularly the first moment of unconsciousness, because unconsciousness is the common denominator of all engrams.

Get the first period of unconsciousness out, and it lightens all the way up the bank. Get the next period of unconsciousness out, and it lightens all the way up the bank more, until finally you will be about three quarters of the way through the prenatal area, and the unconsciousness should blow unless the case has been running in terms of extra valences. Then the yawns are quite heavy, and they keep on going that way. But eventually the man will straighten out and get into his own valence and won't do that anymore.

In getting rid of emotion, however, if it is going to come off the engram at all, you should have the person pretty well in his own valence. In fact you can sometimes achieve effect by putting a person in his own valence.

He will start recounting a painful emotional engram very often exteriorized. As he begins to recount it, he is more and more interiorized until he is finally himself, and then suddenly the emotion will come off it, if you run it long enough.

In painful emotion incidents the person might have been stunned and shut down instantly. What you want is the first moment of the news of, and then carry it through to each successive moment of more news about. You may have to run a week out of a person sometimes.

In a case that just lies there for hour after hour and simply boils off with no comment, you have someone who has about two feet of unconsciousness lying over the incidents which are bundled. Little by little and one by one these incidents will boil off and they will separate and come free, although it is quite a long process.

Here is a demonstration of this technique on a case on whom therapy has already been started.

[The recording of the first part of this session is missing.]

LRH: Go over it again. (pause) Go over it again.

PC: It doesn't feel right. It doesn't feel right.

LRH: Go over it again.

PC: It doesn't feel right.

LRH: Go over it again.

PC: It doesn't feel right.

LRH: Next line.

PC: I think there's nothing there.

LRH: Okay. Go over It doesn't feel right.

PC: It doesn't feel right.

LRH: Go over it again.

PC: It doesn't feel right.

LRH: Go over it again.

PC: It doesn't feel right.

LRH: Go over it again.

PC: It doesn't feel right.

LRH: Go over it again.

PC: It doesn't feel right.

LRH: All right. Now the somatic strip will go to a holder in this incident. The somatic strip will go to a holder in this incident. When I count from one to five you will give me the holder. One-two-three-fourfive (snap!).

PC: (mutters)

LRH: All right. The somatic strip will now go to the denyer, denyer in this incident when I count from one to five.

PC: (murmur)

LRH: Hm-hm. What is the denyer?

PC: I don't know.

LRH: All right. The somatic strip will contact this denyer. When I count from one to five, the denyer will flash into your mind. One-two-three-four-five (snap!).

PC: Nothing there.

LRH: Go over that again.

PC: Nothing there.

LRH: Go over it again.

PC: Nothing there.

LRH: Go over it again.

PC: Nothing there.

LRH: Go over it again.

PC: Nothing there.

LRH: Go over it again.

PC: Nothing there.

LRH: Go over it again.

PC: Nothing there.

LRH: Go over it again.

PC: I'm sure there's nothing there.

LRH: Go over that again.

PC: I'm sure there's nothing there.

LRH: Go over it again.

PC: I'm sure there's nothing there.

LRH: All right. Is there any sequence now that attaches itself to that? Go over it again.

PC: Im sure there's nothing there, but....

LRH: Go over that again. I'm sure there's nothing there, but....

PC: I'm sure there's nothing there, but....

LRH: Continue.

PC: (murmur)

LRH: All right. The rest of the phrase or the rest of the sequence there will flash into your mind when I count from one to five, just the next few words. One-two-three-four-five (snap!).

PC: It won't came to mind.

LRH: All right. I'm sure there's nothing there but it won't....

PC: I'm sure there's nothing there but it won't.

LRH: Go over that again.

PC: It won't be possible to know for a while.

LRH: Well, okay. Go over that again.

PC: It's uery, very vague.

LRH: Oh, sure. I'm not trying to tag you with this one.

PC: Oh.

LRH: Let's go over it again. I'm sure....

PC: I'm sure there's nothing there, but it won't be possible to know for a while.

LRH: Let's roll it again.

PC: I'm sure there's nothing there, but it won't be possible to know for a while.

LRH: Anything more on the end of this?

PC: I'm sure there's nothing there, but it won't be possible to know for a while.

LRH: Okay. Let's roll this again.

PC: I'm sure there's nothing there, but it won't be possible to tell for a while.

LRH: Okay. Let's roll it again.

PC: I'm sure there's nothing there but.... (pause; cough)

LRH: All right. A name is going to flash into your mind.

PC: It already flashed.

LRH: What is it?

PC: A guy named Dr. Heinz.

LRH: Okay. Let's go over it again.

PC: But it doesn't fit into the sentence.

LRH: Okay. Where does it fit in?

PC: (mutters)

LRH: All right. If the name occurs here, when I count from one to five the whole phrase containing his name will flash into your mind. One-two-three-four-five (snap!) .

PC: (mutters) The impression I get is that he's a jerk.

LRH: Okay. Let's go over it again.

PC: (pause) The idea comes to mind that he's a jerk.

LRH: Hm-hm. Let's go over it.

PC: I'm sure there's nothing there.

LRH: Okay. Let's go over it again and see if we can contact it a little more solidly. Go over it again.

PC: I'm sure there's nothing there.

LRH: All right. Another name will flash into your mind.

PC: I don't know one.

LRH: All right. You know what it is. The blank phrases will flash into your mind when I count from one to five. One-twothree-four-five (snap!).

PC: I'm sure there's nothing there.

LRH: Okay. Now, give me a yes or no on this: Is there another denyer in this (snap!)?

PC: Yes and no.

LRH: Yes and no. Okay. Let's go to the yes-and-no denyer if it's there, whatever it is, close to the denyer. The somatic strip is there now.

PC: It's hidden from me.

LRH: All right. Let's go over that.

PC: It's hidden from me. It's hidden from me. I can't tell.

LRH: Go over it again.

PC: I can't tell.

LRH: All right. Let's go over that again.

PC: I can't tell.

LRH: All right. Let's go over that again.

PC: I can't tell.

LRH: Okay. Let's go over it again.

PC: I can't tell.

LRH: Got a somatic?

PC: It's hard to say, I've had a headache off and on all day.

LRH: All right. Let's go now to the holder in this incident. The somatic strip can go to the holder in the incident. When I count from one to five the holder will flash into mind. One-two-three-four-five. (snap!)

PC: You can't get out of it.

LRH: All right. Let's go over that again.

PC: You can't get out of it.

LRH: Go over it again.

PC: You can't get out of it.

LRH: Go over it again.

PC: You can't get out of it.

LRH: Go over it again.

PC: You can't get out of it so easily.

LRH: All right. Let's go over that again.

PC: You can't get out of it so easily.

LRH: Okay. Let's go over it again.

PC: You can't get out of this so easily. That's not quite right. You can't get out.... That's right! You can't get out of this so easily.

LRH: All right. Let's go over it again. (pause) Go over the phrase.

PC: That's right (cough) that's not right, that's not right. You can't get out of this so easily.

LRH: Let's go over it again.

PC: That's not right, you can't get out of this as easily as all that.

LRH: All right. Let's go through it again.

PC: That's not right, you can't get out of it so easily. It's your baby and you're stuck with it.

LRH: Hm-hm.

PC: That's a beauty.

LRH: All right. Let's go over that again.

PC: Is that a double entendre?

LRH: Let's go over it again.

PC: It's your baby and you re stuck with it.

LRH: All right. Go over that again.

PC: That's your baby and you re stuck with it.

LRH: Keep rolling, everything else that comes to mind.

PC: You're stuck with it....

LRH: Continue.

PC: (pause; breathes deeply)

LRH: All right. Go over that again.

PC: I can't tell you what to do.

LRH: Continue.

PC: (murmurs) I can't tell you what to do.

LRH: Continue.

PC: You wouldn't listen to me anyhow.

LRH: All right. (laugh in voice) Go over that again.

PC: (chuckles)

LRH: Go over it again.

PC: You wouldn't listen to me anyhow. You never have.

LRH: Go over it again.

PC: I don't like it.

LRH: All right. I don't like it. Go over I don't like it.

PC: Okay. I don't like it.

LRH: Go over it again.

PC: I don't like it.

LRH: Go over it again.

PC: I don't like it.

LRH: Go over it again.

PC: I don't like it at all, (whispers) I don't like it, I don't....

LRH: Go over it again.

PC: (brief pause) I'm in present time.

LRH: In present time? What jumped you into present time?

PC: A general feeling like you get when you see a sign that says Danger—High Voltage.

LRH: Danger—High Voltage. Give me a yes or no on the following: Is this a sympathy engram (snap!)?

PC: How the hell do I know?

LRH: Is somebody defending you there, yes or no (snap!)?

PC: I just don't know. I don't know what 's going on here.

LRH: Uh-huh. All right.

PC: It's possible of course.

LRH: Now somebody's name will flash into your mind.

PC: Mother/father.

LRH: Mother/father. All right. Give me the answer to this: Who's defending (snap!)?

PC: Something totally irrational came to mind.

LRH: What?

PC: United States Armed Forces in Korea.

LRH: (laughs) Okay. When were you born?

PC: May 14th, 1923.

LRH: Wasn't any war going on then.

PC: Unless it was the one that usually raged in our family.

LRH: All right. Now I'm not trying to hang any computation on you at all. But some of these might contact you.

PC: Go ahead.

LRH: Is your father defending you (snap!)?

PC: Sounds unlikely.

LRH: Sounds unlikely. Is your mother defending you (snap!)?

PC: I don't really know.

LRH: Is a relative defending you (snap!)?

PC: I don't know.

LRH: All right. See if you can give me a flash answer on it. Is a relative defending you?

PC: I seem to get no.

LRH: It's too dangerous to touch it. Go over that.

PC: Too dangerous to touch it.

LRH: Danger. Danger.

PC: That's the concept, not the word.

LRH: Don't you touch it.

PC: Don't you touch it. I don't think so, but I'll go over it if you want.

LRH: Well, Don't touch it.

PC: Don't touch it.

LRH: Let's go over that, just as a guess.

PC: That word is present in the bank plenty of times. I was usually raising hell and I was told that an enormous number of times. But it doesn't seem to fit here. Don't touch it, don't touch it.

LRH: All right. The somatic strip will now go to the beginning of this engram. The somatic strip will go to the beginning of this engram. And let's see if we can't make a run on it. Just make a roll through, whatever comes into your mind. All right. Let's try. The first phrase there will flash into your mind. One-two-three-four-five (snap!).

PC: (pause) I don't remember when. I don't remember when.

LRH: Okay. See if you can run the next one.

PC: I don't remember when all this started.

LRH: Continue. (brief pause) Continue.

PC: I don't remember when all this started.

LRH: Continue.

PC: I don’t remember when all this started.

LRH: Continue.

PC: I have a feeling....

LRH: Continue. Don’t remember when all this started.

PC: Don’t remember when all this started. But I have the feeling that....

LRH: Continue. (brief pause) Continue.

PC: I have the feeling that—that—that— that—that . . .

LRH: Continue.

PC: (uncertainly) . . . that I’m caught.

LRH: All right. It’s your baby and you’re stuck with it. Is that in this sequence?

PC: It’s your baby and you’re stuck with it.

LRH: Go over it again.

PC: It’s your baby and you re stuck with it.

LRH: Go over it again.

PC: It’s your baby and you re stuck with it.

LRH: The somatic strip can contact this. Let’s go over it again.

PC: It’s your baby and you re stuck with it.

LRH: Let’s go over it again. (brief pause) Let’s go over it again. It’s your baby and you’re stuck with it.

PC: I refuse.

LRH: Let’s go over it again. What’s the matter?

PC: I refuse. This comment is not directed at you.

LRH: Oh. I refuse.

PC: I refuse.

LRH: I refuse. Go over it again.

PC: I refuse to. I won’t do it and you can’t make me.

LRH: Okay. Let’s go over that again.

PC: I won’t do it.

LRH: Go over it again.

PC: I won't do it, and you can't make me.

LRH: Let's go over it again.

PC: (pause) I'm in present time.

LRH: All right. Let's go over the words present time.

PC: Present time.

LRH: Present time.

(gap in recording)

LRH: All right. Go over that phrase again.

PC: Sic gloria transit mundi.

LRH: Let's go over it again.

PC: Sic gloria transit mundi.

LRH: Let's go over it again.

PC: It means, So passes the glory of the earth.

LRH: When you say present time you get that?

PC: Got that before.

LRH: All right. Let's go over it.

PC: Sic gloria transit mundi.

LRH: Go over it again.

PC: Sic gloria transit mundi.

LRH: Let's go back to the phrase, It's your baby and....

PC: It's your baby and you re stuck with it.

LRH: Let's go over that again.

PC: Everything is mixed up, everything is all mixed up. (mutter)

LRH: All right. Are the words mixed up there?

PC: Maybe.

LRH: Let's try it.

PC: Everything is all mixed up. Everything happens at once.

LRH: Ah. Go over that line, Everything happens at once.

PC: Everything happens at once.

LRH: Let’s go over it again.

PC: Everything happens at once.

LRH: Go over it again.

PC: Everything happens at once.

LRH: Go over it again.

PC: Everything happens at once.

LRH: Go over it again.

PC: Why does everything happen at once?

LRH: Next line.

PC: I get so confused about it.

LRH: Ah.

PC: (whispers, then mutters) It causes all this confusion.

LRH: Hm-hm. Go over that line again.

PC: (mutter)

LRH: Let’s go over the line again.

PC: Everything happens at once, and causes all this confusion.

LRH: Continue.

PC: (whispers) It causes all this confusion.

LRH: Continue.

PC: (mutter)

LRH: Let’s go over that again. It will come to you. Go over it again.

PC: (pause; mutters) Wouldn’t you think....

LRH: Go over that again. Wouldn’t you think.

PC: Wouldn’t you think.

LRH: Let’s go over it again. Go over it again. (small pause) Wouldn’t you think. Go over it again. Wouldn’t you think. Next line.

PC: Didn’t you know better.

LRH: Let’s go over that again.

PC: Didn’t you know better.

LRH: Go over it again.

PC: Didn't you know better. (pause; mutters) Something's wrong.

LRH: Is something wrong with it?

PC: Yes.

LRH: All right. The phrase that is equivalent to that will flash in your mind. One-two-three-four-five (snap!).

PC: (mutters)

LRH: Okay. Let's run what we've got here. Let's run anything we've got here right from the beginning of it now. Right from the beginning of it now, let's run anything we've got.

PC: I don't have the feeling that there is a beginning to it. I have a feeling that if this stuff has any validity, I was picking it up from here and there.

LRH: Okay.

PC: It's so very vague.

LRH: Does the phrase I can't tell anything about it at the present time sound familiar to you?

PC: No, it doesn't.

LRH: All right. Let's go over the words present time.

PC: Present time. Then I immediately come back to Sic gloria transit mundi, perhaps by association.

LRH: Let's go over present time, again.

PC: Present time. Present time.

LRH: Go over it again.

PC: Present time is no time for you (chuckles)

LRH: All right. Let's go over that again.

PC: Present time is no time for you There's no time for you.

LRH: Let's go over that again.

PC: There's no time for you There's no time like the present.

LRH: Go over it again.

PC: Mama used to say that all the time. There's no time like the present.

LRH: Let's go over that again.

PC: There's no time like the present.

LRH: Let's go over it again.

PC: There's no time like the present. The road to hell is pared with good intentions.

LRH: All right. Let's go over that again.

PC: There's no time like the present. (pause)

LRH: Let's go over it again.

PC: The word procrastinate comes in there someplace.

LRH: Go on. No time like the present.

PC: No time like the present. No time like the present. (What an insidious phrase.) No time like the present.

LRH: Go over it again.

PC: No time like the present.

LRH: Go over it again.

PC: No time like the present.

LRH: Go over it again.

PC: No time like the present.

LRH: Go over it again.

PC: No time like the present.

LRH: Go over it again.

PC: No time like the present.

LRH: What's the rest of it? Go over it again.

PC: That is the rest of it. There's no time like the present for getting things done.

LRH: Let's go over it again.

PC: There's no time like the present for getting things done.

LRH: Let's go over it again.

PC: There's no time like the present for getting things done.

LRH: All right. Let's go over it again.

PC: There's no time like the present for getting things done. He who hesitates is lost.

LRH: Let's go over that again.

PC: (mutter) The saddest words of mice and men are these, 'It might have been.'

LRH: Oh, dear. (chuckles) Let's go over that again.

PC: Tonight is cliche night. The saddest words of mice and men.... No wonder that phrase has charge. My mother used to use it all the time.

LRH: All right. Let's go over it.

PC: The saddest words of mice and men are these, 'It might have been.'

LRH: Okay. (chuckles) Let's go over it again.

PC: The saddest words of mice and men are these, 'It might have been.'

LRH: (laugh in voice) Didn't even scan, but go over it again.

PC: What does scan mean?

LRH: It's a bad rhyme. (chuckles) Let's go over it again.

PC: The saddest words of mice and men are these, 'It might have been.' The saddest words of mice and men are these, 'It might have been.'

LRH: Let's go over it again. .

PC: The saddest words of mice and men are these....

LRH: All right. Go over it again.

PC: The saddest words....

LRH: Next line.

PC: There is no particular next line because it was repeated to the nth degree throughout my life.

LRH: Well, okay. Have you got a somatic at the present moment?

PC: No. I sure would like to have.

LRH: How do you feel?

PC: Petty good.

LRH: All right. Let's come forward now to June the 28th, 1950.

PC: You mean like right now, for instance?

LRH: Yes, like right now.

PC: I'm here.

LRH: June the 28th, 1950. Canceled, five, four, three, two, one (snap!). Okay.

PC: Thank you.

(End of demonstration)

Once upon a time I turned a patient over to a hypnotist. I showed the hypnotist how to work Dianetics. It was a long time ago and the patient had a very large amount of material and had to be worked in amnesia trance, which is very slow work, and I was quite tired of working it. So I asked this hypnotist if he would go ahead with the case, seeing this person was a very good friend of his. I told him some of the rudiments of Dianetics and he was perfectly

satisfied to take on the case and go ahead. He had no inkling that he was using anything more than maybe a little twist on hypnotherapy.

It was incredible to me how easily Dianetics could be masked when I was researching it. I have run it as psychoanalysis right in front of an analyst. I had the patient clear back in the basic area running through an engram, with the analyst sitting there and saying, "That's quite remarkable, that's quite remarkable. Very, very good recall, but what is he yawning about?"

I said, "Probably because it's late in the afternoon." (Meanwhile we were getting erasures and so forth.)

This often comes up when you demonstrate Dianetics to a psychoanalyst. He will say, "It is no different than psychoanalysis," because he doesn't recognize the mechanism of return. He thinks the patient is in present time associating. He thinks these phrases are just random phrases that are coming up. He doesn't have a grip on the situation. He thinks he is watching free association, and he is very quick to pronounce it as such.

But I was trying to transmit to this hypnotist exactly how we went about solving this person's case. His case was about half solved already, he was up to a fair release, but he had to be carried a long way further to clear. It just needed volume.

The hypnotist was very interested. He knew, of course, the hypnotic technique of regression, so he put the patient into amnesia trance. Twentysix days went by before I saw the patient again, and when I next saw him he had a headache and he didn't feel well at all.

So I said, "Well, let's find out what happened." I put him in a light trance, not amnesia, and started to run him back trying to find moments when the hypnotist had been working on him, and discovered that this man had been putting in positive suggestions. He had found the patient with a headache and he figured that the thing to do to nullify the somatic was to turn it off as a headache. So he would promptly bring the patient up to present time and give him a positive suggestion that he could not now feel the headache.

He had given him pain shut-off after pain shut-off after pain shut-off. He had been tapping everything. In the 26 days there had been about 15 sessions.

He would do such things as the patient would state that he had a somatic in his right leg, so he would transfer it over to the left leg, then transfer it to the left arm, then transfer it to the right arm and so on. His theory was that by this time it was so far removed that it would go away, and the person's head would not ache any longer. Of course he still had a headache, but that didn't matter—the hypnotist was having a good time.

This poor patient was a wreck. His memory was occluded, he didn't know what had happened to him, yesterday was invalid, and he didn't have any somatics; so I had to take this patient back. He had been given engram after engram.

The odd aspect of his case was that the hypnotist would get an engram and say, "Come up to present time," right out of the engram, so that engram would come out of place, then the next engram would come out of place, and the whole case was shaken into disorder by it. Additionally, the case had computations in it which assisted the malarrangement of files.

For approximately 30 hours I did nothing with this patient but run random phrases. They were in no particular moment, they were simply all over the track. There was a phrase here, there and someplace else. This one might have a little somatic on it and that one might have a little somatic on it, and this one was in place and that one wasn't in place, and so on. You could go up and down and around and around on this case in an effort to rehabilitate it, picking up random phrases on the track. There was also a lot of boil-off—the unconsciousness on it was pretty deep. The case presented a very odd aspect for Dianetics. I

recognized that sooner or later I would discover this in a bank. If it could happen to this patient then it could happen that we would run across this proposition in Dianetic therapy.

The case used in this demonstration is about the fifth patient I have run into that boils and gets off random phrases. It is probably going to go on for quite a while. I would hate to say how many hours. Maybe it will go along 30, 40, 50, 60 hours before all of a sudden all the material that has been knocked loose in the case by restimulation (the restimulation in this case is done by life) is available. One simply has to potshoot it.

The above case started strongly on repeater, then faded out and came back in very strongly on it once more; and sometimes there was a little smile on it, but the voice tone was varying, going down and coming up again, which occurs on knocking out a phrase. That phrase may or may not be associated with an engram. Somebody has really worked this case over on the line. There is definitely an approximation of hypnotherapy. There must have been down below this level someplace the "you've got to believe me" computation, or "you've got to mind me."

If I were going to continue to work this case I would just keep on shooting the bank full of holes, not worrying about restimulation. Notice that I didn't bother much to tell him to return, because the bank is full of such commands. Whatever he was told could possibly be a good approximation of a lot of hypnotic material.

What I wanted to show you in the above demonstration is that you can depend on the somatic strip. You are running a well-oiled, smooth-running chronometer. The surface manifestation of the case as you are working it may be complete occlusion. But remember that the somatic strip is in there pitching with you. You and the somatic strip and the file clerk are all working together very nicely and smoothly.

If you want to ruin a case, don't believe that the somatic strip is tracking with you. Think that you are being resisted, and then start giving the patient three orders at once. Send him to four or five different parts of the bank without bothering to pick anything up. The somatic strip will go to these places, won't pick up anything, and all of a sudden it will stop working with you.

So we get back to what was mentioned in an earlier lecture. You are not building a case, you are not building a computer, you are trouble-shooting one. It is in pretty good operating condition even though it may look messed up to you. Down underneath it is running just fine. All you are trying to do is pick up the monkey wrenches and so forth that people have thrown into it, and after that it is going to run very well.

Don't make the mistake of assuming that you are not going to get cooperation out of a case. If any case suddenly stops working for you, there are two things that may have happened:

1. The auditor is doing a bad job.

2. The environment in which the preclear is living is intensely restimulative, and probably contains an element which is invalidating his recalls.

We have three valid therapies:

1. Picking up engrams.

2. Changing the person's environment.

3. Education, whereby the person is getting an alignment toward goals and is picking up an interest in life.

You can actually educate a child into having an alignment of purpose to the point where the child can handle his own body. After that you can get the child to handle engrams. But if you don't take pains to build the analyzer up to a point where it can handle the body, it would be almost impossible to work the child. Having good, solid goals, purposes, and something to drive toward, some hope, will take care of that. Goals and hope come pretty close together. There may be somebody around the patient who is saying, "There is no hope," and is killing him by telling him so or demonstrating it to him, or carping at him, or refusing to believe in him when he desperately wants confidence and belief, and you are working an uphill line.

About the only time the auditor has any right whatsoever to step in and influence the patient's self-determinism is when he runs into this combine. He can either find the restimulative person and put the fear of God in him or her, or he can ask the patient to remove himself from that environment and tell him that he won't get very well unless he does do something about changing it.

Further, on the matter of hope and alignment with life, it may take a lot of encouragement on the part of the auditor. Hold up something to him as a goal, although don't hold up being clear to him—that would be a mistake, because then he will put aside everything and say, "I'll wait until I am clear before I do anything." Then, because he has computations against doing something he must make it necessary to fix himself up so that he can't do anything, and he will stop himself from getting clear.

So just take an exterior computation and say, "Well, that's a good thing to head toward," and give him a hand.

REDUCTION OF ENGRAMS

A lecture given on
28 June 1950

One Reduces What One Enters

The subject of this lecture is the reduction of engrams. It is very important that an auditor should understand the necessity to reduce everything he contacts. By failure to reduce an engram, the patient can be placed in a state of restimulation which may cause him to do strange and irrational things. For instance, although he is not rendered non compos mentis, he may suddenly get an urge to eat pretzels or pack his bag and go to Cleveland, even when he is normal or at most slightly neurotic.

So it is necessary when one has restimulated an engram that one do something to relieve that engram. If it is not going to reduce, he should go earlier on the track to find a similar engram before it which is holding it up and, by walking backwards down the chain, find the basic on that particular chain that he has touched and reduce that, even though it doesn't erase.

If any engram which he has touched has in it intensity of action (that is to say a person's muscular reaction to it is great), that will deintensify in any event, and the deintensification of it will take away its aberrative force.

One must reduce what he enters in a case. It is very desirable to erase an engram or reduce it when the person is in his own valence, has full sonic, and has all perceptics present including emotion, but that is not absolutely necessary. You may touch an engram which causes the person no great reaction. The patient may lie there straight out, not in his own valence, getting word content, with some very mild somatic or no somatic at all, and with no manifestation which would encourage one to believe that he was going through an engram at all. However, don't be deluded into leaving that engram in place. No matter how slightly you can get into it, for heaven's sakes reduce it, because if you don't you have restimulated it and, having restimulated it, it will be very active when you bring him up to present time. So don't leave engrams scattered all over the track.

If you are running someone who produces no manifestation but merely runs things off in a monotone and who doesn't seem very interested in the engram, there is a good reason for this somewhere in the case. Try to find that reason. But if you miss, and contact another engram which is very mild with no intensity, don't make the error of leaving it and going on to something else. Reduce it.

In other words, you could jump all over a person's time track, hit five, six, eight engrams and then bring him up to present time. Even though he may have no great psychosomatic reaction from it, he will have a psychic reaction. The thing may not have gone physically into the muscles in the body, but it has in terms of thought, and one mustn't overlook this fact.

Just because a person doesn't come up to present time with his right arm aching, or scratching himself, is no reason to believe that an engram has not been put into restimulation; because an engram goes into restimulation in two ways:

1. As a psychic command

2. As a psychosomatic ache, pain, or illness.

Don't neglect that psychic angle.

Recently a gentleman from Cleveland was run into five or six incidents. The auditor said, "Well, there was no manifestation in the incidents," and dropped them.

A few hours later I got word that the patient had packed up and was going home in a rather strange frame of mind. An engram had been touched in the case which commanded him to go home. So he did. It settled out in a few days as any engram touched in reverie will, but there is no reason to stir up a case.

In this particular case, although nothing seemed to be reducing, the auditor definitely should have picked up the manifestation, somewhere. He ran over an engram twice and decided to leave it because it wasn't reducing. However, two runs on it is not really enough to develop an engram.

Even if he believed that it was not going to reduce after four or five runs, he should not just leave the subject of that engram. He should immediately find the engram underlying it. It is not only important, it becomes urgent at that moment that he find an earlier engram on the same subject which will reduce.

The auditor in this case had his hands on the sperm sequence, ran it twice and neglected it further. He had there what might have developed into a real basic on it. It should have been run four, five, six times, to find out what was going to happen, because that is obviously very early in the case. One should find out what the engram is going to do before one leaves it.

Let me caution you with gravity on this fact that you can do a case a great deal of harm by failing to reduce what you have contacted. If the somatic disappears but not the words, you have just confronted a reduction, and that is adequately covered in the Handbook. It means that those phrases occur earlier but that a similar somatic is repeated only a very few times before this. As a result you will have reduced the aberrative effect of it. A reduction is perfectly valid, but it means that you are not as early in the case as you can get, not by a long ways, even though you have placed that engram in a situation where it cannot reactivate.

There are three things you must know very, very well.

1. Erasure. When you see an erasure, it is not possible to mistake it. It may be that the engram erases without the person being in his own valence, without his having had a very severe somatic, and yet after you have run it a few times the words begin to drop out. They vanish. But they don't vanish on a recessive basis, they actually go.

The general manifestation of an erasure is a recounting, together with yawns. If you don't get yawns, either you are not getting an erasure or you don't have the basic, and that is a recession. If you do get yawns off it, and most of the time laughs, and a rather confused state on the part of the person because he knew something was there and now he can't pick up the words again, that is an erasure. He can tell you more or less what was there and what kind of an engram he was running, but now it's gone.

If you carry out an erasure with a person in his own valence, where you are getting some somatic on the incident, it will erase down to a point of even knocking out the visio.

The visio on all prenatals is blackness, and when there are little white squares with it, that is a real erasure. The person will actually see little white squares. If he has a phrase left in it that you haven't gotten, there will be a black square left where that phrase is. This manifestation is very common.

2. A reduction. In a reduction the somatic disappears, the discomfort disappears, the person is no longer concerned with it, yet the words are still present. This means that you are working just a little bit late. But a reduction is valid therapy.

Don't put too much importance upon curling up, or jumping around, or flipping into other valences and so forth. These are all manifestations but they are not necessarily part of an erasure or a reduction.

3. Beating an incident into a recession. You can recount an engram into a recession where the personnel disappear and where everything more or less drops out of sight. That engram will have to be addressed again. You can take almost any engram and beat it into a recession by just grinding away on it. But there will be no yawns, and there is no relief. There is no laughter. It is just a grim grind which can be noticed very easily.

It is possible in an erasure, when basic-basic is not yet out of the case, for the entire incident to disappear rather easily, particularly when there have been muscle jerks and manifestations in it. If the incident deintensifies—the words vanish but no yawns come off—the first moment of unconsciousness has not been contacted in the case. There is still unconsciousness on the one that has just been run which will have to come off eventually.

So, one can get what is actually an erasure, with everything erased in it except the unconsciousness. If one goes earlier in that case, one will find a long series of yawns, and when those are gotten off the unconsciousness will lift off the later one. This is a strange aspect of the basic area, that the unconsciousness is pretty thin, and you may be able to get the thing to erase without it.

One finds this most ordinarily in patients who are delivering a great intensity of muscular action, who curl up in a ball and so on; and occasionally with such manifestations one gets an erasure in the basic area without a yawn.

A word of advice as to the state of an engram is that if you touch it and there is a mild somatic which does not seem to be troubling the person, you have left something out of your calculations if you say, "Well, we can safely leave this." Because although that psychosomatic illness may not be very severe when one is returned to the incident, when brought up to present time the aberrative effect of it multiplies greatly in its severity. For instance, a migraine engram all the way back on the track may be producing a fairly mild headache, but if you brought that person up to present time suddenly with that migraine headache he would have a very bad one.

It will work exactly the same way with the aberrative effect. So if the patient has this engram which says, "I want to go home. I have to go home," he doesn't jump up off the bed immediately and pack his bag and go home. But if we now bring him up to present time and turn him loose, he will walk around in circles for a little while and then suddenly say to himself, "You know, I have to go home," so he packs his bag, climbs on a plane and flies seven hundred miles to get home. Then when he gets home the thing has settled out and he says, "What on earth am I doing here?" So he will let a few days go by and then he will come back. That may be very good for airline business, but it is not good Dianetics.

An engram can be treated in three ways.

1. You can run the engram consecutively all the way through, just one for one, straight on through. You will find that this is very efficacious if the person will go on through the engram all the way to the back of it, over and over.

2. Pick it up at the first phrase and knock it out with the initial impact. Then pick up the next phrase and knock it out, and then the next. When you get to the rear end of the engram, it is gone. So you are erasing in sections.

3. Send the somatic strip along the course of the engram to the bouncers, the denyers, the misdirectors, the holders, and knock each one out, deintensifying each one so that you can then go through the engram smoothly. This is a valid technique, particularly if you are working a case where you have a hidden engram that you have not been able to discover yet, and you are just shooting holes in an engram to make it possible to gain access to the one you really want. However, if you use this technique of just shooting holes in an engram, be sure to go back to the beginning of it and recount it

consecutively through again, because there is a lot of aberrative material you have not yet contacted.

Even if there is no word content in an engram, remember that there is probably noise in it. There is also tactile and visio, even though the visio is just blackness, and you can sweep through that engram rather rapidly. That is why a 36-hour labor can be reduced in one to two hours, because maybe the word content was not great. Just sweeping through it reduces it, and you will even get yawns off blank spots in it and so on.

In stripping an engram you could go all the way down the bank on the phrase "I don't know," until you find an early "I don't know" that will erase. Then you run the whole engram. Don't just run "I don't know." You will find a lot of early engrams that way.

Once you go down and erase the bottom one, you have deintensified the chain of "I don't know's" to a large degree. Don't go back up it again.

Any auditing is a matter of using your wits. But get the first "I don't know" and it will certainly make a difference in the way the case runs.

Simply pounding "I don't know" at a person is no good because there may be engrams in there that say, "I don't know," although there is also the possibility that the person himself may not know.

Keep coaxing it back. The person says, "I don't know, I don't know," and then we go back by saying, "Let's get to an earlier 'I don't know."' The only trouble is you may have an "I don't know, stay there," at which moment you will lock the person up on the track by "stay there" having been reactivated but not having been touched. So watch the fact that the person is still moving when you are going back down the track this way.

Keep telling the somatic strip to go earlier and have the patient tell you if there is a different somatic appearing. If the person is not moving he will normally tell you, if you let him know what you are trying to do for him.

Something in which you must pick up your skill is recognizing an engram when you see it, finding out what it is going to do, and then doing what has to be done for it. If it is not going to reduce or erase don't sit there and beat it into recession, just find an earlier one.

Sometimes you will have to run an upper one (which is going to beat into recession) two or three times in order to spring the earlier one into sight. But once you have sprung the engram similar to it which was earlier, you will find that the engrams above it which have a similar content will have deintensified enough so that you can leave them alone at that time.

If, however, you have excited an engram to a point where it is now holding him solidly on the track somewhere, you had better find the holder and knock it out. If you can't find the holder, then knock out a denyer, find the holder, and get him moving earlier. If a person is going to be held on the track, you can take enough intensity out of the engram in order to get him moving earlier. Watch this carefully, and you will see how it operates. But the only way to do that is simply to go ahead and do it. If you have a case which is not going to behave at all as you're working on it, there are reasons why it won't.

Now, if this were just a simple mechanical matter of finding an engram and going earlier, it would take no brains to audit it. But it does take brains. There are other computations in the case which will hold it up. There are all sorts of things that can hold a case up.

When you get hold of an engram, don't just touch it lightly and go off to something else, do something to it. You can find out by running its first phrase what is going to happen to that engram, because there is going to be a somatic on that first phrase if it is an engram. Try and run it by rolling it a few times, and find out if it recedes. Find out if there is intensity on the

engram, because if there is you can always take off its tension. If there is nothing, then the first phrase isn't going to do anything but sit there. So that is a method of testing, although all of these things are things which you have to use your judgment on.

An auditor must realize the extent to which the somatic strip and basic personality are cooperating with him. The file clerk and the somatic strip will cooperate with him to the limit of their abilities. So if he gets the somatic strip locked up someplace on the track, then it hasn't stopped cooperating with him, it simply can't move and it is up to him to find out why. There will be a reason which the auditor can do something about to start it moving again.

One can take a case and go into it and jog it around this way and knock it around that way and send the somatic strip someplace and then decide that isn't what one wants and send it someplace else, and then go earlier and perhaps run one twice and then suddenly decide it was maybe birth after all and go up to birth—about this time the file clerk and the somatic strip will stop cooperating. That is a factor that must be recognized.

If one mishandles a case at its entrance, the cooperation will slack off until suddenly the patient will not cooperate with you at all. In such a way you have spoiled a case and made it very difficult for yourself or for another auditor to unravel. Nevertheless it can be done. One lets the case settle and then does something sentient about it.

You might say that the file clerk and the somatic strip will go on strike against you because you have gotten the case all stirred up, you are not using the combination necessary, and you haven't asked for their cooperation. You have merely jarred into the case, hammered around on it, driven it in some direction or other, gotten it restimulated and then gone off and left it.

However, you will be able to overcome that engram if you have not antagonized your two allies there, the file clerk and the somatic strip.

Open up a case brand new and start to run that case with good sense, and the cooperation will start to pick up and it should go on a rising curve which may not be very great at first; but the moment the file clerk and the somatic strip know that you are going in there and you are approximating it the way they would like to work, they will go on cooperating with you right straight along.

But if you go into the case and mess it up by getting it into a fine state of restimulation without doing anything about it, if you overlook the obvious combination necessary to resolve the case, if you haven't asked for cooperation but just driven the case from here to there, the file clerk and the somatic strip will finally say No! and quit.

The file clerk and the somatic strip are your allies, they will work with you. But you have got to treat them as allies. You can't give them two orders consecutively. For instance, you can't say, "All right, the file clerk will now give us the incident necessary to reduce before we can reduce birth," and then not send the somatic strip there to the first phrase, but simply say, " Oh, well, let's go to some late life painful emotion."

The file clerk has already pulled one forward. It is waiting. Now if you tell the person to go to some late life painful emotion, he may go up to late life painful emotion; but if we don't find any emotional discharge there right away and say, "Well, let's go to conception now," there are now two commands not carried out. We didn't run that late life painful emotion, we just took a glance at it and said, "Aw, that's no good. Now we'll go to conception." So we have sent the person to conception and run it into restimulation and then all of a sudden said, "Well, maybe we can get birth now. The file clerk will now give us birth—no, let's go to that first AA," and about that time the file clerk and the somatic strip are going to close down just as cold as an icebox.

Or give him a command like this, "The somatic strip will go to the first part of this engram. All right, now run the phrase 'I don't care."' But that is not in the first part of the engram. So

the somatic strip has gone over to the beginning of the incident, but you want a phrase run in the middle somewhere. So the somatic strip has to adjust back over to this phrase again and you are getting two consecutive commands.

All you have to remember is that as far as the file clerk and the somatic strip are concerned they can only do one thing at a time. Know what you are going to say to them, know what you want them to do, and then give them all the help and assistance you can in doing that thing. But realize that the file clerk can't talk to you. Don't ever ask the file clerk to cooperate; the file clerk is either cooperating or not cooperating. It isn't something you ask for. It will cooperate beautifully if it can.

If you are sending a person back down the track, remember it takes five, ten seconds to get there, no longer than that; and it takes the somatic strip three or four milliseconds to get from one part of an engram to another part of an engram. If the thing isn't being handed up within ten seconds after you have asked for it, it is not ready to come up. So just nullify the command. Say, "Well, that's all right, we don't have to have that now, it's not ready to come out. Let's take up what is ready to come up."

This is a cooperative endeavor. Never set it up that the file clerk and the somatic strip are under your absolute command. You are cooperating with them, they are cooperating with you. They will do all they can to help you, and you must do all you can to help them. If you ask them to do things which they cannot do, don't suddenly assume an unreasonable and commanding attitude toward them.

They will sometimes give you the engram, and the patient quite often will absolutely refuse to touch it.

You don't then suddenly run in repeater technique, because that would change the position of the somatic strip and the file clerk. He may be talking out of an engram 15 removed from where you are, or part of a bundle of engrams. You merely say, "When I count from one to five, the first phrase of this engram is going to flash into your mind."

"No, no, no, no, no!"

"All right. The first phrase is going to flash into your mind when I count from one to five."

Don't make the mistake of believing the file clerk and the somatic strip are verbal. They cooperate with you quietly and unspokenly. The engrams will talk, and when you have somebody back down the track someplace, the engrams very often do talk. But as far as what the patient has got to say at that moment, it is invalid material.

He may be saying, "I'm not going to go through this one again. I'm just not going to do it. That's all there is to it. It's just too tough, it's not ready to come up yet." You know very well it is. The patient is jerking and jumping around; there is tension on the thing. The file clerk is sitting right there holding it for you and the somatic strip is right there at the beginning of it, right where you put him.

All you have to say is, "All right. Let's roll."

"No."

"Well, just give me the first phrase of it anyway."

You are actually working on a trio. Let us consider the first of the trio, aberrated personality, who is a rather recalcitrant little boy of very low voltage when he is way down the track. So you are working with this rather querulous, sometimes tantrumesque child, if you want to consider it that way. But that doesn't mean that there isn't horsepower lying right underneath that, because there is.

The person is saying, “No, I’m not going to go through this engram. Oh, that’s too painful. You’ll never get me into a situation like this again.” That is not the file clerk or the somatic strip. If they are cooperating with you, you can run that engram.

So actually the auditor, the file clerk and the somatic strip are closing in on aberrated personality. And the three of them, working properly and in cooperation, can really make hash out of aberrated personality.

As far as flash reply is concerned, you can sometimes get an imperfect connection. It is usually pretty good but not absolutely so, because it may come out on a demon circuit and get filtered. The flash reply is as close to talking as the file clerk will get. He has got lots of data and lots of computer to work with, even in a psychotic.

You have to assume, because it is true, that a case which has not been thoroughly messed up by somebody telling the somatic strip to go to one place and the file clerk to go someplace else, and saying, “Well, he doesn’t want to roll this now, so we’ll go off to something else,” has the file clerk and the somatic strip positioned right where you want them. If you have overlooked the fact that they are, it is something like going out to fight a war and telling the territorials that they should attack on the left, and then changing your mind and after they have had a six hours’ hard march to get around on the left flank telling them, “Well, we decided that you should go over to the right.” The territorials will go over to the right maybe once or twice or three more times.

Now if they are told all of a sudden, “Well, you lead the shock troops,” and then after they have gotten into the attack a little ways they are informed, “Well, no, I don’t know, we can’t trust these people anyway. We don’t know where they are so turn your machine guns on them from behind, “ they will eventually quit.

It would look like that to the file clerk if you had really led him astray. He would no longer have any confidence in you. It is a matter of confidence. At the beginning of a case the file clerk and the somatic strip are going to do their level best the moment they get an inkling of what you are doing. They will do that even on a psychotic, homocidal maniac. This man may be growling and snarling and screaming, but his file clerk and his somatic strip will still work with you.

It is an astonishing fact that there is such a level of cooperation in existence. It is part of the whole principle of affinity.

There is a research project going on which involves a new technique of putting a person into a pleasurable sexual moment without getting a recounting of it. Don’t ask him to tell you what he is doing, but put him in a pleasurable sexual incident, and with this technique you may be able to reach his own conception and run it out as an engram.

Run it out two, four, six, eight, twelve times, it doesn’t matter, but see if you can develop some pain in that engram. Get him earlier, to the ejaculation. Then see if you can get him around being the ovum. See how much track you can open up there at the bottom by starting a case with the sperm sequence.

I have always gotten the sperm sequence somewhere along the line of a case and treated it as an engram, reducing it. But if we could start a case with this, that would be basic-basic. Usually in trying to reach it, it is found to have numerous bundles of engrams around it. I have always considered that possibly we were running coitus, but let’s make a good, solid test on it and find out whether or not by relieving the sperm sequence as basic-basic as an independent thing, we can achieve erasure right at the beginning of a case and thus shorten therapy.

RESEARCH AND DISCOVERY

A lecture given on
29 June 1950

Vocabulary and Cases

The education of a person into Dianetic therapy is a relatively simple task. If the person is studying Dianetics on a co-auditing basis, we have one problem. If the patient is simply undergoing Dianetic therapy and we don't care whether he knows anything about Dianetics or not, we have another problem.

The first is different from the second only in that you can use all of your terminology and nomenclature at will. The second is difficult only because all of your terminology is so much Greek to him. So we have then two problems within the same problem. You and I know that it is not difficult to audit somebody with the Dianetic terminology if he is studying Dianetics, and we can leave it at that. But the second one does pose some difficulties.

That is the case who is wholly, utterly unacquainted with any of the terminology, who knows nothing about the reactive mind, who has no slightest concept of what a bouncer is or does, or what a denyer does, or what any of these things do. People are sometimes amazed to know that bouncers keep on bouncing a person, whether he knows it or not. Three or four times people have said to me, "Well, these people think this is what is supposed to happen, so of course they let it happen, and they're just fooling."

I worked one little girl one time who was about 10 years of age. She had no understanding of Dianetics at all. Yet we were unable to contact the basic area because of the existence of a certain phrase, "I don't know, it's too early to tell yet." That was the doctor's examination. And she couldn't tell. I merely shot that at her at random finally, and made her repeat it a couple of times, and she brightened right up and told me about the whole thing. Then I said, "Now, you see, you weren't supposed to tell that."

"Who said so? Nobody told me I wasn't supposed to tell that."

And we had quite an argument. Because, as soon as those words were contacted, they ceased to have an effect upon her. She was not instructed as to what effect they were supposed to have, and as a result she didn't understand what effect they had had. It went that way with that whole case. Somebody would say, "Get out," and I would give the patient an age flash, "How old are you?"

And she would say, "8."

So I would say, "Well, let's repeat the words 'Get out."' She would repeat the words "Get out" right back down into the engram again, whereupon another age flash would give us "2 months." So it went with that case, up and down, up and down, up and down.

I have run cases who were arguing with me continually, trying to convince me they were in the prenatal area. I was just smiling tolerably about the whole thing saying, "Well, if that's what you understand, that's what you understand. I'm not trying to put any evaluation across to you. If you think you're in the prenatal area, why, that's fine, that's fine."

People would get very upset with me. Some man would be running through the sperm sequence who had not been informed that the sperm sequence was there, but merely sent to the earliest moment in life. Naturally, he would pick this up probably as birth as most people do, but he would wind up with the sperm sequence and wiggle on the bed going through all the motions.

People react to these things whether they know anything about them or not. Therefore, you can use almost any persuasive patter you like to secure the cooperation of the file clerk and the somatic strip. You can alter your language. You don't have to explain to him what a denyer or a bouncer is; but you will find it profitable, if you are going to work a case over a long period of time, to give the person about a 10-word vocabulary in Dianetics. It is perfectly workable to use a side patter, but the words which you will find in Dianetics have for the most part been selected over a period of time. They have been selected and reselected and reselected, and any moment they can be selected again and changed. But the selection of those words is based on experience.

There is only one phrase I wish I could change in Dianetics and that is time track. Time track means something to people. But in 1911 there were some old cliches about "You're off your trolley" and "I am going to throw him off the track," and things like that actually occur in engrams. It is such a close approximation that it is a toss-up whether or not it is best to retain time track and then pick up the things which throw him off the track, or to use something else which won't demonstrate the existence of this word track in the case. But the mind takes so readily to this analogy of track that it is a hard one to discard. The word somatic—an adjective converted into a noun, actually meaning "body"—is used because the use of the word pain is very restimulative and, furthermore, pain does not cover the field. A somatic can be pressures, aches, and so on, as well as real pain.

The use of the word denyer, sets up a neologism which is not too suggestive to the patient. In the same way I have only found the word bouncer in two or three engrams. Incidentally, it really bounces when you find the word bouncer in the engram. The phrase "I'm going to be the bouncer around here" is one of them. Of course it went on to say, "and throw out these guys after they've stayed too late," and so on. This was hubby giving wife a lecture about a party.

A misdirector, of course, is a rather loose word which can be broken down into several sub-classes. But I have never found the word misdirector in an engram to date.

So these words have been chosen for their unrestimulative character and it is quite legitimate for you to use them. They will not give the patient the idea that he is supposed to do something just because he finds one. He bounces whether he knows it is a bouncer or not, so you are not in any degree undermining the case by throwing in these words.

However, if you have a person who dodges badly—and those people do exist—somebody with an enormous amount of dub-in who is quite frightened of approaching any engram, he may use the mechanics of Dianetics to fool you. The only trouble is that he can't bounce well. He claims he is in a bouncer, and he may even feed you back the wrong age flash or something like that, but he is right there in the engram. You can take a look at him. Or he is not in any engram and when you repeat the bouncer back a few times at him that he has given you, you do not get him into any engram.

So there is that slight possibility of the person dodging, using these mechanisms back at you. He has been taught to dodge. This case always poses a very tough problem. Any ideas which you come across on the subject of how to knock apart a dub-in more rapidly are very welcome. There is a fellowship award waiting for the person who cracks that problem.

In the aggregate, then, it is usually time saved to educate the person a little bit. Let him read "Advice to the Preclear" which will explain what the terms are. It doesn't take very long. Let him read the Handbook.

Of course, in the case of the psychotic you don't have someone who can read and assimilate the material. This is the one case where you will have to alter your patter. There isn't any chance there to explain something to this person, to educate him with anything.

For the most part, most really inaccessible, hard cases are psychotics. So when you are talking to his somatic strip, it is the usual thing to say, "Well, let's see if we can't look at this," or, "Let's see if we can't be where such-and-such happened." Just vary your patter by more or less describing to him what you want. Or, if you have the engram right there in full play, that is easy; you just ask him to repeat it again, to say it again, to say it again, to say it again, to say it again. And the thing has a tendency to deintensify.

In fact most psychotics can be clipped out of the psychosis just by hammering away with repeater technique, although it is rather an endless task. That would be for those who are relatively inaccessible and who are dramatizing an engram.

You will find many people carrying the label of psychotic, however, who will lie down, return to the incident, run through the incident from beginning to end, and go right on through a full-dress parade Dianetic session. It is wonderful the amount of cooperation which a psychotic will quite often demonstrate. Somebody will tell you, "This is a most resistant man, we can't do a thing with him," and you talk to the person for a minute and say to him, "Let's see if we can't find the so-and-so who did this to you," and that appeals! Suddenly he's right in there pitching with you, and you will get through a session with him without making him feel that he is being ruined. After two or three sessions that fellow will really start working with you.

Of course one has to educate the person. This subject of educating the patient is one which can be made very large. When we talk about education in any form, we are going into Educational Dianetics. Educational Dianetics deals with bringing to the attention of the person the reality of his own existence.

We have in this subject a great deal of material which is, as in all Dianetics, fringe material. We have a good grip on the science of the mind, we can produce results. But month by month, if we can't produce shorter, better, quicker results, we ought to be ashamed of ourselves, because we have here the tools of test and evaluation

We are dealing with something which has no relationship whatsoever to psychology, psychoanalysis, or any other mental healing school which ever existed. Anybody who tries to say, "Well, this was part of, and that was something else," is doing a sloppy job of evaluating. Because while some of these things with which we experiment were a portion of some healing school, as that portion and as they existed they were of relatively little use.

It was not until another factor was entered into the problem that a proper estimate could be taken of the situation in the mind, the factor of a yardstick to measure the accuracy or importance of a fact. Until one could evaluate facts in relationship to facts, the task of evaluation was too great, since it had to be done by statistical experimentation, not by derivation from basic principles. Statistical evaluation can assume the most horribly clumsy and staggering heights.

When somebody says, "Well, now, where are your statistics on suchand-so?" they are asking you out of a pattern of training which has told them that the only possible method of evaluation is by statistics. The evaluation by statistics is a lame one at best since, as any statistician knows, statistics can be most horribly unreliable. One has to know precisely what he is observing, and he may not be observing what he should observe at all.

By the scientific method, one has certain postulates, certain tenets, certain axioms to which he can submit a new fact. When he submits this new fact to his axioms and tenets, which he has already demonstrated to have actual existence in reality, he can then get a proper evaluation of this new fact.

Whether the Muckalupian Indians in the year 1821 were very fond of making people confess about their relatives or something of the sort is of no value. We would have to go in on a statistical basis from this angle: How many patients had the medicine man treated? How

many changed manifestations were there in the patients he treated? How good was the medicine man? How closely did he hew to this particular scheme?

Then we would compile those statistics and we would have some percentage, but that percentage is not going to tell you anything. It is going to tell you simply that here was a method whereby somebody who, having found out data about his relatives, changed his manifestation. So, it is a circular problem.

For instance, if we know that a person is influenced in a certain way by his relatives, and his relatives are in the habit of saying particular phrases to him, and we know the action of those words in the psyche of the person we are treating, we can then free him from the habits and so forth of his relatives. We can look at this dispassionately and say, "Well, now, that's pretty good," and incorporate it. We say, "Find out all the data about your relatives," and the person gets a little bit better. But we have to do more with it.

That is scientific methodology, evaluation-on the basis of axioms and tenets. The field of the mind is incapable at this time of properly taking an estimate of Dianetics. They are confronted with a single physical law and several observed axioms.

As a result, the type of methodology of the physical scientist is at work here. How many volts and how many amperes are coming through that light bulb? One can take a voltmeter and an ammeter and measure them, but it is not necessary for us to measure them 500 times. We will get 500 answers, and they will more or less be the same answer. We don't go around, then, measuring something 500 times. That is the statistical method.

We say, "Well, now, there's electricity flowing through that thing, and it should be—unless the city power system has gone crazy—110 volts." We don't have to measure it. Or, if we do measure it, we only measure it once. We make our instruments certain. If we want to really be certain of it we take three sets of instruments and we measure it. We only measure it three times though. We can compare the results with these instruments, figure out the instrument error and we have an accurate estimate of the situation. We don't need 500 measurements. The statistical method and the derivation method are the two points of difference.

Your task as you enter research—and all of you, whether you want to or not, are going to enter research—is not to collect statistics. Your task is to derive new data from your observations and find out how it correlates with what you already know, and know works; in other words, to do an evaluation against known behavior.

So, if you go off on a line of research, you have to say, "Well, I think such-and-such might possibly be the case, but let's see if the mind works this way." So we take five, ten patients, and observe it in them.

We are not trying to gather statistics that say five or ten people work this way. We are trying to find out if the human mind works this way. Having observed it we say, "Well, in a proportion of these cases, cases which don't have dub-in, for instance, this thing is observably useful." So we have a new method and we have evaluated it to that degree.

Now, if you or myself or somebody suddenly discovers some way of breaking a dub-in case, we will not know that by putting a person's hand in a fire for three seconds every day at 10 o'clock, a dub-in breaks. That is not the kind of information we will have. We will have information there which will suddenly illuminate some further dark corner of the mind. In other words, there is something else at work here. Now we can use it and we can solve the case with our processes, but obviously we can improve it.

So if we have illuminated this further dark corner, soon the whole principle will fall back over into our field of therapy, and the cases on which your current methods missed will now resolve. But, more importantly, you will probably get a better technique on all these cases.

What we are getting, then, is something closer and closer to a simplicity, something which is closer and closer to working every time on everybody in every case. No matter what the case does, our basic techniques already work all the time on all minds, but some of them are too lengthy. Some of them are too complex. The auditor has to be too skilled. It sometimes takes too many hours.

As a result, the gains will be in terms of evaluation of new data, not the discovery of new statistics. It is a process of thinking. It is a process of shaking up and evaluating.

It is in no way a criticism of the older methods of attack to say that it was not properly evaluated, since to have been properly evaluated it would have been necessary for that work to have been aligned with the natural laws.

The fact that one discovers the natural laws does not immediately give him the right to come down with all four feet on the head of somebody who hadn't discovered them. I don't think, for instance, that Maxwell was furious with the people who had the phlogiston theory of combustion which was a backward way of looking at it. But there is an entirely different mechanism at work here, that of derivation. So when one does research, such as Educational Dianetics where one wants to observe and find out something, one rehabilitates reality. In working with this we want to rehabilitate reality. We are not trying to make a person "face" it, or anything nebulous. We know that there is a validating mechanism in the mind, which, when it is put into operation, suddenly tells the person this is reality. If the exact character of that mechanism could be sprung into full view, cases would get well much more rapidly.

That discovery, if it could be put into full play, would be more useful than anything else we have, except of course our basic tenets which have already shown up the existence of this.

One finds amongst the schools of the human mind a lot of data. However, it is not evaluated as it should be, because to be evaluated it has to have a scale on which to be weighed. It would be quite profitable to conduct an all-out salvage operation throughout all the schools of mental healing. It would turn up things which we could evaluate and fit in, and we would probably have a few more white pieces on our jigsaw puzzle.

There are certain practices like the isolated datum of Homer Lane going in to talk to the worst psychotic in the institution. He was told, "He will tear you to pieces because he's homicidal." So Homer Lane steps quietly into the cell, says to this great, big, naked maniac, "I've heard that you can help me," and the maniac looks at him and says, "How did you know?"

Homer Lane had a large number of successes with this method. He became very famous throughout England.

What makes that work? Why does it only work occasionally? That is a nice little research project. We should be able to find out what makes it work with about a week's research, because we know something about the third dynamic. It's a postulate, but it has proven an extremely workable postulate. It was predicted to exist in actuality, and when a search was made for it, it was found to exist. Much confirmatory evidence can be turned up on this to a point where there is no reason to go on confirming it. It evidently has something to do with the third dynamic, but why is it? Or what dynamic is it that could be touched in this patient or that patient?

If Homer Lane had had Dianetics at hand, he probably would have said, "Let's see, now, a lot of these people work by an appeal, they react to an appeal on the third dynamic. Maybe some of them would react on an appeal on the fourth dynamic. There would be another one that would only act on an appeal to the second dynamic. And maybe a lot of them would only react to an appeal on the first dynamic. What is the difference? How can we recognize in these people which dynamic it is to which we must appeal?"

For instance, talking to a psychotic recently I threw out an appeal to the second dynamic, or children, but that was completely blank! But an appeal made to the first dynamic had some slight effect. An appeal made to the third dynamic was dead, no effect whatsoever. If I had made an appeal on the fourth dynamic, I might have achieved results. So this is a worthwhile piece of experimentation.

Another principle is that of dramatization. This was covered to some slight degree in The Original Thesis, but has not been developed into its full use in therapy techniques.

Here is one principle working, let's see if it will work across the boards, because it should work across the boards if our tenets are really workable. And it does work across the boards. It was found, for instance, that if you put a person into the second dynamic, you can take him back and in a lot of cases find the sperm sequence.

All right, let's take him into a rage dramatization in the family. Let's take him into his own emotional moods in each one of his dramatizations. Then let's carry him back to its inception, and we might be able to crack all the chains simply by establishing his mood in a late life incident and then by riding the mood back earlier—a very worthwhile piece of research.

You will probably find that a person who can't be put back to the sperm sequence may possibly be reached by striking one of the other dynamics and striking one of the other tones. l

For instance, it is a fact that a patient is not recovering whose place on the tone scale does not rise. If something is keeping him suppressed on the tone scale into an apathy, let's say, he is not going to spring up into a better state of being. It is absolutely necessary that he pass through tone 1, as a whole case, not merely in an incident. One finds on the tone scale that a person who starts in through an incident with the emotional tone of apathy will then go into it on anger, then go into boredom, then there will be some false fours,2 and finally it will settle down on the upper three.

That incident, then, is deintensified. In such a way the whole case will function in this fashion. For instance, the person is in apathy and even actually passes through a period of being angry. First he is resentful, then he is angry, and then finally he starts to get bored with the situation and he will finally come on up the line. The tone scale is fantastic in the fact that it does follow those steps just like that. That is observed phenomena.

Now, this lecture concerns research, because out of individual auditors will come many improvements for Dianetics as we go along. Here I will delineate what one should look for, and how one can coordinate.

Do not despise, under any circumstances, anything which has been done in the field of the mind prior to Dianetics, because you will shut your mind to data which, isolated and unevaluated though it may be, can be of value. Men have been thinking about the mind for thousands and thousands and thousands of years. Dianetics came into existence only because these people had been thinking about the mind. Suddenly, by hitting at the center of the problem, the problem crystallized and we could do something about it which was certain and positive. But Dianetics could not have come into existence had it not been for the ages behind us wherein men were thinking. So there have been a lot of thoughts thought in the past, and to despise them is to close one's mind. Naturally one has a feeling of grave distaste for a prefrontal lobotomist who, without any experimental evidence, without any proportion of good results, actually without reason, began to carve up brains. Such a person is not worthy of belonging even to the schools of the past on the subject of the mind, and the better people in those schools despise him. The neurosurgeon today is under more fire from his own profession than we are going to put him under, although we could put him under fire.

One can just see the dramatization involved in a transorbital leukotomy, or a prefrontal lobotomy. It is a dramatization, nothing else. "You have got to get a needle and stick it in,"

or, “You have got to get a knife and cut it out. The only way I can get rid of these worries is just to stick a knife in there and get it out. I’ve got to get it out, oh God, oh God, it’s killing me, so I’ve got to get it out!” Only it’s probably Papa saying, “I’ll cut it out for you.”

I will bet that I could take 15 psychiatrists and neurosurgeons now practicing these obscene and horrible acts, and find in every one of them mutual attempted abortion. We see the dramatization. We know what lies behind it, because we know the principle of dramatization. There is no rationality connected with it. They don’t get any results. They just go on cutting up brains.

They kill their patients, quite often. The mortality rate is high although they state them in the most diffident tone. Reports on these neurosurgical operations read: “The mortality rate is surprisingly low. The number of remissions is very high.” They don’t even follow out the statistical method on this. I was unable to get any data until somebody told me one time that 43 percent of brain operations resulted in remission. I asked, “What do you mean by remission?”

“Sent home, discharged.”

“Discharged how?”

“Just discharged to their families.”

“Where are these people now?”

“They’re at home.”

“What are they doing?” Well, by running it down we found out that some of them were performing routine tasks, but a large percentage of them were under constant care at home with a nurse in attendance day and night. The failures were immense. For instance, maybe some fellow was a mild manic-depressive. After brain surgery, we find him in a cell, wet, dirty, naked, unable to control any of his bodily functions.

Transorbital leukotomy, prefrontal lobotomy, topectomy and the rest of them were imported from Europe on a statistical authoritarian basis. They have never succeeded in America, yet they are in use in practically every institution in the land. Now there is where statistics can lead you if those statistics are not derived and evaluated.

Even so, we can still learn something from the transorbital leukotomy and the prefrontal lobotomy. We can learn that they have made a mess out of a lot of human beings.

It has been discovered that when they cut up the prefrontal lobes of the brain they are unable to stir up any ambition in the person. They have found out what they consider to be the seat of the ambition, hope, fineness, friendliness, the dynamics of the individual. They have observed, when they cut up the prefrontal lobes, that these things diminish or vanish—a useful datum—however, it took over ten thousand human beings before somebody made this bright observation. But it is a datum.

In the topectomy there is a little apple corer which goes in and removes sections of the brain. They have stuck this little apple corer into various parts of the brain and removed them and found out, for instance, that if you take a certain part out the person goes blind. If you take another part out, he has no sense of taste. If you take some other part out, why, he can’t smell anything anymore. You take another part out, then every image he sees is inverted. So a lot of structural data has been collected, but the method of obtaining it is highly reprehensible and, it having been obtained, the practice should certainly stop. Most of these things are done just because somebody is dramatizing, not because they want data.

Also, the whole field of psychology has been working on an erroneous premise, which they themselves must have recognized as erroneous, that a person has to be adjusted. They have been working with a herd psychology of "What we need is more sheep." Therefore they have been putting it forth that a man should be adjusted to his environment.

With relationship to this there are evidently three general classes of mind. One, the lowest class, seems to be a mind which is incapable of adjusting to the environment. The second type, which you find in routine levels (supervised tasks), is a mind which is capable of adjusting to the environment. The third class is the mind which is capable of doing some adjusting to the environment but is mainly engaged in adjusting the environment.

As you rise on the scale and get a higher and higher intelligence level and greater and greater worth to the society, you will find that the person is more and more capable of adjusting his environment. We are here today because we adjust the environment. We are living in a man-made environment. If we were to cling to this outrageously dull tenet that the thing we must do for a person is adjust him to his environment, we would have at last on our hands a complete cave-in of our culture, because it calls for no change. It calls for no advance.

A man who is adjusting his environment is immediately labeled by the psychiatrist as neurotic or insane in this day and age. I have a textbook that I pulled off the presses just ten days before the first copy of Dianetics rolled off the press which validates the fact that this was the thought and tenet of modern psychology. It was the standard text on psychopathology for the University of Illinois, and it has all their definitions. That is in our library now; I have got it very carefully put aside, because after the appearance of Dianetics there will be a lot of people saying, "Well, we knew this all the time." But that text talks about nothing but adjusting the person to his environment. "This person was maladjusted." God, give me men who are maladjusted! You will build a world that way and reach the stars.

Psychology fell into the same trough as Christianity did when Christianity was being used against people rather than following its own philosophic tenets. The old slave traders went to Africa and said, "Give 'em rum and Christianity. That will fix 'em." And it did, too! It crushed the opposing tribes on the coast. It permitted the slave traders to pick up shiploads of black ivory, and it provided the United States with a rather terrible population problem in the South.

"Rum and Christianity." That was the way it was used. But the people who were using Christianity in this way never thought that they themselves would be caught with it. It is a sheep religion when preached that way, which it was never intended to be. And now psychology has fallen into the same slot and we have a sheep psychology: The thing to do is to make sheep.

In the political field one could say: "Aha, what we want is everybody adjusted to his environment. It's a well-known psychological fact that a person should be adjusted to his environment. Therefore we are going to adjust everybody to his environment in the whole society. We're going to make them utterly dependent upon the government. What we must take care of is the mass."

The mass has never been able to take care of itself without having amongst it people who could adjust the environment for that mass. Because a person who couldn't adjust his environment was a person who was as good as dead as far as future generations were concerned, unless he was being helped along by people who could adjust the environment for him.

The political equation that five morons don't make a genius has apparently been perverted to run on the basis that five morons do make a genius. So, it is a twisted look at life.

This demonstrates several things. One of these is that there is an enormous amount of data which has not yet been correlated. There are practices and skills and treatments known today (psychodrama is one of them) which are improperly correlated at this moment in Dianetics.

Psychodrama has some validity. I have studied it and used it, but a lot more can be gained. I will not go into psychodrama now. A full lecture would be required on it in relationship to psychotics. However, it is a tool somebody was using. Let's make a better tool.

The next thing is to keep an open mind toward these things.

The next thing after that is don't let yourself get stampeded at any time on the statistical method, because engineers who try to build bridges on the basis of a statistical method are going to get bridges that fall down. We can say, "180 bars of iron have been tested and we have found out they didn't break." But we know nothing about compression or tension or stress—the principles relating to iron. So we take 1,000 bars of that iron and we build ourselves a bridge. We have no guarantee that those 1,000 bars don't contain amongst them some that are going to fail. This is the statistical method. We didn't have, right there at the inception, the metallurgical laws to hand wherein we could guarantee that out of 1,000 bars of iron there were 1,000 bars which would stay put and do what they were supposed to do.

Our whole civilization depends on the laws of metallurgy after those of fire. We have known all about a lot of this for a long time. Today we consider it very common. One can pick up a piece of iron of a certain size and say, "Well, it will do so-and-so and such-and-such and we can trust it to do that," and we don't think any more about it. But there is tremendous scientific methodology behind that piece of iron which was not picked up on a statistical method.

Any auditor who is worth his salt is a researcher. He has to be a researcher. He is doing continual research in the human mind. Every day that he works on a patient he is confronting the subject of research. It is research, even if we have a fairly standard case, because we want to know how this case is put together which made it what it was. But we want to be able to take the things out of that case to bring about what we know will be a heightened level of activity. We are performing that search and research with the basic, fundamental laws of application.

If any auditor could audit for 2,000 hours without materially adding to the knowledge and skill of Dianetics, he ought to quit right there because the field is very big.

One of you one of these days is probably going to stumble into the mechanism of telepathy, or a validation of its existence, or how it functions. Or you may find out, as some have been stumbling into, the extension beyond present time of the time track. Or you may stumble into the extension behind conception of the time track. You may uncover suddenly with one spadeful enough new data to completely alter our techniques of application.

We have always got to look for that. Don't do it by rote! As long as you are doing it interestedly from the standpoint of trying to make it better, you won't fall into the sins of the practitioner. The moment that you are merely a practitioner and no longer anything but a practitioner, you are going to have cases that fail. Because you can't do Dianetics by rote.

For example, there are the laws of affinity. We merely know of their existence. How do they function? On what do they depend? We don't know, for instance, that the laws of affinity do not depend upon a very simple mechanism. We know about what they are. They are lined up and more or less evaluated with Dianetics, but we don't have their cause. It is not good enough to say that one day we might find the true cause of affinity, which makes it possible for one person to sit down and audit another person. But we may have to go as far as looking on the bright face of God to discover the source.

That source may lie just five minutes' research away from us and it might lie 2,000 years away from us, although we probably wouldn't have to solve the whole universe just to recover that datum. What holds man together? What makes him a species? Why does he stay together? What is the cohesive force? It requires a lot of research, a lot of speculation.

You are in a live subject. When you look back at 1894 and recognize that the laws of electricity had at that time just been formulated, and we now have the atom bomb, and we see that only 56 years have intervened, we may be able to get some insight into Dianetics which actually came into existence in 1938, but was not promulgated until 1950.

Certainly by 2006 on the basis of the laws of electricity, having a science which is advancing, which is very young, which could be improved again and again, over and over and over, what will we have? I would hope maybe in five years for a one-shot clear.

But if you have got a one-shot clear, you would not have solved one one-thousandth of the problems relating to man, because these problems have a source. Just open up your mind some night, and go out and look at the stars. It is an immense universe. And all the answers to that universe are accessible. Every single one of them we can know.

Without getting lyrical about it, I do want to impress upon you the fact that as you work on a preclear you are looking at one small laboratory, one grain of sand on the beach. That grain of sand has things in common with every other grain of sand, but there may be something different in this preclear there may be something new. You are working continually as a practitioner, as a laboratory technician, as a researcher, as a philosopher. You can find things out.

In the last two weeks we have received two very marked, extremely valuable advances in Dianetics, and we should have several more shortly. If we don't have, then Dianetics has slowed down and is getting old.

Clear is definitely established. I have made no modifications of it. It is one of these things that swings fairly close into being an ultimate. There is no reason to modify it that I know of since its definitions are very precise, and what you will find at the end of the track will be equally precise. There are no modifications of any kind on it. The subject is not well covered in the Handbook. It is probably a little better covered in the article in Astounding Science Fiction.1

There isn't a paper on the analytical mind which gives you some sort of an idea what the analytical mind is. A clear, after all, operates on the analytical mind. We would have to know the function and processes of the analytical mind to fully understand the clear.

The state of clear is an obtainable goal, unless somebody has been monkeying around with a scalpel. It is a person from whom all engrams have been removed, leaving his optimum state of analytical and dynamic ability. This means simply this: It is a state which is obtainable by an individual. If that individual has had a long, rough life which has left physiological marks on him, he is not precluded from the state of clear. There is no modification of the physiological state that doesn't modify a clear. It is the optimum state which a person can obtain currently, and that state is obtainable as it is.

Let us say that he has had an eye shot out. When he becomes a clear he doesn't immediately possess a new eye. Nor does he suddenly glow like a neon light. He has had his engrams deleted so that he can make a fully analytical appraisal of the situation, so that he can operate then on the optimum solution basis. But it is his optimum, and it is almost an absolute, as far as he is concerned. It is as good as he can get on the basis of having his engrams removed, and this is extremely good. If he is walking around with a wooden leg, or if his education was all in Russian, and completely excluded reading, writing and arithmetic and included only "Long live Stalin," I'm afraid at the point of clear he would still be in a state of "Long live Stalin" although he would be able to compute the optimum solution on this, of course.

The difference here is one of an optimum human being and an ideal human being. Unfortunately, the ideal human being cannot be postulated. What a man might be had he never had any engrams, had he been able to be reasonable and rational his whole life, had he been able to select and assimilate all the education, all the opportunities in his life, is something else. He would be very close to an ideal, given the genetic intellect and dynamic to make him a desirably intelligent and forceful human being.

So we go down the street and we find a fellow who in an aberrated state has made a very, very poor show. Nothing much has happened to him in life that is bad, but he has still made a pretty poor showing. He is not terribly aberrated. We clear this person, we find out that he has achieved his own optimum, and it may not be very high. It will be way above current normal, but it is not high in terms that we consider a clear should be.

So it is not a constant. You can't say when a person attains clear he then has these specific facial characteristics, no more than we can say that a classic paranoid-schiz is always five foot eight and a half inches tall as some of the psychiatric texts would lead us to believe.

He is not a new norm! He is himself, without the things he didn't want in himself. He is optimum for himself. Now that is going to be pretty good in lots of people, it is going to be quite low in others, and in a great many it is going to be tremendously high.

A person, when he has had deleted from his reactive mind its total content, when he has his entire life in full recall, when he is no longer plagued with psychosomatic illnesses, attains a desirable optimum level for himself. He is not a constant. You don't take a hundred people and clear them and get a hundred tin soldiers, nor do you get a hundred mechanical computing machines.

The thing that has been overlooked is the terrific factor of personality. Personality is a large factor. It is born into a man. What happens to him when you take out his aberrations is that his dynamics intensify and his ability to reason is then dependent only upon his native computing ability and is limited only by his education and viewpoint. There is a clear.

It is very easy to define and, believe me, it is pretty easy to test. People keep saying, "How do you test a clear?" Well, you certainly don't dream up a lot of tests such as if the person now desires nothing but strawberry ice cream you have a clear. What one does is continue the person on into therapy and go on down the line trying to find locks which are unrelieved. If he finds one, he will find an engram which wasn't suspected. Or he goes straight into the engram, or painful emotion and so forth, and he just looks up and down and around and around and he can't find anything anymore that even faintly resembles an engram. The fellow could sit in present time and remember on a straight line clear back to conception, and—hold your hat—a little bit before. But he remembers this in a straight, wide open channel, and it is all real to him.

It isn't the fact that he is suddenly possessed of eidetic recall, because he isn't. Eidetic recall is a trained mechanism whereby one learns. For instance, when we were scouts we were supposed to go down to a store window and look in it. After we had trained for a few days, we could finally pick out 65 items in the store window when we looked at it for five minutes. That is a trained, educational mechanism. That is learning to sweep an area so you look at a page and there it is.

We go back after we are cleared and there is this unfortunate thing—we find out that we weren't bright enough at that time to look at the page numbers while scanning it; and we can sort of shuffle around and run it through fast, but sometimes one has to run through half a book to find the exact reference. If only we had been bright enough when we were very young to realize that Dianetics was coming forth!

This got one preclear into a flat funk one night. He suddenly realized that when he got to the state of clear it would not have changed his education a single iota. His background, experience level and so on would be exactly the same.

He was faced with this horrible fact that he still had had an unhappy childhood, and that he still wouldn't have the book that he had intended to write, because somebody had deterred him when he was 17 or 18. And because somebody had discouraged him from going on with electrical engineering to its nth degree, or nuclear physics, or something of the sort, he wouldn't when clear suddenly have that diploma on his wall. His aberrations and environment had robbed him.

The clear doesn't worry about it, however; it is only on the way toward clear. A clear will pick up what he can salvage and make a very good job of salvaging it. He will have all the data that he had. Whereas before maybe he only had a hundredth of the data, or a thousandth of the data available, now he has all the data, and this makes him appear to be pretty smart.

So the clear doesn't run like an encyclopedia. The current educational aberration says that in order to be "educated" one only needs to have a vast command of page numbers and books. The most important part of his education, unfortunately, has been neglected, and that is how to think.

A person has to be educated how to think. A person learns how to think. A clear can now learn how to think. He doesn't automatically come into possession of good thinking processes. He may never have had them. But now he can sense the fact that he doesn't have them all, and he wants to develop them. He can develop them rather rapidly. So when he reaches the point of clear, he is stepping off into an educational run and he goes on from the state of clear into education.

Someone from the General Semantics Institute wrote in recently and mentioned that General Semantics and Dianetics went hand in hand. He is absolutely right, because the reform of language and how to think, how to look at things, how to differentiate—all of these things are of vast importance to a clear.

A person can get up to a point where he has no more aberration and there is no more false data in the bank that is going to be thrown at him and enforced upon him by pain. Now he is free to think about any part of his life that he wants to think about and all of a sudden he finds out that he hasn't enough data. So he starts getting data and aligning it. A person at the state of clear doesn't sit around and gaze at his navel, which is something else that is important. Not one of these people have I been able to slow down and stop actually long enough to thoroughly investigate. They take off!

The following is an excerpt from a letter we received recently from the Institute of General Semantics:

"As I see it, the process of clearing doesn't automatically furnish a man with a system of evaluating and a scientific orientation which will enable him to live most efficiently in our present socio-cultural environment. Nor is it supposed to. It simply removes his engrams and frees his analyzer.

"Now an Australian bushman with a freed analyzer, to take an extreme example, still doesn't have the scientific data and orientations necessary to sane evaluating by our standards. Conversely, General Semantics, which we believe provides an optimum orientation for sanity, probably can't be adopted fully by a normal aberree full of engrams.

"To oversimplify, Dianetics will clear his engrams and General Semantics will give him an optimum 1950 orientation for sane and effective living. We hope that workers in Dianetics can be persuaded to give thorough consideration to the notion of Dianetics and General Semantics as a working team. To this end, I am inviting information, advice, suggestions and

so forth from Dianeticists on Dianetics and its role. In return, I hope that we workers in General Semantics can contribute something of value to Dianeticists, and Dianetics.

“If you and other workers in Dianetics could come to our summer seminar workshop, we might cooperate to our mutual benefit and to the eventual benefit of people everywhere.”

In this, we are now dealing with the field of education. There is Educational Dianetics. It is a rather precision proposition. For instance, it starts out with definitions of a datum and continues on through with evaluation. It covers the field of logic and thinking and the evaluating processes of the mind, and it covers the optimum way to teach, and so on.

General Semantics and morphological thinking are all very well, but remember we have suddenly moved into the field of education. Here opinion can exist, and the self-determinism of the individual. That is not something you can enforce.

You would no more be able to push down the throat of a clear how he should think or what he should use for the basis of his thinking than you would be able to knock the Empire State Building over by sneezing.

So it puts education straight out of the authoritarian realm. Education goes into a very strange state on this because it says the mind, if it is going to be right, reserves to itself the right to evaluate. If the mind is being forced to evaluate, it cannot then guarantee that it is going to be right.

Now it may see reason and it may say, “That’s right. I can use that.”

And someone else says, “Well, now, Professor Blimp over at Oxford says definitely that the rear end differential on the Conault Integrator is nothing to use in a problem like this.”

“Well, I think it’s useful.”

“I know, but Professor Blimp says it isn’t.” .

And it gets tough right there.

This poses a very bad social problem in the field of education because education has its own social problems. It means that a man cannot have thought a thought in the year 1900 and still reign supreme. He will have to think another thought in 1910 at least.

Continued usefulness and indispensability is a factor. It also teaches that altitude training is no good.

My staff have occasionally detected me snarling didactically when some patient was walking around in a small circle with spots in front of his eyes. But I don’t think any of them have detected me saying, “You’ve got to believe this.” I am highly antipathetic toward the idea of forcing something on somebody, because if one does that the use of it for him is limited. Just as a problem is as solvable as it has reason applied to it, this is as solvable as reason can be applied to it.

For instance, if 20 of us are thinking about something and each one of us is running as a self-determined unit on it, no one of us is standing around waiting for somebody else to solve the problem; there are 20 brains working on the same thing. If they are working in a self-determined way, we are going to see progress. But if 19 people are going to stand around and look at the 20th one, expecting him to start turning up all the answers, and then just using what he says by rote, we are not making any vast effect because there are 19 idle brains.

This is not to state that there should be vast disagreement, because if a thing is observably workable or right, it is only observably workable or right if somebody else agrees that it is.

For example, General Semantics was of use to Dianetics. I started going back looking for the first time a word had appeared. It was obvious to me that the first time a word had been defined would carry more weight (due to some experiments I had made in hypnotism).

There might be some misdefinitions. I discovered some very interesting data this way. I found out that although a child might have had the word slaughter defined accurately in the first grade at school, the word might have been defined when the child was 2 years of age in a highly incorrect way. The child would still then carry forward the habit of defining slaughter to himself from the time he was 2, but would remember its definition at the time it was taught to him when he was 6. That was very interesting to me.

Next I found out that the word very often meant an action which had nothing to do with the meaning of the word. So therefore the word would be upset by this action definition. Papa, for instance, had a habit of breaking the furniture and saying, "God, God, God, God, God," which meant that God equalled Papa breaking furniture, to the child. A little later the child would go to Sunday school and he would hear that God was the God of Vengeance, and he would say, "Yup." But what he would see would be Papa. In such a way, misdefinition as far as I could see (and this was very early in my researches) was undoubtedly responsible for a lot of this. I started looking for where it had gotten misdefined—it was obviously the source of a lot of trouble—and it had gotten misdefined in the reactive mind, out of sight.

I started looking for the most hidden moment of definition, and it turned out to be an engram. Then the rest of the mechanics more or less fell into place. So General Semantics is definitely of use in the definition of a word. Korzybski might have gone a lot further than he went, but he went far enough to be a great deal of use.

As a matter of fact, to Breuer's first belief in the subject of mental catharsis and to Korzybski belong the only acknowledgments that Dianetics really would care to make. Because both General Semantics and Breuer furnished some data.

Sigmund Freud is not in there. I will be polite sometimes to a Freudian and say, "Yes, Freud was a great man"; but actually Freud, when he started to do thinking on Breuer's work, jumped the gun, went over into the libido theory, then in 1911 saddled us with the delusion theory, and as far as I can tell was wrong all the way on up. But Breuer was pretty right. It was Breuer's theory that full recall equaled full sanity, as near as I can discover from existing papers.

The jump is from Spencer to Breuer to Korzybski to Dianetics. Freud indicated Breuer's theories and was working hand in glove with Breuer, but he disagreed violently with Breuer right afterwards.

There are evidently some natural formulas of thought on which the mind runs. One of those natural formulas is the optimum solution. A clear runs on the optimum solution. That is to say, the solution must take into account as many dynamics as possible in relationship to the time involved.

Altruism is not an optimum solution, for instance, because that neglects the first dynamic. There may be situations in which altruism has to be used as a solution, but it would not be a really good solution. The solution whereby the boy stands on the burning deck and goes down with the ship is the worst solution in the world. That just doesn't even begin to be optimum. But if by staying there his comrades could escape, judged on the basis of time, it could become an optimum solution although it completely wipes out the first dynamic.

One has to work with correct definitions. For instance, somebody was objecting to going clear one day on this basis: "I wouldn't want to be a clear. He has to be good."

And I said, "Well, what do you mean, good?"

"Ah, you know, good. Wear clean clothes and go to Sunday school and so on."

And I said, "Well, let's get our semantics straight. The word good is used because it is the closest word to what we mean. We have to define good."

A good action is one which is creative and.constructive, and evil is something which is destructive. Now, those are both modified by viewpoint. So it is a relative value. Something that is good for one person would not be good for another perhaps. So we have to evaluate good each time in terms of the individual or the race or the town or whatever.

Look this problem over and inspect it very carefully and you will find something quite amazing. You will find out that it is not a good solution to kill off Russia. That is a bad solution. Time might at this moment dictate that it is desirable on the basis of time alone, but it is not a good solution. A solution is as good as it contains creativeness and constructiveness for the greatest number of those concerned in the dynamics, and as bad as it contains destruction.

It is impossible to work out any problem that does not contain some destruction. Destruction is going to be present whether you will or no. In order to build a new building you may have to destroy an old one, or reductio ad absurdum we would at least have to kill the grass in order to dig the foundations. So it is a "good" thing to do, even though it contains some destruction. I cannot think of a single major action which doesn't contain some destruction.

It is a relative problem from individual to individual. A clear is good, therefore the clear naturally tends to resolve a problem in terms of the optimum solution, which of course includes terms of minimal destruction. But that doesn't say that he won't kill, because that might be the destruction contained in the solution. It may be on the basis of time, that he has time to do nothing else but kill. A man would certainly starve to death in a hurry if he didn't at least kill vegetable cells.

What has snarled us up here is the Hegelian grammar system that we use—a grammar of absolutes. There is the word accurate, which is supposed be a precision point. There is no such point. In Dianetics it is considered that the absolute is unattainable.

The more closely the individual approaches the absolute of potential survival, the more right he is. But remember, all four dynamics have to be taken into consideration.

In other words, the more right he is, the better he will survive. The more wrong he is, the worse he will survive. The lowest level of death would of course be the death of mankind. That would be about as wrong as we could get.

We can't reach absolute wrongness, because absolute wrongness would be the vanishment and destruction of the entire universe. If one person were absolutely wrong, it would postulate this impossibility that the universe would fall in.

We could go back to Schopenhauer and dig out his tomes and find out that the best thing to do is just stop procreating. The only trouble is that observed data on this varies widely from the works of Schopenhauer.

As I have rattled around in the world, I have found uniformly this to be the case: The more evil man thought his fellows and the universe contained, the less he himself was surviving. That is to say, his survival potential was lowered in that ratio.

We have been taught pretty well through people like Freud and psychology that the individual doesn't count. It is the big mass of individuals. Somebody has gone all out for a very specious thing. Somebody had a manic on the third dynamic, and a zero on the first dynamic.

The mass, that's the thing, yes, sir! "This fellow is maladjusted. He doesn't conform." Well, that fellow can be pretty valuable to his fellow human beings, believe me. Because if everybody conformed, we would all be dead. Yet they say individuality should be submerged into the mass?

It so happens that in Washington they have run into something which they themselves do not recognize in their formulation of the welfare state and their emphasis upon the mass rather than the individual.

It is absolutely necessary if one sets up a kingdom to have people dependent upon him. The way one makes people dependent in a state is to make them indigent. One has to go about actually making them indigent in order to make them utterly dependent upon the state. When one has succeeded in doing this, then he has an opportunity to rule supreme over these people.

It may be very wonderful for one man to rule vast millions, but I have never yet found what was really wonderful about it. The nation is as good as it has individuals. If we start talking about this thing called masses, masses of people, the social level, adjustment to a certain level, and so forth, we are talking not just balderdash, but death for our race and for man.

Adjustment of the individual is the same problem. It is not how many people will do the same thing, it is whether that thing is right or wrong. Take the case of voting. Our voting is pretty sloppy. For instance, did you or I get a chance to vote on whether our ships and planes would go firing into the people of Korea? No. But a government, if it were a true democracy, would have to run on an almost instantaneous voting system. It should be able to gather the opinion of the people as a whole within an hour.

Actually, in this day of advanced communications, it would be quite possible for all of us to register an opinion in Washington and for that opinion to be completely integrated in a matter of a very few hours. But we are not asked for that opinion. Instead, we put it indirectly through secondary things. So the actuality of it is we have two patients from some insane asylum, and we are told that these are the two candidates for an office and we can vote for either one. And people throw in a protest vote for a third one.

It is idiotic for anybody to believe at the present time that we are running on free determinism as far as the people are concerned, because we definitely are not. So they have smashed it down. They say history goes along just a certain length of time, then finally the social order congeals and brings about exactly the right conditions, and then suddenly out of this potpourri there springs an idea.

Similarly they talk about folk music, the music of the people. We go out listening to folk music and who do we hear? We hear Stephen Foster and we hear this fellow and that fellow. They are individuals. There wasn't a piece of folk music that sprung up spontaneously like a mushroom in any society in the world.

Homer was Homer. The situation was not optimum for the appearance of Homer, and Homer didn't suddenly begin to sing because the situation was such-and-so.

They say that history does not depend upon individuals. It is absolutely true that there has to be some combination of circumstances for the individual to make use of, but it is not true that the individual is negligible in history. We have too many examples of it.

Yet we have been fed the sheep psychology so continuously about how the individual has to adjust, that we have begun to curse those who don't adjust. I read a newspaper story recently reporting on an election over in the Balkans. A newspaper reporter went out through the rural areas and talked to the peasants. It seemed that people could either vote for the nationalist regime of the country or they could vote for Soviet Russia to take over. They had the choice

between a bunch of fascists on the one hand and a bunch of communist loops on the other. The returns of course registered in the direction of the most pressure and propaganda.

This reporter made the point that there was no issue brought forward before the people on which they themselves would like to have taken a vote. If the issue had been rugged individualism, there would have been no question how that government would have gone. Both the fascist and the communist regimes which were being offered them would have been swept over the falls. Neither one could have won in the face of an issue which said the individual is important. That is peasantry talking. That is the land. That is the man with his two hands who has got a chance to stand out in the fields and think a little bit. He knows the world runs on individuals and by individuals and not crowded masses of sheep.

It is interesting that a sheep society does behave like sheep. Get close to a flock of sheep with a cliff right behind them, sing out loudly enough, and if nothing stops them on the other side, they will go straight over the precipice. They stampede. The only thing that stabilizes them or that could stabilize them would be individuals who would not stampede. A goat society would be a lot more desirable than a sheep society.

Dianetics does have one great and grave difference between psychology (as it is formulated in universities) and itself. That is that the psychologist is teaching sheep psychology, adjustment, and Dianetics is teaching with malice aforethought complete and utter maladjustment.

It does seem that genetically in some strange way, woven into the woof and warp of the personality, is a basic purpose in life which is stated in rather general terms, but it lies there.

You can take someone and clear him, and maybe you are clearing him toward his educational goal which was being a civil engineer. And when you get him all finished, he takes up the guitar. He has always tried to play with music, but maybe his family pressed him very solidly in toward engineering, and the further he goes toward clear, the more he inclines toward his own basic personality. He will finally look back and see all the instruments that he has taken up, and he will start to integrate his musical experience. His basic purpose was to make music.

It is a fascinating thing to see the splits in life where the compulsion and education have driven the person far off his goal. You usually have a bit of failure when this has happened. For instance, I know a doctor whose basic purpose was denied by him. He didn't believe that his basic purpose was to heal. I have watched him coming along the line, and day by day it shows up worse and worse. His basic purpose is to heal.

He sees somebody who is all gimped up and he will do a cure on the patient before he will do research. His basic purpose is to make that person well, right now and as soon as possible. He is lucky. Look at the years he put into getting educated!

Dynamics amongst individuals vary in importance. They are also quite variable in one individual. I imagine you will find individuals who when cleared will still be extremely strong on the first dynamic and very weak maybe on the fourth dynamic, and maybe only mediumly strong on the second.

In the aggregate, when you are clearing a person you are bringing into view an individual. He becomes more and more and more individual and less and less and less a conformer. His basic personality has very strong high spots in it. Start taking the weak spots which were aberrations out of the valleys and you finally get nothing but a range of mountain peaks.

Generally speaking, females tend to have a strong second dynamic. So do men. The female does, as far as I have observed it, tend to be a little more conservative than the male. The male has a greater tendency to take on the world and change it, and the female has a tendency to try to stabilize it to a point where she can raise children.

I have observed this. I am sorry if it offends anybody, but it is her job to make sure it is stable. After all, she is incapacitated for a certain length of time in her life, and she can't easily transport or move through an unstabilized world little children. She keeps a pretty close eye on that and will protest before the man will against what seems to be a wild and radical departure from past activity.

But I daresay what confuses the male and female is that so many men are in Mama's valence and so many women are in Papa's valence that you couldn't make an accurate estimate of what a woman potentially was and what a man potentially was.

Now we have got an opportunity to compare the two. There is a difference, and it is marked enough so that I have already observed it considerably.

The only thing you can be sure of when you are clearing somebody is that he will become more and more and more self-determined. Selfdetermined in what direction you will not be able to regulate. He will become stronger and stronger and not necessarily more willful. He will become more cooperative as long as he has something with which to cooperate. But don't try to cross him up and force something down his throat.

An army of clears would be absolutely unbeatable—and utterly uncontrollable. We won the American Revolution as long as we let our people operate as self-determined individuals. And we lost every battle where these rugged individuals were herded into ranks. It is a nice lesson.