

Research and Discovery Series

A Running Record of Research into the Mind
and Life

Volume 2

July - August 1950

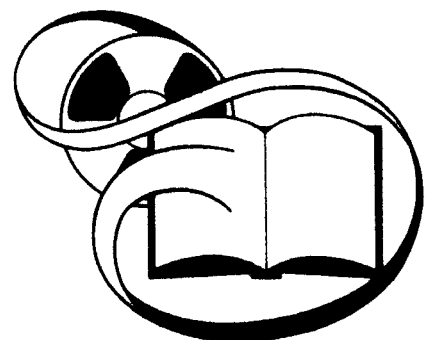


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INTRODUCTION

First released broadly to the public in May 1950, Dianetics caught on like wildfire. *Dianetics: The Modern Science of Mental Health* was heavily in demand and zoomed onto the best-seller lists where it stayed month after month. In some areas there was even a waiting list to obtain copies. It was immensely popular. Dianetic clubs sprang up all over the United States organized by an enthusiastic public.

Scores of people wrote to the author, L. Ron Hubbard, asking for training as auditors. In response, Ron announced he would give instruction in his home at 42 Aberdeen Road, Elizabeth, New Jersey.

On June 2nd, 1950, the school opened with people swarming into his home. Although the Director of Admissions of the newly formed Hubbard Dianetic Research Foundation had advised most applicants not to come, they came anyway.

From all over the United States and around the world, students came to receive training as auditors. Some simply arrived, parked on Ron's lawn and waited for attention.

Soon two more homes were taken over for classes. People were being audited on every bed, every chair, and even on the floor. Then in July the Foundation moved to bigger quarters in an office building at 275 Morris Avenue.

Shortly after June 2nd, Ron began giving lectures and demonstrations. This was the beginning of a record of the day-to-day advances in Dianetics.

The first volume of this series contains transcriptions of lectures and demonstrations given in June to students attending the First Professional Course, the Monday-Wednesday-Friday Course, or the Saturday Evening Course.

These lectures and demonstrations are further research into "repeater technique," published in *Dianetics: The Modern Science of Mental Health* and one of the earliest auditing techniques. This research was the earliest probe to discover the basic cause of insanity and 20 years later this material was further refined and developed into Expanded Dianetics.

The second volume in this series continues on from Volume 1 and contains lectures and demonstrations given from July 1st through August 4th, concluding the lecture series given in Elizabeth, New Jersey. In this second volume, Ron continues research into repeater technique, covers the training procedures and coaching necessary to turn out top-quality professional auditors, and gives instruction on case opening, observations on cases he has worked, and several demonstrations of how to handle cases and do diagnoses. He was also developing Standard Procedure, a technique which can be done pretty much by rote making the solution of a case inevitable, and he explains in detail many aspects of the procedure. Research into past lives is also touched upon, and there is an entire lecture devoted to the processing of children.

In August 1950, research was begun on the tone scale chart which later became the nucleus of a new book, *Science of Survival*.

These volumes contain some of the earliest research notes and lectures of Dianetics, and the materials contained herein will be a revelation to the bulk of humanity who will find in them a vital new look at life. The advanced student will also find some of the most conclusive statements of basic fundamentals, vital to a full understanding of the subject.

The purpose of this series of books is to preserve the research record of Dianetics and Scientology, the most valuable research track ever undertaken. Today, millions of people

around the world are enjoying richer lives because of what they know and have experienced in Dianetics and Scientology.

With this volume and series, you will be able to follow the day-to-day expansion and development of Dianetics and Scientology in a way never before possible. Share with Ron his actual research as it happens.

The Editors

PROFESSIONAL COURSE LECTURES

Elizabeth, New Jersey

15 June-15 July 1950

The First Professional Course consisted of daily lectures, demonstrations and coaching given over a 30-day period by Ron in June and July of 1950 to students at the original Foundation. There were ten students on the first course. The students devoted their full time to the study of Dianetics, including observation and practice auditing at the Foundation. The purpose of these lectures was to supply high-level training to qualify people to become certified as professional auditors.

The course covered Standard Procedure (1950) and explained in detail many aspects of it. Also covered were instructions on case opening, observation and demonstrations of handling cases and diagnosis.

The Professional Course Lectures given in June will be found in R&D Volume 1, those given in July are given in this Volume.

ENTERING A CASE

A lecture given on
3 July 1950

Dealing with Restimulation

This lecture is about a very important subject. I want to bring all hands up with a short rein on the subject of restimulating people and not picking up engrams.

The danger of restimulation when one is not picking up the cause of the restimulation is not great enough to cause psychosis or even neurosis, but it is certainly great enough to stop a case. Restimulate the case without doing anything further and the file clerk and basic personality will be left waiting, and it may suffice to throw basic personality, the file clerk and the somatic strip out of alignment and out of cooperation with the auditor.

There has been too little attention paid to diagnosis. The idea of restimulating a person just to find out what you can find is a bad one. It is dangerous. It slows therapy and does not accomplish its ends.

The thing to do is to go over everything you get your hands on. The motto should be: Once is never enough. It is the failure to reduce the engram, the failure to properly resolve the case which causes restimulation. If someone is talking continually about his jumping somatics, that case has not been properly handled.

As you grow in experience, your own limits of observation will widen. As you first begin you may have a very sharp eye and a very intuitive feeling for your preclear. But your limit of observation is narrow. You have not seen enough of these things manifest themselves to take very many chances. As you become more and more skilled and your observations become wider and wider you will be able to do things which you could not do today at your present state of training.

I bring this to your attention because you may have seen a professional auditor apparently go into a case and rack it all to pieces from one end to the other. Actually that auditor is working on the basis that he is touching things that he knows are not important and will not restimulate. He knows it more or less intuitively, computationally. He has a lot of observation to back up his actions. The instant he touches one that he knows will restimulate, he reduces it.

Therefore this calls upon you as an auditor to be able to differentiate between an incident that has to be reduced and one that doesn't. Any time you put your hands on an experience, much less an engram, reduce it by going over and over it. Any time you find a somatic, flatten it. Any time you find tears, get them wept out. This is very important.

There is a tendency to go into a case, walk around inside it to see what one can find and then leave the case. That is very bad auditing because you may not have recognized, as you were going through the case, that you had touched an incident which might have grave repercussions. It amounts to an auditing crime to leave a person in a state of restimulation, to upset them, and do nothing about it.

You are going to find, as you go into a case, many engrams which will not reduce. The moment you discover one of these, know precisely why it will not reduce.

The first reason is that it has before it a similar engram. If you intend to do something about that non-reductive aspect of the engram, you have to go earlier and find another similar engram. And if that won't reduce, you have to go earlier and find another one. It is simply a

process of asking the somatic strip to go to the earlier incident of the same kind and running that.

When you are entering engrams, do not enter them on the basis that you are going to go all the way through them. You only go through the first part of them. Then you will be able to establish whether or not that engram will reduce without restimulating the whole engram.

As you start down a case you may find the phrase "I don't know." (It may actually be in the case, sometimes it's just a remark which is a composite of numerous engramic computations.) But start south on "I don't know," getting earlier and earlier and earlier, sticking with "I don't know." Don't go over into the rest of the engram because "I don't know" is a chain in the case and it will actually reduce only when you get the first "I don't know," leaving the case in pretty good shape.

Once you've gotten the bottom "I don't know," it should erase. Then you can come back up the line. But you would make a mistake if you discovered an "I don't know" in an engram which erased yet didn't find the rest of the engram, because now you are way down in the basic areal someplace. So you erase the whole engram. Then you take any other engram in that area that you can lay your hands on and reduce that.

Don't worry if the patient is not demonstrating a terrific somatic. Don't worry if he is not convulsing. Don't worry if he is even protesting he doesn't feel very much about it. Don't worry if he says it's not important. Your judgment is based on the fact that, returned to the moment, the patient is not going to experience a great deal of pain with the engram.

But bring that patient back up to present timer with that engram in restimulation and the patient is going to be very uncomfortable, since the somatic multiplies as it comes up to present time. That is why a migraine headache can be erased at the point it was received on the time track but almost kills a man when experienced in present time. That's one of the natural mechanisms of engrams.

In order to prevent this restimulation, you should make a proper diagnosis before the case begins. If you are given a patient to put through a two hour session, it isn't enough to tell the patient to lie down on the bed and just start in, "Close your eyes, now let's go to the earliest moment," and so forth. Find out something about this patient.

This may appear tedious, but it will save you and other auditors so much time in the long run that its value is incapable of a proper estimate. It is priceless to do a good diagnosis.

The way you do a diagnosis initially is by having a person sit in a chair, or even lie down, keeping him in present time, and asking him questions. As you ask him more and more questions he will give you more and more information. And at last you have a fairly good idea of what's wrong with this patient.

Now you want a central computation on this patient that you can resolve, such as: Why is he suffering from what he is suffering?

We had a gentleman who was suffering from Buerger's disease, which has to do with one's legs rotting off. The case was merely opened, not diagnosed. Had the case been diagnosed, it would have been discovered rather rapidly that nobody could help him. That was one of the computations, and it would have become apparent the moment work was started on the case because the person would have run in auto. This preclear had a self-control mechanism of "I can handle this myself," or "I have to handle this myself."

So he would not have worked well. But you could have discovered this right at the outset by asking him questions in present time about his parents, about what they used to do, what they used to say, what kind of people they were and so on. It must have been a very difficult case to get up and down the track because a case which runs in auto always will be difficult.

The next step that should have been discovered about this case was the reason why his legs had to come off. One would have discovered then the fact that Papa died in a railroad accident where both his legs had been cut off! The next thing you suspect is a valence shift. What could that be? “Who used to tell you you’re like your father? Why is it necessary to be like your father? Who used to tell you that?”

You will probably get an “I don’t know” at first and a lot of floundering and then all of a sudden this patient comes up with this information: “Well, that must have been my grandmother. She hated my father.”

“Well, who did she say it to?”

“I think she must have said it to me.”

“What would she have said?”

“You grow more like your father every day, and I don’t like it.”

So we run up this piece of information. This must be the top surface computation on the case. It requires wits to do this, but you are looking for something very mechanical and very specific: What is worrying this patient? In this case we have a physical insanity, Buerger’s disease. That’s obvious. We know that’s what is wrong with him. The trouble is in the legs, which must mean something about legs, so we just start asking him about legs. For instance, who was pegged in his family? Things like that would have turned up this information right away, because it wasn’t outside of his memory that his father died from having his legs cut off. This, in the highest degree of probability, would have matched up with his Buerger’s disease.

You will find people walking around who have bad stomachs, and you say, “Who had a bad stomach?”

And they think for a long time, “Well, my grandmother died of cancer of the stomach.”

Or you say to a person with dermatitis on his hands, “Who had some sort of a hand infection in your family?”

“Oh, nobody.”

“Well now, come on, you can remember it. Now, stay right here in present time for the moment and tell me who.”

“Well, my Aunt Agatha had skin cancer.”

“What kind of skin cancer?”

“Well, it was just skin cancer.-As a matter of fact she died of cancer.”

And you right away peg that down: This person is in Aunt Agatha’s valence. You could be wrong, there might be somebody else who had something wrong with his hands, but you are looking for the people this person approximates.

Having gotten that much, now find out why he has to occupy that valence. Who told him to?

It also happens that if somebody told him to personally, that’s one thing. And if somebody told somebody else in his hearing, for instance prenatally, that’s another. Suppose the husband said to the wife, “You’re just like your father.”

She may have replied, "I like to be like my father. My father was a good fellow. I am like my father. I'm proud of Father. You're not going to make me like anybody else either. Because I am like my father." That might be a prenatal argument of family comparisons that is at the bottom of the chain. But, usually if there is a lot of talk of "You are just like. . ." you can get it on a standard memory circuit. And if you do, you have got that case almost licked, right there 15 minutes after you have put your hands on it. You can actually turn off a psychosomatic illness of the severity of Buerger's disease, Parkinson's disease, dermatitis, sinusitis, bad eyes, and so forth.

It will happen about 20 percent of the time that right there with the diagnosis you can knock the case to flinders if you go at it right. That's worth knowing and it's worth doing because then you will have a case that is running wide open with the person in his own valence. The other 80 percent will have to go at it using the technique outlined here.

Remember that we can divide up physiological and mental aberration. They are both aberrations, only one is physical psychosis or neurosis and the other is mental psychosis or neurosis. In the case of a severe chronic psychosomatic illness, the body has gone crazy. So let's find out why the body had to go crazy.

In the remaining 80 percent of the cases—and these are very rough statistics—you will have to enter the case to discover the sources of these things. But you will have clues by asking: "What did your father used to act like? What did your mother used to act like?"

At first you may get, "My father and mother are very occluded. I don't know anything about them." The heck they don't know anything about them!

You will have to enter the case to discover this computation however, but you know what you are going after. This somatic is chronic. That means that this aberration is chronic and the engram that you are going after is in chronic restimulation. That is the one you want. It may be in the bank 20 times and usually is. But if you get the first one of that chain, you can pull that whole chain out right there. And your patient will get well and be more comfortable.

Those cases which are difficult usually are cases which manifest nothing obvious. These are sometimes quite a puzzler, nothing appears to be wrong with them. In that case go to the last moment of painful emotion in their life and see if it will discharge. It usually will.

If it doesn't, go on down to basic-basic. See if you can get the sperm sequence, see if you can get the first chains of this and that and start working the case right from the bottom, and a lot of times the case will blow! But you can't take a person with a chronic engram in restimulation and do this with him because it would be the most remarkable coincidence that the first engram in the case would be the chronic psychosomatic illness.

That chronic engram had to key in later on in life. So you can go back and find the key-in. You don't even have to put him in reverie to find it usually. It is sitting right in plain sight.

If the person has no psychosomatic illness or aberrations, you are not going to find much of a key-in.

So, do a diagnosis first. Find out everything you can find out about this case, make up your mind what you are going to have to do to this case first, and then enter the case.

You want to find out what point you enter this case, the first engram that you are going to touch. You are going to touch an engram which is, if possible, already restimulated by life, because that thing is normally ready to pull. The one that you run into may be fifth, sixth, tenth, twentieth, fiftieth or eightieth on the chain, but there is always a beginning.

If the patient shows any physical manifestation or agitation as he runs through this engram, be assured that you can reduce it with perfect safety. If he twitches and jumps around on this

engram, you can run through it. A lot of these engrams will deintensify. Although they may be in the eighth month of pregnancy, they have still got tension on them. Go back earlier than that and you will find another engram.

Take the tension off these engrams. Take the somatic out of them. If the person is lying there palely, not caring whether you get the engram or not and he isn't agitated about it, that is a case to be leery of because that engram won't particularly deintensify. You have to get early on the chain in order to pick up a good somatic and knock it out.

Judgment has to be used. It all tends toward finding out what is wrong with the patient, knowing that you will be able to reach that somehow, and making up your mind that it must be there in the case. Sometimes you can merely say, "And now we will go to that moment which has been troubling you"—you haven't even made up your mind what it is—and you will get it.

But you can also do a lot of useless work in a case if you don't know the computation that you are going after. Don't think that any case is going to run by rule, although there are some things which you definitely should do, and one of those is that as you enter the case, do your level best not to leave an engram in restimulation once you have it and are flattening it. Don't run a full engram if you don't think it is going to reduce. Run it sectionally.

In the case with Buerger's disease, a late life operation was entered and it was only run once. The emotion was flattened out on one run. The case was then left in a state of restimulation. The auditor should have sat there and run it; he had a late life physical pain engram.

A late life physical pain engram is always dangerous to enter. You may get one into restimulation and after that not be able to get by it. So you let those things lie. They are entirely different than painful emotion engrams. A physical pain engram is one which contains real unconsciousness caused by drugs, anesthetics, injury, or something of that character.

You can touch all the locks you want which do not in themselves have pain. For instance, someone had a bad case of sinusitis when he was 23 years of age, the real cause of which occurred at birth. You can touch that bad case of sinusitis at 23 years of age and you can get away with it. It is not going to restimulate. The thing that would restimulate it would be to hit birth.

A restimulated somatic is something else, that's a lock, and you can touch all the locks you want to.

But touch a real, honest to goodness physical pain engram that contains ether, injuries, deep unconsciousness where the person was unconscious for a couple of days or even a couple of hours, and you have gotten a bear by the tail and it's pretty hard to let go.

There is only one reason you would ever touch it, and that is if it were enough in restimulation already to hold him on the track. Then you have got to touch it. But in that case, the thing is already restimulated, the person is latched up in it, so you can now enter it with profit because you have got to get him moving on his track.

If the person is in it and it is restimulated, then it is a chronic somatic and can be touched and will be all right. But if it is just lying dormant and he is not held there it cannot.

This also applies to physical pain engrams after the age of 2¹/₂ years; leave them alone.

You can do anything you like to a painful emotion engram without particularly upsetting the patient. It is an entirely distinct thing.

The criterion is: You can touch any lock or painful emotion in the case which you care to touch. It will or it won't discharge. It doesn't matter if you have touched it; it doesn't

restimulate enough to worry about. But physical pain engrams are the real meat and backbone of aberration. They are the things which cause psychosomatic illnesses.

The painful emotion engram and the lock keep things going. They lock on the physical pain engram somewhere on the chain and you are touching there not a cause agent but an activating agent, which is distinctly different.

You can ask the preclear to go to the time his dog died, and after he has run it maybe once, you find out that it wasn't his dog anyhow. He did feel bad about it but you look at him and there is no agitation about it. He seems to be interiorized, but you can walk off and leave it and nothing is going to happen to it.

Or you can take him to his grandma's death or his grandpa's death or his Aunt Isabel's death, or his mother's death or his father's death, and take him through all the funeral parlors and bring it right straight on up to present time. He will feel sad for a day or so maybe, but that is all that will happen.

But, if you take him back into a real physical pain engram and go through it once, you are liable to have a temporary psychotic on your hands.

You can diagnose the emotional shut-offs just by asking the person questions. You find out that some ally died and that he didn't even cry. You know right away that there is probably an emotional shut-off in this case and you can go back and run him through and confirm it. It's a very good thing to find out quite early.

After a diagnosis, find out whose valence he is in. Find out who else was sick like that. Knock out with straight memory circuits as much as you can possibly knock out of this case in the way of locks.

Now enter the case with age flashes. There are many ways to deliver age flashes, one of which is to say, "How old are you?"

If he has got a built-in circuit that says immediately, "42," if he's 42, he is running on a demon circuit. It's bypassing the file clerk's data. There are cases around which will always say their proper age, although they may be stuck all over the track.

One of the ways to upset this automatic proposition is to start getting automatic flashes on other things. Say, "Repeat a word for every word I give you. Love."

The patient says, "Hate."

"Red."

The patient says, "Green."

"Dogs."

He'll say, "Cats."

"How old are you?"

"Gluh—uh—I'm 42."

"What was the first number?"

"10. But I'm not 10."

"What happened when you were 10 years of age?"

“I don’t know.”

“What might possibly have happened there?”

“I don’t know.”

“Now you can remember something of this incident. Were you ever knocked out or injured or operated upon when you were 10?”

“I don’t know.”

“Well, where were you living when you were 10?”

“I guess that was the Badey Street address.”

“How did it look?”

You are building up his memory, and you find that incident and spring him out of it. It may be very difficult to do because he may be in somebody else’s valence, at which moment you would have an emotional shut-off, and sometimes even a pain shut-off.

Now you have to discover where he is held on the track and get him moving and into present time before you work him. Two things can happen with regard to that. The incident in which he is latched up may not be an incident which can be reduced as itself but may be the end of a long chain of incidents. So it isn’t good enough just to keep hammering at 10 years of age. He might be with equal facility at 5 years of age, or 3, or 2, or 2 months after conception on the same chain. He is really all these ages, but the top one is 10. At 10 years of age there was a key-in which really stopped him.

There was a patient recently whose holder, of all things, was “That’s all.” One could regard this person’s whole life as an engram. This person ran into the same phenomenon which you get when you are running an engram and somebody in the engram says, “Well, that’s enough for now,” and the patient stops, although the engram goes on for another hour.

This person’s whole life could be treated in the same way and the last words that ended the life, you might say, were “That’s all.” It ran to the age of 12, when a friend was dying. It certainly took some burrowing with straight memory to find this. The patient was 12 years of age when this friend died, her dearest, closest friend. There was a deathbed scene where she saw the other girl just before death. And what the other girl had said in a moment of very high emotional stress was “I’m going now. I hate to leave you but—that’s all.” So we had a holder at 12 years of age. The rest of life had never been lived as far as the reactive mind was concerned, it was stopped at 12.

So remember, you can find tricky holders or tricky computations. That particular one was painful emotion. In order to get her out of 12, you might have had to have turned on emotion in her case, because you had to get the emotion off that incident in order to get her out of it. You might have also gotten her out of the incident just by straight memory recognition of it, but it is rather doubtful.

The incident in which the person is held may be dependent for its strength upon earlier incidents in the case. One might start in on an appendectomy at the age of 29 and find out that nothing is going to happen with it, and although one hits the right words, it isn’t going to release. Anything one does to that particular engram in which he is stuck isn’t going to hurt him any. He is there anyhow. It is in full play.

Unable to reduce that engram in any way, one would have to go earlier. There is an earlier holder, an earlier nurse, an earlier operation, there is an earlier everything. He will go back from 29 to the earlier holders because they are in a bundle. The appendectomy at 29 is

connected to something else earlier, maybe a tonsillectomy, or another ether operation of some sort earlier in the case.

They will be so close together that you can move him earlier on the chain to get an engram to deintensify the 29 year old one. But it's all stuck in the same operation. Technically there may be a tonsillectomy and birth hung up, and they finally keyed in at 29. You are not going to have any difficulty with it. Try to send him to other operations and he won't be able to go, but send him to the right one, and he will go. He is not inextricably locked up. You can extricate him from 29 by taking him to an earlier stage of life. But, in a lot of cases, the one in which he is stuck on the track will be independent enough so that you can simply run it through and all of a sudden free him on the track and he's on his way.

But if you don't knock it out, then every time you try to bring him to present time he is going to stop at 29. And if it has got a call-back' in it you may get him to present time and then check him 10 minutes later and find out that although you brought him up to 42 he immediately sagged back to 29, because somebody in that incident is saying, "Come back here." So he does.

The phrase "Let's let it settle down" is also a call-back. It settles down, all right. Or "Lie back down here, dear, be comfortable and relax."

A person can really get stuck. And if he is badly audited, he can get stuck even further, in more and more engrams. But usually they will settle out.

Don't pay any more attention to age flash and flash answers than you can help. They are maybe 50 percent correct. On some patients they seem to be 100 percent correct, but on others they are never right. If the age flash starts working, however, and is fairly reliable on a case, you can go right on using age flash and you will get all sorts of information through.

Then after a while you find the person relying on his age flash mechanism. He wants all manner of numbers which might be quite accurate and it might also be a filtered demon circuit giving him wrong information. You have made him dependent upon a new mechanism he didn't know he had.

That can be knocked out with a straight memory circuit. So, the most reliable method that you can use is to first use age flash and find out whether or not it works. And if you keep asking the person and he says, "42," although you know very well that he is stuck some place early on the track because he has no somatics and can't move around, obviously he is not only stuck in an engram, he is in somebody else's valence.

You may get a flash which will tell you that it's weeks. He may be measuring it postconception, and he may be measuring it postbirth, but usually such flashes are measured postconception. With lots of people, the person's age flash is measured from conception.

If these things don't work, just start probing around to see if you can't discover some portion of the persons life which is fairly occluded from him. Start opening it up on a straight memory circuit. Don't work him on the track. You know he is stuck someplace. Don't charge around in his case taking the engram in which he is stuck early and late with him while he is in the wrong valence. Put your attention on getting him into a state where he can experience his own somatics.

It's actually possible to get that person into the basic area and to get him turned out of the area in which he is held. You will find cases that you absolutely have to work with everything closed off. You are unable to discover exactly where such a case is stuck on the track. It may be that he is stuck in so many places and so thoroughly that a discovery of each and every one of them is almost impossible. But take what you can get, and work toward moving him on the track. Don't work toward clearing his case. There is a definite difference.

This material is formulated on basic observations. You can use these observations pretty well by rote, and don't depart from them too far because it is close to center on what you are trying to do.

Above this level it requires imagination to discover these things. To open up a person's memory, use the formula that a person can be made to remember a small part of the large part you want him to remember; and by making him remember the tiny parts of what he can't remember, you eventually achieve the large section that you want him to remember.

For example, you ask somebody, "Well, you can remember so-and-so." "No, I can't remember people."

"What's my name?"

"Your name's Hubbard."

"Well, you remember me!"

"Well, sure. But I didn't mean that. I mean I can't remember people." "Well now, who is your best friend?"

"This guy named George. George's a nice guy."

"You remember George?"

"Yes."

"Where is the last time you saw George?"

"Oh, I had lunch with him today."

"You know you had lunch with him?"

"Yes."

"He sat right there at the table with you?"

"That's right. We had spaghetti."

"What do you mean you don't remember people. You remember George. You remember me. What about your wife?" Or, "What about your boyfriend?" What about this? What about that?

Soon you are liable to get somebody way back in the early part of life. Actually what you are doing is pulling his file drawers open for him. You start out with remembering a grain of wheat and soon he can remember the whole state of Washington.

You are prying it open, but you can do it using gradients.

For instance, he says, "I don't remember anything my mother ever did." At that moment as he is sitting there, this is, as far as he can tell, true. But now let's ask him some things that a person would have to know about his mother, such as, "Well, where does she live?"

"Oh, she lives in Keokuk."

"I thought you didn't know anything about your mother."

"Well, sure, but I know where she lives!"

“What kind of a place does she live in?”

Soon you are demonstrating to him that he has an astounding amount of information about Mother. And sometimes working in this fashion you will pull it right into the visiol sphere although the preclear ostensibly has a visio shut-off in that area. You can do, on a straight memory circuit, enough work to put a person clear back down the track into the prenatal area if you want to work at it. They are just gradients.

If you don't use straight memory on this, but persist in working engrams on the track with which he has no real connection and which he himself can't validate, you are going to work a patient that will tell you increasingly, “I don't know where I am, I don't know whether that's true or not, I think that's garbage.”

You start to run through an engram, and he goes halfway through it and says, “You know, this is garbage.”

So you say, “Keep going,” and he will roll it. On the third or fourth recount he yawns. Pretty soon it will die down and he won't be interested in it anymore. You have run an engram, whether it is valid to him or not. But he has to have that engram and the knowledge of it connected up to “I” in order for it to have any real therapeutic value. Try to keep that person connected with reality, and the best way you do that is on a straight memory circuit, on a gradient.

It is true that as you work a patient and knock out engrams, mechanical results will ensue. You may go straight on down the line knocking out incidents and get him into his own valence after which he may remember.

Don't abandon knocking out engrams just because he can't remember whether they are true or false. But don't keep working him forever on the basis that what he is running is so much nonsense or you will be going on and on. I imagine you could spend two or three years working a case like that, giving him maybe three sessions a week.

If he doesn't know whether the data is right or wrong, throw this gradient formula into view and make him remember. If he can't remember, your question is, who wanted him to forget?

He will think that over for a while and he will even come up with the astonishing information about who wanted him to forget. You will discover all sorts of things about a case.

Try and do it on a straight memory basis, or try and get an earlier time. Get the situation oriented, and that all by itself will serve to deintensify the restimulation.

When you have done something wrong in a case and touched on or run head-on into an engram that was not ready to be touched, and you can't get any earlier on it and don't know what to do next, stabilize it. Really work at it before you bring him back up. Take him to a moment of pleasure and you will get the somatic off at that point but don't bring him to present time.

If he can't reach a moment of pleasure and you have to bring him to present time, be sure to stabilize him in present time with the simple process, “Now, let's look at the wall. Now, let's feel the couch under us,” using the preclear's present time perceptics.

When the preclear is coming back up the track after you have taken him through an engram that really shouldn't have been hit and which wouldn't reduce, bring the patient up to the time he got well from that incident. Tell the somatic strip to go to that moment. Now you have re-established the fact that he did get well from this engram. Then bring him up to a time shortly afterwards when he was very happy, and stabilize him there. Try to turn on all his perceptics there, and then bring him on up to present time.

There are intermediate steps. If you are unable to discover anything that is pleasant, or his perceptics will not turn on at that spot, try and find a place where they will turn on and he will stabilize. And then finally bring him up. If you can't find any, then try to stabilize him again in present time, but don't leave the patient with that engram in full restimulation.

Something else you can do with a patient is to tell his somatic strip to go anyplace on the track. And if you do not ask him in any way to contact any of the perceptics of his own volition anywhere on the track, but merely tell his somatic strip to go there, you can turn somatics on and off without restimulating him.

You can, for instance, take him to the first moment of the incident by saying, "Now your somatic strip will go to the first moment of the tonsillectomy."

"I don't see anything," he says.

"Well, I'm not asking you to see anything or do anything at this time. I'm just going to run your somatics, that's all. Just lie there, it's okay. This is the first moment of the tonsillectomy. Now one minute passes by. Now two minutes pass by. Now three minutes pass by." And the patient starts gasping. He is being told to take breaths. His somatic strip is reacting, even though he is not seeing anybody or contacting anything.

You can run him through the operation, with swallows, and his hands stiffening up, and when you get him all the way through the operation, tell the somatic strip, "Keep on going," hour by hour then day by day up to the time when he is perfectly well from it. He hasn't contacted a thing, as far as he, "I," is concerned. He may even remark on it. But don't pay any attention to what he remarks, just keep on running him through the incident.

Bring him up to the time when he got well. Now you can start asking him questions about where he is and so on. Let him contact that.

It is what "T" contacts and seeks to perceive, and what is impinged directly upon "T" which is important. In this way, you could take him through an engram which is full of holders, deniers, and other things. "T" isn't asked to contact them, and there is no bouncing, there's nothing going on there, but the somatic strip is going through and he has got a pain in his shoulder, a pain in his throat, a pain in his head, as it goes on through. And these pains turn off as you march on through the engram down to the end, and then forward to moments when he got well and so on out.

Always take him to the moment when he got well. Don't bring him straight up from an engram to present time. His somatic strip will track with you in the majority of cases.

It is "I" contacting the perception "I" having the perceptics impinged upon it, that restimulates an engram. So you don't run it very far. Find out if it is going to reduce, and find out if there is an earlier moment if it is not going to reduce. In this way you won't leave a case in chronic restimulation, and you will find somewhere on that track an engram that can be reduced. But by your diagnosis you know what you are going after.

Those things are laid down. Know your tools, and by practice coordinate them, and you will see this thing at work. In some cases it may appear very baffling to you, and you are not going to see very smoothly how this thing works out. But don't put it to test on just one case, because it may be your own still unpracticed use of these tools that has caused the thing to bog, not because it isn't workable. So don't stop with just one patient. Work several patients this way, and then come back to the tough ones. By the time you have worked several, there are some of them that are going to respond and you will see the process in operation, then come back to the first one that was so tough, and if somebody else hasn't already knocked the case apart, why, you will normally be able to.

Keep casebooks. You know what is important about this routine, so say how much of it you have done, and what you have discovered. Then each time an auditor takes over a case it saves him the necessity of going all the way through it. Put everything you find in that casebook.

Don't bother to write engrams out word for word, but get some sort of a phrase that the preclear is using chronically. For instance, if Father is always in the habit of saying, "Forget it," note that down.

Make that casebook brief. But make it carry enough information so that a new auditor picking it up can take a look at it and say, "Oh, this is the kind of a son of a gun this person had for a father." Or, "His father and mother were very fine, evidently the trouble lies with his grandparents with whom he was left when his parents went to India. There is probably a mess-up there someplace."

The new auditor can simply scan over two or three pages, know the case, have the feel of it, and go right on with it from there. So make a habit of writing that sort of material down.

What is important is the preclear's chronic psychosomatic illness or his chronic aberration. Whose valence is he most likely to be in? Whose death? Did these deaths have any effect upon him?

Then there is the theory of valences. The person in engrams could be in great pain if he were himself in the engram. So the mechanical proceeding has been evolved by the mind to take a valence for every person who was in the operation, and the person tends to occupy the winning valences of such people.

When a person is not in his own valence, he has a difficult time contacting engrams. For instance, if he is in Mama's valence, he will tell you everything Mama says. But it will appear to him that he is saying the things himself. He is liable to give you Mama's full conversation from beginning to end and never give you Papa's. And yet Papa is part of that engram and Papa is probably the aberrative valence. If he is in Mama's valence and Papa is talking, you may miss all of Papa's words because he insists on running Mama and nothing but Mama.

A valence has a tendency to become sealed by a death. It is as though nature seeks to make a mock-up person to replace the person who is dead.

The term mock-up was used during the war when they shot up mock landing craft built out of plywood. A mock-up hasn't any real body and it has no utility. It's a sort of zombie.

But one of these people is created by the impact of death. The person who is in a valence gets along, and he can get in and out of the valence rather easily through many years. Then all of a sudden the person whose valence it actually is dies, and this puts a sealer on it. It may even lock the person up more or less permanently in that valence. However, there are two ways to get him out of it Dianetically.

One is to find out who, by what remark, put him in it. We used to talk about somebody being off the time track. The way one gets off the time track is by getting into a valence. So, "I can't be myself. It's impossible to be myself. I guess I'll have to pretend to be somebody else," down in the basic area, is a setup to throw a person into some other valence.

More specifically, you will find commands through the bank that settle a person in another valence and hold him there by engramic computation. The engram commands him to be Mama or Papa, or we get allies all along the line saying, "You're just like me, you're just like I used to be. You're your daddy's little boy. You're just like your daddy, yes sir, you've got nice hair just like your daddy," and so on.

It has a tendency to take the child—particularly right at the end of birth you will find these things—and throw him over into that valence. Then let's say Daddy dies. Daddy doesn't have to die to keep him in that valence, but Daddy's death would really put the sealer on it. Now this person goes ahead and suffers with all the psychosomatic illnesses and aberrations of Papa. It's as though life has made a mock-up of the person who is now departed, and intends that mock-up to go along.

A weird philosophy can be evolved around this concept, but all we see here is its mechanical application, its effect.

So the person is commanded to be in a certain valence by something or somebody. It may be a general type of command early in the engram's prenatal area, or it may be a specific command that says, "You now are Mama and you are nobody else but Mama and you're going to be Mama from here on out." This locks him up as Mama.

This is the reactive bank using a native and natural training mechanism of the analytical mind. When you see someone take a bow and arrow in his hand, you can then look at him and take a bow and arrow in your hand. He pulls it back just so and he adjusts his feet just so and you pull the bow back just so and adjust your feet just so. He fires toward the target and you fire toward the target. You are learning. And that is the easiest way to learn.

They discovered with a great deal of shock in the war that the easiest way to teach people was not to have them reading textbooks half the night on how to solder wire, but to send them to the shop to watch somebody solder wire. They could give them the theory behind it, but when they really wanted to teach them and put the finishing touches on it, they had to set it up so that the students could mimic.

Mimicry is a prime method of teaching. This becomes very strange and distorted when it is applied to valences. Mimicry can go a long way. You will find people, especially children, are sometimes in the valence of a pet; or they were raised with a cocker spaniel, and their mannerisms are cocker spaniel mannerisms. They are in the dog's valence and then, let's say, the dog died. Now there is some part of that person that is being a cocker spaniel!

You can actually see people on the street who are cocker spaniels, bulldogs, mastiffs and so forth. They are locked up in a valence, and the body reconstructs the mannerisms. It is a very interesting study.

Take the little girl who at the age of about 3 had as her constant companion a little dog. This little girl couldn't be persuaded to knock on doors. She would go up to a door, get down on all fours and scratch on the door. That's what the dog did, so she did it that way.

Very often the parents would make comments like, "She is just like the dog, they're inseparable," which shoved the little girl further over into the dog's valence. She would have been there more or less naturally anyway; but now by an engram or by command, or simply by an ally saying, "She and the dog are just inseparable, you can't tell them apart. One after the other they both go out in the mudholes and run around. I expect she will be digging up bones next," they have made her into a cocker spaniel in some of her mannerisms (because, by computation, allies have to be obeyed). Now let's say the cocker spaniel dies and there is a lot of sorrow about it. You have now got a person who is sewn up in a valence.

It's an odd thing that a person can be in more than one valence simultaneously, and a person can be in more than one engram simultaneously. The engrams can be shifted around on the track. In fact they can all be shifted simultaneously up to present time. If you want to upset somebody badly, use a lot of punishment, hypnosis and so forth, and move it all up into present time. Hypnotists do this sometimes without knowing it: "That's all for the present," a hypnotist might say.

It's the same way with valences. A person can be in several valences simultaneously. He may be in Grandma's valence, Mama's valence, Papa's valence and so on.

Take the luckless individual who has a command that says, "You're just like everybody else. There's no difference between you and anybody else," and it has on top of it, "Why don't you be more like people around you," or "You're like everybody you talk to. I've noticed it." This would be an aberration traveling down the track.

"You talk to so-and-so and you're just like he is, and you think the same things he does. But then you talk to somebody else and you're just like them. You're a different person for everybody you meet. What's wrong with you?" This, lying in the engram bank, has a tendency to do an automatic valence shift for every person to whom the individual talks so that he begins to misidentify himself with everyone. He will see Bill and for an hour he is Bill. And then he sees George and he's George. "Who are you now?" you say to this patient, and he will do a double-take on it and maybe you will get a flash answer that his name is Oscar at this moment. And yet he is apparently perfectly sane.

You get this misidentification with the universe by throwing the mimicry mechanism out of gear with engramic commands. By doing this you get a very upset mind.

Any ability of the analytical mind can be exaggerated and made permanent and be taken out of the control of "I" by engrams. And just by that common law you could derive things that could happen to a person because of engrams.

The phrase "You're two different people" is where such a split could start.

The valence wall is something that is postulated. It is an analogue. The person has been moved over into a valence more or less permanently and then, let's say, some death or grief or sorrow has caused him to be permanently in that engram. Dianetically we have got to take him out. We can take the painful emotion off the top, or we can take the computational engram commands off the bottom. We will get him out either way.

The way we spot this is by psychosomatic illnesses and aberrations: "Who else had this aberration?" The person will tend to have the same physiological structure, the same psychosomatic illnesses, enjoy the same things, have around him the same things as the person in whose valence he is. So we can easily detect the valence.

But in the case of a psychotic person, the valence walls have gotten so tough, they are so strong and sharp, that we can have a psychotic flicking from valence to valence without ever being in contact with "I." We now have nothing but valences. Watch a psychotic and you will see him do this and you can also shift him from valence to valence.

You can say, "Let's be your Papa now." And it's just as though you hear a click as he goes across the valence wall. He's now 100 percent Papa, only he's talking with nothing but Papa's share of the engram or engrams in which he is latched up.

You say, "Now let's be Grandma." So, click, he's over the valence wall and he's now nobody but Grandma. He is out of contact with "I." And we can let him dramatize in this fashion endlessly. But if we can swing him through the valences in the engram and get him to click across the line on it, sooner or later we will deintensify it as a strata of valences.

The place to study valence compartments is in the psychotic, and that can become very fascinating. The gentleman with Buerger's disease has a tough enough valence wall so that he will dramatize at the top of his voice, and a psychotic can really get up there in volume when he starts into these valence walls.

Mr. Blank goes into Papa's valence, and he goes into a screaming fit. Now the engrams and commands are not effective. He can race through them the instant that he is in Papa's

valence. But by running him through it several times, in view of the fact that he is slightly in contact with “I,” it will deintensify.

But, you are getting none of Mama’s commands. To be Mama now we would have to swing him over and say, “Be Mama through this period,” and he would go through a full dramatization of Mama. What we are trying to do is get Papa and Mama deintensified, then “I” can start to work. The moment “I” starts to work, the commands that are contained in Papa’s speech, and the commands contained in Mama’s speech become effective upon “I” and “I” starts doing the things that these other valences have commanded him to do.

But while he is in Mama’s valence, or Papa’s valence, he can say, “Go away, go away, don’t come near me, get out, get out, I can handle this myself, oh God, what am I going to do? I’m right up against a blank wall, nobody can help me, life is just too horrible to bear, don’t touch me, don’t touch me, go away, go away, go away, oh, my God, I’m done for,” and he can run through all of this because this is just Papa. The instant you get “I” joined up with this and start him through the incident, he says, “I can handle this myself, get out,” and up the track he bounces.

But just because he bounced does not mean that that engram isn’t in full restimulation. The fact that he bounced demonstrates that it is in restimulation. If we say, “Well, he’s bounced out of the engram,” that doesn’t mean that he’s no longer in the engram. He is. But that engram is very active.

So, what we do is deintensify him as Papa and deintensify him as Mama as a valence shift. Just keep him playing it and the records sooner or later will wear out. If he is psychotic you can hope that his records wear out before your ears do.

You can see then as you work a patient whether that patient is psychotic, neurotic or merely normal. You can see these valence walls and it is up to you to find out how he got into them and get him out of them and get those valences deintensified.

But he isn’t going to pick up any somatics of his own while he is Papa, he is going to run Papa’s somatics. If Papa has a cough and a sore stomach, that is what he is going to have. As himself, in Mama—let’s say it’s in the prenatal areal—it is probably a crusher somatic, Mama crying or Mama bending over or Mother lifting something, it’s something that’s impinging itself on the child. And that is his own somatic.

But Mama’s somatic may be “Oh dear, I know you have a stomachache, but I have a headache.” Well, if he’s in Mama’s valence at this point, he has got a headache, but that isn’t what the child had.

You will find many times that a patient will develop a chronic somatic as you begin to run him. He will begin to have nothing but the somatic which he has. He runs everything with a sore head. He starts to run something and somebody kicks him in the stomach and he has got a sore head. Or he’s trying to run Papa’s “I don’t know, I don’t know,” because Papa has hurt his foot. And even then although he is running somebody else’s somatic he has got a sore head.

That sore head isn’t his. It is his someplace on the track, but it is probably a command somatic confirming a somatic of his own. It is not a very good clue as to what the engram is all about. You will find him somewhere on the track with a big groupers like “Everything comes down to this.” And there he is stuck on the track in such a case.

You start to run out an engram when he is 5 years of age and he may start off with a slight somatic in his shoulder and then all of a sudden he has got the headache. He has run out of this upper engram and he is now running the upper engram out of the bottom one.

This is what happens when you start to run engrams through other engrams. You are going to get the somatic and the valence of the person in the engram that is chronic, and you are going to be potshooting other engrams without somatics from this one engram. He is apparently moving on his track, but gradually as you run more and more engrams, you are going to have more and more somatics latched up in this same place. The track is going to tangle up more and more, and somebody still have to take the thing apart quickly, otherwise the patient is going to get pretty uncomfortable.

This is not stripping. Stripping is another technique and is a way to handle an engram which won't reduce and in which the patient is so thoroughly fixed that he cannot extricate himself. Let's take a nitrous oxide incident, a late life engram of exodontistry, and we find the patient is giving you an age flash of, let's say, 26 and you know he is 49.

What do we do about it? We try to run the incident at 26, and we find and try to run earlier dentals. If they don't seem to have much effect on it, it is just a tough engram and everything in the lower bank is latched up on it. Everything is in restimulation below it and is pulled up into it. He is in bad shape and you can't get him out of it.

The thing to do in that case is start with the first phrase of the engram. Don't run the whole engram. Try to shoot the holders. Try to shoot the call-backs. If you can't get them out, then start in with the first phrase of the engram and go back to the first time it occurred, all the way back to basic area and erase the engram there. That is stripping. It is a mechanical operation.

Then, run it back up to the top and take the next phrase and go all the way down and find the first time it appeared in the case, and so on through maybe two hours of the nitrous oxide. It may take you weeks to do, it is quite a procedure. But you don't go through the full engram. You try to shoot the holders out of an engram that he is latched up in on the track. If they are going to deintensify and he is going to get out of it, probably the whole engram will deintensify. So run it.

But do sampling on it. Run the first ten phrases of the engram, if you can contact them. Run the first ten phrases two or three times. Find out what they do. Does he develop a somatic? Are you going to be able to deintensify this engram? If he is held up in it, you are going to have to go through the engram and handle it by deintensifying it or by stripping it.

But if you suddenly start out on a late life engram that you know to be dangerous, you know his case is not working well and he is not particularly held up on it, that is when you use stripping. But don't run all the way through it first. That puts the whole thing into restimulation. Just take a section of it and strip that section. Then take the next section and strip that. You are reducing as you go without putting the last half of it into full activation before you have dealt with the first part.

Tell the somatic strip to go to the first phrase in the engram. Count from one to five and snap your fingers on the understanding that the first phrase is going to come through as a flash. The procedure is: "The somatic strip will go to the beginning of this engram. When I count from one to five the first phrase of the engram will flash into your mind. One-two-three-four-five," and you will get the first phrase. It will just move him.

If he doesn't get it, he is not moving; he is held up someplace. So you say, "Give me a yes or a no on any one of the following: Is there a holder here? (snap!)" And he gives you a yes. "All right. The somatic strip will go to the holder. When I count from one to five and snap my fingers, the holder will flash into your mind. One-two-three-four-five (snap!)." This usually works surprisingly fast.

If it isn't working on this you can tell the somatic strip to go to the denier with the words "Is there a denier? When I count from one to five and snap my fingers, the denier will flash into your mind (snap!)," and the preclear gets it.

That doesn't work 100 percent because there may be other things wrong with this engram. But it will work often enough for it to be very interesting as a technique. Remember, the somatic strip will work with you unless somebody has messed the case up. If that has occurred you can free it by going back over the things which have been done to freeze it up and knocking them out as locks, after which the somatic strip will start to comply with you.

Use a straight memory circuit to knock these things out by asking the person to remember this and that, and soon he will be cooperating with you again. Coax him, dare him, do anything you can to him to finally get him to give you something.

He may get mad at you, but that is still all right because you are at least getting a response. You won't get anywhere with an apathy case unless you get the person up to a tone 1. They have to be able to get angry, and you have to take them, sooner or later in the case, through a strata of their being angry. If they can't, they are not getting well. That tone scale works out.

The first thing that an auditor must be able to do is get some kind of a conceptual notion of what the preclear's time track and engrams look like. Actually some auditors see this as a graph. They see where the engrams are entangled. They see what the engrams are like. They know the approximate contents.

By doing a diagnosis on the case you get a pretty good picture of what this person is doing and seeing. Then you can work the case. It acts as your tally. For instance, I could probably draw you a picture on practically any patient I have worked on, after I knew some of the content of the bank and had run the thing through. I either have those pictures on file or I could draw them.

You have to be able to size up your patient. There are two billion human beings alive on earth today, which means there are two billion different engram banks.

Engrams are not filed in a nice, orderly file. They are not set up in such a way as to make it easy for you to reach them.

The difficulty that you have in reaching a person's engrams is the same difficulty his own analytical mind has in reaching these engrams. What you are trying to do in Dianetics is what his analytical mind is trying to do. Only he can't carry it all the way through unassisted. But assisted, he can.

As a consequence there is a parallelism at work. What he can't do in Dianetics, his own analytical mind couldn't do in life. As a result, this parallelism will follow out in diagnosis. What he is unable to do analytically usually works out to be what the people around him were unable to do analytically because of contagion. So you have a model of his engram bank in Papa, in Mama, in Grandma and the other relatives. You want to know what is sitting in his engram bank? Look at the characters of the people with whom he associated from conception onward.

Because of his own perhaps higher dynamic (it works out on a lower dynamic basis too) or because of his own higher analytical power and also because of the accidents of life, these engrams may not have the same character effect upon him that they had on the people he got them from. He may have risen quite superior to these engrams. He may be capable of many more things than the people with whom he is surrounded. Genetically, he may be an entirely different character than they were. There are a lot of variables at work. At the same time if you want to know why this person worries about his stomach all the time, ask him, "Who had a bad stomach?" It works out that neatly.

In Dianetics, we are trying to get the individuality of the patient back into the fullest play and thereby make his mind capable of doing all the things it should do.

The only way we can get it into full play is to get out the things which tell it it should do something else—an interior determinism that was an exterior determinism foisted off on him.

So we have got to get him into his own valence. He has got to be himself. The way that we get him into being himself is by taking away the things which force him out of being himself.

As far as the filing system of the engram bank is concerned, it runs on the basis of the earlier you get, the thinner the commands are. When somebody has said, "I hate you," for the 195th time, it's getting very well set, and if you try to blow that out you are going to have a hard time. But let's get the 10th time. That may erase, and although there were 9 times before it you are getting down there where the material is thin.

Therefore you want to work in the basic area as much as you can. You want to get as early in the case as you can, as soon as you can.

This doesn't mean that you can ignore the fact that the person is latched up somewhere in late life on the time track. You have got to do everything you can to free him out of that engram in which he is held in order to get him into his own valence. You will find he will most easily go into his own valence at the moment on the track when he has the least command to be out of it, which is the basic area.

Normally a person will be in his own valence in the sperm sequence unless he is latched up someplace on the track. That is just postulating the way the equation goes. The earlier you get, the thinner the material, the more likelihood there is you can swing him into his own valence. Also, the earlier you get, the less engram commands are behind him to force him to do things, and the easier it is to work him.

There are two reasons why you can't get early in a lot of cases. One of them is that painful emotion has dropped valence walls down and has occluded various parts of the track, because the painful emotion lies on top of the prenatals, most ordinarily. Whenever you run out a painful emotional engram, you are going to find a physical pain engram right under it, generally quite early. The painful emotion of grief has the aspect of putting a valence wall in that is very solid. It may be very hard to go through that valence wall. But get early enough and you will find the reason he has to be in that valence.

The other reason why a person can't get into the basic area is strictly computational: bouncers. A non-coitus chain occurring in the basic area is the master of this sort of thing. "Leave me alone. Don't come in me." "Get out of here. I don't want to see you ever again. Oh, I would die if you did that to me, I'd just die. Don't touch me. Get it out, pull out."

If the person with such an incident is in the basic area and he is in somebody else's valence, he can dramatize it. But if he goes into the area as "I" he starts to bounce.

Be very sparing, however, in your use of repeater technique. Using repeater technique and nothing but repeater technique on a case can get a case so thoroughly snarled up he won't know whether it's Tuesday or Christmas.

If you have got him in one engram and he is held in that engram and you are trying to free him out of it, you can actually repeat earlier engrams up into the one he is latched up in. You can form a bundle at this spot by giving him all manner of repeater. So try to make your repeater apply to the engram in which he is latched up. And mostly use repeater not as a diagnostic operation but as an actual therapy operation.

If he is running a non-coitus chain, you know very well what will be in it: "Get away from me. Don't come in me. Pull out," and so forth. Feed him these phrases as tests. Ask the file clerk with a snap whether or not these things are there. You will get a yes or no in the majority of cases. Then get him to repeat these things. But you are repeating now for a special incident of which you know the character.

Don't start in at the top of the track using repeater technique. Don't get the preclear into where he is latched up, and don't get him to repeat endlessly anything that comes into your mind, because you would restimulate engrams that shouldn't be restimulated.

Try to discover what the engram is. For example, one preclear was held up in an appendectomy. His mother had had a terrific effect on him in his life, and he was pretty occluded. But here he was at 29 in an appendectomy. So we got the age flash of 29 after working on him for quite a while. And we were fairly well assured of the fact that there was some kind of an operation at 29. His wife knew there was an appendectomy someplace, but she didn't know whether it was 16 or 35.

"I can't remember anything at 29," he said.

So we did some pussyfooting around. After all, the analytical mind is faced at that moment with the computation of the fact that it is very unsafe to remember anything in that area. It can't scan it because there is pain present. The whole year may contain pain. So we got him to remember fragments of what he was doing when he was 29.

"All right. Who were you working for?"

"I don't know. I don't remember."

"Well, were you working inside or outside?"

"Oh, I was working inside."

Now we have some information. He was working inside.

"Did you like your boss?"

"Aw, he was kind of a dumbbell. No, I didn't like him very much."

"Now, where were you working when you were 29?"

"Well, let's see, I've worked for a fellow by the name of Blank. Yeah, that must have been it. Yeah, that's right, I was working for Blank."

Then we get the kind of office he was working in. We do not work on an operation. This other material over here is safe to remember. So, you get him to remember this, you get the year, when he was 29, and lay it fairly well open. Then you say, "What did you get sick from?"

"Oh, appendicitis." This surprises him, as if "I knew this all the time, why didn't you ask me?"

"Well, who was there? A nurse?"

"I don't know."

"Was a doctor saying these things? What's the holder here? Give us a flash."

The flash answer may not be working very well. But all of a sudden we find out that the nurse in the appendectomy was an old school chum. And that she's sitting across the bottom of the bed holding his feet down. Then we find out on further questioning, very nearly on a direct memory circuit, that although we are right in the operation and it is somewhat fogged up and unreal to him as it would be, we get the phrase "Don't let him move around, you're liable to open it up."

And here he has been going around daring everybody to open his case. "Of course if he thrashes around on the bed, the incision is liable to open up," says the doctor, so the nurse has got to hold him down. So he doesn't dare have that case opened up because the case is the incision so he can't be opened up in the case, and that is the computation there at 29.

In order to solve this thing fully we had to go earlier and find other operations. Because this one was so solidly held, it was utterly occluded. But by finding an early operation, all of a sudden we got enough holders out of that so that the later one was released. There were also early deniers which impinged themselves on the later operation. In such a way we got him moving on the time track.

Now, he may not be in his own valence very well. But you can take him down to the basic area and get him into his own valence and then really start running engrams out of this preclear which is the best way we know of at this time.

The smoother you can get a case working right at the beginning, the quicker you are going to get a person released and cleared. If you have got a tough, jumbled, rough case that is messed up right at the beginning and is very difficult to straighten out, keep working it anyway. Keep diagnosing it until you do get the right diagnosis. That is very important.

In order to turn on his sonicl you can take him over pleasure moments, and often by doing so you will actually get him back into his own valence. You have given yesterday reality. This gets him more stabilized and suddenly he may have sonic. It works in a majority of cases. Just taking him up and down the track into pleasure moments and developing those moments, you may get him into his own valence and you may even get him out of the engram in which he is stuck without ever sighting it!

It is always best to find out what he was stuck in and spring it, otherwise he is going to get stuck in it again sooner or later. But if you are faced with a blank, don't suddenly say, "Well, let's start working anything we can get our hands on," and start racing through a lot of engrams. Stabilize the preclear in pleasure.

One of two things will happen eventually as you try to stabilize him in a pleasure moment. You will either go through the same incident over and over until he can smell, taste, see, hear these various things, or you may turn on the moment that makes it impossible for him to approach it, which may be somebody's death or something similar flashing into full view. The man may experience a tremor of fear. At that moment you go straight to the incident that is shutting it off.

But always remember that such a technique depends upon shaking the person out of his chronic valence and out of the engram in which he is stuck. If it won't do those two things it isn't going to work.

So, by approaching the case that way, you have done a diagnosis and found the engram he was stuck in and what the main computation is. Then you want to reduce the engram in which he is stuck and get him moving on the track.

Go over the material, try to get him moving on the track, try to turn on his perceptics and get him out of the incident by running pleasure incidents. If you can't do that, spring him out of the valence he is in by finding out his computational command.

This is not a rote routine. But these are the things that you can do, and as you work with it and go from patient to patient you will find your optimum method of proceeding. But have an optimum method of proceeding that has to do with diagnosis, getting the preclear back into his own valence and running smoothly on the track with his own somatics. That is what you want to do. After that you can start knocking out engrams and you will have a fast case. If you don't do that you are going to have a slow case.

I have no intention of giving you any information that will confuse you. I give you the blunt fundamentals, and as you see patients pass under your eyes, as you work them, you will suddenly find yourself working intuitively. Your tools will become so familiar in your hands that you will know exactly what you are going for, and soon you will be turning off all kinds of somatics by simply having the preclear sitting in front of you looking at you.

Sometimes a preclear thinks his livelihood may be dependent on a manic, but I have never seen a manic knock out without improving a man's ability. If he is going to be the king bee, the manic will make him do things which reduce his stature and reduce his reliability, and as such reduce his ability to command, because he is running on stet data.

Saying that a salesman is only successful when he is a manic type is entirely incorrect. It is something like describing a fine watch by saying, "It keeps perfect time. We call it the watch which has to have its mainspring replaced every 18 months." Or, "We give it the designation of the watch with a cracked jewel."

It is an insult. It is giving psychotic classifications to abilities. It is saying, "The reason this fellow is doing all right is because he is crazy." Did you ever see anybody who was crazy who was doing all right?

Take a manic who goes around shouting at people in his business. He is not going to get cooperation from anyone. Now let's take his manic away from him. He has still got all that ability and force, only it is now regulatable. The radio no longer has to run wide open. Very often when a radio runs wide open we may say, "That's a very fine loud radio, but the neighbors won't like it." Now let's fix the radio so its volume can be tuned to as much force as is needed for the occasion to produce the maximum results and we have got the person out of his manic. A manic is worthless.

The psychiatrist has been very prone to classify everybody with a psychiatric classification. They have developed a remarkable theory that the reason the analytical mind worked was because it had 15 or 20 types of insanity. That is just as crazy as it says it is. The cleared analytical mind is capable of reproducing any kind of insanity very easily. You can go into a manic, you can go into a depressive state, you can turn them on and off, and really make them look convincing too.

When an engram is reached in a case and it has a somatic, and it shows any signs whatsoever of being reducible, don't walk off from it until it is reduced. Knock it flat right there. Take it down to a point where it won't cause you any more trouble.

You are going to find the following will happen occasionally. You take the preclear back to the time when his mother was giving him an enema when he was 4 years of age, and you start running this enema. At first you get it mildly. Then it gets stronger, and then it gets worse. He has now got it down to the point where he can feel himself getting all swollen when the enema goes in. It would be of harm to the patient if you did not then ask the file clerk to go to the incident before this which would make it possible for us to deintensify this engram. But, by sending him earlier you will find him going to an incident you can run right that minute which releases the upper one that you have thrown into full play.

So, deintensify the lower one, and by doing so you make the case much more comfortable because it will have a tendency to key out the upper one. Go into the case to a point where something will reduce, and run out anything that shows any signs of reducing at all. If it does not after you have run it—and remember it's best to run a section—you have gotten one that won't go into recessions. Then you had better go down the track and find out why, and you may wind up in the basic area.

But at the same time get something reduced at that point, otherwise you are going to have this patient in a very bad setup. It is better for you to lay off any slightest thought of artificially restimulating somebody to pick something up.

This procedure requires plenty of experience. If you can go up and down a case looking for something that if knocked out will cause a tremendous change in the patient, you can do this. But right at the present moment you should practice running out engrams and finding out what they do. It may look slower, but it will pay you dividends in the long run.

Pretty soon you will get the feel of these engrams. Then when you start running out an engram, you can say, "This is one that is going to beat into recession." You have only gone 10 words into it anyhow, so you pull out quickly and go to something else. But test it first, and then go earlier on that same engram chain to knock out what you have got after running a small section of it about five times to find out if it will reduce. The rule is: As is the whole, so will behave one of the parts.

You ask the file clerk, "Now let's pick up the incident which we have to reach in order to make this reduce," and you will get one.

There can be a lot of other computations that are difficult. There's one on the basis of, "Well, we'll have to turn him around now," which is quite common in birth. That is a misdirector, and you will find the person doing all sorts of weird things at that moment.

So, this is a warning against leading a case into restimulation.

DEMONSTRATION OF HANDLING A CASE

A lecture given on
3 July 1950

Full-parade Diagnosis

All right. I'm going to do a full-parade diagnosis on this case.

LRH: I know nothing about your background, nothing about the various difficulties you have been into lately with another auditor. I'm going to make a diagnosis just as if nobody had ever touched this case.

I want you to tell me why you didn't like your father?

PC: Well, he tried to tell me how to do things, and I seemed to feel I wanted to do it myself.

LRH: Hm-hm. Who wanted to do things herself?

PC: (pause) Mother.

LRH: Hm-hm. Did she insist on doing things herself?

PC: Yes.

LRH: How did she put it?

PC: Well, let me do it (laugh)

LRH: Okay. (As a matter of fact at this point you could have the preclear go past the front office and pay the secretary 10 dollars, because she will be better now.)

All right. You demonstrated our basic computation. What chronic psychosomatic do you have?

PC: (pause) Can't tell you.

LRH: You can't tell me? Do you have any stomach trouble or anything like that?

PC: No.

LRH: No stomach trouble. How's your appetite?

PC: Fine.

LRH: Appetite's good. Your legs ever get tired? Your feet get tired? (pause) Did you ever have an earache?

PC: (pause) No.

LRH: How about your general physical well-being? Do you feel that you are quite well?

PC: Yes, and on occasion during the early part of pregnancy I have been told under examination by a doctor that I was quite healthy.

LRH: But what happened?

PC: Some very bad things happened.

LRH: Very bad.

PC: Hm-hm. One child died and the other was born at six and a half months.

LRH: You had a preemie?

PC: Yes.

LRH: Did that worry you?

PC: Yes.

LRH: Why was he a preemie? You know.

PC: It was a she.

LRH: She. (pause) Accident? Did you have an accident?

PC: Yes. I was no longer in a position to control accident proneness.

LRH: Uh-huh. Have you had lots of accidents in your life?

PC: No.

LRH: What do you mean, accident proneness?

PC: Say, for some reason, someone wanted to get out of something or couldn't face it, they would be accident prone.

LRH: Hm-hm.

PC: I decided to conceal how I felt.

LRH: Did you want to get out of this?

PC: Yes.

LRH: All right.

PC: It was very difficult, the whole job. But I had the doctor convinced that I was very healthy.

LRH: Hm-hm. In other words you covered the whole thing up very nicely.

PC: Yes.

LRH: How did your mother cover it up?

PC: How did she cover what up?

LRH: What? That's what I'm asking you. You can remember.

PC: Uh.... (pause)

LRH: You can remember. Was your mother ever very secretive about things?

PC: No. But the instructions to me were not to tell.

LRH: Not to what?

PC: Don't let anyone know."

LRH: "Don't let anyone know." Who gave you these instructions?

PC: She did.

LRH: Your mother?

PC: Yes.

LRH: Gave you instructions not to let anyone know?

PC: Yes.

LRH: That you were?

PC: Uh—whatever I was.

LRH: Hm-hm, isn't that interesting, because you're working on a secrecy background. Your mother, in other words, wanted something to be secret. Is that right?

PC: Yes.

LRH: What in her own life did she want to be secret?

PC: I feel that I had found out a number of things that she wanted to be secret about.

LRH: Well, you know one of these things. Let's remember when it happened.

PC: Well, I would say in the prenatal area.

LRH: Hm-hm.

PC: The AA, and also there was a first marriage that she considered illegal that was very depressing to her.

LRH: Her first marriage was illegal.

PC: It was very depressing also.

LRH: She had to keep this quiet too.

PC: Yes.

LRH: Had to be a secret. What did her injunction to you latch up on, do you suppose?

PC: (short pause) "Don't let anyone know."

LRH: Hm-hm. Did this latch up on anything you might have in your prenatal bank, do you suppose?

PC: (pause) Oh, yes, of course. Do you mean specifically ?

LRH: Hm-hm.

PC: Im coming (pause; starts to laugh)

LRH: That will be another 10 dollars.

PC: Well, there were about six of those riding forward. I'm just getting used to this idea.

LRH: Hm-hm. Interesting, isn't it?

PC: Yes, along with....

LRH: Along with what?

PC: Well, with the words "You're wonderful."

LRH: SI right.

PC: As against, "They wouldn't do that, not to me."

LRH: Okay. Did your mother ever try to keep you from remembering when you were a little kid?

PC: No. I would say that that was my father.

LRH: Oh, your father didn't want you to remember?

PC: His expression was "Forget it."

LRH: He keeps saying, "Forget it"?

PC: Yes. He was, I feel, the ally at that time.

LRH: Uh-huh. But did your mother ever tell you you couldn't remember that young or anything like that?

PC: Well, yes.

LRH: Oh, yes? I wonder what she was covering up?

PC: Well, I don't know. The particular incident that I was most obsessed about was the fact that at two and a half I asked her how old had I been when we lived at a certain place. And I described it and the crack in the sidewalk, because I had remembered leaning over tracing the crack in the sidewalk and having the emotion of: Well, here I am alive.

LRH: Hm.

PC: Then she says, "It's all in your imagination."

LRH: Hm-hm.

PC: I asked her on two or three occasions. In fact I was very persistent about it because it was attacking something rather vital to me.

LRH: And she kept telling you that you couldn't remember that young?

PC: Yes.

LRH: What were her words? You remember. (pause) Just remember.

PC: Don't be foolish."

LRH: "Don't be foolish," then?

PC: That's ridiculous."

LRH: Uh-huh. What else?

PC: You're making that up

LRH: Uh-huh. What else did she say? Have her go on.

PC: I wouldn't have minded that if she hadn't monologued....

LRH: Go on. She said, "You're making it up."

PC: You're making it up That's foolish."

LRH: Hm-hm.

PC: You're making it up No one can remember."

LRH: Hm-hm.

PC: You were too young to remember all that stuff."

LRH: You remember her saying this?

PC: Yes.

LRH: All right. Now let's connect up with the actual incident that you were trying to remember when you were a little kid. (pause) Now we've knocked out the blocker on it. You remember her telling you these things, don't you?

PC: Hm-hm.

LRH: Where was she standing? (pause) Was she standing or sitting?

PC: (pause) There seems to be two or three things mixed up there.

LRH: All right. Well, let's separate them. Would it be the first time or the last time that you remember best? What's the matter? First time or the last time?

PC: I've got engramitis. (laughs) I don't know.

LRH: All right. But we can remember. Let's remember the last time she told you this.

PC: All right. The last time. (pause)

LRH: Okay. Let's pick up the last time she said you couldn't remember the thing. (pause) And said you were foolish and ridiculous. Is that what she said the last time?

PC: Hm-hm.

LRH: Where was she standing?

PC: (pause) I can see her standing at the sink.

LRH: Hm-hm. What is she doing with the dishes?

PC: They are in Very heady soapsuds.

LRH: All right. And what is she doing there?

PC: Setting out the plates, I guess.

LRH: Aha?

PC: I had my hand on the table by the sink.

LRH: Hm-hm. What's she telling you? Does this disturb you as you're standing there?

PC: No.

LRH: What happened there a moment ago when you shrugged your shoulders?

PC: I was seeing if there was any feeling.

LRH: Is there any feeling?

PC: I usually have a somatic on it. Yes, there is, a little. Want me to describe it?

LRH: Yes.

PC: Hollow feeling in my stomach.

LRH: Hollow feeling in your stomach. Why?

PC: Must be gripping the muscles.

LRH: Has anybody got hold of you there?

PC: No.

LRH: All right. When your mother talked to you then about this, you got this hollow feeling in your stomach. Is that right?

PC: Right.

LRH: And what's she saying?

PC: She said, "It's utterly ridiculous."

LRH: Hm-hm. And what else is she saying?

PC: Utterly ridiculous."

LRH: Hm-hm. And what else?

PC: (pause) "You couldn't remember that, you were too young."

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

PC: You couldn't remember that. You were too young."

LRH: Let's go over it again.

PC: You couldn't remember that, you were too young."

LRH: Go over it again.

PC: You couldn't remember that, you were too young."

LRH: Let's go over it again.

PC: You couldn't remember that, you were too young."

LRH: Go over it again.

PC: You were too young. You couldn't remember that, you were too young."

LRH: Where are you standing in relationship to her?

PC: I feel frozen.

LRH: How big is she?

PC: I'm 8.

LRH: All right. How big is she?

PC: Twice as big.

LRH: All right. What's she saying now?

PC: That's utterly ridiculous, you couldn't remember that, you were too young."

LRH: That's okay, now let's go to the first time she said this. Let's go to the first time she said this. (pause) First time she said it. (pause) "You couldn't remember that, you were too young." Let's repeat it. First time.

PC: You couldn't remember that, you were too young." (laugh)

LRH: All right. Let's contact the first time she said it now. Let's go over it again."You couldn't remember that."

PC: You couldn't remember that, you were too young. You couldn't remember that, you were too young. You couldn't remember that..."

LRH: Contact her voice.

PC: You were too young." I had her voice before, I haven't got it now.

LRH: All right. Go over it again."You couldn't remember that, you were too young."

PC: You couldn't remember that, you were too young."

LRH: Let's make a thorough liar out of her.

PC: (laughing) "You couldn't remember that, you were too young."

LRH: All right. Go over it again.

PC: You couldn't remember that, you were too young."

LRH: Where is she now in relationship to you? Go over that.

PC: We're still in the kitchen

LRH: Once more.

PC: You couldn't remember that, you were too young."

LRH: All right.

PC: You couldn't remember that, you were too young."

LRH: Let's go over it again.

PC: You couldn't remember that, you were too young."

LRH: What else is she saying there? (pause) Go over the line again.

PC: You couldn't remember that, you were too young. You couldn't remember that, you were too young."

LRH: Take a look at her. How big is she? (pause) Go over the line "You couldn't remember that, you were too young."

PC: You couldn't remember that, you were too young. You couldn't remember that, you were too young. You couldn't remember that, you were too young. You couldn't remember that, you were too young."

LRH: Where is she standing?

PC: Over there.

LRH: Okay. How big are you?

PC: (pause) About half as high.

LRH: Okay.

PC: I can see the dishes, now, a little bit below eye level in the sink.

LRH: Uh-huh.

PC: She says, "You couldn't remember that, you were too young."

LRH: What else is she saying? (pause) Now what inspires you to come up with this statement to her every time you see her washing dishes? (pause) What have dishes got to do with this thing? (pause) Do they make a certain noise?

PC: Yeah, soapy, wet dishes.

LRH: Hm-hm.

PC: Deep soapsuds.

LRH: Hm-hm. How do they smell?

PC: Like very strong soap suds.

LRH: All right. Have we got this line? Well, let's just go through the whole thing now. Return to the moment when you're telling her something there.

PC: (pause)

LRH: "Don't be foolish," that's one of her statements.

PC: Don't be foolish. That's utterly ridiculous."

LRH: Okay. Continue.

PC: You can't remember that, you were too young."

LRH: What else?

PC: It's derogatory.

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

PC: You're always making things up

LRH: Let's go over that again.

PC: You're always making things up

LRH: Go over it again.

PC: You're always making things up."

LRH: How does she look when she says it? Go over it again.

PC: (pause) "You're always making things up."

LRH: How big is she?

PC: Very.

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

PC: "You're always making things up."

LRH: What else does she say?

PC: You're always making things up

LRH: Next line.

PC: You're always making things up

LRH: Next line.

PC: Well, she's very much larger, and it seems to be another house.

LRH: Uh-huh.

PC: I see three doorways.

LRH: Hm-hm.

PC: It must have been a very tiny house.

LRH: All right. You can remember this. Let's make a liar out of her. Are you unhappy standing there looking at her?

PC: Yes.

LRH: Let's feel the emotion while you're standing there looking at her.

PC: I seem to feel it.

LRH: What are the words that go with it?

PC: I'm uery shocked.

LRH: Uh-huh.

PC: Oh, Susan you re always making things up."

LRH: Go over it again.

PC: You re always making things up Oh, she's angry.

LRH: All right, go over it.

PC: You re always making things up

LRH: Go over it again. (pause) Take a look at her. Go over it again.

PC: I can't check the validity of it.

LRH: Hah, that's what she says.

PC: You re always making things up I want you to stay away from doorways."

LRH: "I can't trust you."

PC: I can t trust you I want you to stay away from doorways."

LRH: Go over it again, "I can't trust you."

PC: No wonder I get upset."You're always making things up."

LRH: "I can't trust you."

PC: I can t trust you I want you to stay away from doorways. I can't trust you. I want you to stay away from doorways."

LRH: What else?

PC: I can t trust you I want you to stay away from doorways."

LRH: You can remember this.

PC: You re always poking your nose into something that is none of your business."

LRH: Hm. Now what did you discover her doing?

PC: I see the room, the dresser, the lower drawer.

LRH: What was she doing to herself?

PC: (pause)

LRH: You can contact it. What weren't you supposed to do there? (pause) What had you just done wrong? You know. Let's take a look at it.

PC: (mumble)

LRH: Go over that again.

PC: (muttering)

LRH: Let's go over it. (pause) Let's go over it.

PC: What would you like me to go over?

LRH: "Always poking your nose into things ."

PC: You're always poking your nose into somebody else's business."

LRH: Go on over that again.

PC: You're always poking your nose into somebody else's business."

LRH: Go over it again.

PC: You're always poking your nose into somebody else's business."

LRH: Go over it again. (pause; PC breathes deeply) Is there a blow? (pause) Is there a blow? (pause) Now give me a flash yes or no. Is there a blow (snap!)?

PC: No, but it seems funny that there wouldn't have been because she hit me on every occasion that I can consciously remember.

LRH: All right. Let's get the moment you're walking in on her, unawares and unsuspecting. What's happening? Contact the moment.

PC: Oh, I see a douche bag hanging up.

LRH: Hm-hm.

PC: She is taking a douche.

LRH: So what do you do?

PC: What are you doing?

LRH: Okay.

PC: What are you doing?"

LRH: And then what? (pause) Does she try to get you out of there? Did she tell you to leave? What wouldn't she have done with the douche?

PC: Sent me out of the room.

LRH: All right. How about you telling me all about this the next time I bring you back to this.

PC: Okay.

LRH: You promise?

PC: Yah.

LRH: All right. Come up to present time. (pause) How old are you?

PC: 36.

LRH: What was the first flash?

PC: 8.

LRH: All right. Did she tell you to stay right there, or something?

PC: Not in the 8 year old incident.

LRH: Let's remember that 8 year old incident. (pause) What's she saying about not being able to remember?

PC: (muttering)

LRH: (pause) Come up to present time.

PC: Okay.

LRH: How old are you?

PC: (pause; laughs) 36. There's still a little bit of 8 there.

LRH: All right. What does she say? What's the holder? When I count from one to five, give it to me. One-two-three-four-five (snaps).

PC: You can't remember that, no one can."

LRH: That one again. What's the holder?

PC: (mumble)

LRH: "Stay there".?

PC: (pause) No.

LRH: Come up to present time. Let's remember this. (pause) Remember the incident.

PC: Yes.

LRH: How do you feel?

PC: Okay.

LRH: Let's remember. Did she hit you on that occasion?

PC: No.

LRH: Did she get furiously mad with you afterwards?

PC: No. I feel that I was pained by her expression. By that time an expression could pain me.

LRH: Uh-huh. (pause) And how about the pictures?

PC: (muttering)

LRH: Come up to present time.

PC: Hm-hm.

LRH: How old are you?

PC: 36.

LRH: What was the first one?

PC: 8. Yeah, that was it.

LRH: That's it?

PC: Yes, I saw something just before I left there.

LRH: What was it?

PC: In that incident somewhere around there I had dropped a cup.

LRH: Oh. (chuckles) All right. You dropped a cup. Big crime."Why didn't you hold on to it?"

PC: Could be.

LRH: What was it?

PC: Why can't you ever hold on to anything? "

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

PC: Why can't you ever hold on to anything? "

LRH: Let's go over it again.

PC: Why can't you ever hold on to anything? "

LRH: You remember it.

PC: Yes.

LRH: How old are you?

PC: I'm there at 8.

LRH: All right. What's the proper phrase about this cup?

PC: Uh....

LRH: When I count from one to five and snap my fingers, the statement about this cup and dropping it will flash into mind. One-two-three-four-five (snap!).

PC: Why can't you hold on to things?"

LRH: Let's go over it again.

PC: Why can't you hold on to things ? Why can't you ever hold on to things ? “

LRH: How many times has she said this in your life?

PC: Oh, heavens! (sigh, chuckle)

LRH: Come up to present time.

PC: Okay.

LRH: present time?

PC: Hm-hm.

LRH: How old are you?

PC: 36.

LRH: All right. That's all for the moment.

We see by this type of cross-questioning, it jogs a person's memory. That material is in recall. How do you feel?

PC: Okay.

LRH: How do you feel?

PC: I've still got a stomachache.

LRH: Still got a stomachache, huh?

So, there's a chronic somatic. But we have clipped the thing from locks. We can clip all the locks we want to. It doesn't matter how many locks or how much painful emotion we hit in the case. But if you get painful emotion going, if you get the person actually weeping over something, never walk off from it or arrange the case in some other fashion so the painful emotion doesn't come off it, because he may never be able to get into that engram again if he leaves it. So he ought to run it dry.

In this particular case we were just hitting locks. Notice that there was something about dishes which was upsetting and even physically painful. There's an engram under that. We know approximately how it squares around.

LRH: You can remember when you were sick at your stomach when you were a little kid, remember? Go over it.

PC: Coming home on the streetcar from having seen her in a hospital for the first time.

LRH: Oh, you saw her in the hospital. Was she dead?

PC: No.

LRH: But she was in the hospital.

PC: Yes.

LRH: Was she suffering from a stomach pain?

PC: I recall now what it was, but my childish evaluation of it probably was a stomachache.

LRH: What was it?

PC: An appendectomy with several other things

LRH: How does your stomach feel?

PC: Oh, I've still got the somatic.

LRH: All right. Now tell me this: When did you yourself have a stomachache?

PC: Well, on the way home from the hospital.

LRH: You remember going home from the hospital?

PC: Oh, very clearly. That is straight memory.

LRH: And when did you have a stomachache? Had you eaten something?

PC: Yes.

LRH: What?

PC: I'd had a chocolate soda on the way out to the hospital to see her. And on the way home the city streets receded it back.

LRH: Okay. You remember that.

PC: Yes.

LRH: How's your stomach, now?

PC: The somatic's still there.

LRH: It's still there. All right. Let's close your eyes. Let's go over the line "It's still there."

PC: It's still there."

LRH: Go over it again.

PC: It's still there."

LRH: Go over it again.

PC: It's still there."

LRH: Go over it again.

PC: It's still there."

LRH: What are you contacting? (pause) Go over it again.

PC: Well, I see her in the hospital, and I am helping her with a glass straw. I'm terrified by this incident. She is hardly able to speak.

LRH: Who says, "Still there"?

PC: Still there. It's still there. The pain is still there."

LRH: Go over it again.

PC: The pain is still there."

LRH: Let's go over it again.

PC: The pain is still there."

LRH: Go over it again.

PC: But her pain isn't....

LRH: In present time, how does your stomach feel?

PC: (muttering)

LRH: Does it feel better?

PC: It does. (laughs quietly)

This is handling a case from the standpoint of locks. Notice one goes ahead on the basis that there's something restimulative in the area. What a person is thinking or believing or sensing about that area has been said by somebody or is the dramatization of somebody else. A person all by himself and in his own adventures in life does not receive engrams. They are from someone else.

So let's pick out the most likely candidates. We have found out here that Papa was an ally. We have also found out that Mama's got this kid terrified. We've also found out that when Mama was reproving, that was pretty horrible. We have also found out that Mama had a vast secret and had a secretive dramatization.

We know immediately that this case is not going to give up data easily in the basic area. But knowing that Mama was of a secretive disposition, we can knock that out in a hurry by discovering what Mama used to say when she wanted things to be kept secret, and running that down the bank. That's a dramatization. If an aberree does something once, he will do it again.

So, run that down. Go early and run it into the prenatal bank. You can clip it out and knock out the secrecy part of the case, just by riding that sound. Then things will start to open up more and more. Further, there is probably some sort of a valence locked up with Mama. Mama gets a stomachache, so the preclear gets a stomachache. Furthermore, things Mama says are taken as true, therefore Papa probably said to mind Mama, once in a while.

LRH: Right or wrong?

PC: Right. He qualified it beautifully too.

LRH: What did he say?

PC: She's had a pretty hard time. You have to understand these things."

LRH: Hm-hm. You have to mind Mama?

PC: Yes.

LRH: Who said so?

PC: Papa.

LRH: Do you have to listen to what she tells you?

PC: Yes.

LRH: When did he say that?

PC: He said it would be a good idea to, it would make things easier.

LRH: Did you?

PC: Yes.

Well, there's an ally running his supportive line underneath that of an antagonist, which will of course give the antagonist some validity. We have discovered that Mama is an antagonist and Papa is an ally. This sights up the possibility that Mama was very dissatisfied with the idea of being pregnant, didn't like it, and Papa insisted that she go ahead with it.

You work on that computation and you will find out that Papa will be in there, and there will be a big sympathy charge on Papa. Papa was probably very pleased when the baby was born. There's probably a manic right on the end of birth. So you have got diagnosis. We see that the patient is running very well on the track.

You don't have to be very dress parade about Dianetics, because the mind works this way. You simply tell it to, and it will get right in and pitch. It is not a show or a certain type of emotion that you're putting out, and you will advance your auditing faster in the recognition of that one point.

Then there will be times when Mama was the ally. Nearly all parents are ambivalent. Papa sooner or later was probably the antagonist. But in a life and death proposition such as Mama wanting to commit AA and Papa defending, that would be a basic computation on the line. One asks these leading questions, but they are based upon knowledge of what people say and do.

So start getting a grip on what people say and do by looking over computations of cases. Mama has a guilty conscience, quite ordinarily, particularly if she has ever tried to do anything to the child. So she's quite apt to tell the child the child can't remember. Mama gets alarmed at the idea of the child remembering anything, and sets in very busily to knock out the child's memory. Furthermore, Mama can go to such heights on this that she will be very apprehensive of the child discovering whether or not there's a cake in the oven. Although what Mama is really afraid the child will find out about is that the child is unwanted and was an M.

After the child is born Mama becomes a Mama and decides she is going to be nice to this child; but she's anxious. The whole aspect is different.

In this society prior to birth the child is a piece of protoplasm without feelings and is not human. As soon as birth is accomplished, the so-called maternal instinct takes over and at this moment the child becomes a human being and is therefore cared for, cooed over and so on,

which makes a very confusing picture in a person's life. The first nine months of life and all the basic data of life is saying, "Unwanted, no good, son of a gun...." This suddenly becomes "Have you been hurt? My dear little baby, how on earth...." But that is after birth, and that is not the basic data in the case. The person knows it very well, and will go all through childhood knowing it very well, but with the mores of the society impressing upon the child to believe otherwise."Your parents love you, you must do what they say. They have your best interests at heart." Yet the reactive level thought and computation is "No, they don't. They hate me, or one of them does."

So you are walking into a computation in any child where Mama has been disturbed about being pregnant. You will find some of the most confounded situations of Mama being supersaccharine postpartum, because now she has a baby and her dramatization says that she must take care of this baby. It is really pretty much a dramatization if she's moody enough not to want one while it's on the way.

So you get this upset computation of all the engrams saying one thing and the top computation saying something else. Then the person tries to analytically make the rejection formula jive with the engrams, but is unable to. Nothing computes. So we get confusion and anxiety on that mechanical basis alone.

On an identification level there is comparative data which says, "Dangerous here," that throws in enough stir-up and confusion so that Mama wants to knock that thing out. And the best way to knock it out is to say, "You're making it up."

This dramatization is so common in the society that it jives with a warning given in the Johns Hopkins' 1 nurses' handbook: "You will very often find the mother quite disturbed about the attempts she has made upon the baby's life. Do all you can to soothe her about this since she will usually be afraid that she is about to bear a monstrosity, a thing which will not occur." That is in there in nice big black type. That is one of the first things a nurse is supposed to do in a maternity case!

Looking through the society at large and checking it out, we find there has been rampant this notion that contraception should start three months postconception. You will find a lot of people around who think that such a notion is insupportable, but there you are running straight into the reverse dramatization. Now you are running into an ally who says, "No, people don't do these things. This is not possible."

Trying to get a straight medical figure on it is impossible since it happens to be criminal and therefore a person will not own up to it. So we don't have any figures. But in Dianetics you start to recover material.

You can make these little tests: "Are you afraid of the dark? Were you ever afraid of the dark?"

"Yes." That's a good point right there. Although I have run into lots of AAs that were not afraid of the dark, I haven't found someone who was afraid of the dark who didn't have an AA, since this may have taken root as terror connected up with a black visio. Prenatal visio is black, except at such times as somebody shines a flashlight in there in order to locate the opening of the cervix, at which point a red light suddenly appears in the middle of the prenatal bank.

The other line you can use is "Did you like your father and mother?"

"Aw, they were swell people."

"You know them now?"

"Yes, we get along fine."

That person you can tell easily because he is quite relaxed about it. The person who says, "Well, I can't believe my parents would do this to me because they were very nice people, they went to church, you know," doesn't rule out an M.

Then there is the person who says in a tightly controlled voice, "I liked my father very much. He was a nice guy." Or the fellow who says bluntly, "I hated my father. He was no good. He was overbearing, he was this and that," and actually there might not have been an AA in the case but there might have been beatings and so on.

But if he didn't like Papa and he didn't like Mama, and he had a terrific ally computations on practically anybody that came along such as all the girls who were baby sitters, every doctor or nurse he ran into, his grandparents, people who were actually quite mean to him, it was for the simple reason that they were not Mama and Papa. Baby learns the idea that "When people are around I don't get hell knocked out of me," therefore we have got allies, allies, allies, and a lot of terror.

Where you find lots of occlusions, that's M, and that's the real test.

"What happened when your grandparents died?"

"Well, as a matter of fact when my grandmother died, I didn't feel badly about it at all."

"When did your first attacks of lumbosis² come on?"

"That was in 1932."

"When did your grandmother die?"

"June of 1932. That's a funny coincidence, isn't it?"

And you say, "Yes, that's a very funny coincidence. Now when did your grandfather die?"

"He died in 1936."

"How did things go in 1936?"

"Oh, they went fine. I wasn't affected by his death particularly, you know, he was an old man, he chewed tobacco and sat around and got in everybody's hair."

And you say, "Well, what happened to you in 1936?"

"Nothing."

"Did you get sick?"

"No, in 1936 I didn't have time to be sick. That was the year that I had this bust-up with my partner and my business failed, and so forth. And I had to...." In other words, a terrific set of mental aberrations suddenly clipped in. And you say, "By the way, did your grandfather ever fail in business?" "Yes, as a matter of fact he did, in 1916. He was all wiped out with his partner."

And you say, "Isn't that a strange coincidence?"

"Yes, it is, come to think of it." The moment he seals into being Grandpa completely, he fails in business.

There is both the mental and psychosomatic aspect to these things. You find out that Grandpa, for instance, took enemas. Now start to check up on this person's constipation.

Grandpa, let's say, was constipated all the time and talked about it continually. Then you suddenly find out that two or three years after Grandpa's death, why, the preclear all of a sudden got a key-in and he started to be constipated at that time.

So, you have a lot of ways of moving in on the same computation. The person may tell you, "My father never laid a hand on me," and you start going back down the case and the first thing you find out is that his father beat him up practically every day. In other words the recall is not accurate.

But by jarring the recall into an accurate recollection of things, by finding the people who told the person that he couldn't remember, that he was telling them lies, that he didn't know, that his parents really loved him dearly and desperately, and getting all this overlay which upset him and buried the rest of the material, you suddenly knock that strata out and get the basic material.

You can do this very fast. But when you are going all out for clear, you are going to take out the whole engram bank. You want to get down to basic-basic and start erasing as fast as possible. Then you get a fast clear. But, in order to get that fast clear, you had better get the diagnosis too.

The cases which are difficult are difficult for the mechanical reasons that they are stuck somewhere on the time track in a valence. They are not in present time. There is a misnomer in the Handbook. I called it "stuck in present time" because the person appeared to be stuck in present time. I should have been more specific about it. The person is actually stuck on the time track, so he can't be stuck in present time. He appears to be continually stretched into each moment of time, but he is actually bouncing out of an engram which is in restimulation, and he is stuck on the time track at that point.

When a person is off his time track, he is in a valence. In order for him to be in a valence he has to be in an engram where he is stuck. He is not necessarily in close proximity to this engram. It may have a bouncer or two in it, and it has got a call-back, so he is riding in the bouncer, yet he appears to be in present time.

The data here I know you can use, and I want to see you get a lot of use for it.

HANDLING SOMATICS

A lecture given on
4 July 1950

Effective Auditing

In working a case you will very often discover that the preclear is impatient to have a certain somatic relieved. Where we have a difficulty in altitude, particularly in a husband and wife team where maybe the husband has more altitude than the wife, the husband may start telling the wife when he is a preclear "Well now, you know these pains I get, let's work on that today." Or, "I have a terribly sore throat, let's see if we can't get rid of that." This can waste a lot of time and occurs when someone has no great faith in his auditor, or his engrams tell him not to have. That is not the file clerk working.

I have seen somebody waste 50 hours where the patient was saying, "Now the next thing we go after is so-and-so." He is beautifully avoiding everything they should go after because he is doing it in present time. That isn't auditing.

In a case where a person has a chronic psychosomatic pain or illness, it is not worthwhile if you are going to clear the person to work on that illness as such. Simply follow the mechanical side of it. Get the painful emotion off the case, get early, deintensify those somatics necessary to get basic-basic and start the erasure.

Sometimes the preclear will insist, "I've had a headache for three days." Or the husband will say, "Well now, I've got to get my wife back there to find out why it is she fights with me all the time and won't let me spend any money," so he goes after a specific aberration.

Going after a specific aberration or a specific psychosomatic illness is dictating to the file clerk what should come up and what shouldn't, and it won't work.

However, in the case of a headache, take him back to a pleasant moment in his life and, ignoring the headache completely, keep him going through it developing all perceptics of this pleasant moment. If that doesn't handle it, take him to another pleasant moment. After you have taken him to three or four, you have in effect keyed the thing out. Or you can knock it out on a straight memory circuit by asking, "Who used to have headaches in your family?" The person thinks about it, and it is liable to key out at that moment.

Heaven help Bayer Aspirin and the rest of the big drug companies, because you can knock out headaches and momentary psychosomatic manifestations very easily.

We are dealing with two entirely different things. One is the overall computation of a case entrance and the other one has to do with making a patient comfortable.

By using Dianetics, you will keep turning on somatics in people straight down the line. They are actually not of the same order as a chronic somatic. When a patient starts to run his case and tell the auditor what he is supposed to go after, or when you have spotted a bad aberration in a patient and you decide to go after a specific illness in the case or a specific aberration, you are wasting your time. The other is just a somatic that can be turned on and off. It is a different thing. That is simply the physical pain accompanying an engram. But a psychosomatic illness is not merely a somatic.

For instance, menstrual pains are almost always a prenatal engram in high gear. You can go back and flounder around if this is in heavy restimulation and the person is ill, but mostly you are wasting your time to do anything about them. If the file clerk hands it up, the file clerk will hand it up. That's all there is to it. This is actually too simple to stress very much.

Direct the file clerk and the somatic strip toward engrams in the basic area, and into painful emotion engrams late in life, by demand, because the file clerk and the somatic strip will not go into painful emotion alone. You can get painful emotion out of repeater, but it is pretty hard because the charge on painful emotion seems to be a repelling charge of whatever electronic mechanism it is that keeps the file clerk and the somatic strip tracking along.

A migraine headache is actually a physical psychosis. A psychosis bleeds fast. This is taken care of on another channel. When you have somebody who has a specific engram which is causing a psychosis, consider it a body psychosis. Such a physical mechanism of the body is crazy because it thinks that the way to survive is to have migraine headaches. The thing to do in such a case is to keep hitting away at the case. When these things are very solid and chronic, they are also holders and you are going to have to shoot them apart just to get the patient moving on the time track. So it is cared for in that category, not in the category that you must first cure the person's migraine headaches before you can go on with therapy. That would be the wrong concatenation of thought.

A migraine is usually very early in the prenatal area, and a real migraine headache which does everything a migraine headache is supposed to do according to the medical texts is a high blood pressure condition on the part of the mother.

There are migraine headaches that really don't answer the medical classification, and these migraine headaches are something else. They are head injuries of various sorts, usually prenatal. They are AAs and smashed skulls in general. But when you examine the case, it won't be following what the medical doctor calls a classic migraine headache.

I would never attempt to work someone when he or she had one in restimulation for this reason: I have worked migraine patients and they are so crazy with pain when you are trying to work them that you can't get them to make any sense at all. They just writhe around and beg you to put them to sleep and so on. It's a lot of wasted time. The best time to work such a person is when the headaches are off.

There is a similarity between a tape recorder and an engram. Engrams are just pieces of film, by analogy. They do everything that you can do with a piece of film, and more, because the film would have to have tactile, kinesthesia, smell and rhythm for it to be complete. But you can consider it on a limited analogy as a color video in three dimensions.

Of course, in the prenatal area the color and visio part of it are there but they are black, except at such times as when a flashlight is shone in there, and then you get a visio recording. A problem with one of these strips is that it does behave just as if you had such a film. It can actually run backwards. It starts ahead at a normal speed, let us say, for an engram. In the basic area you will quite often find these strips running slowly as though the time element in the basic area was stretched. And as you come up the line, you will find out that they are faster, until about mid-life they settle down to a normal speed which is word for word. But in the prenatal area, particularly in the basic area, you can have one of these things running off this way: "I . . . d—o—n't . . . k—n—o—w," as a speed run of a person saying, "I don't know," whereas the engram in mid-life would be running, "I don't know."

Now, as you run these engrams, the projector mechanism speeds up. So the first time you run it, it may be "I . . . d—o—n't . . . k—new." The next time it's "I d-o-n't k-n-o-w." The next time it's "I don't know." And then it's "I-donno." And then it's "Whack!"

You will notice this manifestation in cases. You won't find it there always because sometimes this strip will run off by a slight bypass circuit even when it has sonic, which tunes it up to the proper speed. But that's not desirable. Don't pay any attention to it. I'm just pointing out something you will see, and it is something that will cheer you up if you have a patient who is going "I . . . d—o—n't . . . k—n—o—w" and Mama is a monologist and it is taking five minutes for a one-minute engram content! The next time you go over it, it starts to come up even. And then it goes better than even. The funniest thing that you will see in this is

when you work somebody by amnesia trance. If you have knocked out 50, 60 engrams in amnesia trance, and you have never taken him back down the track wide awake, take him back down the track and he will find these things running with great speed. Take him a little bit earlier on one and he starts to run it, and at first there's a loud "clink." Just a normal clink. Somebody put down an instrument there. This was not picked up in amnesia trance. And then he sees the people in the operating room moving around at high speed and he says, "For heaven's sakes, what am I in?"

You can't expect this as a standard manifestation because that is not a good way to tackle a case, but it is there. Quite often, coming up the line on an erasure, you will find out that the incident goes through very slowly and then faster and then at very high speed until it disappears by rolling so fast that it just isn't there. It might be said that it is there but that it's rolling so fast that he can't perceive it. I'm quite interested in that manifestation. I haven't studied it a great deal, but it might lead to something.

Sometimes you find pieces of engrams lying around afterwards. Just start back down the track and these pieces begin flying in all directions. It becomes a very amusing picture when sonic is finally turned on in a case, because you go down the track and dishpans are falling, toilets are flushing, and one gets all of this varied sound, but the voices have been so thoroughly deintensified that they are just occasional quacks.

Don't try to alter the speed, however, because it upsets a person. He may be running something which has a great deal of nervous tension on it, and if you then tried to do something else with it than he could do at that moment, he would get upset by it. But you can take a person through a pleasure moment and if he is working very well you can actually slow down the pleasure strip.

A long time ago I had a sonic demon circuit that would turn on and off all by itself. Only it wasn't talking about yesterday's engrams, it was talking about things right now. It was just a demon circuit with a part of the computer walled off. This demon circuit would do such things as I would be sound asleep and it would suddenly say to me, "Ron, there's somebody at the front door." So I would wake up and go down and sure enough there would be somebody who had been at the front door, or was about to come there, which was very confusing to me. Or it would say, "Ron, wake up. The telephone is going to ring in a few minutes."

So I would say, "Oh, all right, all right," and rub my eyes and come out of it groggily, sit up, smoke a cigarette, get up and walk around, maybe wash my face. About that time, "brring, brring, brring," there would be the telephone! I still do that. But now there is nobody warning me. The circuit has become non-sonic and it has just been incorporated into the general machinery of the mind. I have no idea why. It's not invariable. It misses about one call out of ten, and very often on that one call I get awakened by the phone. Another thing it used to do was tell me who was writing me letters and show them to me, and it was very confusing getting mail two or three weeks before I was supposed to see it! I got a reject once from the Saturday Evening Post three weeks before the letter was written!

There is something very funny about time. There is no reason for us to be spooky on the subject of telepathy, ESP and so forth. As far as I am concerned there is something very haywire with time. One of these days I'm going to find out what time is. Time can run before the fact and it can run after the fact; there seem to be different hookups.

Somebody came through with a proposal recently that possibly engrams and experiences in life are not registered at all in the brain or in the cells, but that they are on an endless time belt, and that it is on this time stream that the engrams are impressed.

This is particularly impressive due to the fact that a great deal of study on this subject of cellular recording demonstrates, as far as I can find out at this time with what we know about electronics and wave motions and so on, that it is utterly impossible to record anything on a

cellular level as such in the structural end of the brain because the waves are too big. There is not enough storage space.

The latest theory that came out in Mlenna, which is quite the rage—and in neuropsychiatry it's the accepted thing, and is even accepted by those interested in electronic psychiatry such as McCulloch at the University of Illinois—is that there are protein molecules, and memories get recorded in shots in the protein molecules. But when you compute out the number of protein molecules, which is in the order of 10 to the 21st power binary digits, it is impossible. The fact is that the protein molecule theory accounts for just three months of observation if you use every protein molecule in the body.

We could be led very swiftly astray by didactically assuming that some of our analogies in Dianetics were absolutely correct. There is no such thing as an absolute.

Our basic tenets are demonstrable, and particularly over the last 12 years of work they are straight. They are about as straight as we can get along a certain strata, and even then they can probably be simplified in some degree. They are producing results.

We now go up into the theory of application. We have to have some theory and analogy of structure in order to make these things practice-able. Once one has application, the theory itself is subject to shift. So here are the axioms and here is a body of theories which are derived from these axioms. These theories are thoroughly straight. But they are definitely subject to alteration.

As you know more information, if you can't change the body of theories the science is going to slow down to a stop. Above that in a highly nebulous state is the practice of application. And that, no matter how precise the science is, is always an art. It is the art of application of the theory. For instance, you will continually run into little problems that you have to solve yourself, right on the spot.

My job is to tell you the general rules of the road, to give you a feel of the subject and bring you up to a point where your understanding of the existing theory is so good that you can derive. Mostly what I am covering in this course is theory and its application. In the Handbook we have the axioms, tenets and background, and the amount that Book One of the Handbook is altered is quite slight. As far as the source of this trouble is concerned in Book Two, that is pretty set on a functional level, but it is not set on a structural level. One of these days somebody is going to find out enough about structure so that the field of structure can be adequately entered. Right now all the explanations are crazy. There are no adequate explanations of why a molecule can work in a certain direction to send a charge down a neuron to do something else.

Anybody that tells you they know anything about brain structure is really stringing a long bow, because nobody knows anything about it. They have the most fantastic array of names assigned to the parts of the brain, but they are descriptive names. They are in the most jaw-breaking Latin imaginable, and they are, as far as our purposes are concerned, useless. It's all very well to talk about the thalamic cortex and the emotional reactionism of the ars forcina; that's just swell. But it says that something happens in the brain which does something we are not quite sure of.

It is one thing to reach into the brain with an apple corer as they do with a topectomy, take out a big section of brain and find out that after that the person sees everything upside down. Now to say that by touching that part of the brain and by achieving this effect we have touched the actual and complete mechanism which does this is an unwarranted assumption, because all we might have touched was a radio set. All we might have touched was a battery, or the lead, or the switchboard, or some portion of it. So the problem just blows up in our faces immediately.

As far as axioms are concerned, we are on very solid ground. That ground will take quite a beating and still stay. As far as the theories are concerned, many of them are solid. Take something like the theory of valences. We can demonstrate, as the theory of valences becomes more and more obvious to us, that something is definitely at work here, and this is our theory to account for it. If the theory is good, we can now predict further methods of application of it and we can predict phenomena which hitherto we did not know existed. Now we look for it and there it is. So that is a good theory. It doesn't mean it's a true one.

The theory of valences has speeded up Dianetic therapy considerably. I wouldn't be a bit surprised with the theory of valences at work to see that very desirable thing, a standard 100 hour clear in a fairly normal case, as this theory becomes better and better and as the skill of the people applying it improves.

There are two theories at work, and there is evidently some value in both of them. One is a synchronizing theory whereby the time track is considered to be a bundle of perceptics, and as we even up these perceptics a person can run through the engram and get all of them simultaneously. Therefore, we can consider one of them getting out of phase, and that is evidently workable to some degree, but that theory has stopped because to date it has predicted nothing new. It would turn on sonic in a lot of cases, but not invariably. So, we had to get a new theory—the theory of valences.

The theory of valences had been in existence for some time but nobody paid much attention to it. It had been used in a valence shift, and people knew about the winning valence theory. Then, suddenly the theory of valences was assembled and it has been predicting new data rather consistently, and with a modification of it we may be able to get a 100 percent reaction. That is what we are working for.

If we could do that, we could probably knock out chronic psychosomatic illnesses with ease.

The precision is in the basic tenets, axioms and cause, and the behavior of that cause. That has held solidly and stood up to every test it could be given. The basic philosophic tenets in their present form have been in existence for 12 years. And they have really been mauled around down through those 12 years, trying to find holes in them. In fact it was quite alarming to me at first that they were so solid. I had no therapy method to back them up.

It is rather dismaying to have pushed off on you by the universe in general some equation and some axioms that you can't shake, that were unknown before and which have never been evaluated.

The existence of the engram has stood up under a beating of five years. I have tried very hard to find something else, some other way, but the engram is very mechanical. As far as the analytical mind is concerned we can still learn quite a bit about it. Every once in a while I turn up a new datum about the analytical mind, but the reactive mind and its general behavior and functional activity is pretty set. We know its purpose and we are handling it, but the best way to handle it is a problem on which I'm sure there will be lots of new data.

I want to give you a rehearsal on Dianetic diagnosis, and we are going to cover it now for a good reason.

As a professional, you are going to be expected to have a magic eye. You are going to be expected to be able to look wisely at a patient and say, "Ah, yes," tap him lightly on the left ear and have him promptly get well.

You are personally not going to be able to run every patient you have all the way through to clear. And if you think you can do so then you had better get one of these personality multipliers that makes 18 or 20 thousand people out of you, all simultaneously working.

Your best bet, as far as carrying people through to a cleared state, is by starting, opening and check-running teams. You will find out that you will have lots of headaches doing this, but it is still the best way. You are going to find a husband and wife whom you have started out beautifully on a team, you have opened their cases and everything is running fine. It took you maybe 40 or 50 hours of work to get their cases open and running, because they really aren't the type of people who could be expected to handle this easily. Then you come over and one of them has broken the Auditor's Code and they are all messed up. So you have to find other partners and split them up. You are going to be doing a lot of jockeying.

But when it comes to being a professional auditor, the magic touch has to be there. You definitely will have to cultivate one, the sort of open sesame to the engram bank.

I am going to help you by stressing the fact that a professional auditor, one certified by the Foundation, who has been trained at the Foundation, does minor miracles with great ease. It's true that you will be able to. Certainly they are miracles compared to what was being done in 1940, or 1205 for that matter. But you had better develop the touch.

A part of that touch is self-confidence. This will gradually build up in you as your own therapy progresses. You will begin to develop horsepower, even if you have got horsepower now. But it also takes an educational level approach. The exhibition of self-confidence, the demonstration of certainty of touch to the patient will get you more engrams in less time than any other method I know of. You know they are there. His file clerk knows they are there. You just leave him out of it, we don't care what he thinks about it, and the first thing you know, this person will begin to stampede.

You can say, "Well, you don't think that you have these engrams, you don't think that's the one that goes through? All right. The somatic strip will now go to the beginning of the tonsillectomy. It's now one minute later. It's now two minutes later. Now come up to present time."

"My throat's sore."

"Oh, your throat's sore."

"What are you doing to me?"

You have people sometimes when you do this kind of thing to them, who will look at you in fascination. I don't think that a savant in the Middle Ages, or a magician, ever had more awe thrown at him than you will occasionally get as a professional auditor.

The associate editor of a well-known magazine almost blew up one day. I had his case fairly well straight—I had cracked the center part of the case—but he was into a very rough morning sickness chain where he was getting up and vomiting and lying back down again. And then somebody would say, "I'm all upside down," so he would promptly turn around and put his head at the foot of the bed. He was in a mess.

This didn't impress him very much because he understood this on an intellectual level, nevertheless he was sitting there after the session holding himself doubled up in pain.

I said, "What's the matter with you? Your stomach doesn't have to hurt."

"Oh," he said, "well, then do something about it."

I said, "All right, I will."

He was pretty skeptical, on the basis of "These pains have been certified by physicians!"

So I said, “Well, I could turn them off for you, but it would take a couple of minutes.” Then I said, “By the way, how did your father used to talk?”

“Well, he’s kind of a slow fellow,” and he took his hands away from his stomach, “he’s kind of a slow fellow. He talks sort of carefully.”

“Where’s your pain?”

“OH!” I had him spooked. He went around looking at me as if I was haunted, or he was, or the house was, because he didn’t understand anything about valence shift. Right away he started keeping his ears open, and he soon learned the theory behind this and it was no longer a mystery so he was all right.

But there will be people that will never understand it. They are going to look at you and say, “How did you know ‘get out’ was there? You must be a mind reader.” At this moment to try to explain to them that “get out” is a bouncer and this sends one back up the time track would be useless. You are talking to somebody who wouldn’t be able to get the concept of a time track, probably, yet you are still making the person quite sane and everything will go along fine. I seldom bother to explain the theory to patients.

Explain the patter. Tell them what you want and what these various words mean, and they will put into practice the words. They know that by somatic you mean a pain or a pressure and that you are calling it a somatic because you don’t like to use the word pain.

“I” might not understand the theory of valences. I have worked a case all the way through without any explanation, and had the preclear batting along hitting bouncers, running into deniers, running into forget-its, with no understanding at all of what he was doing, no recognition of it, no laughter because of the ridiculousness of the thing—the analytical mind never latching on to any part of it. He didn’t know what was going on. And after he had run in this fashion for a while, all of a sudden one day he was more accessible. I could talk to him more easily and explain something to him. He had gotten brighter.

Nevertheless you are reducing engrams, even if you are not using all the terminology. You may not get the cooperation which you might get at some other level, and this is nowhere more true than when you are working somebody who has an advertised IQ of 70. You can work such a patient, you can start bringing his IQ up along the line, and it will get up to normal, or bright normal.

You can sometimes run up against a self-control mechanism. Imagine trying to audit someone who has an engram which says, “Control yourself.” Or, like the man with Buerger’s disease, he has got one that says, “I can handle this myself. I have to handle this myself.” Fortunately these things are easy to spot.

Occasionally one says, “Go to the denier,” and the person gives a bouncer. Or, “Go to a forgetter mechanism,” and at this moment he gives a misdirector. In that case, the file clerk isn’t being dumb; the self-control mechanism is intervening.

So just start him in on the basis of, “Who used to be interested in you not ever getting excited?”

“I guess it was Mother.”

“Now, who was it?”

“Why, it’s my grandmother! Heh-heh. That’s right.”

“Well, can you remember an incident where she told you to control yourself?”

He thinks for a while, “Yes.”

This is a method of shooting the case full of holes, trying to restore a sense of reality.

That is part of the diagnosis. You find out what the self-control mechanism is. In hypnosis, if the hypnotist says, “Now, you can control yourself and you can do what you want with yourself,” an autohypnosis demon circuit is installed. The analytical mind can control itself and does do a beautiful job of it. If we put an artificial mechanism into it to make something set—always in force—you get such oddities as a person getting locks from every word he utters. And where the auditor tells him to do something, the somatic strip stops working, and cooperation goes down.

Sometimes when someone has read the Handbook and you haven’t told him anything except to go back to the earliest moment of pain or discomfort, he says, “Oh, yes, a denier. ‘I don’t know, I don’t know.’ That isn’t it. ‘I hate you, I hate you, I hate you, I hate you. Don’t do it, don’t do it, don’t do it, don’t do it. I hate you, I hate you. I hate you.’ That’s what it is, ‘I hate you, I hate you, I hate you, don’t do it, don’t do it, don’t do it....’”

You look at this person and say, “Just run.” And suddenly he is running engrams right out of the Handbook.

What happens in a case like this is that as long as the analytical mind can stay uppermost and in control, autocontrol is all right. But in going through the incident enough times, the moment he really gets into that incident, down goes the analyzer and down goes the self-control mechanism. It has restimulated an engram and he wanders out of the engram and comes back on up into present time more or less, and finally settles down in one that he has stuck himself in. You will work this case day after day if you don’t get the control mechanisms out of it, and he will always be stuck on the track.

This sort of thing is spottable from the standpoint, “Has he ever been hypnotized?” If it is autohypnosis, it is probably lying on an actual engram, if it were effective. So, “I have to do it myself. I can’t get my mind off it. I can do this myself. I’ve got to do this myself,” and so on, will produce this spinning of engrams. A person will keep running them.

The idea of going back to sleep as an engram phrase will send a person up and down and move him around on the time track when he is asleep.

To handle self-control and autocontrol you find somebody in the patient’s past who was upset about getting excited, and so on. That is the source of it. Get the dramatization of that person and then run it down and you will wind up with the autocontrol mechanism.

It is interesting to note that the preponderance of insanities in institutions are labeled with a religious label. Catholicism is at the low end of the scale and Christian Science is at the high end, on religions.

I personally stand on this very bluntly. Three cheers for religion except when it is in the engram bank. There is nothing wrong with religion. There is a great deal wrong with blasphemy. The one religion which seems to produce the healthiest frame of mind is the Quakers, the Society of Friends, with their interesting ideals such as individual self-determinism for operation, constructiveness and anti-chaotic practices.

The theory of valences is covered in the Handbook. It is a discovery that evidently sonic, emotional and all the rest of the shut-offs occur on a valence situation as well as a computational situation. There is a mechanical reason as well. In the past the technique was to get a person as early as possible, and get him to run all the perceptics out of an engram. This more or less automatically did this, but it was not completely understood. Now, by gaining complete understanding of this theory we can get the preclear out of these valences before we get him into the basic area, which is very helpful.

HOW TO DO A DIAGNOSIS

A lecture given on
4 July 1950

Sizing Up the Preclear

In this lecture I am going to do a complete diagnosis on someone. I want to show you how much can be understood about the patient just by asking him questions.

A professional auditor might do very well to have these questions duplicated on a slip of paper, especially if he is going to have a lot of cases.

LRH: Now we are going to go through a straight statement on this. Give me your name in full.

PC: Peters.

LRH: P-E-T-E-R-S? (writing down pc's answers throughout the demonstration)

PC: That's right.

LRH: Your date of birth?

PC: February 17, 1907.

LRH: Okay. There is room for an address on here which we won't worry about right at this moment. Your foreign language background? Your parents speak any other language than English?

PC: No.

LRH: Okay. Do you have a grandmother?

PC: Yes.

LRH: Does she speak English?

PC: Yes.

LRH: Any nurses in the family who might have spoken some other language? Any relatives who might have spoken another language? Any Spanish?

PC: Great-grandmother.

LRH: Great-grandmother would have spoken what?

PC: German.

LRH: Ah, yes. Have you ever had any electric shocks? I don't mean shock therapy, just electric shocks?

PC: Shocks, only slight ones.

LRH: And how about electric shock therapy?

PC: No.

LRH: Now we want to know if you've ever been hypnotized.

PC: Mildly.

LRH: I don't know how one could be hypnotized mildly.

PC: Well, it was tried. Let me explain, it was tried on me. I suppose I yielded to it to some extent. But I never went under.

LRH: How old were you?

PC: 22.

LRH: Who did it?

PC: A psychologist.

LRH: Did anybody ever hypnotize you when you were a boy?

PC: I don't know.

LRH: This is particularly important.

PC: If I understand your question, you mean an attempt to hypnotize, not something accidental.

I want to call your attention to something on hypnotism. It will work out that what the patient says about having been hypnotized is about as reliable as a five horse parlay tip, bought down at the bookstore, because the standard forgetter mechanism on hypnotism can wipe out an entire sequence. If someone has been hypnotized thoroughly and the hypnotist has decided to do a real bang-up job, you are not going to have any recollection.

I have had several cases to date which would not break, cases which were quite upset, disturbed, confused and so on. And we suddenly waded into them and found attempts at hypnotism which were successful. But they were hidden and they stayed hidden. Some of these were very interesting, they were done by perverts for purposes of their own, and the content in that period of hypnosis was sometimes enough to completely destroy a person's sense of reality.

Hypnosis can also be performed in conjunction with an operation. This is fairly standard. There was once a nymphomaniac nurse in a hospital who would catch the patient just as he was coming out of ether and was hypnotically very accessible and would put him to sleep and say, "At any time in the future if I utter a key word, you will go to sleep and you won't know what has happened in the period." The patient thereafter had the second dynamic blocked, on the order of smoking tires on the pavement. He was stopped right there. So don't overlook the importance of this type of thing.

All anesthetics can be administered in a hypnotic way, and many of them are. It is quite standard practice. So you may get hypnosis joined in with an actual operation. If a person says, "I can't be hypnotized. It has been tried several times," get pretty alert, because a certain percentage of these cases, even if it is a small percent, have been hypnotized and have been told during that period of hypnosis that they cannot thereafter be hypnotized. So the fact that they now can't be hypnotized and yet they look hypnotizable to you means there is something strange and you should explore the area further.

LRH: All right. Now, you were hypnotized mildly by a psychologist?

PC: I thought it was mildly.

LRH: He probably said it was. Okay. I wonder what else he said? These people can run on and on, "I'll teach you to argue with me," or, "You'll know now that Remarkable Andrew has been at work on you."

PC: It was attempted twice.

LRH: Was done twice.

PC: Attempted twice.

LRH: Twice.

PC: Didn't work twice.

LRH: Okay. Now how about anesthetics in operations?

PC: Yes.

LRH: What is your earliest operation that you know of?

PC: g years.

LRH: 9 years. What was it?

PC: Tonsillectomy.

LRH: A general anesthetic?

PC: General.

LRH: And what other operations?

PC: Hemorrhoidectomy.

LRH: General?

PC: General. (pause)

LRH: Okay. How old were you then?

PC: 28.

LRH: 28 years. Now what other?

PC: About 30 days later another of the same thing.

LRH: Okay. How about automobile accidents?

PC: Two, I believe. No injuries.

LRH: Two accidents. No injuries. Now let's take up childhood illnesses.

PC: That will be a long list.

LRH: Do you know when the earliest illness was?

PC: Some respiratory illness when I was a child.

LRH: Respiratory, huh?

PC: Yes.

LRH: Long list, respiratory ills. Did you have a bad birth?

PC: I don't know.

LRH: Your Mama ever complain about it?

PC: No. As a matter of fact she said it was easy.

LRH: Oh, she did? Three cheers. What are you doing with respiratory ills? All right. Now what do you feel is your chief complaint?

PC: It's still respiratory catarrh. No sinus trouble though.

LRH: Have to find out how you spell that, it's a fancy medical word.

PC: That's just my own word. No sinus trouble, no lung trouble.

LRH: Any chronic psychosomatic disorders?

PC: Dermatitis.

LRH: Dermatitis. Ah, yes, that can be very important. Where is the dermatitis?

PC: Left hand.

LRH: All right. Is your mother living?

PC: Dead.

LRH: Mother is dead. How old were you when she died?

PC: 35. No, I was about 31.

LRH: Did you feel very bad about it?

PC: I did, yes.

LRH: What did your mother die of?

PC: Blood clot in the brain.

LRH: Okay. Is your father living?

PC: Living.

LRH: What is his chronic illness?

PC: Rheumatism. It's not serious.

LRH: He has rheumatics?

PC: Yes.

LRH: Now, your mother's mother? Did you ever know her?

PC: Oh, yes, very well.

LRH: Oh, you did. She's dead?

PC: Dead.

LRH: How old were you when she died?

PC: The same age as when my mother died. I was about 31.

LRH: 31 years?

PC: Yes.

LRH: They died simultaneously?

PC: Practically.

LRH: Yeah? Gee. What did she die of?

PC: Oh, just old age, I believe. It was complicated of course by diabetes.

LRH: How about your mother's father? Your grandfather on your mother's side?

PC: He died when I was a year and a half old.

LRH: Hm, dead, one and a half years. Of what?

PC: Not too sure.

LRH: Your father's mother?

PC: Dead.

LRH: How old were you when she died?

PC: I really don't know. I'd say it was about five years ago.

LRH: How old were you? Just about five years ago in nineteen forty ?

PC: Yes. I was about 37, 38.

LRH: Uh-huh. And your father's father?

PC: Aliue.

LRH: Yeah? Gosh. What did they make him out of?

PC: I don't know.

LRH: Do you know what your father's mother died of?

PC: Dropsy.

LRH: Now, how about your aunts? Any aunts, dead?

PC: Yes, one.

LRH: One dead. How old were you when she died?

PC: I'm sorry, I can't remember. It was about, I would guess, 12 years ago. No, it's longer than that. It's 15 years ago. That's as close as I can get.

LRH: How about your uncles?

PC: They're alive.

LRH: And siblings?

PC: A sister.

LRH: And your wife is alive?

PC: Yes.

LRH: You have a former wife?

PC: Yes.

LRH: And she's alive or dead?

PC: Alive.

LRH: Alive but very much divorced.

PC: Yes. Two before this.

LRH: Two before this?

PC: Two before this.

LRH: Both of them alive?

PC: Both of them.

LRH: Okay. You've been in therapy, haven't you?

PC: Yes.

LRH: Have you ever had a run?

PC: Just one.

LRH: Did you have any sonic?

PC: Yes.

LRH: You had sonic?

PC: Yes. At least that was my impression.

LRH: Okay.

PC: I wasn't sure. I think I did.

LRH: How about your great-grandparents? Seems to be a long-lived family.

PC: Yeah.

LRH: They're possible allies on the case.

PC: I only knew one.

LRH: And what kind of a fellow was he?

PC: Was a woman. My great-grandmother. She spoke very little English. I didn't know her well. Saw her a few times at family gatherings.

LRH: What did she think of you?

PC: Well, I was one among about 80 grandor great-grandchildren, it seems to me, I don't recall any specific connection with her.

LRH: Okay. Well now, let's go into this a little more definitely. What's worrying you?

PC: I'm not worried.

LRH: You're not worried about anything?

PC: I don't think so.

LRH: What has been worrying you in the recent past?

PC: I came to New York, like you said.

LRH: Who used to tell you to be calm and not worry?

PC: Nearly everybody

LRH: Nearly everybody said to be calm and not worry. Who specifically?

PC: My father.

LRH: Your father? What did he say to you?

PC: Worrying doesn't do you any good. “

LRH: “Worrying doesn't do you any good,” and so forth. You remember this?

PC: Yes.

LRH: You remember a specific incident of him saying so?

PC: I remember him talking about it. I hadn't thought about it much. It's a Very common expression.

LRH: All right. How about “Keep calm.”

PC: Yes, self-control.

LRH: Self-control. Who used to talk about self-control?

PC: My father, and I think my grandmother.

LRH: Your father and possibly your grandmother.

PC: I think that's about it for self-control.

LRH: All right. (pause) And your grandmother. Which grandmother is that?

PC: Paternal.

LRH: She the one that's alive or dead?

PC: Dead.

LRH: She talked about self-control, hm? And also "Don't worry"?

PC: Don't worry

LRH: That's where he got it, huh? Don't worry and self-control. Okay. Now what would happen to you if you got nervous or excited or showed emotion?

PC: Well, I don't think anything would happen to me.

LRH: What would your father think about it if you did?

PC: He might be ashamed of it.

LRH: Okay. What did he used to say to your mother on the subject of getting excited or emotional?

PC: Nothing specifically.

LRH: But did he say something?

PC: Well, yes, he was always trying to abate excitement.

LRH: Uh-huh.

PC: Or concern, or anxiety.

LRH: Uh-huh. Do you remember one incident when he tried to do this?

PC: It seems to me that I do, yes.

LRH: Can you remember it specifically? Where was it?

PC: It was in the kitchen of the house we lived in until I was about 5 years old.

LRH: And what was he saying, more or less, just conceptual?

PC: There's no use worrying about it, Gertie, until it's substantiated."

LRH: And how about her being emotional? What would he have said if she had become very emotional?

PC: I don't know exactly.

LRH: Did she ever become very emotional?

PC: Yes, she worried a great deal.

LRH: Uh-huh.

PC: Showed anxieties.

LRH: But he said not to worry?

PC: That's right.

LRH: Where does this put you?

PC: This puts me in a position, I presume, of trying to accomplish this command or injunction.

LRH: Well, let's think about it for a minute. How about Mama, Mama very worried, nervous, upset about something and Papa saying, "Don't worry"?

PC: I've got a problem then.

LRH: But let's remember one time when it happened.

PC: All right.

LRH: You remember a time?

PC: Yes.

LRH: What were they saying to each other?

PC: He wanted to take a different job and she was concerned about what would happen to the family if this didn't work out.

LRH: Uh-huh.

PC: And this got quite emotional.

LRH: Uh-huh.

PC: Both sides. And it was within my hearing. I was very frightened because it was quite emotional. And I had a feeling of panic.

LRH: Uh-huh. Do you remember the incident?

PC: Yes.

LRH: Where were you at the time?

PC: I was inside the house, within hearing, in bed.

LRH: In bed?

PC: Yes.

LRH: Were you awakened by this ruckus?

PC: It seems to me I was not completely asleep, I was certainly close to it. I don't know if I was awakened or not.

LRH: You don't know if you were?

PC: No.

LRH: As a matter of fact if you say you have a problem on your hands, it becomes much less of a problem.

PC: If I say that ?

LRH: No. You say you had a problem on your hands. Take a look at it. It becomes much less of a problem.

PC: Oh, yes.

LRH: Who had something wrong with their left hand?

PC: I think it was my mother. But it was called something different at the time.

LRH: When did that come on with you?

PC: This came on about three years before her death, about 1935.

LRH: Was she ill for a short time before her death or three years or anything like that before her death?

PC: No.

LRH: She wasn't ill?

PC: No.

LRH: Who died three years before her death?

PC: (pause) I can't be sure of this. The only one it could have been would have been Anna.

LRH: What did she have wrong with her left hand?

PC: Nothing that I know of.

LRH: Nothing?

PC: Nothing. Maybe I'm wrong with the dates someplace.

LRH: Well, you can straighten those out very easily. All right. You say you probably didn't have a bad birth. Your mother never told you so.

PC: What she actually said was that most women made a great deal too much of childbearing. But as a matter of fact in her experience it was relatively easy.

LRH: Uh-huh. Fine. Gee, you may have a setup here, as a case. All right. I just got the idea you were thinking of all of yourself as a case.

PC: All of myself?

LRH: Uh-huh. There's only one very small part of you that's a case.

PC: I think that would be my own considered opinion too. Not that there aren't things that are impossible for me to deal with. I haven't been sick.

LRH: Uh-huh.

PC: I used to be sick a great deal as a child, but very little recently.

LRH: Okay. Whose valence is this?

PC: (mutter)

LRH: So we've got a problem here where a winning valence is saying to the other valences, "This is the worrying valence."

PC: Yah!

LRH: Who used to tell you you were like your mother?

PC: Practically nobody.

LRH: Nobody used to tell you you were like your mother. Who used to say you were like your father?

PC: Euerybody.

LRH: Everybody said you were like your father. Did your father ever tell your mother she was like her mother?

PC: I don't know. I suppose so.

LRH: You suppose so?

PC: They were!

LRH: Oh, you would move over to this valence, then everybody would move you over to that valence, and they cut the two here. Okay. That can be disentangled fairly easily. The sooner the better. I expect you cleared by next Friday. Okay. Thank you.

PC: Thank you very much.

At this moment on Mr. Peters' case you would have completed it this far. You would then and there go in upon the level, first of all, of trying to knock a few of these "You're just like your father's" into view. Try to find out who said that Mama was like her Mama, which would probably be in the prenatal bank. Then we would start to hit for some of these emotional charges and see if we couldn't discover them in late life. It would probably be very productive and would spring some of the material into view and get some charge off the case. But the chances of doing that are not very good because the person is in two valences and one of them says "self-control." If they don't discharge, there might be one there heavy enough that it bleeds fast.

In order to make the case at all workable, it would probably be best to start picking up as engrams the first times that somebody said he was like his father. Pick that up and you could slue him over, then, out of his father's valence, which would have a tendency to deintensify the self-control mechanism as such.

The next thing that you would do would be to have a listing of the words that Father used. You would get the text there which you know very well is in the prenatal bank.

About this time you would start to get early enough in the basic area to erase, let us say, the sperm sequence, maybe using the system of settling him in a pleasurable sexual moment, and making sure it was pretty well developed, and then sending him straight back to the sperm sequence to see if you couldn't get it out.

One can persuade a person over without directly commanding him into a valence by simply persuading him to feel the tactile. You know what kind of a tactile it ought to be, so just coax

him into feeling it. Don't go at this on a tentative, experimental basis, saying, "Well now, if he is really here then the tactile will eventually show up." If you want to test it, take somebody and test it.

If you want to roll therapy on people, use everything you can in order to get therapy accomplished. Anything is valid except a hypnotic positive suggestion used in its technical sense of trying to put something into a person's engram bank in order to alleviate his troubles.

It takes people time to travel on the track and get into something and get someplace. One of the best ways of testing whether or not a person is in present time has nothing to do with age flash; it has to do with the fact that if you are running an engram and he has gone through it 15 times and you say, "Come up to present time," and he immediately says, "Okay, I'm in present time," he's not.

In order to come up to present time there would have to be a pause. There is actual travel involved. It works the same way going down. And if you will notice patients right after they have come up to present time, they generally expect people to greet them. So I usually say hello.

But it takes a while for all the units to get up into present time. You will notice a patient is rather groggy. And then one by one, using this unit analogy, a unit will pop up, and then another one, and the person will start getting more and more alert.

In this lecture, I have been demonstrating a diagnostic procedure which as it develops is very likely to give you maximum information on the case. In communicating Dianetics, I am continually faced with taking it out of an art classification as much as I can and translating it to you.

In order to transmit and communicate, it is very often necessary to find out what one is talking about! So you have to look it over more carefully and you have to find out a little bit better, and in the process of doing so, things get a little more workable. There is nothing like trying to relay what one is doing to clarify what one is doing in one's own mind. The main work being carried on by the research department right now is strictly communication, but when we try to communicate, all of a sudden we have to have more data, more clearly stated, and the thing gets refined.

Dianetics was in a very workable form three years ago. It was in a rather clumsy workable form about four years ago, nevertheless it would work.

At any stage during these last years you could have drawn a line across it and said this is it. At any time you could have written a book on the subject. But heaven help you if you had written the book two weeks later, because it keeps increasing in terms of precision and conciseness. It will resolve itself out eventually because we know precisely what we are trying to accomplish in the final effort.

Therefore as you go through this course, if one week passes by without some new method of communicating it to you or without an actual new method of doing therapy showing up, you can become very disgruntled, because Dianetics will have bogged down.

I call this analogy into view, that in 1894 the electrical equations of James Clerk Maxwell were in existence and so was Freud's libido theory. Here in 1950 we have electronic computers, we have radar, radio, all manner of electrical gimmicks, and an atom bomb, and we still have Freud's libido theory. That is the comparative progress in the two different fields.

Dianetics is a very young science, but it acts like a high-powered race horse that has got the bit in its teeth and is really on its way, because it keeps developing. The more brains work on

this thing, the more ideas people get on it, the more workable it becomes. But let's do it faster, let's do it better. In five years at the outside we will probably have a one-shot clear.

But even though we will have a one-shot clear, we will still have enormous problems in the fields of sociology, education, various developments, medicine, life force, all kinds of things. We can have a one-shot clear and still have a horizon that would be in Dianetics utterly and completely unlimited.

I want to demonstrate to you the various parts of diagnosis.

1. Get all the background that you can get out of the patient on a straight memory basis.
2. Get the patient remembering on a straight circuit, because on that straight circuit he will start validating. What he remembers on that circuit is real, so you are restoring his sense of reality right there. Furthermore you are, in that operation, actually doing good therapy. I don't know how Mr. Peters feels about the few minutes he was sitting here, but there is a possibility that it might have eased off something for him.

You will find patients many times that you want nothing to do with. Somebody walks in and says, "I understand you're an auditor."

Don't worry too much about a full-parade diagnosis if you don't intend to take this patient on. In that case you can deliver to this patient a 15-minute treatment that asks him to remember.

You will find many patients who come to you and say, "I've been worried about being terribly inadequate, I know that life just rejects me," or something like that. Instead of posing an enormous computational problem to you, all you have to do is find out who said it, and get it with Straightwire. It will work fast because you will knock out some locks. And so he thinks it over, and you try to force his memory into various channels in order to find out who said it. "Who acted like this? Who did that? Who disapproved of you? Who used to shove you away?" A couple of years ago I asked one patient bluntly, "You say you feel rejected, your mother rejects you, and so on. When did she reject you?"

I'll be a son of a gun if he didn't come up with an 8 month old incident. It was right there, and he was stunned for a moment. Then he said, "Why, yes." There had been a terrific noise and he was lying in bed alongside of his mother, and his father got out of bed and went out to see what the noise was. (I've seen this incident in several different forms in patients.) But the child turned over and began to nurse the mother who had weaned the child about four months before. In the child's fear he just sought this comfort, and Mama laughed, made fun of him and shoved him over to the other side of the bed, with a terrific charge of fear going on at that moment of what the noise was and being awakened. Father then came back in laughing about what the noise was, but the child thought his father was laughing at him. That's the way it added up.

This was run on a straight circuit and remembered and it knocked out the key-in of the first solid rejection by Mama. It desensitized all the rest of the locks because this was addressed to him personally. It took, at the outside, eight to nine minutes of treatment, and this patient started walking around on the clouds. The enormous amount of relief was very startling.

If someone is worried about rejection, it isn't computational; it is either somebody pushing him away in his actual engram bank, or he has picked it up from some school of mental healing. If it is the latter, find out if he has picked this up from something like Freudian psychology or psychoanalysis, or if it is the former, "Who used to talk about rejection?"

One preclear I found who was talking about rejection had a mother who wrote. And Mother would go into a complete fit if she got a rejection slip. She would say, "All I get are rejects. Everybody rejects me," and so on. And it got into the bank when he was sick as a little baby

and it had been going on prenatally. But by knocking out its key-ins on a straightwire circuit the person suddenly felt enormously better.

So there is a quick line of therapy. Somebody said it. It came from somewhere. This person is dealing with some sort of a computation. One does not give the person insight into his case by telling him what is wrong with him. One is merely making him remember specific things, and those specific things one is asking him to remember directly are locks. Just by being remembered they can't stand the light of day so out they will go, and in 20 to 30 percent of your cases you can attain that.

Whenever you want to turn on a sense of reality in a patient who has no sense of reality, start in on Straightwire, because that is validating. This does not mean that you then enter therapy and just keep right on going in therapy. But it does mean that by making him remember what has happened to him, as therapy progresses, you will get more and more data which will seem valid to him. Otherwise he is liable to get into a state where he is perfectly content to act as a puppet. He recites the engrams as they come up, but there is no feeling of reality to it. The pain turns on, and deintensifies, and he is perfectly willing just to slug, slug, slug, but it's not real. So get him to remember it.

After you erase an engram or merely reduce one, there will still be locks in place. Those will go out automatically as the case progresses. They don't have to be addressed as engrams because they are not engrams. You will find a concatenation of locks will generate a terrific charge of laughter on some cases. They will laugh and laugh and laugh. What they are laughing off are locks.

But now, turn this patient around and get him remembering these locks and that is the touch which opens up his life to his own inspection. He can do this all by himself. Don't let him go into engrams on his own, but divert his attention from what Mama did or said to Papa in the engrams, by making him assignments of remembering. Tell him to remember. Sit him down in the next session and say, "How about you remembering all the houses you lived in? Let's see how early we can get on the number of houses you lived in," and lots of material will spring into view. By taking out the engram we have removed the tiger. Consider it like this: There is a curtain consisting of memory occlusion. Behind this curtain sits a tiger. If the person remembered this directly, because there is physical pain and unconsciousness in it, he would part the curtain and find himself wrestling with the tiger. Because the mind has done this a few times it doesn't go into those areas anymore, and it will black out four years in order to occlude one ten-minute period of time.

So you take out the tiger, but you have still got a curtain. Now, you ask him to remember and the curtain parts because he can eventually be coaxed to peek behind it. "Is there any tiger in there now?" No tiger. Okay. All of a sudden four years' worth of memory appears just like the lights turned on after the war.

That is about all I have to say on this subject. I want to make your auditing as smooth and your touch as certain as I possibly can. The more results which you see yourself achieving, the more self-confidence you are going to exude.

One gentleman that I trained was a very nervous auditor. He didn't know what Dianetics would or would not do or what he was supposed to do. He had read all the theory. He had a lot of "can't believe its" in the bank too, but he was willing to work right along because it made sense. He was mostly nervous about his own ability.

Then one fine day he got turned loose on a psychotic and found himself with his hands full. He blew about three suicide charges out of the psychotic and the person came up to present time, a normal human being. What wonders it did for this person's self-confidence! If a balloon had come along and hooked him up into the air he wouldn't have been lifted higher.

So, get cases and look at them. All I can do is stand by and advise you any way I can about how to run them. If you get their specific problems, cases will resolve faster.

A new student should for the first little while at least observe more experienced auditors audit.

This does not mean you should not go ahead and audit if you get a chance, but observe auditing in action. Within two weeks if a psychotic walks in in a screaming fit, I expect to be able to take the youngest and newest student and say, "Okay, there it goes," with perfect confidence on my part that that case is going to be handled competently. A

TYPES OF CASES

A lecture given on
5 July 1950

Gaining a Sense of Dialogue

This lecture covers case histories.

Once upon a time there was a person who was dying and had despaired of his life. Nobody knew what to do for him. They gave him folic acid, liver extract, vitamin pills, tried some chiropractic, and finally they told him that he should have some electric shocks. So they gave him some electric shocks and these didn't work out too well so he took two years of psychoanalysis. After that, he was really finished.

At that point, after everyone had done his worst, the gentleman came to me and said suspiciously, with a few twitches, "I've heard about Dianetics, and I want to be treated in Dianetic therapy." So I treated him. His bank was scrambled, but his general demeanor improved. I managed to find birth riding in present time, and his graduation from college mixed up with conception. He spent most of his time complaining to me that a woman ought to be working on him—until we found the AA where Mama said that "to get rid of it a woman should really do it, because...."

This gentleman, after a great deal of hard work on my part, managed to walk away from here and three months after the last therapy he was still feeling fine. We can't call this gentleman a series, but we can call him a horrible example of what we are going to run into in Dianetics.

Because Dianetics is new, we can expect to get the failures of all the other therapies thrown at us first. One could foolishly go to an institution to give a demonstration to convince somebody, but the probable result would be that they would merely say, "Well, that's free association, we've been doing that for years," or, "Well, it was the folic acid." So, it is not worthwhile.

But just the same, if an auditor is offered a patient to work on, it will be the worst patient in the institution, for whom nothing can be done by any known method. This is very unfair, since we want a therapy which will treat the general public. That is what Dianetics is for, not to pick up all the failures after everybody else has messed them up.

Take somebody who has had electric shocks and then two years of psychoanalysis, a lot of it under sodium amytal. By that time the situation is so deteriorated that in order to rescue him at all requires a miracle. He is being raised strictly from the dead.

It's something an auditor can point out to people. They will come to him because they are dissatisfied with the treatment they have received elsewhere. A new doctor entering a town gets two types of public—those who are very dissatisfied with the old methods, and the deadbeats, the people who won't pay any of the old practitioners. The old practitioners are fully aware of the fact that this is going to happen and they are not unhappy to lose the deadbeats, because they were honest to them at best: no pay, no cooperation.

The new practitioner in a town generally is quite well aware of the fact that this is going to take place, and he counts on the deadbeats to spread the gospel for him. "This new doctor is good, he's very, very good." These people are actually fairly normal in the line of treatment. They have simply got something wrong with them that inhibits them from paying anything. Not that we are overly interested in money, this is merely the type of setup that an auditor is going to run into.

So, on his commitments as he starts in, he will find himself working with people who will sometimes make him outlandish promises in terms of financial remuneration. He should not be very surprised if it never turns up. I have had some fellow promising me, for instance, that he would pay me one thousand dollars for every single aberration that I lifted. I ran one engram that removed five aberrations, but I never saw five cents from this person. I knew it at the time I was looking at him.

As far as the highly unsuccessful cases are concerned, one can be aware of the fact that psychoanalysis and other methods of therapy do and have achieved an alleviation on a fair percentage of cases. Twenty, thirty percent of the people that go to them, according to two leading psychoanalysts that I talked to, can be counted upon to respond favorably and stay in a stable state after they have been treated. Well, those people are not necessarily Dianetic setups, but they would come closer to it.

So, all of the easy cases as we start into the world with Dianetics have been mopped up, leaving nothing but tough ones, and the auditor had better know how to crack them.

As far as the deadbeats are concerned that are going to monopolize the auditor's time, complain at him and start trouble for him, just as they have started trouble for all the other practitioners in the area, he is not quite lost with these, because as he brings a person up toward a release, the person's honesty level goes up.

The only time it is justified to approach an aberration specifically and directly, rather than proceed with the case on a mechanical basis, is to knock out such a person's dislike of handing out money. It will probably do him a lot of good. For example, one gentleman who was a stammerer refused to get well. Every time he would find his stammering going on the down curve, he would immediately pick it up and fake it until it returned again, because we had an agreement that if I handled his stammering he would pay me \$500. I looked this over through two sessions, and it was quite remarkable the tenacity he had for that stammering.

So, I gave him a hypnotic suggestion. I put him into amnesia trance and told him, "After this, until the time I say, 'You can stammer now,' you will not be able to stammer in spite of anything you do," and then brought him into a late state. He was very surprised to find out that he was absolutely unable to stutter. The case had been deintensified enough so that this hypnotic command was enough to hold it up. Of course I couldn't let him go like that because that would wear off if there was anything left in the case, and furthermore I didn't yet have my \$500. He would try to stutter on the subject.

Completely aside from the financial angle, this gentleman was being made ill by an inability to part with money. As long as the thing was set up in that way, he couldn't part with \$500 because of other aberrations. So I clipped down into the bank and grabbed hold of an engram which said, "I just love money. I could just roll in money. How it hurts me to part with it." That night it was very amusing running this because you could see him rolling and wriggling. I was running him on the living room floor and you could just see the greenbacks as he rolled!

We handled that engram and then I said, "You can stutter now." But he couldn't. I completely erased the positive suggestion, and I had a well person on my hands. It was this business about money, not that he couldn't talk, that was upsetting him most; and the moment he stopped worrying about money he started to be able to pay his bills and this made his creditors more amenable, business started to come in, things started to pick up and he got too busy to worry about any of these other aberrations. He wasn't stuttering, and as a result we were looking down the line of a special type of aberration which an auditor is going to see rather consistently.

The people who have been severely injured by older methods of therapy pose to the auditor the necessity of doing a very good job, because they are tough to begin with or somebody

could have helped them. He had better do a very good job on them or they will stack up against him as failures, and that's just what some people are looking for.

Take a case that has failed all the way across the boards. Everything that has ever been addressed to that person, such as vocational therapy, group therapy, they put him in a military school when he was young— everything has failed; and now he comes to the auditor with maybe electric shocks, and maybe even a prefrontal lobotomy. Yet, regardless of what has been done to him, the auditor is expected to do something about it, and he had better do something for him or this case will be held up as an example of how Dianetics fails and why psychoanalysis succeeds.

Don't expect anybody to investigate the evidence. It is just going to be on a rumor basis, and rumors are not reliable. This is unfortunate because they are the two kinds of patients the auditor sees the most of.

When Dianetics starts producing releases on such people, we, of course have done the impossible and it gets around. The thing has the beautiful quality of being intensely advertisable. Word of mouth on it is good. So, even though it will cost the auditor money, time, effort and sweat to do anything for such people, he had better do it.

In three or four years' time, to be conservative rather than optimistic, Dianetics will be what is practiced; although I don't see how Dianetics could miss a year. But I am perfectly willing for people to completely ignore it in professional circles for quite a long time. They read so little and so slowly!

That is adjudicated on the index that those psychiatrists I have tried to train have been the slowest and most inept pupils, so I can estimate that the whole field of psychiatry is going to take a long time to train. And by that time I am very definitely afraid that psychiatry will have become like the buggy whip manufacturer who makes the best buggy whips in the world but nobody is using buggies any longer.

In a year or so one can expect to get the easy patients. Mamie Schultz has a postpartum psychosis. What's the first thing that Mr. Schultz thinks of? He thinks, "Quick, where is an auditor?" He can't do anything about it himself probably. He's too close to her, so he has got to have an auditor, and the auditor gets a postpartum psychosis to handle that could have been broken by psychoanalysis it is so simple. It's one of those easy ones where all one has to do is say to the patient, "You'll feel all right," and they feel all right.

Then everybody says, "Oh, Dianetics is wonderful because look at what it did for Mamie Shultz." But these setups are not going to be in our hands for a long time. Nevertheless, a lot of psychotics are setups, and occasionally one finds a psychotic who has periods of accessibility and then short periods of inaccessibility, and who is institutionalized for the short period of inaccessibility when he is really raving.

That patient, if he has not been manhandled, electric shocked and so forth, is sometimes an extremely easy patient. The auditor says, "What's troubling you now?" and immediately gets line discharge. He gets tears and is able to knock out a couple of deaths and so on. Then the patient comes up to present time and doesn't even relapse.

But that isn't the kind of psychotic that is going to come to the auditor, it is the psychotic that nobody can do anything for. So the auditor had better learn his materials very well and get in lots of practice.

At first I would not take a neurosurgical case except on terms of research. While investigating the last one, I said, "Well, let's go back to yesterday."

And he said, "Huh?"

So I said, "Well now, let's go back to the time when you were worried and upset about something."

He said, "Huh?"

I then said, "Well now, what's really bothering you these days?"

And he looked at me very intelligently and said, "Huh?"

It was like trying to talk transcontinental through about five wrecked switchboards.

One finds that these people who have had brain surgery are kept well out of sight. Actually Dianetics has, as its only competitor, a cult which does a very nice piece of cover-up. They don't tell you about this fellow that they gave a prefrontal lobotomy to because his bed wetting was severe, and it was very hard on his wife and children because he was very nervous and often quarreled with them, but when given a prefrontal lobotomy he not only no longer quarreled but had to wear a diaper all the time. But these cases are around. I have already had a couple of them passed off on me. I caught up with one. I couldn't do anything with this case and he was swearing he had never had an electric shock, until his wife called up one day worrying because he hadn't gotten home within 15 minutes, and she said, "You know, he's had about 150 electric shocks, and I worry about him because he really hasn't been the same since."

I'm not being sarcastic now at the expense of the ignorance which has obtained in the past, but this is fair warning that such patients are going to be tough. Your easier cases are going to be amongst yourself and your friends and people who have good brains and who look the thing over and say, "This probably works." But the people who would normally go to see a psychiatrist or are taken there by force in strait jackets are going to be rough.

Concerning case histories, as an auditor collects engrams on a standard bank educational level, his own virtuosity of being able to play the fiveman band that he has to in order to get rid of these things increases. He develops quite a command of English language colloquialism during certain periods. Somebody will start in with an engram and he won't be able to think of the rest of it, and the auditor right then and there should be able to think smartly, "The only phrase that could possibly go in here is 'Twentythree skidoo,'" So he says, "'Twenty-three skidoo,' is that in here, yes or no?"

"Yes. 'Twenty-three skidoo.' That's the bouncer."

He has to develop a sense of dialogue for various periods. He gets a vocabulary which he learns more or less as an engineer studying thermo dynamics would learn a vocabulary of engineering terms. Only his engineering terms go as follows: What is it that causes a person to have five engrams in one bundle? Well, who is talking? Right away he says, "Let's see, the cause on this is probably a grouper." But that's not good enough, he has to be able to line it up with the kind of dialogue being spoken and right away he comes up with "'Pull yourself together.' Is that in there?"

"Yes."

"All right. Repeat it a couple of times."

"'Pull yourself together. Pull yourself together.' Gosh."

"How many somatics do you have now?"

"Well, I've only got one somatic now. There were five before."

So, the auditor builds up a vocabulary of these things and a developed sense of where they belong. But this is essentially a sense of dialogue, and it is something that is very important for an auditor to develop. How do people actually talk? Don't think they talk the way they talk in stories, because they don't.

For instance, the auditor could be working some fellow whose father was a race driver. He starts to run him and finds some of the weirdest pieces of Language. He finds somebody strapping down bonnets and flipping off the left shoe, and barreling, and so on, not terrifically aberrative, but they give a very strange color to the reactive bank. They may be all right as professional phrases for the things for which they were invented, but in the reactive bank they mean something else, and one could pick out all manner of professions which have aberrative idioms because of their literal translation. So, the auditor's vocabulary will increase in various fields.

Then there is seagoing vocabulary which is not uncommon in a bank, where somebody is talking about their going topside, and so on. Maybe Papa's a sailor, or maybe an affair with a sailor is in progress. So the auditor must be alert for the bizarre after he has judged the professional background of his people. But he mustn't think that it's all going to be bizarre—just half of it.

He will become very well acquainted with doctor patter, phrases like: "Rest between the pains, that's right. Rest now. Now bear down, bear down, push. Now push, now control yourself, control yourself now. Push. Control yourself, push. All right, now. Bear down. It's coming down now, it's coming down now. I don't know whether I can pull the baby through or not. The mother will probably die. I'm not sure."

"Well, it's too early to tell yet, I can't tell yet" is doctor's patter that is earlier in the bank and is almost inevitably in there. Mama's worrying about whether or not she's pregnant and the doctor is punching around. I never could understand why they punch. At the stage that they are examining the patient the embryo is very small, and how they expect to feel it through all the mass, or even feel the fluid with it, I don't know. Then they make this wonderful, safe adjudication on the whole affair....

So one gets someone into the basic area and they suddenly clam up, or they won't go into it at all. The only reason that is so is because it has got bouncers and denyers in it. Sometimes there is a misdirector like, "I can't go back at this point," which is a form of bouncer but also a misdirector because any point he hits after that is activated prevents him from going back until he gets to present time, and there he will sit supposedly stuck in present time, although the engram that is activated is clear back early.

The auditor should be able to recognize doctor patter. It doesn't do me any good to lecture about doctor patter, or racing patter, or what a sailor would say, or what they say when Mama is being worked on by the chiropractor, because I could go on for hours and hours. The best place to find this material is in a patient. And the more an auditor audits, the better the sense of dialogue he will get.

A sense of dialogue also requires to some slight degree a plotting sense. What would be said at this juncture? We know something of Papa's character. We know something of Mama's character. We know that this patient we are working on has sympathy engrams to a marked degree. Somebody was sympathetic, so we conclude that Papa was a sympathetic character.

If the patient starts running off something like, "Oh, I am so miserable. I just can't seem to get along or feel any enjoyment in life, and you were the cause of it," that is an indicator that somebody else is present, because from the phrase "It's your fault," it appears that he is talking to somebody. One auditor had a dialogue sense that was so poor that she had let the preclear go into convulsions all up and down the track until every convulsion on the track was jumping. And all that he was running as he went through these convulsions was Mama's dialogue, continually. But he didn't run all of it, and it never occurred to his auditor that

Mama might have had somebody around her during the prenatal area. She was evidently operating under the delusion that Mama lived somewhere on the great American desert and had food sent to her by rocket, because she never asked for anybody else's conversation. And every one of these convulsions was severe because the aberrative dialogue was the unspoken dialogue, another valence, which was the missing one.

Particularly on a psychotic, the auditor has to practically plot the case for him, and figure out what somebody would say to this person going through this dramatization. The best way to do that would be to say, "Now pick up the other persona voice," and usually he will suddenly start reeling off the other valence.

One may have to spot it up by saying, "The somatic strip will go to when somebody else is talking. Now the first phrase of the other person's speech will flash into your mind when I count from one to five." And all of a sudden he comes up with, "Oh, that's all right, dear, lie down. Just lie there for a while and relax. I'm sure you will be all right. No, nobody is against you. I know that you're going to come out of this. Now control yourself, dear. I know that I can be proud of you."

If the auditor overlooks the fact that somebody else may be around the patient, he is going to overlook half or more of the engram and always the most important part of it, because a patient will avoid the sympathy—that's valuable. He wants to be in the valence that got sympathy. Using one's sense of dialogue, and if one knows that Papa was a placating sort of individual, the answer to "Oh, you beast, you dog, you cur. I hate you, I hate you, I hate you. Get out, get out, get out," would be "Now dear, control yourself. Take it easy, take it easy, let's settle down now. I'm sure we can talk this over sensibly and logically."

It is sometimes necessary for the auditor to try some test phrases to find out what it is, because the patient is quite reluctant to go across the valence and pick up the rest of the dialogue in the engram. It's very legitimate to do this, they are not positive suggestions. The mind doesn't accept them as such, the patient just tries them on for size—"Is this what is said?"

An auditor's dialogue sense, however, should not carry him away into a belief that character is constant, because it is not. Most parents are not only ambivalent, but probably quadrivalent. There was a case recently of someone who had been playing out Papa on, "Dear, let's not be emotional, now let's be reasonable. I'm sure we can talk this over logically." All of a sudden Papa showed up in an entirely new dramatization, which was "Oh, what can I do, I get so discouraged. I just know I'm going to fail, I always have, I always will. What's the use of going on living?" This valence shift took place after he had uniformly failed in meeting one of Mama's rages with a logical approach. So Mama would break his dramatization as the logical valence.

Right in the same engram was much more aberrative material than we had ever touched. All we had to do was run it out a little bit further. But because of the violently different-character and some of its content, and the fact that it had down-droppers, misdirectors such as "I feel so low," the person was going off the line toward the bottom of the bank, and the most important part of those engrams, since Papa was the aberrative character in the case, was missing. The patient was not getting well. He would sit there and run out Mama's screams and Papa's placcation endlessly. An auditor must remember that Papa nearly always has another tune he plays, and sometimes five or six more tunes, because he is undoubtedly quadrivalent.

So in this case all of a sudden Papa's self-pity came up as a dramatization. The preclear, in running this the first time, could be seen to droop and wilt and cave into himself as he was going over this material, which then broke the case.

The recognition of the fact that Papa might have spoken some other way would have accelerated this case. As it was, this turned up by accident in a late life scene. The person's

case had not been well diagnosed in that all of Papa's phrases had not been scouted at the beginning of the case.

A psychotic sharpens the valences up, usually. As the person becomes more and more psychotic, the bank is more and more highly charged, and has a tendency to go more and more solidly into just one valence at a time.

But a person in a valence is usually speaking the lines of that valence. He is to that degree dramatizing his engram. An auditor can run a person halfway through therapy with the person doing nothing but dramatize, and the therapeutic value of it is not very high. They go on being sick. One has to get them out of that into the basic area by switching them over and getting the material that kicks them out of there.

The necessity for an auditor developing a fund of standard bank engrams of what people say in given situations cannot be overstressed. He has to get a child's-eye view of humanity at work which has never before been fully appreciated nor understood.

What happens behind the scenes? By tacit consent, people have been agreeing in churches and here and there throughout the land that human beings just don't do such things. Only they do. Some of the most extravagant and gruesome dramatizations I have ever listened to have come out in the home with the front door closed and the shades down. What happens there very often has no relationship to what the person is in society.

One can fully expect to find the gentleman of stern, noble, unimpeachable character to have a few nasty curves when he gets around the kids and the wife. It takes a lot of aberration to chain a man down into one of these stern, self-righteous valences, and that aberration will come out.

One of the first things an auditor does when he hears that somebody's father was a minister of the gospel is shudder slightly. There is absolutely nothing against ministers of the gospel at large, but if this preclear has come to the auditor in an aberrated state, upset, with a solid block on the second dynamic, and the auditor suddenly learns that his father was a minister of the gospel, at that moment he starts rolling up his sleeves and getting to work because he is going to have a rough case on his hands. This is due to the fact that a large percentage of people in that category have been very badly inhibited. Lots of them are against religion. They have revolted against everything in a lump sum. For them religion carries forward honesty, decency, the tenets of Christ, and so on, and Papa was awfully painful on the subject, therefore there is a negation against those tenets. Knock that out and nobody is happier than that preclear to have those things straightened out in a hurry. But we can expect a solid block on the second dynamic too, because that is one of the tenets unfortunately which is most bruited about.

Although this is a generality, the roughest cases I have had, and the preponderance of alcoholics I have run into, have had mothers or fathers intimately connected with religion, even when the mother and father may have done their level best—and religion, outside the engram bank, might have done its best—to make this person a good, representative citizen of the community. But the chatter inside the engram bank acting as reactive to man, mixed up with blasphemy and so forth, can do a great deal of damage to the psyche.

I am not against religion, but I am highly critical of religion when it gets inside the engram bank and gets mixed up with blasphemy or misconstructions of various sorts. After that, one has a pretty bad loop on it.

In the line of dialogue, if we are diagnosing somebody and we find out that Papa was a minister, we should find out what kind of a minister he was. Was he a good guy? Was he nice to children? If he was mean to them, even though he talked a lot about how the children must be saved, there is a blocked second dynamic, and it will trace down very adequately without the auditor having to ask the preclear bluntly at all to a very bad coitus chain.

Now, how did Mama feel about children? Was she relaxed around them? This will work in any case, not just with ministers. Was she nice to them, or did she get a little bit nervous because of them? The auditor, without asking a preclear the following question, will get an answer to it: "How did your father and mother behave in bed?" If either of them are nasty to children, you are going to have a non-coitus chain. That is a rough generality that can be set up there as a jackleg rule.

A non-coitus chain is "No, I don't want you. Go away. Don't put it in. Take it out of me. Sex is nasty, it is disgusting. I don't like it. Go away from me." Or, "Why in the name of God I ever had to marry a man I do not know, but I guess its the thing to do so I just have to submit to it. But really I hate it, Mrs. Brown, I hate it." All kinds of material come up on that, and it is bad because it is a super-bouncer in both directions.

Don't ever get the idea that because a person has a block on the second dynamic that he won't then approach the coitus chain because he thinks sex is nasty as a general computation. That is not true. But it is true that his sexual background, because of the nomenclature used about sex, acts as a super-bouncer on the coitus chain, and one is liable to find the preclear shot off to the sides of the chain.

As long as there are human beings there will be a variability in compute tation. The only reason this non-coitus chain is singled out is because the auditor is going to find it in America in about every four patients out of five.

Then there is the dramatization postpartum that "Babies are nice, babies are good. The thing to have is a baby; we'll have to take care of the baby. My dear, sweet little boy," and so on, and "I just love children, don't you?" But the child, prepartum, was not a child. There is a common misconception that has ridden along with the society that the precise instant when the umbilical cord is cut is the precise instant that a child, by some necromancy, gains a human soul and an individuality, has feeling, can register, and you have to be nice to him. At that moment you can think he's cute. But while he's a bump in Mama's tummy then he is nasty, vile and so on. He changes character utterly. It is a great surprise to the reactive bank; it's quite a shock. It will raise the person's emotional reaction on an identity level toward his parents or toward other people around him so that he knows very well that somebody is trying to kill him sometimes.

A sense of dialogue is absolutely necessary and in some small way an auditor has to be a good writer of dialogue if he is going to make the best auditor possible. I have run several cases where a failure on the part of the auditor to understand the mechanics of dialogue has slowed down the case.

Further, he must realize that people are not particularly stable. Just because one finds one type of attitude on the part of the dramatic personnel is no reason why there won't be other types too. For instance, there will be the condition where Mama for the benefit of so-and-so and so-and-so loses children. But to Papa thatb something else entirely; children are dirty, nasty and no good. She doesn't want any. She is merely keeping up appearances, hypocritically.

So, the auditor may find engrams which as far as the reactive bank can make out—because it can't think—demonstrate that Mama was just fine. These are liable to come up because they are not particularly painful and the auditor may get this odd idea that Mama was sweetness and light and that there is nothing to be found of any value in the prenatal bank. Many people make this error, and then they begin to search a little further.

Another thing that happens is that in the period when a woman is pregnant she has a different glandular reaction which throws in another set of dramatizations having to do with her own prenatal area, and she acts very much like a different person than she does postpartum.

This is probably the basic reason why there is a change. She may be acting postpartum like Grandma. But unfortunately she was not gestated in Grandma, she had only Mama's dramatizations to go on. So the organic restimulator is the child in the womb calling for a certain set of dramatizations, and while she is pregnant she is dramatizing Mama, but once the child gets born she can now dramatize Grandma.

This is an entirely different thing caused by a valence shift, and the engrams which arise are different. Perhaps in the prenatal period Mama will be shifting around because she gets nervous and anxious, and maybe Father's worried economically about things. In addition, she may not be in the best of health, perhaps if she has a psychosomatic illness of some sort it might be in full play. On the other hand, during the period of gestation she may be as calm as a truck horse and the instant the baby gets born, this is another life as far as she is concerned. So, it can go the other way.

Don't look for constancy in people. When one finds a person in the engram bank doing one thing, don't look for them to keep on doing that thing inevitably. Don't figure they are that predictable. They are only predictable for a type of situation. The child gets sick, this person is then very efficient, and one thinks, "Now that's a good person, that's a fine person." But then

the auditor finds that when the child is happy, this person who was so efficient when that child was sick is now spiteful and bad tempered. "What's the idea of going around the house singing all the time? Get out of here, you little brat," and so on. This is an actual shift I discovered in a patient. Mama hated anyone to be happy. It was the crime amongst crimes. But she, as far as taking care of the child was concerned, nursing it when it was ill, making sure that it got fed, making sure its birthdays were all recognized, that nice parties were given and so on, carried right on through beautifully. But any moment she would get an idea that the child was really happy, she would take off.

The auditor is dealing with aberrees, and aberrees have many valences, many dramatizations. They can be many people. The mother, quite commonly, will tell the child all manner of weird tales about all she has gone through in order to bear him and rear him, what sacrifices she has made, of how much his father loves him, and the person is rather apt to get unsettled because it is unsettling to have such a radical change. It invalidates his data.

For instance, when he is young, he can remember very vividly that his father and mother used to beat him and kick him and raise hell with him from morning till night. But now all of a sudden at the age of 20, he looks over it and he can't put his finger on any of these things. It seems as if they never happened. But, track back on it and one finds that Mama customarily told him how nice they were to him and all of this is one set of data which falls over on top of the other set of data, until he doesn't know what is going on in his life. He is being told bluntly a block of lies. But he has "believe it" mechanisms such as, "You've got to believe it, you've got to listen to your elders and do what you're told. You've got to believe people. We have your best interests at heart. The only reason we're punishing you is because it will make you a good boy."

He has got all this material, so-when he gets up along the line someplace this material gets keyed in solidly. Then Mama says, "We were very nice to you. What sacrifices we made. There was never anything very harsh in your life. What's the idea of thinking you had a hard life? You know that you had a nice, pleasant life and everybody was very sweet to you." This becomes a lock in itself because of the other type of "believe it" engrams under it, leaving the person highly confused!

THE FILE CLERK AND VALENCE SHIFTERS

A lecture given on
5 July 1950

The Mechanical Approach

If an auditor starts asking stupid questions of the file clerk, he will get demon circuit answers. He should ask for yes/no answers, names, numbers and dates.

Supposing one had a good chief clerk in an office full of files. What would one expect him to do? One wouldn't go in and say, "Is this business going to succeed or fail?" or, "Give me your estimate of the stock market reports." But one could ask him, "What was the date of the merger of this company?" And he could give it immediately, because it's there on file. He is up against the standard banks, and the standard banks are a beautiful filing system set up by time and topic, all indexed and beautifully crossreferenced. Evidently it only takes the file clerk a millisecond or two to swing in and sort the whole thing out and hand out the answer. It is extremely rapid. But he will give the auditor names, dates and any question that can be answered with a yes or no.

The auditor can say, "The name of the person who is talking in this engram will flash into your mind (snap!)."

"Mother." The file clerk will produce it.

Or, "The place this occurs will flash into your mind (snap!)."

"Hospital."

But ask him for the name of an incident, or "What is this operation?" and he will very often stub on it. That is because one is asking him for a reactive bank datum, and the file clerk doesn't work with the reactive bank beyond a certain point. The reactive bank is an incomputable mess. This is all the material that he has had to push back in the corner; all he knows is what is on top. And he will look at this junk pile that he is trying to get rid of. Basic personality really wants to get rid of it too and is very accommodating.

When one is close to an engram one can sometimes ask the person if he can give a vague approximation of how many other engrams there are like it. But it's not accurate. He can't give an accurate answer for the good reason that this is all junk piled in the corner. It has never been entered into the files, and that is what is wrong with it.

In this case, we are not addressing the file clerk. We are addressing something else. There are currently two major unsolved problems in Dianetic therapy.

The first one can be labeled "Methods of getting people into their own valence with great rapidity and very early in a case." We have several methods that do this, but there have got to be better ones.

The second problem concerns methods of knocking out lie factories and discharging painful emotion.

We have answers that will accomplish these things much faster than they have ever been accomplished before, but there have got to be methods that will accomplish them even faster, and that sort of precision is what we are looking for, so that one can practically stare a person between the eyes and get all the painful emotion off the case. Of course, the optimum is a 1 1/2-minute clear or, even better than that, a 30-second clear. Some of the cases in the past I could have visualized very easily as being 5000-hour clears!

Those are the problems, and I am going to try to take those problems apart.

Sympathy engrams are particularly bad because they form manics. They are closer to the alignment of the dynamics themselves—closer to survival—which makes them harder to get.

Try to take a manic-depressive apart sometime and one will discover a rough case on his hands. The manic-depressive was not considered the toughest case in psychiatry but he definitely is in Dianetics, because those manics will be very solid and there will probably be a bundle of them. It is one dramatization on the part of some member of the cast, and that will appear many times, and there is probably lots of injury and so on. He will also protect that all down to the last ditch, and therefore protect his own psychosomatic illness.

Sometimes people can't pronounce the English language well, and when you find the reactive bank on a wide pun, it is usually the fault of the speaker. For instance, "I hate coffee" might just sound like "I hate coughing," but the "ng" disappears out of the thing so the person goes around detesting coffee.

The reactive bank will only register what the soundwave says, but it will register what the soundwave says with the most remarkable accuracy. Don't expect very many puns of word misinterpretation to turn up unless those words are completely homonymic.

Punning is not the lowest form of wit but it is certainly the most engramic. "He rowed a horse." The reactive bank will just as soon have him doing this.

It is remarkable to note that a very heavy reactive bank can destroy, if it's on the apathy side, a person's sense of humor. There is where a sense of humor goes down the drain, both that and the fact that there is no sense of humor in the reactive bank. Take a very heavy apathetic bank where the person has to make so sure analytically of everything that is said that if someone cracks a joke, he will look at that person very carefully and figure it all out. Then he will probably nod. I have had such people look at me fixedly and after a while say, "Oh, you're joking."

Laughter is an interesting mechanism. Take the world of the monkey. If you watch monkeys, you can see that if they run into danger they laugh uproariously. Little children, too, when put into mock danger will laugh about it, and they will sometimes go around and tease some very dangerous source and then run away yelling with laughter. That is a natural mechanism. When the interior engram world is in there solidly, and a person is confronting that, he will sometimes take the same reaction against the engrams. They may be his most serious, most aberrative engrams and yet he will go around telling jokes about them, and laughing. It is evidently a method of keeping them in line.

Laughter definitely does have survival value. It is very peculiar stuff. Someday we may know all about it, but I doubt it.

The next subject I want to take up is the various steps connected with valences. People are commanded into valences. They don't just drift into them. The fact that one can command a person from valence to valence while he is in therapy demonstrates this. The engram bank can do very thorough commanding on the subject. In other words, a person is put into his valences by engrams, and he will be locked up in them by engrams which specifically state that he must be in those valences. Engrams command him out of the valence that he is in.

When one gets down to the early part of the track, one has less engrams and therefore one can slue the preclear out of the valence he has been occupying and into his own valence. Most of the time one will accomplish this by taking him down into the basic area, keeping him rolling in his own valence when he starts to slip out of it and running him on through. One can in such a wise get sonic in the basic area if one hasn't got a lot of emotion on the case.

If this can't be done, one had better pull the preclear out of his commanded valence, the one he's occupying, by discovering and reducing the engrams which are holding him there. This is not always easy to do because the commands keeping him there may be multiple in the extreme.

Such phrases as "I can't be myself around you," which is one of the lines of the early 1900s, and "I can't face it, I can't believe this is happening to me, I'll have to pretend it's happening to somebody else" are basic, highly generalized commands which will slue a person out of his own valence into another one. "I am just beside myself" will also knock him into another valence.

But the things that really put him in a valence are specific orders to go into a specific valence which exist in this form: "You're just like your father. You talk like your father. You act like your father."

"All right. I like my father. I'm proud to be his daughter. I'm just like him. What are you going to do about it?" That sort of a quarrel causes a valence shift in the engram.

The child when born will go over into a dual valence, his own father's valence by misinterpretation, but more solidly that of his maternal grandfather because that was the actual one meant. This basic command will now get enforced by something like this, "By George, he'd better be a lot like me. I don't trust you. If he's not like me I will kill him"—Papa. That is a call-over into a valence.

So a person can be pushed into someone's valence by a command, or a demon circuit can be set up that holds him in that valence, or the valence itself can call him into it.

A person can also be bounced out of a valence with a command like "He'd better not be like his father." It will not necessarily bounce him into his own valence, but may throw him into his mother's valence. However, he would also have to be assisted by a call-over into Mama's valence with a phrase such as, "You're just like me, aren't you, honey?"

Another one would be "You will have to be a better boy. Why aren't you like other little boys?" All such commands throw out identification. A serious type of command would occur in something like "You're just like everybody else. I can't tell any difference between you and any other man. You needn't think you're so good," which works hand in glove with the demon circuit mechanism. So the person actually has a demon circuit of a minor or major character set up which is constantly ordering him over into a particular valence. It isn't merely an engram in restimulation, it's a whole circuit, because the valence shifts are to a large degree on the subject of "you," which is a demon circuit setup. "You are like your father. You grow more and more like your father every day."

Valence shifting then is done sometimes by social repugnance for other people, but more probably by the social desire to be continued after death. So, if Grandma says enough times to the child, "You're just like me, you're the spitting image of me when I was your age. You're just like me. You're a very nice boy. I like you very much," that acts as an order!

Now, when Grandma dies, Grandma to some degree has a continuum from the point of death as Grandma. It seems to be that life has set it up this way. It's a general desire on the part of men to live after death. That's why people make crazy wills. They are setting up valence circuits for themselves to exist in. The cell thinks everything Cell A knows when Cell A subdivides is now part and parcel of Cell B which is still Cell A. So it goes on an identity basis. Cell A is Cell A is Cell A is Cell A is Cell A, right on the level of reactive mind thought.

So we get a hundred generations of this cell. But it doesn't work that way in men. Papa is not the son, they are different individuals entirely. But on a cellular, reactive circuit, we have got A equals A equals A equals A, and on a cellular level there is nothing to do but to continue

the valence and it goes on on that basis. It is a mock-up of the person, existing in another person's mind who is occupying the valence.

Then, as various engrams restimulate, a person shifts and one can see a woman, after her husband quarrels with her, look differently and talk differently. She has been shifted in valence and there will be a call-over into that valence.

Then she talks with Mamie next door and slips over into her papa's valence. Then perhaps she hops into Grandfather's valence, and only when she is riding horseback or enjoying a play is she in her own valence. That is the great relief of pleasurable entertainment. Not only is it pleasurable to a person even when cleared, it also has a tendency to permit a person to be comfortable in their own valence as well as set up mock-ups on the stage into which they can go.

This valence computation can be discharged from the top or the bottom. In doing so, we are actually jumping over the tape on one of the fundamental principles of therapy which is: Do not ask for a special psychosomatic ill or a special aberration. Handle it with kid gloves or one is liable to get the patient into something he can't handle.

I was interested in talking to someone who appeared perfectly sane by today's standards to find out that he was changing his voice tones considerably. And I said, "Do you ever feel like anyone else?"

He said, "Sure, doesn't everybody?"

So I said, "No. What's your sensation on this?"

He started thinking it over and said, "Well, when, for instance, you came into the room, I felt like you, and if somebody else were to come in I would feel like that person."

And I said, "Do you ever feel like yourself?"

"Well," he said, "myself...." This didn't even exist in the engram bank. It was a lost commodity.

This dramatization was a command to be everybody, one at a time.

A clear, of course, can mimic at will. That's the difference. He has got his own individuality. But it's the very fact of the analytical mind's ability to mimic that makes a valence shift possible.

A person could not learn anything unless he could mimic to some degree. It is a natural mechanism. Take a baby at three months of age who has no heavy engrams in restimulation and smile, and if you can attract the baby's attention he will gradually twist his muscles around so that he does the same thing. How did he know? He can't see his own mouth moving. So it's a spooky mechanism. And you say, "Ho, ho, ho, ho," and he will quickly form his mouth to the same position, trying to figure out why no sound comes forth. This puzzles him.

It is certain that a child after four months in the womb starts recording analytically. One can go back and find conversations about this and that. The child has its ears open. These are not engrams or holders. They just listen. I have even found symphonies in there. And a person starts going over them, they are like a pleasure memory. They don't erase. It's a full analytical recording.

That one must tackle a valence as a specific aberration violates the general law of not tackling specific aberrations, but attacks the case from the standpoint of getting out mechanically the earliest engrams and getting erasures, without paying much attention to the computation.

However, don't neglect to pay some attention to the computation, because part of the mechanical factor is the computational standpoint.

In one prenatal incident there was Mama's father saying, "I know I am going to die. Don't come to my funeral because I don't want you to feel sad. Now don't cry, control yourself. I know you'll be a girl I can be proud of. I have always loved you dearly and I don't want you to feel bad about this. But never come back to see me and never look upon my face when I am dead." This occurred with Mama crying and carrying on, and complaining that now she would be left all alone and would not be able to bear up in life. She went on to say that she felt everybody was against her, her husband was against her, her husband's mother was against her, her brother, and so on.

This occurred about two months postconception. Her father continued to die all through the rest of the prenatal period but this was basic on it. So we had to find out who was dead. That was a mechanical solution to an emotional engram we were looking for so that the case would free up, and we got that solely by asking the file clerk what to pick up.

Sometimes one asks the file clerk to hand up the next incident that is necessary to reach, and "I" will hand one something which is in conscious memory. He will say, "Well, I remember my aunt telling me once that my grandfather died and didn't want anyone to come to see him at the funeral. My aunt was telling me about this and I've just remembered it."

That is the file clerk at work. But he is working now up through the regular area where he works. His chief line of business is in the standard bank. So, we get that incident in view and then we know that it is locked squarely on the actual incident. Father said, "Forget me. Forget everything that has happened. Don't remember anything about me," which caused a block-off. But with the lock in conscious recall, we know that it is settled right down on top of the engram. So the instant we start to run this lock we say with a snap of the fingers, "The file clerk will give us the engram that accounts for this." He runs it and then we say, "Is this the earliest one?"

"No."

"How many are there before this?"

"Three."

"Go to the beginning of the first one." And the case falls apart and begins to work beautifully.

Then we can say, "Can we now go to the earliest moment when somebody said 'against me,' yes or no?"

"No."

"You will now give us what we have to have before we can get to the earliest one," and so on.

Before that, the case had been about 50 hours in therapy. The error in that case was very definite, and consisted of going after specific aberrations by repeater technique. The auditor had found several convulsions and just doted on running these convulsions, then didn't have any dialogue sense so didn't know that there was somebody else talking in the convulsion. The case would have solved somewhat if she had just recognized that.

So, don't go for a specific aberration or psychosomatic. Work the case on a mechanical basis and it will resolve.

But when one gets into working out valence shifters, one has to go after something specific. In doing so, one must get the full cooperation and consent of the file clerk. One doesn't use

repeater technique, but gets the reason why—the basic engram which commands the person to be Mother. One tells the file clerk what one wants. If the file clerk can produce it he will. Usually that engram is in restimulation, ready to be pulled.

One keeps pursuing it on this basis: “Give us the engram which we have to have in order to get to the engram which commands you to be your mother.” And the file clerk will obey.

One has to give the file clerk enough data of what one is trying to do, and he will cooperate. But one doesn't just go in with repeater technique.

The file clerk expects the auditor to give him plenty of help in order to hand up the bottom engram. The auditor controls the analytical mind while the file clerk hands up the data. If the file clerk hands up material which has a bouncer in it the person will bounce off the material. But nevertheless the file clerk will hand it up. It's up to the auditor to recognize there is a bouncer. People who don't trust the file clerk on these things make bad auditors.

The next thing is how do we free up the file clerk so he will work with us?

Dub-in is caused by a cross channel from imagination to reality and reality to imagination. There is a short circuit on imagination. Imagination can be very powerful. It can contain all the perceptics except pain. But that can get crossed up and we get weird things like prenatal visio and all sorts of oddities. If the person's sense of reality is in bad shape, the auditor must work on a straight memory circuit and try to restore his sense of reality if he possibly can.

Some of these people have lie factories, and they are the ones with the jumping somatics, ordinarily. They will have other manifestations which are quite interesting. Some of them when asked for a bouncer will give a denyer. Some of them will talk about being able to go over the engrams themselves.

People who go around wondering about their engrams and rolling them in present time, trying to think what is in them and so on, have one engram in common and that is “Control yourself.” “Control yourself” and “I can handle this myself” are demon circuits and are not only not necessary, but very, very damaging to the process of thought and action. They are superimposed on the file clerk, and those “control yourself” engrams, including the whole composition of “You've got to get a grip on yourself, you've got to take it easy, you've got to do something or other, you've got to relax, you can handle yourself, you know you can, now control yourself, now don't get excited, now you can command yourself better than that, he who would learn to command others must first learn to command himself,” are setting up demon circuits.

Sometimes one gets autohypnosis coming in on the top of the patient. A person who can do autohypnosis very easily has a “control yourself” mechanism as an underpinning to that ability.

As long as that is in place, the auditor can't control the file clerk and the somatic strip. They are being controlled by some kind of an internal mechanism. So if an auditor gets a case that is really bucking and he doesn't get material off the case but gets all sorts of visio where he shouldn't, or he asks for a bouncer and gets a denyer and so on, and the case is not cooperating very well, he must knock out that self-control mechanism.

Self-control mechanisms are very prevalent in the society and are very common in the engram bank.

If this carries forward for a good, healthy series of cases we have dub-in licked. At present we only have a series of eight on it that broke precisely at that moment, which is not long enough for our purposes in Dianetics. At Johns Hopkins University, the world would now know all about it and have it as an absolute fact which “everybody” knew. But that is not good enough.

So, when an auditor tackles a case that is proving a little bit rough, he should get in there and knock out that “control yourself” mechanism, and note how the case is worked. It is likely to be very early in the bank, so he should cooperate with the file clerk on it and make it as mechanical a process as possible.

VICISSITUDES OF THE PRECLEAR

A lecture given on
6 July 1950

Parallels

In this lecture I will cover some of the vicissitudes of the preclear. You are inevitably going to have a lot of problems with the people on whom you are working. You will find out very early in your auditing that that thing which is confronting the analytical mind as an engram computation also confronts Dianetics as such. The parallel is actually so obvious that you can do a large amount of diagnosis on the basis of: What is the reaction of the patient toward Dianetics?

This doesn't include, of course, the reaction of the patient toward you personally since this may be based upon an ally computation, or an antagonist computation. If the patient is very antagonistic toward you, it sometimes works out that merely shifting him over to another auditor will bring about a cessation of hostilities.

However, it does include the proposition that we have paralleled the action of the human mind in its effort to achieve an optimum in operation for itself. The analytical mind is seeking to achieve this continually. The analytical mind works on the proposition that it is supposed to overcome knowable obstacles toward a known or not unknowable goal. The mind only falters when it confronts what it considers to be unknowable obstacles. As long as these obstacles are in the knowable classification, then the mind can surmount them and reach a goal.

You will find that a great many people will recover if you merely assign them a goal. They have been unable to assign themselves a goal, they don't know what they are going to do in life. You don't name one for them, but you place a number of leading questions to them and make them clarify their goal themselves. You don't say, "What you have to do now is become a streetcar conductor," if you think this man's ultimate goal in life is conducting a streetcar. You simply keep asking him questions, getting him to remember this and that until you finally unblock his own goal, no matter what it is. Then you find out who was against his achieving this goal, what computations were placed in his road and why the mind thinks that these computations are not knowable.

As long as an analytical mind can operate more or less freewheeling, it can confront, recognize and synthesize the various problems which are confronting it, and it can also achieve the goals which it has assigned to itself. That is self-determinism. It can achieve these things then at least to some limited degree and it will keep on overcoming obstacles toward that goal. It so happens that the exterior world, via engrams, when the analytical mind is shut down, becomes interior and unknown. Now, when the analytical mind starts forward toward a goal, it has numerous obstacles assigned by the engrams, such as, "I can't do this," or "A man who would conduct streetcars is no good," and so on.

So the mind more and more directs its attention units down into this interior world, and in so doing finds at last that these problems are less and less solvable because it is being commanded, perhaps, on the one hand, and forced by pain, on the other, to sell Fuller brushes, for example. I actually found a manic on this exact subject. The Fuller brush man came to the door right after Mama had been attempting an AA. It was a manic. So, there was an interior goal. There is nothing wrong with selling Fuller brushes, but there is a great deal wrong with being forced to sell Fuller brushes by some unknown force. Maybe at the same time the mind is being told that the thing to be is a great writer. Let's say there is no ability either to sell Fuller brushes or to be a great writer inherent genetically in the organism. These two things come up in separate manics and they fight each other and it is not the goal the

mind is trying to achieve at all. What the person really wanted to be all this time was a good bookkeeper. So we get conflicts on the subject of goals and purpose in life.

Let's take the smaller goal of what to eat. The person will sit down and look at a menu. What he himself wants to eat is very definitely modified by engrams concerning food, what he should eat and so on. You will find people who would become very upset indeed if you mentioned pickles and ice cream to them. "You can't eat pickles and ice cream. It will make you sick." Actually pickles and ice cream mix, but there is a social aberration to the effect that they don't. So he gets into a state of confusion. He has the goal of wanting to eat pickles and ice cream, but the engram says, "No, pickles and ice cream will make you sick," so he goes down the line and sees sauerbraten. Sauerbraten is one of those foreign foods, according to the engram in the bank, and "You shouldn't eat this fancy foreign food stuff." He can get very confused on this whole line. He is trying to make a minor decision and his mind will go around, and finally rather unhappily he will say, "Bring me ham and eggs." He doesn't want ham and eggs, but the engrams don't forbid ham and eggs so he has got a compromise solution.

In the small sphere or the large sphere you get the same thing. When the analytical mind by its genetic abilities wants one thing and the engrams say it wants something else, the mind is reduced to the point in its computation where it can't align enough decisive factors to acquire anything. You will very often find you put a little factor up in front of a person and suddenly it looks too great for him to overcome and he collapses at the thought of it.

You say to somebody, "Let's go down to the beach and go swimming." He's all enthused about going down to the beach and going swimming. Then suddenly somebody says, "Well, where's the thermos jug?" They send him to look for the thermos jug and all of a sudden going to the beach and going swimming is just too much. So he changes his mind about the whole thing. The engram says, "I can't look for things, I just go crazy when I try to look for things. And besides, it's lost and I can never find it anyway." It's very unspecific, but merely because somebody sent him to look for something, now he can't go anyplace. There is the interrupted decision.

With a patient, the auditor is saying directly, "We are going to deintensify all the engrams we have to in order to bring about an alleviated or cleared condition." That is exactly what the analytical mind would like to do so that it can think on a clear channel straight through, with full recalls. That is what it has been trying to do for years. But an AA in the engram bank may be saying, "Oh, I couldn't do this. This treatment won't work, I just know it won't work." Or it may be an operation and the doctor is saying, "Well, I don't know whether it's going to do her any good or not. Personally, I would advise against touching it. I'd just leave it alone." He is talking about a mole. But the baby at that moment after the examination is in pain and we have a computation there which says, "Don't touch it," or, "Leave it alone."

Sometimes we have engrams which say, "Nobody can do anything for me anyway, I'm just hopeless," or, "Nobody can do anything for you, you're just hopeless," or, "This is a situation that cannot be solved. We are at an impasse, we are up against a blank wall, there's nothing we can do, nothing. We may as well give up." Well, that may be Papa and Mama discussing a lawsuit that has just been slapped on them and has nothing to do with reaching engrams, but Mama became very tearful and highly emotional and we got an engram implanted which results in a chronic engram, at least with a few attention units.

Now we say to this person, "Let's return to the first moment of pain or unconsciousness. "

All of a sudden he says, "I just can't do it, I might as well give up. It might work on somebody else but it couldn't possibly work on me." If you as the auditor say to yourself at that moment, "This is probably right," or, "This is an analytical computation," you are letting the basic personality down.

Basic personality is the personality. People when they are more or less themselves and cheerful are running on basic personality. It isn't something foreign or very esoteric. But it gets covered up by a lot of engram computations, valences, demon circuits and so on.

What he has to say about what you are trying to do to him is what his engrams are saying his analytical mind cannot do, as a definite parallel. So, if we size this up, we will see the overall computation of the case the moment we ask this person to go back or to do anything, or try to explain to him how this is going to work with him. You get the most aberrated reactions on a lot of patients. You get somebody saying, "Well, I just dare you to try anything on me." Go into the engram bank at that point and you find Papa saying, "I can't afford this child, we ought to do something about it." There is no AA, but Mama is extremely pugnacious and says, "I dare you to do anything about it. You can't take this away from me. I would go mad if you touched it. Now you can just get it out of your mind entirely, just forget about it, because I'm not going to have any part of it. Now, go away. Get out of here." (That was an actual engram.) The reaction of this person toward the auditor was very interesting because it was just that. But it was all about Dianetics, not about the child. "Oh, I just dare you to try to pick up some of these parts to my personality. I need them How would I get along if I got rid of all these neuroses?"

It was noticeable as he was talking that he would be stumbling over his uses and selections of the words which didn't fit in the engram, because, of course, they had to be dubbed and that part of the engram had to be set aside, which made it very clumsy arguing. As he ran along, it was trying more and more to come out as a dramatization and he was becoming intellectually upset, with the result- that one walked head-on into a fullfledged dramatization.

It so happens that people in the past have gyrated toward the fields of mental healing. Most of the people in the field went in that direction not because they really believed anything could be done about it but because they hoped something might be done about it. Then someone came along and told them about a specific entity called an engram, and that caused an extremely aberrated reaction in a lot of these people.

If you as an auditor let it get you down to any degree you are very foolish, as you are talking to an engramic computation. If you just look it over for a moment you will see that it is so full of emotionalism and non sequitur arguments that no amount of persuasion on your part is going to get anywhere, because the other half of that engram he is dramatizing may be a persuasive engram. "Oh dear, why don't you let me get rid of it. After all, you'd feel so much better. Here you are sick all the time with morning sickness and so forth. Just let me get rid of it for you."

If you as the auditor then say, "Well, I think you ought to let me get rid of these engrams for you. We have to go ahead and do something about this," the person, getting the full restimulation of the engrams, will fling it right back at you, fast.

You can change his valence, but if you argue with him bluntly and say, "You are wrong, you don't know what you're talking about, you're crazy," completely aside from the fact that that may have been Papa's pitch, you are tending to break his dramatization, and when you break his dramatization you will make him sick so he is not going to permit you to do that. Of course you could push his buttons up to a point where it does break it. But it is a problem. You undoubtedly will have this problem, not only in the therapy room but out on the street someplace.

You can look right down the engram bank when you are trying to talk to somebody about Dianetics and he gets upset about it. The worst offenders on this subject are those who have a stake in it. Let's take Mama who doesn't want anything known, instinctively, desperately. In addition, she has all the engrams she put into this child about believing his elders and minding her. So all of a sudden she turns on him full blast while he is your patient, and starts telling him, "You know you can't remember things like that. You know this whole thing is invalid. You know there's no use going on with something like this, it is absolutely insane on

your part. After all, in your profession you have to hold yourself up,” or, “Stay in your own profession, don’t go in for anything else. And besides, you know you can’t remember.”

She will get your patient into a very confused state. But here is the unfortunate thing: Arguing secondhand with somebody who has enough engrams in your patient to reinforce her arguments practically defeats you. One of the best ways to handle this is to give her therapy too, then you are no longer arguing secondhand. I have done this several times in the interests of somebody’s sanity.

The moment you reinforce the analytical mind in any way and give it more attention units with which it can then go through engrams, you reinforce basic personality. The ways to do this without attacking engrams are very important to you. Straight memory will help a lot. Another thing that helps is to get the patient, no matter what he is thinking about, into the key engram in his case quickly. Get some nice, solid explosive action. Get the engram deintensified and the person will be stronger and will work with you better after that on two angles. The forward circuits which have been terrifically impinged on by the engrams will themselves begin to commence to function on an educational level and say, “There is something here,” and by knocking this out you have demonstrated that basic personality can get through, can contact engrams and give you flash answers and so on. The patient will start to get well at that point.

When you find somebody becoming despondent or very skeptical or doubtful, you have not closely enough paralleled what basic personality wants. You will find people will start coming to you to be treated with a whole sheaf of notes of what they thought of last night. They are sure that they must have engrams about this, about that, about something else, and they go around thinking about it all the time. That means specifically that the auditor has not entered the computation which must be entered to resolve the case.

The patient who is getting doubtful and skeptical is often undergoing this very interesting mechanism. Basic personality looks around and says, “How are we going to force this auditor?” So he will get a show-me attitude that he doesn’t feel at all. It’s an act. After all, you are dealing with a human being, and human beings are pretty wily. Basic personality is too. “Let’s force this auditor into working more on us,” or “Let’s challenge him enough so that he really will tackle this case and work it out right.” There are all sorts of odd combinations like this. But any time you get a combination of reactions which is, as far as you are concerned, utterly undesirable for the furtherance of therapy, know very well that you have not contacted the combination in the case which must be undone to start the case rolling. Know also that that combination is available. It tells you those things.

Then there is the person whom you meet on the street who says bluntly, “Dianetics, well, that’s no good. Anybody who practices it is a charlatan. I just hate the very idea. A science of mind would pervert the whole world anyway. You can’t do anything like this,” and so on. It is always interesting to look at this man’s history. You will find him in and out of all kinds of scrapes, mental jams and confusions. He is the very person who needs it. He unfortunately is probably the last one that will get it when he ups and throws it to you that fast. But it also may be a challenge.

Once the analytical mind gets the idea it can be entered, it gets stronger and these things start resolving.

I don’t envy you some of the patients you will have. But keep this axiom there as an operating axiom and inspect it as you go. You will see it borne out time and time again. But I want you to see it borne out, and that is the fact that those things which are confronting the analytical mind in its efforts to operate at an optimum are those things which will face the auditor immediately, and seek to defeat him as well, since he is thereby a part of the analytical mind which is trying to defeat the strength of the engrams. The engrams start to fight him too, and it is only the engrams who fight.

The research department has data on gathering up the cooperation of basic personality. By talking straight through to basic personality, explaining to the patient what basic personality is, the possibility of the patient working better can probably be demonstrated. We are going to run a series on this, but it is a perfectly good tenet.

There are some things which don't need a lot of testing. One looks back along the line to see whether it compares with what one has found before and whether it makes sense. If it makes sense, it is all right, and you can go on with perfect confidence and start knocking out cases left and right until you find some case that departs suddenly. Then you have to find out why that case departed. In the case of a dub-in, talking to basic personality may aid. But you may also be talking to a demon circuit, so you get the control mechanisms out of the case, and then talk to basic personality.

I found a person who had gone crazy at 7 months prenatal. It was very interesting. Every computation which had been entered into this case had been violated. Papa was an ally, but then Papa started a mutual M. Mama was an ally, but then Mama started Ms. So he had it rigged up at first that one was safe whenever Papa showed up; but then when Papa's voice showed up all of a sudden things were very unsafe. Even on a reactive level the data was going backwards. Then he built up the fact that every time one of Mama's lovers was around, why, things were safe. But the only thing about that was that Mama's lover got very angry at her because she wouldn't leave Papa and finally beat her up. So this of course invalidated that computation. Everything that was entered upon computationally was invalidated. So the reactive mind, which was about the only mind running, would say, "Well, A plus B equals C, okay, but now tomorrow it equals G." Furthermore A couldn't be added to B anymore. And we had a nervous anxiety which had arisen so that everything spoken, just the sound of voices in the vicinity, finally, was enough to pick the child up into a high tension nervous anxiety. In working this patient we had a bit of luck. We got the patient back into the basic area rather rapidly and sonic turned on. I got the whole parade of the case all the way up with each erasure moment. As we would come to a new one the patient would flinch, so I would ask, "What's the matter?"

"Papa said something."

"What did he say?"

"Give me a cup of coffee."

My conclusion on it was that the fetus, by cross-computations and destroyed decisions and so on, must have been insane. Actually the person as a child became very tough. The child walked sideways into Grandpa's valence and was thereafter Grandpa. And as such he was a very, very tough character.

He managed to rescue his own sanity computationally on this order: If Mama and Papa tried to say anything to him, he would just take their heads off. They were scared of him. Everybody was scared of that kid. At about the age of 25 he had gotten into the war, and there had been a lot of top sergeants who thought they were tough, and a lot of officers who thought they were tough, and the War Department thought it was tough, and the Japanese prison camp he went into thought they were tough. By the time he got through he had been hammered, driven and pounded out of the valence in which he could operate. He had slid back into an approximation of his father and mother's self valence combination and had gone as crazy as he must have been in the womb before Grandpa showed up on the scene. Grandpa's first greeting in this case was "Damn, you're a cute little son of a gun!" "which came right on the end of birth.

Of course, a person sometimes in Dianetic therapy feels as if he is on a merry-go-round, with the valences just walking around and around. Somebody comes up to him and says, "Give me a match," and he pops into Mama's valence and says, "Yes, here's a match." Somebody else

comes up to him and says, “What are you doing here?” And he turns around and says, “To hell with you”—right away he’s in Papa’s valence. It’s very unstable, but he does stabilize.

Another vicissitude regards psychosomatic illnesses. For instance, we know nothing about cancer, but indicators and a few minor observations seem to indicate that cancer is a psychosomatic illness.

It also works out that toothache as such is psychosomatic. I have been challenged with this rather lame claim that how could a person possibly get a toothache before he has any teeth? It is very simple. For one thing there is a technique of hooking the baby out of the birth canal with a hook in the mouth that is used occasionally which bruises the gums, and we take this patient afterwards and start back on him when he is 15, 20 years of age and we find that he is in a lot of trouble with his front teeth. Sometimes we try to pick up the somatic early in the case and we really have something on our hands because this thing will go into restimulation and the whole top row of teeth will ache for a while. Every time a drill is addressed to a tooth, you have a potential toothache. Every time an injury hits the mouth, you have a potential toothache. Every time you get an extraction, you have potential decay of the adjacent teeth. The tougher and more traumatic the experience, the worse the situation is, until a person gets total exodontistry in an effort to get rid of these aching teeth. But the teeth weren’t aching. So, with the total exodontistry we have now added 32 more aches. And we give the person false teeth and they have toothache.

I personally have got some swell cavities that are making exactly no progress. In fact, one tooth was practically ruined by some “plumber.” It used to be that this cavity was right up almost against the gum. Now there is some tooth below the cavity. I used to wonder whether or not a tooth would grow, because it seemed to me it was a living organism. Well, this one is busy growing the cavity out of itself!

ABOUT PSYCHOTICS

A lecture given on
8 July 1950

Obtaining Accessibility

This lecture is about psychotics. No matter what psychiatrists do about psychotics, you are going to have to do something about them and you had better know them.

The process has a dual virtue in that it will knock out incipient psychosis before it begins. Once precipitated, a psychosis is like playing with chain lightning because the person's accessibility drops way down.

So, as you enter the case of a psychotic—somebody who has consistent breaks—with good sense and thorough attention to what you are doing, he should get gradually better. If you don't pay attention to what you are doing, you are likely to hand him another break.

It is a very bad thing when a psychotic has a break. "I" suddenly submerges. One tries to let his case settle out, but other restimulators come in, and something else happens to him. "I" is suddenly told in the most unmistakable terms that he is no longer persona grata in the society.

The psychotic's "I" is very much there, very much aware of what is taking place, and recording. But the psychosis is very badly stirred up: Imagine sitting behind something that you couldn't reach through and having people say about you, "Well, he's no good, let's put him in the local bastille and feed him some sedation," and pay no attention whatsoever to what you want and what you are trying to do.

One of the best ways to prevent this is to make a quick improvement of case. If you are working with a psychotic who is accessible, handle him with kid gloves, because you want to preserve that accessibility. You will find that psychotics become periodically accessible or inaccessible. For instance, at 2 o'clock in the afternoon they are accessible, but they are never accessible at 9 o'clock at night. Or, at 8 o'clock in the morning they are cheerful and accessible, but at 4 o'clock in the afternoon they have vomiting spells.

The mind runs on a time clock arrangement, and the engram which is in greatest restimulation has on it a time tab which is exactly the time tab of when the engram occurred. If the engram occurred at 2 o'clock in the afternoon, even though it is prenatal and the baby had no clocks to look at, at 2 o'clock in the afternoon you are going to get with the psychotic the most severe recurrence of the psychosis. This doesn't always work. Some psychotics are psychotic all the way around the clock. But you will notice that there are periods of the day when people can be worked and times when they can't.

One patient, who all morning, every morning, had to be kept in an institution in a wet pack, promptly at noon with a smile would jump out of bed, after having been in a fetal position all morning, very happily get dressed, go around and talk to everybody, as sane as anyone you wanted to meet. But the attendants would come around the next morning and there she would be curled up in a fetal position, so they would again put her in a wet pack until noon. This went on every day, and had been going on for five years—an interesting example of a time clock running on an engram.

Discovering a moment of accessibility in a psychotic and preserving that accessibility once it's discovered is of very great importance to you, because you can't talk to an engram. You need to be able to have a little bit of "I" there, at a moment when "I" can go up against the bank.

If you can't find this moment of accessibility, you have to create one.

A psychotic is one who has had a history of breaks, although he may look quite sane to you. Actually this is an engram or a group of engrams which can suddenly walk in on a person and in effect he becomes the engram. These people are divisible into two classes: the engram psychotic and the demon circuit psychotic.

In order to have a demon circuit in operation there has got to be a holder in the engram. But, if a demon circuit is in this engram, you are going to have a psychotic playing it all off at a fast rate whereby he is saying all manner of computed things. They appear to be rational to him. He's saying things like, "You know, the Western Union Telegraph Company has rigged up wires to this room and everything that is said here to me is taken down in Washington. Even the Secretary of State is against me." And he will explain this to you. You are talking to a demon circuit.

The other one is the person who is simply playing a record. If the engram went "I see the cat, the cat is black," he comes back to the beginning and says, "I see the cat, the cat is black," over and over again. Then he quietens down. He doesn't talk for a while, and then somebody drops a pin in the room and he says, "I see the cat, the cat is black." He has various gyrations that go along with this and these are patterned very standardly.

What is deceptive about one of these psychotics is that "I see the cat, the cat is black" is a valence playing out of an engram, and is just one set of words in that engram. The number of engrams which are very severe which have only one person present is not particularly numerous unless you're playing off an AA. But if he played this AA off and he was playing everything in it off, the thing would deintensify. So he is only playing off part of the dramatization.

The way you handle the former is to figure out what were the words that planted the demon. They are right there in the engram. And in the latter, you find all the valences in the engram and get them played out.

In handling psychotics, you have to coax and plead and humor and work with them in order to find the deniers, holders, call-backs, bouncers, and so on. The psychotic will be playing part of this thing off, but we have got to get the entire engram and shoot it full of holes.

The unfortunate part of it is that it may be the 15th engram up the line, it may not be No. 1. In the case where it is the 15th engram up the line, telling him to get the first time this was said sometimes produces results, but not invariably.

You have to just shoot holes in the holders and call-backs. Pick out of the person's dramatization just one engram, then pick out the holders and call-backs and get him to say them again and again, and soon he will start laughing. He doesn't know what he is laughing about, but that holder no longer appears in his conversation. It's as though it suddenly dropped through the bottom. Now, get the call-back and that too will drop out.

You are trying to get this person back up into present time. If you can get him into present time, you can get a good run on him. He becomes much more accessible. Usually he doesn't go straight back up into present time though, he goes into another engram, and you sometimes have to sort out several of these things before you finally get him back up where he belongs.

This is a cat and mouse game. He has got holders and call-backs and bouncers and one does anything one can to get them.

Psychotics in institutions are usually very heavily sedated. Everything said to such a person is going to be a bad lock. And lots of things have been said to him which are bad locks.

Electric shocks, of course, are nothing but engrams, with the added physiological "benefit" of producing cerebral hemorrhages. If the person has had 150-250 electric shocks, people have

just added 150-250 engrams to him. A person will eventually quit if you punish him enough. For a short while I wondered if little light shocks might not do something to the engram bank that would help you gain accessibility. However, I have found that they do not make a psychotic more accessible, they merely beat him down. After a while he is quiet. In order to cure a psychotic you have got to make him noisy.

Recently there was a psychotic who was a screamer, and she was noisy! The whole effort on the part of people around her was to make her be quiet, which is the one thing you couldn't have done if you wanted her to get well. When psychotics start turning up the volume, the last thing in the world you want to do is to make them quiet. You break the run on the engram, and once that is done that engram is less accessible.

The idea of institutions, the idea of sedation, the idea of electric shocks and prefrontal lobotomy has only one purpose and that is to make the patient quiet, tractable and adjusted. Don't ever delude yourself or let anybody delude you otherwise. I have gone over the field thoroughly. Their definition of adjustment is not applicable, because he doesn't get adjusted to the environment, he is merely less trouble, and that has been most of the effort.

So when the psychotic begins to turn on a screaming dramatization and start on through one of these valences, they immediately have to get him quiet. However, he is just screaming, he isn't going to do anything. Supposing this poor psychotic is caught in birth dramatizing Mama. You will get the contractions on a minute per minute basis. Mama's screams will be played out one scream after another. And as you watch this thing, you can time the contractions. The first ones are 15 minutes apart, the next ones are 14 and 13 minutes apart, and finally we get down to where he is screaming every 30 seconds. When you run one of these engrams, he will make comments on these screams perhaps which will be the conversation of the doctor and the nurse. It is unmistakable. Although he thinks he is making the comments himself, he is merely playing off the other valences as his own comments.

That is the setup you are facing when you are playing off one of these one-line psychotics where they are playing out the text. Shoot it full of holes, knock out the holders, bouncers, call-backs. Don't sit there and try to make him quiet, and don't at any time get panicky. He may be under heavy sedation, and you are having to work him anyway. If you say, "Lie back and be quiet," you have installed an engram. The one thing you don't want this person to do is to lie back and be quiet. You want the interest. It makes a big difference .

Treating a demon circuit psychotic you will have to probably discover the source of the demon circuit. These demon circuits are "Everybody's against me" control circuits, "You don't dare tell him the truth" circuits, and so on, but this person will move to some slight degree on the track. You may have to push him a bit and much to your dismay find out that you have restimulated 4 to 5 engrams, and he flares up and says, "You are trying to kill me, I know, you're against me too." You have restimulated several engrams on him, and he doesn't like it. They settle out in 8 to 10 days, but don't let anybody give him electric shock during the time you are waiting for an engram to settle out.

The fear which is generally felt toward the psychotic is not peculiar to this society. The awe and terror that insanity has produced in men down through the ages is very standard. Insanity has been incomprehensible and as a result they have been afraid of it. Suddenly somebody's loved one, back in the cave days, turns up screaming, "I am a chipmunk, bark, bark, chatter, chatter." What do we do with him? Well, we can say he has been invaded by spirits and is a holy man, and let him wander around, as long as he doesn't destroy any property or hurt anybody. Some choose their witch doctors from amongst their psychotics. Then there is the shamanistic call where some psychotic suddenly goes into a slight spin and walks out in the woods thinking the ghost of some shaman has called him.

That may be peculiar to North Borneo, but anything that one human being will do, others will. Some psychotic will probably have a shamanistic call on the subject of Dianetics, and will go around saying that he has been chosen to be the carrier of the great torch of truth,

Dianetics. He is now second only to God himself and is the wonder of the ages, and he is the only one who is qualified to know anything. That will be the shamanistic call at work.

It is a very interesting mechanism. The person has been trying all his life to become important. He has a manic on the subject. He has to become important, he has to tell somebody something. He has a message for somebody. And all of a sudden he grabs hold of Dianetics—there's the message. Of course he has been psychotic all his life; however, earlier it was the message that this or that or something else.

People are going to say Dianetics is dangerous because of this. If anybody mentions that to you, point also to the Holy Bible, and if they will check back against the past they will find there have been people who were not quite sound, who had some feelings that the word ought to be spread. This occurs with almost any subject. This does not invalidate religion, nor does it invalidate Dianetics. This is the shamanistic call.

You may walk into an institution and find four or five people in there with the shamanistic call all of a sudden for Dianetics: You may find a couple more that have been driven insane by somebody who knew what he was doing with Dianetics too. This is an aberrated society.

There will be somebody who, for instance, has one of these shamanistic calls, who is going around and telling everybody, "Now, the thing for you to do is to bow down to the Great God Motaw." Or, "I am the chosen one. In a vision last night I saw the Great God Motaw, and I have this great message for the world."

If you start working him on the basis that there is an engram at work underneath it on the subject of the great message, you are not going to get anything because you are facing a demon circuit. Although the wording of the demon circuit makes it possible for this sort of a computation to come in, you are actually working a manic case. That manic may only be Grandma saying, "You mustn't abort the baby because he will be a great man someday and he may do something wonderful in the world," and so on.

The insidious part of demon circuits is that they seem so reasonable at times. A person working on one of these demon circuits may seem quite rational to you, but when you have had a little experience with psychotics, you will notice that the division line between sanity and insanity in the lower stages is so sharp that you will never be very confused about it. You can tell a man who is a psychotic. Don't think for a moment that on this shamanistic call basis it isn't based upon a perfectly good analytical computation. Somebody sees something good or something that has to be done in the world. Some priest goes out into the backwoods where sacrificial altars are the order of business and he finds that they sacrifice little babies on sacrificial stones, and that some of the customs there are very remarkable. He starts telling them that there is only one God—the God of goodness and love. This priest is doing a good job. In past ages the civilization got carried into the backwoods by these means, and one wouldn't say that every priest that went out was crazy merely because he said, "I've got a better answer than you have, boys."

Take somebody who has been studying engineering who suddenly finds out that if you mix concrete with such-and-so you can double its tension. You don't say that that man's crazy because he runs down the hall and starts telling people about it.

The shamanistic call is a different proposition. I have seen one at work. The person was frothing at the mouth. He would throw himself down on the ground and claw at the earth and then he would scream like a wild animal. Then he would jump up again and say, "I have a message." Everybody would gather around and listen for this message. He was crazy. But things came to him in visions and his message would be to the effect that the fish were going to be very good down in the river the next day. That was the shamanistic call at work.

One of these people had Dianetics on the brain and was saying, "Contact that auditor. Contact that auditor. Contact. Now you can do this. You know you can do this. You know you can do

this. Contact that auditor. I have a clear brain, I've been cleared. It just came over me all of a sudden. I'm a clear, I'm a clear now. You can go to bed with me." There was nothing rational about it at all. She had been beaten and hypnotized by a professor of psychology who precipitated a break. Before that time she had been trying to sell him Dianetics. He "fixed" her. Fortunately Dianetics works and the case in question was brought out of it and is doing fine.

Work a psychotic on the principle of knocking out the engram in which you find him, or knocking out the demon circuits, especially the command "Control yourself" and its ilk, "I can do this. I'm the only one that can do this," which may have as its underlying command, "You can do it and I'm going to make you."

You are working then in the interest of springing the psychotic out of the engram in which he is stuck and preventing a further break. When the demon circuits are knocked out, the chances of a break are not just reduced, they are wiped out. It is the circuit that makes the break possible in the first place. I have never yet seen a psychotic who wasn't running on the computation that he had no control of himself and he couldn't control himself, as a demon circuit, or on the other hand who had one that said he had to control himself. Some had both—he can't control himself but he has to control himself. So the problem of circuitry is quite sharp when you address the psychotic.

The sort of language you use to spring him depends on your imagination, because you may find that you use the word pain and he goes four feet off the floor and begins to crawl up the walls; you use some other word and it's equally restimulative. But a psychotic will generally tell you. The file clerk gets through somehow, in most cases. You have got to persuade him to get through, and he will generally give you clues as to how to work him, although it is like playing through fog with somebody who is trying desperately to get out. You will listen to the dramatization and it will appear to you at that moment that the last thing he wants to have done to him is to be helped, but right on the tail end of it he will say, "But of course if you say you want me to do it...."

"Okay, I'd like to have you do it."

"No, no, if you want me to."

"All right, I want you to."

"All right. Now what do you want me to do? Put on a play? I'll put on a play for you if you want me to."

"Well, all right, let's put on a play."

"Okay. What kind of a play do you want?"

"I want the play of a little girl whose grandma died."

"That one's too difficult, the parts are too difficult."

"Oh, come on. I'm sure you're up to it. After all, you're a remarkable person."

"All right."

"Well now, let's take the part of the little girl."

"No."

At that moment you get a big restimulation and the person races around the room, a whole lot of meaningless words are thrown at you, and accessibility is shut down again. But you keep it up and you say, "Well, I want you to see if you can try Mama's part."

"What were we talking about?"

"Well, you wanted to do a play."

"No, you wanted me to do a play. But did you say, 'I want you to'?"

"Yes. All right. I want you to."

"All right. Now what do you want done?"

"You play the part of Mama when Grandma died."

"Okay." Wham! Down on the floor she goes and lets out several piercing screams. "Now what does the little girl say?"

Real tears, and a discharge.

"And what was Mama saying to her?"

"Scream, scream, scream, scream"; no great release, but enough if you keep working at it. She is playing off the engram of Grandma's death, and it's real. The words are there. Those are the right words, but as long as she's playing the part, you will see her flick across these valence walls. She is Mama. There is no "I" regulating this. Then she is someone else. Then suddenly there is a little bit of "I" present, very aberratively trying to make sense out of it. If you can keep that up, and if your eardrums will stand up to it long enough, you will play out that engram and discharge the whole thing.

I have seen one of these engrams played off with about the same volume of pitch about 20 consecutive times without any remarkable decrease in it. Those engrams are not behaving irrationally, they are irrationality. But you have got your hands on the basic rules of the game, and if that occurs, you are not down the track far enough. There is other material below that is holding it up.

You can blow the charge in the psychotic's valence, but you have got to get the voices which were addressed to her. Grandma may have had a lot of things to say and Mama may have had a lot of things to say, but perhaps what was aberrative was the doctor or the undertaker. So, you have to use your imagination to find out who was there, and reconstruct the scene, because she is not going to do it for you.

It doesn't do any good to hand the psychotic parts which are not parts of engrams. It succeeds only when it parallels the engram.

There is nothing like experience when it comes to such people. Sometimes you will walk in and find a psychotic who is merely extremely frightened, and simply by talking to them for a little while, knowing your Dianetics, you can actually work them on straight memory: "Who used to be afraid?" and so on, and in that way you can sometimes clip off a good section of it. But if they just keep telling you, "I'm afraid, I'm afraid, I'm afraid," don't make the mistake of getting them to repeat "I'm afraid" and expect them not to be afraid any longer, because "I'm afraid" is not a holder. It's an engram command and it may very well be what is making them afraid; but adjacent to it there is a holder, or a call-back, or something of the sort. You want more of the engram than "I am afraid." In such a case I very often say, "Who else is talking?" and he sometimes tells me.

In working anybody, the rough things which you will encounter are the mechanical things: the bouncer, the call-back, the denyer, the holder. These are what you are looking for. But you are looking for them whenever you run engrams. They are the only reason you can restimulate an engram, why it won't go back to where it belongs, why you can't get the patient up past it, why people get stuck on the track and so on. That doesn't mean that by sticking somebody on the track you are going to make a psychotic. The psychotic has volume.

You could probably take an incipient psychotic and just by batting around "I," and telling "I" it is wrong, and that it is no good, you may have a break on your hands. That makes an institutionalized psychotic rather rough to handle, because they get this every day. "I" knows that "I" has been made completely wrong. If you can catch a psychotic when he breaks the first time and get his cooperation, you can play off the psychosis and it will break fast. But let him spend two months in an institution and it won't break as fast. Let him spend five years in an institution, and roll up your sleeves to really put in some work. I ran into one that had been 25 years in a cell, he had had 250 electric shocks, 119 insulin shocks, 10 metrazol shocks and prefrontal lobotomy!

They have been doing this for 2,500 years without any real success. The status quo has been riding forward since the time of the Aesculapians who used hellebore to produce convulsive shock in an effort to do something to people.

Alcoholism can come about through commands in the prenatal area, although these commands are very unstable. They are usually in postpartum manics, and cases usually show the most marked improvement when one hits the postpartum manics that have been handed out by Mama, nurses, Grandma and others on the subject of bottles.

Yet I have run into a person who had a fine setup to be an alcoholic, by engram command and by valences. He was in the valence of a person who was an alcoholic, but he himself didn't drink. It upset him too much. Mama drinking a lot while the child is on the way can produce the remarkable setup that the child will get sick when he drinks. It's a restimulator for pain and tight corsets and he doesn't like it, it's dangerous, even though it may contain along with it a lot of things. There was one case who could drink all sorts of whiskey but he couldn't stand beer. Mama had been on beer binges practically every Saturday night all the time he was on the way. Another case came up in Greenwich Village, where a baby was born and was in very bad condition for three or four days. The doctor finally said, "Well, let's put a tablespoonful of gin into his formula at first and then lessen the quantity gradually. We will have to taper him off," which they did. He was breaking a nine months' drunk!

There are a lot of combinations that can cause alcoholism. Alcoholism gets set up on a biochemical basis too, which is quite interesting. A person can't eat sugar, and so takes alcohol in lieu of it. Check the number of alcoholics who can eat candy, for instance.

Then there is demon circuitry: "Come on, have a drink. Just have another drink, let's have some fun. Have another drink. Now you know you've got to take another one with me. Go on, have another drink." I ran across this one in an alcoholic one time. It was Papa's standard dramatization. He was trying to make a drunkard out of Mama and he succeeded with the baby. He didn't succeed with Mama. Mama was a member of the Christian Temperance Union.

It takes imagination to handle psychotics. We are working on methods of heightening the potentiality of "I," so that "I" can come into view on another track. The whole problem of handling psychotics is getting them at a moment when they are accessible. Other than that, they don't represent very difficult cases.

It is not necessarily true that a psychotic uses nothing but volume, but it has been my bad luck that most of them on whom I have worked turned up the full control on the radio set! I have worked on psychotics with cotton in my ears and my hands over them, and still sound

waves were coming right on through. Don't work a psychotic in a residential district! I suggest a soundproof room.

In alcoholism the case is sometimes complicated by the existence the alcoholic has led as an alcoholic. He is called a drunk. He is pushed around. He is thrown out of bars. He is hurt. People keep calling him names and thereby reinforce existing circuitry and install new circuitry. The deterioration of an alcoholic on a psychic line is quite rapid. People start telling him how irresponsible he is, that he can't be trusted, that this and that and something else is wrong with him. And, of course, if the fellow is drunk he is in a state where he can receive high-powered locks, and when he is thrown out of a bar, they aren't locks, they are engrams.

Start handling an alcoholic, and very often you have to undo lock after lock in order to get to some source on it.

It is really pathetic sometimes. You run off engrams with their wives and mothers pleading with them, people trying to reason with them, and the doctor trying to show them the error of their ways. Most of this "advice" is of a highly engramic order. It's just plain "You know you can't go on doing this. You know you've got to quit it. You must stop. You must think of other people. You mustn't go around thinking about yourself. Now...."

Unfortunately, the methods which are being used currently in an effort to do something about alcoholics are sometimes more dangerous to them than helpful.

I have read a lot of patent medicine testimonials telling wives, "You can slip this into your husband's drink and he will not thereafter drink. It will cure him." This is all very interesting, but I have seen it used on several people and I have never seen it work.

Now we know the mechanisms of dramatization. We know that a person dramatizes or he gets the pain. This is observable, we see this too often. He either does what it says or he catches it on the pain level. So he has to do one of two things, he has to dramatize or quit and really fold up.

When a person has manics which dictate to him that he must drink, the whole society seems to combine against him. It has developed into quite a social aberration. Alcoholism was at one time, I suppose, very serious in the society when it was unchecked, and the whole society tends to combine against the alcoholic to break his dramatization so he has no choice but to be either drunk or sick.

In the case of Alcoholics Anonymous, you have people who have been cautioned so much against drinking that they now have a new set of dramatizations. The mechanism becomes the ex-alcoholic who now saves alcoholics. Not that it isn't a very worthwhile organization, I am merely showing the mechanism at work. Unfortunately if somebody turns against them, or restimulates their own dramatization thoroughly, they have to dramatize it by getting drunk again. It is very sad, but you can handle those cases.

An alcoholic is not a serious psychotic. He is easier to handle than most psychotics, by and large, but he is messy and he will get on your nerves.

One alcoholic wouldn't work unless he was drunk. Another one would only work when he was sober. It depends on the character of the engram. One fellow would get drunk and get pugnacious, but wouldn't work when he was drunk. Another fellow would get mild and happy when he was drunk.

All of these people had dozens of engrams which compelled them to drink. In one case, Mama and the grandparent around this child would never have thought for a moment they were making an alcoholic out of him, because their whole solicitude was for him, and saving him from pneumonia. And they would try to get him to drink his medicine. He would be delirious and then they would plead with him, "Please drink. Please, for my sake. Please.

You'll die if you don't," and so on. Both of these people were violently anti-alcohol, so that made a very strange situation. He also had an alcoholic valence he could go into—his grandfathers. In addition, there was a terrific manic in the engram itself, because they would stand by and tell the doctor what a smart, intelligent, worthwhile child he was, and what wonderful things he was going to do someday. They just had to save his life and be good to him and pull him through somehow, and they were going to stay right there and make sure that he came through. There were also phrases like, "I'll be back to see him in a minute. You stay right there, now, honey," and, "I'm coming over to see you this afternoon." All of this went on for about two weeks. If those women had been available at the moment when I was running this—because it was taking me days to run this material out—I would have given them a piece of my mind!

This was not really a dramatization on their part, it was apparently rational concern. And they were minus the datum we have in Dianetics that an engram can be installed in an unconscious person.

In handling a psychotic, you are generally talking to engrams. The most puzzling psychotic will be that one who is operating on demon circuitry, where somebody other than the one who's running a straight engram is talking. There are also other parts to that engram, and you must use your wits and imagination in order to break these things down. Furthermore, you have clues as to the trouble with this psychotic which you can get simply from listening to him. You don't have to see his parents or his wife, but it very often will help to get all the data on him that you can, and after you have gotten it then discount three quarters of it, if you get it from somebody else.

The psychotic is handled exactly as you would handle any engram bank. Of prime importance in any of these people is to break the repressor circuit, the "control yourself" circuit, the things which tell him that he is unable, or that he must.

It is very good sense to break those in any case, right at the beginning, no matter how sane a person is.

We are not dealing with a strange and unknowable beast when we deal with the psychotic. I was in an institution a few weeks ago and there was an old lady who was running off a coitus engram as she was being toted down the hall. Something had restimulated it in the reception room and she had started to run it off. It said nothing whatsoever about coitus, it merely said, "I'm coming. Don't come. You'll have to take care of what you're doing, dear; We don't want another one, do we?" It would seem to me that with this sort of thing going on so observably over so many years, someone would have sooner or later spotted the fact that a couple of people were talking about coitus, because you will find such phrases in many cases.

There was another psychotic who was running off an AA, over and over, endlessly. The AA was about 15 minutes long and you could time it by the clock. She would run off the incident and run it off again and again with the same words. The medical diagnosis, of course, was that she was crazy. However, such cases can be handled with standard Dianetic procedure.

There are two things you have to get off a psychotic—painful emotion and basic-basic. If you get neither of them off, and you're sanguine enough to believe you have there a psychotic that won't break, you are mistaken. The psychotic will break again.

GETTING A CASE ROLLING

A lecture given on
10 July 1950

Practices

Therapy technique is such at this time that you can be fairly confident that it is going to stay standard for quite a while, although there will be minor changes occurring within these steps, and there is plenty of room to have such an adjustment. Therefore it is of the greatest interest to you to cover this.

We are teaching a new subject which has never before appeared in the periphery of man's activities, therefore we are the only accrediting body. Degrees in Dianetics will be, when awarded, D.Dn., Doctor of Dianetics; M.Dn., which would be Master; and B.Dn., Bachelor of Dianetics.

Such degrees would be reserved not only for training, skill, and practice in the subject, but also for initial contributions and papers on the subject of Dianetics, which would include the art or the science of Dianetics.

Those degrees are not available at this time, but when they are you can at that time submit a thesis for a doctorate. It will have to be a real contribution, but it will be credited to you.

The examination itself will be an oral one. It will also be based upon classwork. Students are often surprised how well we get to know them and their auditing.

Somebody comes up in tears and says, "I don't know what I'm going to do, I'm just going to blow into forty million pieces. Dianetics is just horrible."

You look at him for a moment and say mildly, "Who audited you last?"

"Why," he says, "it was Hobson-Jobson."

And at this moment you say, "Yes?" softly, and you mark it down in your little black book. But it doesn't have to get that fat. Sooner or later if there is a marked turn in the case, put your name to it because you have got to get credit for it. We look through these casebooks as we go along.

Complete casebooks are also needed for the subject of Dianometry, a word we have coined which covers more space than psychometry because it also covers logic while psychometry does not.

Dianometry is the measurement of thought and especially includes a system of infinity valued logic with transfinite cardinals, and a few other things, based on topology. Topology is a German mathematics—evidently symbolic logic plus.

Research was undertaken into the effects of a drug, the name of which I will not attempt to relay to you, composed of herbs, which was supposed to have the remarkable quality of turning off psychosomatic illnesses. I had heard its repute and seen it in action as far as the engram bank was concerned. It was an interesting drug, it let you locate any engram you wanted in the bank, but once you started rolling the incident you could roll it about 500 times with no relief, with all the phrases stuck right there on an area of the track next door to basic-basic where you ought to get a good, solid reduction, but not a single yawn and no unconsciousness came off it. Nothing happened.

This drug was remarkable. It evidently took all the unconsciousness in the bank and turned it into glue. Then this glue stayed right there and the words were all mixed up with it. This is an indicator that, biochemically, something can happen to engrams and to unconsciousness, and if something can happen to glue them down, something undoubtedly exists which will pick them up.

This drug kicked up the circuitry, and the preclear didn't just autocontrol now, he was liable to try to control the whole house. It apparently picked up the force of engram commands sharply.

The conclusion made on this-was that that drug didn't work, but that engrams could be affected chemically.

The next big advance that I expect to see made is on the chemical front. And another big advance is going to be the accessibility front, which may also be on the chemical front, concerning the accessibility of psychotics.

You're not going to have to worry about that for a little while but it will come up in the future. You're going to have someone come in and say, "You know, my wife's acting a little peculiarly lately, she has a pain in her ear. Can I bring her down so that you can give her a bit of a run?"

And you will say, "Why, sure, anytime."

In comes his wife, you ask her, "What's your name?"

"Well, my name's Ophelia this morning."

I had this happen with an actual case. He was such a nice guy, and I never realized that he was so dumb that he didn't know a psychotic when he saw one!

She had some peculiar ideas. She thought that pop and lemon cream pie was what you should give a man for breakfast, so he ate it. She spent nearly all day in bed and she would get up in time to go to the movies. According to him, that was all right, after all he didn't know how wives were supposed to act.

She was actually a case with an enormous number of delusions. She thought men were walking around behind her all the time, and so on. There were dozens of engrams in there all cross-latched which caused these various delusions.

The Junior case has the horrible aspect of having a counterfeit valence which is actually his own. And of course everyone in the family usually says, "You're just like Joe," which is already all through the prenatal bank. Or, "That's just like Joe," whoever the Junior is named after.

The Junior case is not fatal, but it does heap a lot of hours on the auditing of the case. It's not an easy one, but it will resolve.

Don't start running for one of these aberrations on a demon circuit unless that demon circuit keeps on getting in your hair. Then keep on solving it. You are going to find a demon circuit is planted maybe dozens of times, but it will knock out.

Usually it is latched up on some grief or something postpartum, and there is a lot of charge on the case. Keep on working as early as you can and the person will probably bat out that circuit completely.

For instance, I worked on a case one time for about 125 hours, trying to get out three demons which were knocking around in this case. I was getting some erasures in the basic area but

these demons were talking to one another and there was a lot of confusion. Then one afternoon all three of them blew fuses and that was the end of the demons.

After that we got a Wall Street ticker tape going tickety-tickety-tick. Then we had a visio circuit in there which eventually blew, and after a while the person had full sonic. It was just a matter of attrition on the quantity. But try to knock it out as early as you can in the case.

You can waste a lot of time in reaching for emotion if there is an emotional shut-off in the case. Try and find the shut-down. It will probably be on the control chain which you will be looking for anyhow if it is there. Most emotional shut-downs seem to run parallel with control.

I have found cases who didn't have any demon circuits at all. They had nobody around them telling them they were like somebody else. There were no valence cross-ups on the case either. This doesn't mean that they couldn't have somebody around them telling them they were like somebody else, and have a valence shift which would throw everything off. There could still be a "control yourself" on the case.

There was an interesting demon circuit in one case. The person ran for a long time. It was fairly early in Dianetics, and we were just potshooting the case. Finally it got down to a real erasure that was rolling off in one, two, three recountings as we came up the line, with incidents disappearing, maybe a yawn or two and so on, all the way up the case to about the age of 3 on the erasure.

Ostensibly the whole prenatal bank was now empty. We got up to the age of 3 and the person suddenly said, "That's funny, I thought we lived in that house for a certain length of time but the whooping cough I was telling you about actually happened when I was 6, and there was something which was supposed to have happened at 2. But that was when my father was in the automobile accident...."

And I said, "What automobile accident?"

We started looking this thing over and all of a sudden the somatic strip and the file clerk bogged down.

A latent circuit had been activated, and you will find this happening in a lot of cases. In this particular one I suspected that there was an emotional shut-off very early. We got all sorts of painful emotion off. Evidently this demon circuit had never been contacted before and it suddenly sprang into view. Earlier, this case had gotten off some late life dramatizations of Mama and Papa and tried to assure me that this was not in the bank. For instance, we would be working on the phrase "Get a grip on yourself. You've got to get a grip on yourself," and the patient would say, "There's nothing in there about it."

"Well, let's go over it! 'Get a grip on yourself,' repeat it."

So the patient would repeat chokingly, "Get a grip on yourself, get a grip on yourself, get a grip on yourself, get a grip on yourself, get a grip on yourself, get a grip on yourself."

"Well, now look, there's something here somewhere."

"No, no, nothing here at all. No somatic."

The patient this late had swapped valences and had gone into Mama's valence, and sonic was much reduced. She hadn't bothered to tell me that she hadn't heard any voices for a long time, and we had just walked straight over an automobile accident back in the middle of the prenatal area on to which this 2 year old incident was latched. Then we hit and activated the earlier one where right after the accident Papa crawled out from the wreckage and said to Mama who was screaming hysterically, "Get a grip on yourself."

This is what we were shooting for. It was full of denyers and was lying underneath the bank. I knocked that out. It was also in the bank many times before. We scared up about 35 engrams with that phrase in it, and we took it down early until we finally got to the automobile accident, and erased on up the line, knocking out all this material. But only when we got the automobile accident, and not until, did we get a release of the circuit.

We got lots of engrams that had that circuit in them without deintensifying this one, because it was very severe. We erased that and immediately the somatic strip and file clerk went right back to work.

That is why it is very important to get out the basic engrams—to shoot holes in the bank. Whether you get the person into his own valence or not, when you have done this then you can walk up the bank and reduce engrams until you find the one that will knock out. A case sometimes takes quite a while to get into a situation where you can reduce everything. The moment it gets into that, recognize it. Now you can use repeater technique, you can simply pick up a dictionary and start one word repeater from A right straight on through, and you will get a reduction on everything you hit. Although that is a very inefficient way to do it, it can be done.

You will find a lot of cases, however, which have the whole basic part of the case latched up into some late incident that has to be separated. It is not always as smooth as it might be, which is why we are hitting it on the chemical side.

Cases are resolvable, they have been resolvable for quite a while, but we have now got a technique which will resolve them a lot faster than they have ever been resolved before. Witness some of the things happening in the way of reductions, erasures, and so on. Cases today are opening and rolling better and sooner than anything ever has happened before in Dianetics.

Don't take things out by chains, ask for them chronologically, and then how they go off is up to the file clerk.

Work with the file clerk, but you sometimes have to push the file clerk a little bit on the basis of the earliest moment of pain or discomfort which can now be reached, because the file clerk doesn't quite understand the fact that you have got to have it consecutively.

Having a wide variety of auditors has its advantages and its disadvantages. When you have a wide variety of auditors and the case hasn't been opened yet, every auditor that walks in on it is going to waste some more time. Once somebody has started a case opening, he ought to stick with the case for a while until it gets running.

I have worked on a case where I was reducing about the middle of the bank. I was hitting a rough one. The preclear's birth, for instance, was sitting up above the bank. That got knocked out and then there was an AA and there were some other things that got clipped out. Then he would go home and yawn about 40 times and go to sleep. Later he would get up, start to feel sick and then he would yawn a lot and go back to sleep, after which his case really started running.

Just because a case starts erasing, don't think that it won't bog suddenly because it may, and if it does, start looking for circuitry or valence shift. You have clipped something. Remember that in therapy you can restimulate an engram which will then activate even though it may be a very mild activation. Usually when some of the basic area is erased and the tension is off the case the activation will be very mild.

Nevertheless it is enough to stop the file clerk and somatic strip from working with you, and to throw the person over into a valence. At that moment you may find sonic shutting off and all sorts of weird things happening.

You will find various somatics dragging with the patient, occasionally, but don't worry too much about it, just keep working with the file clerk and that somatic will pop out. The case may bog slightly and you will have to fish to find out why. You may run out everything up to the first missed period. Then birth is suddenly there and the case won't work too well until you knock out its tension, after which the case will go on erasing.

This is why working closely with the file clerk is very desirable. You can get in practically no trouble working with the file clerk, and you will get very rapid results.

One should try to avoid life restimulators. Try not to take them up. It may be necessary to blow out a key-in on straight memory without entering an incident, because if you enter one you will start running it and the very phrases in it will bring the preclear square down and all of a sudden you will be in birth or somewhere you don't want to be. But by having the preclear sit right in present time and knocking the thing out in present time you can keep on going with it.

STANDARD PROCEDURE AND ACCESSIBILITY

A lecture given on
11 July 1950

Use of the Tools

Standard Procedure, if followed as a one-two-three proposition, will give results. It will tell you where to turn each time you come up against a point that doesn't resolve.

The first step is accessibility. If a patient is not operating well in any department, he is going to be inaccessible. If that mind cannot operate because of engrams, it is a fact that the curve of accessibility will follow the inoperativeness of the mind to a marked degree until you get down into the psychotic states.

In institutions, psychiatrists are faced with the problem of accessibility. They resolve this problem very neatly by making a patient completely inaccessible. They can't do anything with the brain so they take it out. This may be a type of solution, but it is not an optimum solution.

In order for Dianetics to be smoothly workable in institutions, it is going to be necessary to increase the accessibility of patients so that they can be reached with great ease. Only in this way can we count upon the fact that Dianetics will clear the institutions. That is our standard research step.

However, auditors will be faced with greater or lesser degrees of accessibility, such as young Robert who is interested in Dianetics and has talked his mother into being faintly interested. But Mother knows there's nothing at all wrong with her, and the auditor knows from the engrams that she has implanted in young Robert, on whom he has been working, that she is doing Immelmans, renversements, spins and snap rolls continually through life.

She has, let us say, bad arthritis, a lame hip, can't remember her own name and so on, yet she tells the auditor that there is nothing wrong with her; however, she's very glad that you did something for young Robert. Young Robert is interested because his younger brother gets beaten daily.

That is a case of a type of inaccessibility which you are going to have to overcome. As Dianetics becomes more widespread and better known, you are going to have to use your persuasiveness and your native charm and personality in order to bring this about. However, such inaccessibility can be broken quite ordinarily merely by running the patient with his eyes wide open, without ever telling him you are doing a thing to him.

First start in on straight line memory, talking to the patient, and ask him, "Well, what sort of a dress has she got on?" and so on. The patient is immediately going to go back down the time track and start working.

You haven't asked for any consent. Most people are willing to answer a few questions, and I have had patients go through a two hour session, pick up a lot of material, knock out a block of locks, and become much more accessible, thinking all the time they were merely having something explained to them—a little demonstration run.

One of the ways this can be done is to say, "Well, we don't have to put you into therapy, but why not let me run a little diagnostic check on you," at which moment one throws them straight into therapy. Therapy then proceeds and if you find the case is too closed down for you and it looks like young Robert never will be able to handle this, blow a few locks, make the case feel better, and say, "Well, diagnosis demonstrates . . ." and let it go at that. It is a good way to back out of a case if you don't want anything to do with it, because although you

could do something with the case, you may sometimes find that you don't want to. You may find that you were perfectly willing to devote 15 or 20 hours of your time perhaps to knocking out the largest portion of her arthritis, but that you have walked into a case which is apparently one of these long cases. By using diagnosis, you will know how long the case is.

The problem of accessibility lies in your hands, with your skill and persuasiveness in getting somebody to either look at you, sit down, answer a few questions, or at the optimum close his eyes and go straight into work.

Don't try to force a patient into therapy. In the first place, the patient may be very resistant toward the idea that he isn't all right. You will discover that you have an ally, for instance, in the police. Let's say we are picking up somebody from the city jail and we are going to check him over. You will also find relatives occasionally will bring somebody around. Maybe they know the judge and if they can prove the patient is not quite sane but can be repaired, perhaps he will be let off. The patient, however, arrives on your doorstep completely closed down as far as you are concerned.

It is up to you then to ally yourself with the patient to turn against his enemy, and the mere fact of turning against his enemy is usually enough to make you an ally of the patient. That very definitely increases accessibility, particularly if you put it on the line of, "Well now, let's find out what they've been doing to you. Let's really get the goods on these people." And the first thing you know the person will be working with you. You cannot work very long against a person.

It so happens in Dianetics that people are pretty cooperative, much more so than they have been in the past in various forms of mental therapy. Basic personality gets wind of what you are trying to do and pitches in.

In such a case, the explanation of the basic tenets of Dianetics is very much in order. They may be falling upon salted ground, but they are going on through to basic personality.

The problem of accessibility is something that is mainly solved by experience until we get something better.

The next steps run on a one-two-three basis. We go so far on this list and if we haven't achieved a definite, positive result at that point, we go to Step Three.

Step One is the diagnosing of a case. At Step Two we open the case and run engrams, and if a case won't open or it bogs down we go to Step Three, which is the knocking out of demon and valence commands, after which we go to Step Two.

It is set up on the basis of if it won't do this you do that. What you do each time a case bogs down is to go into the above procedure. You put the preclear on straight line memory and look for demon commands and valence commands in memories of parents and possible allies. Then you try to establish them and find the emotional charge. And you just keep repeating this third step.

Thus the first step is to diagnose the case. Simply asking the questions is establishing communication with him. You can establish communication just on the basis of "What is your name?" which gets him into the groove of giving you information. You will find out that his method of giving you this information supplies you with an enormous amount of material. He may start by telling you his name, his age and his weight. Observe his reactions. You will see, for instance, that some people are so closed in, so secretive, because of engrams, that they think everything over very carefully before they give you such a thing as their name. Find out about any foreign language background and so on. In short, do a full diagnosis. That is the first step in the case.

At some future point in therapy you may do the diagnosis all over again and discover quite a bit of material which was not before available, such as the fact that the great-grandparents might have been alive, or that the patient is completely blocked out on his first two wives. In one case, one of the person's wives had died and the other one had gone off with another man. He was a psychotic, but as far as he was concerned he was currently married for the first time, and he would sit there wide-eyed and talk about a perfect life track from which about three quarters of the data was omitted!

So, after a case has gone for a certain distance in therapy you can now find out more about the case. Just because you have made a diagnosis at the beginning is no reason to believe that you should not rediagnose the past of a case after it has gone a short time into therapy, because the person's memory will have increased markedly.

Now we enter the second step which is in two parts, A and B. The first part is opening the case, the second part is running engrams.

As you open the case, you don't worry too much about straight line memory, you put him in reverie and enter a pleasant incident. In this way you can check the perceptics and find out if he is moving on the time track.

So the sequence is that you fill out the diagnosis card, then tell the preclear to close his eyes, and you run him into a pleasant incident so that you can check his perceptics and find out if he can move on the track.

Two things will turn up at this point. If he is not moving on the track you now devote some effort to getting him unstuck by various mechanisms. Give him an age flash, "What is your age?" and then, "How old are you?" and then, "Give us a number (snaps)," and so on. Try to get the stuck moment.

Quite often if a person has been stuck there for a long time, he will not be able to tell you what the incident is. He will have circuitry built in that will give you his proper age, and he will perhaps have an attention unit or two which will go down earlier than this age and you will get very unreliable material.

It may even appear to you at that moment that you may be talking to a demon circuit, but don't jump to a conclusion on that. What you are going to have is a shut-down which is different than demon circuits operating. You are not getting a protest from this patient, he is not being recalcitrant, he is not complaining to you about altitude and so on, he is just plain stuck.

Very often if he is severely stuck, his visio will be completely black. If he is only slightly stuck he will get a little-bit of visio. But the point on the track where he will have visio, or where he will have the best visio now obtainable, is the point where he is stuck. He will have perceptics at that point. He may also have some sonic and olfactory.

One preclear could feel himself moving every time he shut his eyes, and this had always worried him slightly, but he thought everybody did so it didn't matter too much.

At the exact instant where a person is stuck, the words "stay there" may be very audible. Learn to recognize that if you try to move a person's somatic strip and the file clerk doesn't give you anything, the person is locked up right there and is already giving it to you.

Don't try to take such a case and start charging him up and down the track getting angry with him and scolding him because he is not doing what you want him to do. The engram is right there in sight, ready to be run, in such a case. Start to run this engram though and you will have trouble, because there is going to be earlier material possibly on which this engram is latched up. But you will get some kind of an idea of what it is.

An example is a case who was stuck in an incident. He got a whiff of ether and had a little bit of visio; otherwise, perceptics up and down the track were shut down. I sent him to a pleasure moment and he got one.

One can do that if the person is stuck lightly. I have done it with direct memory, just talked to him for a few minutes and explained to him what being stuck on the track was and suddenly he was moving on the track.

It is easy to establish whether or not someone is stuck on the track. Perceptics are usually dark and very thin, but right where he is stuck there will be some material, perhaps some sonic, a little visio and olfactory, but not necessarily all of them.

There was one case who was stuck in a first aid hospital in the war, and the attendant was sitting there smoking a cigar. This person had complained ever since that everything smelled bad. I told him to close his eyes to find out if he was stuck on the track. I didn't have a chance to ask him many questions. He closed his eyes and I said, "Now what do you see?"

He immediately reared up and said, "That's it, damn it, that's it. That son of a gun!"

"What's the matter?"

"It's that damned attendant, he's smoking a cigar!"

He had been going through life with his olfactory turned on to this cigar!

This is an important datum concerning psychotics. A psychotic will often be so thoroughly stuck that he is only getting the perceptics of the incident in which he is stuck, and he will be getting these so strongly that they blank out the perceptics of present time.

One preclear was stuck in an engram whereby he was being knocked around by his mother. He was lying there with his diapers dirty with Mama telling him to hold still and batting him around and so forth, being very angry at him, and talking about the overpowering smell which of course was present. And this poor man had been going through life with everything smelling like a dirty diaper. He was not psychotic, but there was this overpowering odor. Somebody would say, "Smell this flower," and of course he would sniff and he would get the odor of dirty diaper!

This mechanism is very simple once you know what you are looking at.

The next point is to get the case moving on the track. Once you have put him in reverie and found that he has no perceptics, the somatic strip is going nowhere, the file clerk gives you nothing, suspect what the score is and work on freeing the person on the track because sometimes he will free up and start running.

It also happens occasionally that you can just start running some pleasant incidents and the latch-up on the track will click out and he will be free on the track.

Similarly, let us say a person has a headache, simply return him to a moment of pleasure a short time before, perhaps a year or two, and run him through it a few times, get him settled in it and the headache disappears. You have dropped the somatic at that point and freed the person; he is moving on the track once more.

So, there are two ways to free a person on the track. One is by running pleasure moments and the other is by running the engram. Of course the second one of running the engram is the one that you will usually have to do.

If the person is not moving on the track, we free him up and again test his perceptics.

These perceptics are tuned up by running pleasure moments. Run a few pleasure moments in the case pretty well and no matter how his perceptics are they are going to sharpen. You simply run them as you would run an engram. If the person doesn't want to tell you what pleasure moment he is running, let him run it silently; but it is better to get an incident that you can listen to because what is important is whether or not he is seeing, hearing, feeling and so on.

If there are no perceptics, but as far as you are concerned he is moving on the track, go to the third step, straight line memory (which will be covered in detail).

In Step Three we try to find out what the demon circuits and valence commands are.

When you test for perceptics, he may have two kinds of shut-off. One is computational, the other is mechanical. The computational shut-off says, "I can't feel, I can't hear, I can't see." This may be laid into the case rather lightly. The mechanical shut-off is caused by a valence and by the existence of circuits which won't permit it to rise. The computational shut-off is usually much lighter than the mechanical shut-off.

Once we have tuned up the perceptics our goal is to get the file clerk cooperating, and make sure we are running with the file clerk, and to get the somatic strip under our orders. What we are doing with this system is making a pianola case before we run the case very far, which will pay very solid dividends.

If you ask the file clerk for something and you get nothing, realize that the file clerk has probably been holding this incident here patiently for years. The somatic strip is right at the beginning of it ready to start it rolling, and there they have been in frozen motion, ready to move, waiting for the auditor to say, "What is the first phrase in the engram?" although they knew nothing about Dianetics!

But if the person is moving on the track, you are going to get some action from the file clerk and the somatic strip.

If they work with you very well, you should be able to say, "The file clerk will now give us the engram required to resolve this case. The somatic strip will go to the front part of this engram. When I count from one to five and snap my fingers, the first phrase of the engram will flash into your mind. One-two-three-four-five (snap!)." "I can't see."

"All right. Repeat it please."

"I can't see, I can't see...." What you are doing there is intensifying the front of the incident and really stabilizing the person in the moment with repeater.

Now, you start on through, and if he is having a hard time getting it you ask him, "Is there a denyer (snap./)?"

"Yes."

"The somatic strip will go to the denyer. When I count from one to five the denyer will flash into your mind, one-two-three-four-five (snap./)."

"I can't tell."

"Run 'I can't tell.'"

"I can't tell, I can't tell, I can't tell, I can't tell."

"Can we run it now (snap!)?"

“Yes.”

“Go to the beginning of the engram and let’s roll it on through.”

It’s that kind of operation that is wanted. When you don’t get that kind of operation, then do these other things to get it to occur.

A three day engram would be knocked out phrase by phrase. You can also knock it out section by section. That is, knock out 10 minutes of it and then knock out the next 10 minutes of it, and so on.

The first point in the engram is more important than the apparently more intense high point of such an engram.

If your file clerk and somatic strip are working pretty well, denyers and bouncers aren’t going to affect you too much. If suddenly he is no longer in the engram, just say, “Is this the same engram (snap!)?”

“No.”

“Is there a bouncer in the engram?”

“Yes.”

“All right. Let’s return to the bouncer in the first engram there. All right. Name the bouncer.”

“Get away.”

You are reducing an engram. You have got to keep the preclear on the line of the engram. He has got to know about it.

Your troubles, if the file clerk and somatic strip are working with your, are so slight as to be negligible, in spite of all the denyers and bouncers in the world. If you are running the right engram in the case, that engram will roll. One doesn’t need great art if this condition is taking place. However, if this condition isn’t taking place, one sets the case up so it will take place.

For instance, you can have the preclear go over a phrase such as “I can’t tell” three or four times until it kicks out. What you have produced there is an analytical recognition of the fact. You haven’t reduced it, but the person is able to say, “Well, the engram says, ‘I can’t tell,’ but to hell with that.” Deintensify “I can’t tell” or “Get away” or “Leave me alone,” and then you can start at the beginning of it and run the engram. But don’t just shoot it full of holes and go off and leave it. What you are trying to do is reduce an engram, and this initial step is nothing more than an effort to make that possible.

However, if you are bouncing off this engram, or it is troublesome in general, there is probably something else on the case. If you have been given the right engram to resolve the case, it runs off like honey out of a syrup jar, but if you are running the wrong engram in the case, he will bounce and do various other things.

As an engram runs, there is a scanner which takes a look at the engram before it gets there. For instance, if the engram says, “Get away,” the person may bounce one phrase or twenty phrases away. There is no establishment on it. But if you are working with a file clerk and running the engram you should be running, and you have gotten the case into a workable situation, this is of no concern to you. That engram will run well.

When you are shooting for circuitry, you will get all manner of strange manifestations. The preclear will flop over into valences, and you will have trouble one way or the other as you run through the engram. But if the case is really running, this sort of thing won’t happen. You

can go to the front part of the engram and run it through, front part and run it through, front part and run it through—erased.

Very few engrams start out with words, usually they start out with something like “splat” or “clink” or “tinkle” or “thump.” There’s something ahead of what you are running. People who have non-sonic don’t pick up this material too well, but it will still come through.

Once we have tuned up the perceptics, we may find that we can’t reach any pleasure. If we can’t, we go to Step Three; but if we do find that we can run pleasure at this point, we check the file clerk for cooperation and the somatic strip for obedience and, if they work well, we go right on running engrams. If they don’t, we go to Step Three.

The next thing we try for is an emotional discharge. We see if we can find some painful emotion on the case and take it off. That is the quickest way to make a case happy.

If we don’t get an emotional discharge and merely go into the basic area, we go right on with the process. Failure to get an emotional discharge does not invalidate the process, because very often the emotional discharge cannot be discharged until we get engrams off the early part of the case. It is a fact that either painful emotion engrams or physical pain engrams are available in a case.

So we try for basic engrams, and if we get an emotional discharge, we take what emotional discharge or discharges we can get and go into the basic area.

The second part of Step Two consists of directing the somatic strip, working with the file clerk, reducing all engrams contacted, and detecting and deintensifying the holders and denyers, etc.

We have probably got to take the tension off the case. That means we are going to have to ask the file clerk several times for the engram which we need next to resolve the case. Then we are going to say, “The somatic strip will go to the beginning of this engram,” and we are going to roll that engram and reduce it.

After we have done this a few times, we can start urging the patient into the basic area with the words, “The file clerk will now give us basic-basic, the first moment of pain or unconsciousness, the earliest moment,” and try to run that out.

But one has to indicate that one wants that basic moment. The file clerk doesn’t get this too well. After all he doesn’t know Dianetics until you show him that point of it. You want to get into the early part of the case and start erasing.

You want the sperm sequence. You can use the following procedure: Step the patient into a moment of sexual pleasure—he doesn’t have to tell you about it—and then jump from that straight back to the sperm sequence. He arrives there often enough to warrant the use of it as a technique. If you then have him run off the sperm sequence it will reduce. If it doesn’t, you can ask the file clerk why, and the somatic strip will give you phrases after which it will reduce.

We are working on a level in this case whereby you merely indicate what you want and you don’t try to foist off on the file clerk all sorts of computations of your own. Simply work with the file clerk as long as he will work with you. You want to get early in the case in order to get out the sperm sequence. The file clerk may not realize you have to get the sperm sequence off this case.

At this stage we work to get unconsciousness off the basic part of the track. Once we do that, we can go into any engram up the track and get something off it, but we have still got to reduce everything.

The sperm sequence is not always painful, but when it is, it's basic-basic. However, pain or no pain, it's usually there. I have never found it absent, but I have found that quite often there was no pain on it in a case that was hard to reach. Although it is not 100 percent certain to be the first engram in a case, the sperm sequence will sooner or later pop into view if you keep asking for the earliest moment.

I originally called it the sperm dream because there is so much dream associated with it in many cases. Sometimes there are all kinds of engrams piled up on it in a bundle. It often doesn't present a beautiful clear picture.

For instance, in one case, millions of little angels were flying down from the sky and it was a fish fry that everybody was attending. Another case had a lizard which would say, "You'd better not go past here. I wouldn't do it if I were you." So, we start in the basic area and proceed to present time, erasing all engrams on the way, and we keep at it until we have a release or a clear.

You will find that as you go along, you will strike misfilings occasionally, and maybe soar way up into the bank unable to proceed with the erasure. The file clerk, instead of giving you the next moment in sequence, has given you some later moment which has tied up some of the early material, so you run that.

Don't let anything persuade you to run postpartum as a natural consequence of Dianetics. The incidents you will find later have got plenty of dynamite tension in them, but after you get the tension and charge off them, go back early again.

The way you do this is to get from the earliest to the latest, erasing as you go—like climbing a ladder.

The third part of Step Two is that if the case bogs down, try for an emotional discharge. The file clerk is not very handy at handing out emotional discharges, and an emotional discharge might have become available while you were running the basic area. You might have run out a "Don't cry" or "I've got to control myself" or something down at the basic area or up the track someplace which was suppressing emotion.

If the case stops working, or erasure stops, try for that emotional discharge. If we don't get that either, go to Step Three.

The way you repair a case is with Step Three, which consists of knocking out demon and valence commands.

Firstly we put the preclear on a straight line memory and tell him to look for demon commands and valence commands in his memory. We have him try to remember his parents and possible allies and antagonists and so forth, and we start knocking material out of a case on a straight memory basis.

If the person's sense of reality is poor, we also start in with Step Three. But in doing so, we try to find out what made his sense of reality poor and see if we can connect up with it. It is based on the proposition that if a person believes something about himself or thinks something about himself or fails to believe in himself or fails to believe in reality, somebody has told him so. He has overheard such a statement, and it's in the engram bank.

We are not saying that everything he says is engramic. One does not work the preclear on this basis: Every time he says, "I'll lie down now," the auditor says, "Oh, engram! Let's go over that."

Then he says, "Well, I don't think anybody else said that. I thought I was trying to say 'lie down.'"

“Run that.”

And he says, “But all I’m trying to do is talk with you.”

“Go over that.”

That is not good auditing. However, one does ask him what he is thinking about, what he thought of his mother, what he thought of his father. Normally what he thinks of his mother is actual and is his concept of it, but in too many cases it was what Mama thought of Papa and told the youngster he should think about Papa, and so on. It is a tangled picture. But you can knock out locks using straight memory.

Recently we pulled this into view and got the information that was hitherto denied. This is now called Standard Procedure.

With straight memory, we are trying to find out things about the preclear’s life. The second part of Step Three is to put the preclear in reverie and try to establish demon commands and valence commands by looking for and running dramatizations of parents, or his own dramatizations, as engrams.

There are several procedures that you can use to do this. For instance, let’s take the preclear back to a time when he was having a fight with his wife. What did his wife say that really affected him? What was the exact phrase? What was the moment that he suddenly took off and chopped her head off with an axe?

We can run through that engram or maybe just a light lock and find out what triggered him. Perhaps he goes off like a rocket when somebody says, “You boob, you’re no good,” or, “Do you like strawberries?” Whatever the phrase is that we suddenly find him taking off on, know that that is a restimulative phrase.

So, we put him in reverie and try to establish demon commands and valence commands by running his dramatizations, or those of his parents, as engrams. And we use repeater to reach and reduce the first engram containing such a command. We are looking for a “control yourself” circuit. We are trying to find the first time it appeared, or the time it appeared which will show up an engram that has to be deintensified. We may find a “control yourself” well up the bank in something and find him wriggling all over the place. If this engram looks hot, don’t content yourself with just taking the charge off “control yourself,” run the whole engram.

On the basis of demon circuitry, the file clerk may have an interposition between himself and “I.” The material is not coming through. That may be just an occlusion demon. As such it is serious enough, but it may also be a lie factory, which is a little more circuitous.

The only way that the patient can escape from under your Dianetic desire to have him clear is to have a “control yourself” engram or some species thereof, so that is what you shoot for.

If you are examining a case and the file clerk starts to hand you playing cards or model trains and you aren’t getting any material, and you can’t run any engrams, this person is probably out of valence and you have got demon circuitry on the subject of “control yourself” operating.

Furthermore, if this patient complains to you about your altitude, look for the “control yourself” and the “I’ll have to handle this myself” demon circuits and so forth, and knock those out. Some people may object to having that great, needful, glorious, absolutely invaluable “control yourself” mechanism knocked out. What they do not appreciate is that if a demon circuit exists in the mind which says, “Control yourself,” the chances of “I” controlling the organism are reduced.

The person who had the most severe “control yourself” engram would be that person who controlled himself the least in society, because “I” is setting himself up as a demon circuit (a false “I”) and this is actually overriding what the person really wants. It is part of a “control yourself” mechanism such as, “If you don’t learn to control yourself, and if you can’t control yourself, you know what’s going to happen to you. Nobody will have anything to do with you and nobody will like you. And now, Reginald....”

There is also the “control yourself” mechanism which interposes and makes it very rough by causing such things as “The somatic strip will now go to a bouncer,” and the preclear gives you a denyer. Or “Let’s go to the next engram now. The file clerk will give us the next engram which we need to resolve this case.”

And the person says, “You know, I think we had better run that late life emotion there that had to do with my losing my crystal condenser.” Know at that moment that there is a “control yourself” mechanism at work because the file clerk doesn’t put forth conversation. If he is operating, you are working pretty closely with basic personality to get a job done. It isn’t the fact that he is now less able to control himself, but the fact that he is more cooperative on the subject—more self-determined.

He can now exercise his self-determinism of “I want to get rid of this pain.” So you say to this person, “The file clerk will now give us the incident which we need to resolve this case.” The file clerk doesn’t stall around or get upset or worried about the thing, he simply produces the incident.

You may not recognize it as an incident, you may want something spectacular to happen, and you may think it’s necessary that the instant the file clerk hands you something you should see fireworks. Don’t expect to see fireworks.

We use the mechanism: “The somatic strip will go to the first part of the engram. All right. What do you see? What do you feel?” The person may be out of valence at that moment and not see or feel anything. The file clerk may have cooperated, but what is needed now is the flash phrase technique to push it the rest of the way through. “When I count from one to five, the first phrase will flash into your mind: one, two, three, four, five.” Perhaps the somatic strip will give you the first phrase, and maybe all you are going to get is a phrase with six phrases before it, because the somatic strip can only give you that particular phrase at that moment. Run it, it is the right one. After running it a few times, the somatics will start to turn on and then you can run the engram.

The engram is right there waiting to be run. The preclear may say, “I just can’t reach anything in the prenatal area.” What has probably happened there is that the file clerk has presented trays full of engrams and nobody then took them, so finally, after a while, it gives up.

Once you have gotten the engram, run it, and you will find out as you are running in the basic area that the person will more or less automatically slip into his own valence. You don’t have to keep pestering him about it.

If he starts to get off an emotional discharge which is part of a painful engram and cry because Mama was crying, and you say at that moment, “Go into your own valence,” you will leave the charge on Mama’s valence. So don’t interrupt that spill of tears or that spill of rage or emotion just because he isn’t in his own valence at that moment. This thing is being run this way because it has to be run this way. Run the tension off that valence and if there’s another, coax him to pick up and run that one, and then as these deintensify, in many cases he will settle down quietly without any more ado into his own valence and will run the engram out in his own valence.

That is why and when sonic turns on in the basic area. He suddenly goes into his own valence. It will happen automatically.

If he can run the engram at all in the basic area the first couple of times through, regardless of whose valence he is in, don't disturb him on the subject.

Don't say, "Go into your own valence," at this point because he may be confused, he may be a Junior case and think that his own valence is Papa's valence or somebody else's valence. Just ask him to see if he can contact the tactile of moisture. If he searches around and starts to contact moisture, he is then in his own valence for certain and you have got the engram in full.

When you get into the basic area people start to yawn. I never saw a sperm that yawned but you can yawn it off as a sperm. There is probably oxygenation in a yawn. A yawn has certain physiological characteristics. A yawn may be a release of the body and it may be a physiological muscle tension release. A sigh seems to accompany grief, but it can also be an indication of Mama sighing. If you run into coughs, you will find a cough is present in the incident.

One time I ran a patient whose Mama was a great yawner. The case got complicated because I would strike it almost anyplace in the bank, and Mama was yawning. She never got enough sleep and she just had to yawn all the time. When we got this off the case the person was much happier.

In that case yawning was engraphic. Mama talked about yawning, it was a command somatic. "Oh dear, well, there's another yawn, I just can't keep from yawning."

Something that produces a bad interabdominal pressure is a hiccup. Mama can go into a spell of hiccups, and I had one patient who did all kinds of hiccups. This patient all her life had been getting hiccups. She would get startled and get hiccups. She would lie down to go to sleep and get hiccups. Practically anything she did she would get hiccups, because that's exactly what the engram said. All the way through the prenatal bank Mama was having hiccups. Of course, people would rush in very sympathetically and say, "Oh dear, what can we do for these hiccups? Poor Isabel. I'll get a glass of water. Now count from one to ten."

Don't shake a patient up or annoy him. If you notice that what you are doing is irritating the patient, for instance if you are running an engram even though it is a long one and this patient has the characteristic of not liking to be interrupted in the middle of an engram to go back to the beginning of it, let him run to the end of the engram. If the patient is talking painfully slowly, don't try to speed up his conversation. If he is talking too fast, don't slow him down. If he is talking in a very low tone of voice, don't try to pick up his voice tone.

In other words, don't add a "control yourself" mechanism into this engram, because if you do, you are not going to get the results which you should and it will interrupt a case and upset a person. It might even be considered a breach of the Auditor's Code. If the patient starts in at the beginning and says, "Mumble, mumble, mumble," the correct procedure is to say, "Go over it again." He will, too. Perhaps on the third or fourth run he will finally come out of it and you find out he is reciting something out of Tennyson. But at the same time you are getting an engram. It's never all right to ask the preclear to speed up.

If he is muttering while he is running off an engram, thinking he is talking, you will notice that there is a peculiarity at work. As you start to run the incident, and the patient begins getting down into it solidly, he is affected by the unconsciousness of the engram.

He may start out running the engram and saying, "Ah, that's my mother's voice. She's saying, 'I don't believe I would like any, thank you very much,'" but a little bit later he may say, "Thank you very much, I'm very . . . (mumble)." And then he will go through it again in a mumble. He thinks he is talking out loud. Thexi he goes through it again and his voice picks up a little stronger each time he tells you all about it.

If at the moment his voice dies out you say, “Now what did you say? A little louder please. Now go over it again. What was that phrase?” and so forth, you are talking to a patient whose analyzer is off and he is actually going to have to rouse himself out of the engram in order to give you any information. So if you want to know what is in the engram, keep running it until you can hear it.

The less orders you give the patient and the less you have to say to him in general, the happier you are going to be and the more engrams you are going to get. Be very economical with what you say. Put what you say mostly on a question basis such as, “Is this the first engram of this kind in the case (snap.t)?”

“Yes.”

You will have the best results when you blandly assume that the somatic strip is operating with you perfectly. Don’t give him questions which seem to be questioning whether or not the somatic strip is there, or what it is doing, such as, “Is this really the right one? Are you sure this is the right one? Do you know that is it? Well, let’s try it again anyway.”

At this moment, the file clerk is liable to say, “Well, I haven’t got a bazooka here, but I sure wish I had!”

A foreign language case has usually got a built-in translator circuit between the two languages. It is an educational circuit which was built in when the engram itself was being re-evaluated in the new language in which he is speaking.

So, he will run it off bilingually, usually automatically. If he doesn’t, then there is something very wrong about the case. I have one preclear who runs it off in French and won’t give you the hot dope, and then says there wasn’t any engram there. Mama had her secrets.

In a case where the foreign language only existed early in the bank, you have to have a hard push on turning the person’s sonic on. But those are not engramic commands if they have never been reanalyzed, they are merely sounds. So if the person never spoke the language, he has no indication of what is there. Certain sounds may mean a certain pain to him, but beyond that they haven’t been analyzed.

As a result, the engramic content of them is not going to make the patient do anything. But if he learned the words later on in high school he is liable to do a reanalysis of them, at which moment, as he runs them, he will tell you what they are and what they mean.

However, there are lots of engrams that are quiet. Many AAs are completely silent outside of the noises from the room and maybe the run of the bath water. On one case, every time one turned on the bathroom water he would give a slight jump.

There was one preclear who was very chary of showers. He must have had about 25 AAs in the bank and there wasn’t a word in any of them. Mama was all by herself, Papa never came home, and she didn’t talk to very many people. The case had a few one-sided telephone conversations in it which were very puzzling. There would be no dialogue in them and finally one would find out that Mama was talking on a phone. But no AA chatter. Yet the person was quite aberrated by these AAs, because now there was no warning at all. He never knew at what moment something horrible was going to happen to him. I knew there was something in the bank, but I couldn’t find out what it was. Repeater technique wouldn’t reach it. Finally I did it on a time shift by saying, “You are now 1 month, 2 days after conception; 1 month, 3 days after conception; 1 month, 4 days after conception; 1 month, 5 days after conception....”

“Ouch! “

And we got it, because the somatic strip will run through any of this material on a time basis.

This person with all these quiet AAs was very spooky. He would be standing with his back to a doorway (the doorway, symbol of entrance) and suddenly give a start and turn around. I would ask, "What's the matter?"

"I felt something." There might have been some tiny restimulator, but it would be the restimulator of a street noise or something like that.

Try to get the person's valence computation on a straight line basis. He might be in some very interesting valence that you don't know anything about. Try to get by straight line who might have commanded him into the valence. What was the parents' quarrel on this subject?

Enough tests have been done to indicate that a valence command, if held down by an emotional charge, can be retroactive. So, the carbon copy can go all the way up and down the case, even though it might have occurred postpartum. You want to break the valence commands where you can find them. Papas and Mamas the world over are prone to say, "Oh, you're just like your mother," or, "You're just like your father."

There was one where the command was "You're so different from me. You aren't like me at all." We got this fancy tale out of the case at the beginning of therapy: Mama had attempted to commit suicide when the child was 6 years of age. She had been asked, "Well, what about your three children?"

And she had said, "To hell with the children." This was a long time ago in Dianetics and I was more willing to buy a non-engramic situation, and as a result I thought, "Well, that's natural. She says, 'To hell with the children,' and of course there is all this rejection, so of course this person will not be like Mama."

I was willing to buy this, and I went plowing along in the case and I couldn't understand it. This person would not cook, would not sew, wouldn't prepare any parties for her own children, wouldn't do anything that Mama did. Finally I went back and found the phrase "You're so different from me. You're not like me at all," together with beatings, with the child being bounced not only out of Mama's valence but out of everything Mama could do. It was very interesting. The child was unable then to mimic what Mama could do at all. As a result the woman was a very bad liability as a wife. In fact her husband was almost in tears most of the time, and she was very bewildered about it. She would, with the best of intentions, attempt to do something domestic and fail miserably. Just out of that one series of beatings.

When the beatings were taken up and the phrases "You're so different from me, you're not like me at all" were knocked out, there was a marked change in the case.

These valences are pretty easy to discover because they seldom have bouncers, deniers or any of the rest of the category connected with them. It's just a matter of "You're just like me," or "You're just like your Uncle Oscar," or "Why aren't you more like little Edmund? Now he is a nice boy and you're such a bad boy. Why aren't you more like Edmund?" That is typical valence commandry. A person's name can be a stimulus. There was a couple who had lots of children, and it was all going along beautifully and smoothly. Their name was Love! People's names get into the bank.

Take the situation where someone is lying back in a dentist's chair, out like a light with a tooth half-pulled. Somebody has taken him up there to be worked on and is being questioned by the clerk or the nurse, "What is his name?"

"His name is Jones."

"What was it?"

“William P. Jones. William P. Jones, spelled with a J. Jones. Jones. William P.... That’s right. Now he’s 28 years of age, born on ...” and so on. “His address is.... Yes, he’s a private first class. Hm-hm, that’s right, that’s right. Oh, he has lots of this tooth trouble. Yes, he’s had this tooth trouble for some time now, and he’s had a lot of other trouble with his teeth.”

And you will sometimes get in a tonsillectomy or some other operation, “Whose boy is this?”

“Oh, this is Bill Snide’s boy.”

“Oh, old Snide. He’s a son of a gun, isn’t he.” As a result, the name keeps appearing all up and down the bank. They keep bringing it up in Ripley’s Believe It or Not, and such places, names like Buryiam who is an undertaker. And they don’t see that there is a reverse twist on this thing that has a tendency to make it inevitable. Mr. Killem, for instance, would have quite a liability. I imagine he would become a psychiatrist.

The last step of Standard Procedure after you have run the valences and dramatizations with straight memory, and returned to and reduced the first engram containing this command—or you have deintensified the case on the valence level, or on circuitry—would be try for an emotional discharge, a moment of grief, sorrow or loss, and you keep repeating Step Three.

Step Three continues until the case is opened and engrams are running.

So, you start out with straight memory, you try to get dramatizations, you try to run the dramatization, you try to find the engram. If you are not getting anyplace with it, go back up and get the preclear with his eyes wide open again; give him straight memory technique and find some more data; then get down into the bank, run the dramatizations, run the first engrams you can discover on the subject, and keep running Step Three over and over until you have found enough on the case to break it loose.

When it is broken loose, go back up to and through Step Two again. Step Two includes putting the preclear in reverie and running pleasure incidents, tuning up his perceptics and so on. Run the case as far as you can, and if the case bogs down go immediately into Step Three again. You may find breaks of the Auditor’s Code. You may find all sorts of things in this case. But that is the best way to find such things and start a case running, and that is what constitutes standard technique.

REVIEW OF STANDARD PROCEDURE

A lecture given on
12 July 1950

Workability of the Case

This is a review on Standard Procedure. Several things have come to my attention. One of them is that the idea of sending the somatic strip to the moment of highest intensity seems to be misinterpretable in the Handbook.

The way one gets a somatic strip to the moment of highest intensity is merely by telling it to go. That is an effort to pick up a somatic rather than word content. It is not a technique which one uses while running an engram. One uses this technique only when one is trying to trace back a specific somatic.

In the Handbook, when discussing the somatic strip and the moment of highest intensity, I was talking about running a whole ladder of engrams. It is apparent, of course, that if there is a chronic somatic there are probably quite a few engrams bundled up creating it. Therefore you just track that somatic around until you finally land someplace where it can be run and where the bundles separate, and you will get someplace.

That is what that means in the Handbook. Don't ever take a moment of highest intensity on this order: "Go to the moment of highest intensity." That is no way to reduce an engram. Send the somatic strip to the beginning. The beginning is developable.

In handling the somatic strip, it is of importance to know that the moment of impact of a blow is usually the moment of the most concealed information. There is a direct relationship in an incident between perception, the depth of unconsciousness and the presence of pain.

This means that when you send the somatic strip back to the beginning of an engram and start sweeping it through, you have deintensified some part of it on the first run. In the next run through you may get a little bit of something off the front of it. Then, the next time you go through it, you get the engram.

When you start developing the beginning of a somatic, it's very important for you to know what you are looking at. There is the first moment of impact building up to a live pressure, then the blow stops and the unconsciousness gets lighter until there is just a little pain left. Let us say that Mama runs into the side of a table and we pick up her saying, "I have to go down to the grocery store."

On the first run through, the patient gets the sensation of the pain without any of the impact or content of what caused it. And the preclear says, "I don't have any somatic." Close attention, however, will show that he has some slight tension on the face, and just because he only picks up that much is no reason to condemn the somatic strip. You can be assured that that somatic strip has gotten as early as it can get.

When you tell the somatic strip to go to the beginning of the engram, it is going to go as close to the beginning as it can get and no closer. It is not going to be able to plow through, and you are not going to be able to pick up dead center or the first end in a lot of cases. But it will blow where it can get words. Its cooperation is to that degree. So we may find ourselves a little further into the engram at the point where Mama says, "I have to go to the store."

It is not much use at first to urge the somatic strip to go earlier. Just tell it to go to the beginning again. A good working somatic strip will step back a bit. If it does not, however, you say, "Let's go a phrase or two earlier." It's always good sense to send it back just a little bit earlier than you were before, and you keep backing it up.

So we understand suddenly that we are running a blow. It seems like Mama has walked into something.- The completely wrong thing to do is to say, "What did your mama walk into? Where was she standing in the room when she walked into it? What was on the table?" All it is necessary to do is get to the first moment of the incident and discover "There's a blow here."

"Let's go to the first moment of impact," and you may get a bang at that point.

If you don't get that satisfactorily, you can do a time shift on it. The somatic strip is very good that way. You say, "Let's go 30 seconds before the moment of impact," and you will see the tension go out of the person. "All right, it's now 20 seconds before the moment of impact; 10 seconds before the moment of impact; 5 seconds before the moment of impact," and 5 seconds later you will see him jump, and you say, "All right, now let's pick it up from there."

You have gotten the splat or whatever it is, and the area of deep unconsciousness and her words, "Ouch! Drat that table." "All right. Run it again."

"Ouch! I hurt myself. Drat that table."

Another voice coming in all of a sudden, "Where are you going?"

"I'm going to the store to get some groceries." Engram. And you can proceed to reduce it.

Then one fine day we are walking up the bank on deintensification of other things and we hit this one again, at the earliest moment of it, so we run it again, and some phrases will drop out and new phrases will come in, usually. If you are running a patient who uniformly gives you all the phrases that are present, there's something wrong with this case. Sooner or later something new is going to come into this engram. It's not an absolute must, but it is the usual run of things.

One of the ways you detect dub-in is because the preclear will sometimes run off the nicest engram and he will go over it a few times, and it doesn't selectively start to deintensify and no new material comes into it. At that moment it is not enough to get eager-beaverish and say, "This is no good, we'll pull him out of here." Let him run it, but keep your eye on this patient. You are going to find there are control mechanisms in this case you haven't touched. He is selecting out the phrases he is willing to give you. Perhaps 50 percent of them are actually out of the engram. The rest are dubbed in.

We run one early, then we get one all the way up, variously, and then suddenly we are sailing along forward very nicely. Then we hit an incident that has to do with being scalded at 2 years of age. We say, "That was the next tough one, and the case didn't quite erase the way it ought to. We're on an erasure now."

So we start into the scalding and it goes solid. We say, "That's a funny thing, we've got the whole bank erased as far as we can discern and here's this thing holding up. We'll ask the file clerk for it." Sometimes at that stage of the game the file clerk may or may not be on the ball.

You have got to use your head on this. It is a good thing to go back and take a run through incidents which you have coasted through once before, because often a birth that has been run and apparently deintensified still contains about 25 percent of its content, but it is out of sight. It is completely covered by lower engrams. The chains didn't permit those phrases to come into view.

On the erasure, somebody's going to be very astonished to find out that there is a lot of birth left.

So you come back to the front of it again, and you will be able to deintensify it. Some of the engrams you are tackling which appear to be irreducible are that way simply because you have neglected to get out the impact or the deep moments of unconsciousness in the engram.

“Go earlier” is an ambiguous statement and it should be. You say, “Let’s go earlier,” and you might wind up in a similar engram, but that is all right because the later one won’t deintensify until the earlier one does, so you purposely are ambiguous about it.

A dub-in is quite interesting. You say, “Let’s go earlier.”

The dub-in will say, “It’s so early I can’t get up.”

And you say, “Well now, I didn’t mean that, I meant something else.”

So he says, “Oh, ‘The earlier it is, the worse I feel.’ Yes, there’s one in here, that’s Mama. ‘The earlier it is, the worse I feel.’” Hex probably running real information.

But you say, “Now the somatic strip will go early.”

“The early bird gets the worm.”

The preclear is not being recalcitrant, he’s running a demon circuit which says, “Words have a literal meaning,” or, “Words are important,” or something of the sort.

If you say, “Let’s go to the beginning of the engram,” and you have very little dub-in in this case and no terrific control mechanism, you will get there. But be alert for the behavior of these things.

There were two people co-auditing busily and enthusiastically. One said, “Well, we’ve erased basic-basic.” So, just as a matter of check, I put the preclear back down the track to find out about basic-basic. They knew there was a call-back in basic-basic so the auditor had shot basic-basic what he considered full of holes. He took “Come here” out of it, and he had run it about 25 times. “Get out” was right on the front of it which immediately put the preclear up the bank, but he couldn’t go up there because it said “Come here.” So he was pushed off one and pulled into the other, plus he got a somatic. So the auditor had knocked out one of them but had run the rest of it without any somatic.

Once you appreciate the fact that this sort of material will dive out of sight, it is simple. This, in the basic area, was what was happening to this preclear He came in and said, “You know, all day long I have just been going up the time track and down the time track and up the time track and down the time track, somatics turning off and somatics turning on. I’m going nuts.”

We discovered there was even more in that engram. There was the phrase “Get away from that, Margaret....” Mama had evidently burned herself at the stove, and this was an ally, Grandpa, talking to her. So, “Get away from that, Margaret, get out” was also in this engram. And the person running it had gotten out from there. So, that could not be classified as erasure of basic-basic. He had even left it with the words all in place. The preclear could still run content.

I went back and right away it was apparent that we had come down on the beginning of it. It said, “Get out.” He even had the bouncer. He was saying, “Get out, yakety-yak, come here,” and so on.

The actual engram was “Zzt, clang.” Mama had her hand on a hot pan, jerked her hand away from the stove, then some way or other clipped herself in the abdomen with her elbow. And the beginning of the engram was not “Get out” but “Zzt, clang.”

An auditor could be so fixated on the idea that it is the spoken language which makes the engram that he will overlook the sounds in the engrams as being important. But they are important. Of course you can run a non-sonic case or just a vague sonic impression case for quite a while before you get sonic on it.

You can also go back to it later and find all of the sounds there—"Zing, cling, shh," toilet flushing, water spigots turning on and off, the sound of footsteps, sneezes, dogs running across hardwood floors, and so on. The bank will be full of sound, although the patient is no longer leaping here and diving there, because the aberrative content of the words is erased. But you have to run out the sounds to some degree.

It is interesting that a couple of samples of each at the beginning of the case is sufficient to deintensify the whole thing.

Develop the incident. Keep recounting the preclear into it, recounting into it a bit further, recounting into it a bit further, each time picking up a new phrase or something like that, until all of a sudden you have gone all the way through it and it's gone. Don't try to run it from one end to the other consecutively right on through, because you are going to at some stage start missing. So make it a practice not to run too far into an incident until you have got it developed well enough to find out after which phrase are new phrases appearing.

For instance, in a tonsillectomy, "All right. Breathe deeply, breathe deeply. All right. Let's breathe deeply. That's a good boy. Scalpel, scissors." Yap. Yap.

"Have you seen Clark Gable lately?"

"Personally I hate Clark Gable."

"Well, I love Clark Gable."

"What the hell can you see in that guy?"

"You know, I've got to have some lunch."

"Have you seen Ernie this morning?"

"Yeah, he was in here complaining about his wife. Boy, his wife really is a drag."

At this moment Ernie appears, "You've said it! Well, I can't remember a time when I was really happy." Standard talk.

One of the worst ones I ever ran across was in an operation on Mama, where somebody had been very angry with someone. Mama was being operated on and someone in the operating room said, "Damn it, if I had her here right this minute I'd just love to put her up on that table and cut her to pieces. She's crazy, that's what she is. That's the only thing you could do to a crazy woman. Just put her up on the table. I'd show her, you bet I would."

And someone said, "Come on, come on, don't get your domestic affairs all wrapped up in this. Just keep your private life out of work." The patient afterwards had fought a punitive action every time her poor husband tried to mention something he was interested in in relationship to work and they would have a fight right there.

Of course this engram had lots of holders and call-backs, etc. It had also messed up her endocrine system.

So, at the start of an incident we have an impact. Actually there are two major classes of engrams—the impact and the bouncer. There is also the pressure engram as opposed to the impact engram—a sudden increase of pressure. (In the bowel movement chain that is

particularly true.) When we look over most work, we find flaws generally along the order of somebody starting into the engram and letting the person play it off, not understanding that a bouncer will keep someone off an engram slightly, and that when he has got a call-back in an engram he will be twisted back and forth in it. His actions may also be very strange and as long as they are, you are not going to get very far. So if you do something like that, get the bouncers out of it.

“Is there a bouncer in this engram (snap!)?”

“Yes.”

“The somatic strip will now go to the bouncer in this engram. Give me a phrase (snap!).”

“Get out.”

“All right. Go over ‘Get out.’”

“Get out, get out, get out, get out, get out, get out, get out, get out, get out, get out, get out, get out.”

You will notice the somatic toughen up, and then the tension go out of it; after that he can run it. It is a handy mechanism.

The use of drugs in operations has different effects. For example, nitrous oxide in an operation is a restimulator. It is a chemical binder on the reactive bank, and any time that you can look snidely at a dentist and say, “Oh, you use nitrous oxide,” and neglect to shake his hand, by all means do so, because nitrous oxide causes a bad engram. It is a hypnotic.

I am sure with the present advance of chemistry that somebody could invent an anesthetic that won’t mess up the reactive mind.

The engramic value of chloroform or ether is not tremendous, but nitrous oxide is very bad. Morphine is just morphine. It is an anesthetic. Most of the material currently classified as hypnotics are anesthetics, and several of the anesthetics are hypnotics. It is a very clumsy looking picture at the present time.

With a local anesthetic, there are pain impacts going in, in spite of the local anesthetic, which you will get back out again when you are running it.

The value of a local anesthetic, however, is that as you start on through the incident the person is very well aware of what is going on and it is very easy to recover. A spinal goes into the nervous system for some reason. I don’t know much about the spinal, but I have always had trouble every time I have clipped one. I have discovered on inspection of some cases that the greatest auditor error is conversation with the preclear with relation to the erasure or reduction of the engram, and questions to the file clerk as to whether or not it is safe to leave an engram. That series of questions is not only unnecessary but will lead you far astray. It is a type of questioning that you should set to one side because it is no good.

There is only one test of when it is safe to leave an incident and that is auditor observation of the action of the engram, his observation of the patient and so on. You can tell by looking at the patient whether or not a thing is reduced or erased. You can tell by the behavior of the engram, and that is the only test.

If you ask for a flash answer, “Is this erased?” you will almost always get yes, because the patient may have come up to the very point in the series of runs where he is bored with it, and he is resisting the idea of going back through it again. If you don’t ask him, he will go right on back through again; but the instant that you give him a chance to get out of it, he is not computing at that moment and so he flies off at a tangent and is willing to go on to something else and leave the engram.

So, the auditor might be running an engram and say, "Is this engram erased?"

And immediately get the answer, "Yes."

Or he might even be more careful and run the preclear through it one more time, and then ask, "Is this erased?"

"Yes."

"Is it safe to leave this now?"

"Yes."

"Now, what do we have to go to next?"

"Anywhere but here" is the motto. So, just don't ask that question, because you will never get a straight answer.

A way you can get the beginning of an incident is to say, "Let's go to the head of this engram." You can overwork this device and it is very often not necessary to use it, but if you have any qualms about an incident, send him ahead of it. Let him relax. Say, "That's fine, now let's move ahead of it. Let's go into it. The time is 1 minute before it, 30 seconds before it, 10 seconds before it," boom! and you can get the most remarkable results with this.

You should be able to look at a preclear as he is running an engram and tell what he is doing. He may be a coffin case who is lying stretched out very neatly with his hands beautifully crossed, riding it on through, stone cold dead on the couch. Somewhere along the line you will probably get him out of that, but even if you don't, you can still tell what is occurring by watching his physical manifestation, however faint, because he will still be getting a somatic.

Send him early in the engram. Say, "Go to the beginning of the engram. Now let's roll it." You find out by content what it is. You observe him, and all of a sudden he starts running something that is completely out of context, so you say, "Give us a yes or no, is there a bouncer here?"

"Yup."

"All right. What's the bouncer?" You get the bouncer and go back into the engram again. Keep running it off, and start through it again, over and

He finally says, "Well, I guess that's about it."

And you say, "Go through it again."

"Well, I guess that's reduced now, I'm going to go on to something else."

"Go through it again. Now let's get two phrases earlier in this thing," and coffin case or no coffin case, you get the somatic. So, before you leave an engram, make a time shift test. Get earlier. You may run into a complete blank ahead of it. If so, okay. You may also run into a lot more engram.

Now, if an engram is erasing, phrases will be dropping out of it. Phrases will be getting in juxtaposition to each other. Phrases will tangle. New phrases will appear. It is not a smooth running picture of "I see the cat, the cat is black. I see the cat, the cat is black." It's "I see the cat. Damn cats, I don't like them anyway. That cat's black!"

In such a way, as you run through the engram, you can detect the fact that it is varying. Well, that is a good test. But it's not an absolutely necessary test because the unconsciousness

through the area might have been very smooth and light, and you might have gotten the whole text on the first run. So you don't trust that completely. It is merely an indicator.

So you start through the incident again, and if it is going to erase, it comes down to a point finally where the person is actually saying, "Don't tell me, I can give you a replay on this, I remember what was in this thing."

And you say, "Go ahead, what was in it?"

"I see the cat. The cat is black."

"All right. Let's see if we can find that on the track."

"I see the c..."

"All right. What was the engram again?"

"Well, I can tell you the context."

"Okay, go over the context."

"There's nothing there!"

The preclear is baffled, and that is a real erasure. If there is anything remaining of it for him to replay, it is a reduction. It is perfectly legal to leave a reduction in which the somatic is gone but the words are still present.

You are going to find lots of reductions before you get erasures in almost any case. It is not going to hurt the preclear any and it is not going to be aberrative, but a real erasure is unmistakable.

If you are playing one over and over, there is some sort of a crazy bouncer mechanism in this thing and you didn't get it in the first place.

If you find yourself working for a couple of hours without getting a somatic, there is one of three things wrong. You are running a person out of valence, you are running a self-control circuit, or it is computational. There is a bouncer present which is holding the person off the engram, such as the computation "Pull out before you come." Then there is the computation "I'm going to come," which will cause all sorts of flickers as it goes through. There is also "I can't feel anything. I don't know what's happening."

You should know in the first five minutes of reaching any engram what you are going to do about it and where you are going to go from there. But if you start running a little twitch, and it's not doing much and you are just running context on and on, there is something very wrong. If you are getting any kind of a somatic and if the somatic is reducing, knock it out, but don't stay with one that is doing a recession. After you have recounted the recession five or six times on one or two phrases, you will find out that the somatic is toughening up.

If you are running the wrong engram in the case, not the one that was supposed to be run, you can toughen up the somatic more and more and more. You could recount it a couple of hundred times and you would get a recession, but come back to it in three days and you will be right back where you started.

However, it is easy to solve. If you get an engram where the somatic is toughening up, it means that this phrase certainly appears earlier in the bank and you are probably running the wrong engram in the case. So the most efficacious method of handling it is simply to get out fast. That's why you shouldn't stir up a whole engram when you are fishing for valences and demon circuits.

In the normal course of Dianetic therapy you have to know the following about engrams: It is not difficult. You will seldom run into anything that will strain your wits in running this, but you should be aware of the fact that earlier material can be in engrams, and that earlier material might be holding up an erasure.

Furthermore, you should be aware of the fact that five or six engrams can lie across one somatic, let's say a tooth. There has been a knitting needle through the teeth, there has been dentistry on top of it, and so on. Run one of those out and you will spring the bundle apart, but try to choose the earliest one you can get. If you can't get that, try to choose the most intense one where you are going to get muscle vibrations and so forth, and you will then separate out this bundle.

When someone is stuck on the track, he will have a chronic somatic and one of these bundles simultaneously, and he may also have a chronic physiological derangement. There they are, all stuck together. Run it out.

The point where an auditor has to be really clever, and practically the only point where he has to be clever, is in the diagnosis and location of valence and control commands. They could be right up at the beginning of the case, and it is at this part of the case that he must have a command of Dianetics at its most difficult. He is going to walk into a bank that is pretty badly messed up. He hasn't got a file clerk to help him. The somatic strip is not doing what he wants it to. It's messed up. He asks for a bouncer and gets a denyer, which is a certain pointer to a control demon circuit. So, he should start in on the circuit "control yourself," which happens to be in many places in the bank. He has got to find one that will reduce on "control yourself."

Don't let it scare you, just know that you are doing a piece of broken field running that can get very interesting.

The first time you run the circuit out, you will probably be running with the patient out of valence. You are probably going to be running something that was not the central dramatization which caused the control circuit, but something you have to get before it. So you just have to take the case and shake it up well.

Try to find something that will reduce that contains the phrases which you are now convinced through diagnosis are there. You know that Papa is always saying, "You've got to get a grip on yourself," but you don't know that Grandma said, "Now you have to learn how to control yourself or you'll just never be able to face anything."

In the first diagnosis you may find "You've got to get a grip on yourself," and you say this is probably aberrative. By the fact alone that the patient knows it very well, you say this is the center on the case. But it is data and you have got to run it as such.

So you enter this on a repeater technique basis. That's dangerous so you want to walk carefully. Get something that will reduce. Just start running that phrase. Don't worry about how many engrams it does or does not appear in. Run the phrase down. If the bundle doesn't spring apart, go earlier. You may run into a misdirector which sends him later, because there are demon circuits in this case, and the picture is complex.

All of a sudden, however, by charging in and just trying to get that one phrase without, if possible, exciting holders, you get a demon circuit command.

You start in and eventually there is this bundle with "You've got to get a grip on yourself" early enough to get a deintensification of it.

You then have two choices. Just leave it alone, or by a time shift get the rest of the engram, knowing well that that engram may not reduce and that you may restimulate an engram which you won't be able to do much about.

Nevertheless, if it had reduced priorly, I would reduce it simply as a phrase, and then I would look for the same phrase earlier, and run that. If you do that, you will find yourself able to reduce something rather rapidly.

The moment you get one of these things, do a rapid reduction even though the person is out of valence, then do a time shift and run the rest of that engram. The chances are that that whole engram is available and can be run.

Now, you will have scared up other phrases and loosened up the bank somewhat, and you may be fortunate enough to be early enough to get off some yawns. However, normally at the beginning of a case you are not going to get off any yawns, you are merely going to deintensify something.

So the test is whether or not the “You’ve got to get a grip on yourself” as a demon circuit command reduced easily, or with difficulty. By difficulty I don’t mean difficulty for the preclear Let him walk on the ceiling, stand on his head, roll on the floor and scream—that’s not difficulty. You reduce the whole engram when you get into one of those. You are looking for something you can reduce without shaking the case to pieces.

The only way you can ruin a case is to find engrams like “You’ve got to get a grip on yourself. I hate you, you dog, I hate you,” with the preclear lying there quietly, and then say, “Well, this engram isn’t affecting you very much, come on up to present time.”

You are going to have to run them as phrases or dramatizations in the engram, with the pain and so on. But you are going to have to try to find where they are.

Don’t assume that because everything is black and the perceptics aren’t on and the person isn’t moving on the track that he has necessarily got circuitry, because he might merely be stuck thoroughly on the track.

Expect to have to do imaginative kind of work when you go into a case that has lots of circuitry and valences. At first the preclear has no perceptics, you can’t reach pleasure moments, he is obviously stuck on the track someplace, he may have a series of three or four commands that are very tough and one of those “control yourself” mechanisms that knocks out the auditor’s altitude. The next thing is a “You’ve got to lie” and “You don’t even want to know the truth of this yourself” sort of command that drops down and covers it up, followed by “You’re just like your father, he’s no good either.” Then there may be in addition a very scrambled prenatal picture of all kinds of bruises and contusions, piercings and penetrations. This is the case that you enter in your innocent, helpful way, unsuspecting, your heroism utterly unsung. However, now that you have walked into this case, realize that it is solvable, although it is not going to be easy.

The way we enter this case is to settle our minds on one operation at a time. Let’s not try to do one, and then shift to another, and change our minds here and there.

We say doggedly, “Let’s take out the control mechanism from this case. Let’s find out what there is about it,” since that would be one of the most important things we could take out of it, so we use Step Three. We have to, otherwise nothing is going to happen.

He might be frozen on the track. If he is, we wouldn’t go after the control mechanism. His somatic strip can’t work and the file clerk can’t work merely because they are stuck right there. So we have to try to spring that engram.

Remember that that engram may depend for its force on an earlier incident; so it is necessary, when you run it, to run some sample and find out what it is going to do. It’s necessary to reach the one on which it is hanging, which is invariably earlier, and get it deintensified. Then you can get him moving on the track, and you should always try to do so before you start charging him into something with repeater technique.

But supposing, after a great deal of art, we can't get him moving on the track. He is thoroughly stuck there and it gets kind of spooky. This engram is dodging around and we don't know what it is or what to do about it. We can't even get flash answers on this case.

We can, however, do straight line diagnosis, and if we find a dramatization then dive, in spite of the stuck point, for the one mechanism.

Don't try to take two mechanisms; do one thing at a time. Let's try to get out "Control yourself."

After we have gotten down early in the bank, we will ordinarily find that we can get a "control yourself" which will release. The strange part of it is if we are having that much trouble, there is probably a "control yourself" right in the engram where he is stuck.

Push him and crowd him into it if you have to, but that is a very last resort. It's the application of force where thought should have prevailed. But in handling the "control yourself" mechanism, do what you have to do to get results.

Never crowd someone on grief or valence shifts, but if you can get a "control yourself" out of the case, your own altitude goes up, which is why you select this target. Also he is no longer able to auto-activate his own circuitry.

Valence commands like "You're just like your father," and "You can't be like me," and "You're just like anybody else," and that sort of thing have no resistance built into them. So, in going down the bank on such a case, we have to have reassured ourselves that we have done everything we can think of without crowding him, then we can crowd him.

Put your hands on something. Get into it somehow. There may be another kind of a computation staring you in the face but you aren't quite witty enough to spot it. There may be several puzzles you have to undo before you can get to where you are going.

The auditor's skill is between the point where you finish your first straight line diagnosis and the point where the somatic strip and file clerk are working with you. That is what you solve. During that stage of the case you have to reduce what you can get your hands on, or reduce the earlier one on which the thing was dependent.

But your main purpose, until you get that done, is to get the file clerk and somatic strip working, not to run out engrams on the case. Your target is to get workability, and in getting that workability you can't restimulate something that will hang the preclear up somehow.

Get workability and you can go along happily. But don't be downhearted at the various ways and means, and the dozens and dozens of hours it may take to get some case working. Keep asking for it and you are going to get it. That is always true, sooner or later.

I once worked a case 18 hours without getting him out of the engram in which he was stuck or getting any perceptics of any kind, with the person just lying there not responding for 18 hours!

Then all of a sudden at the end of 18 hours I asked him finally, "Give me a flash reply on a holder."

And he said, "I'm stuck."

I thought, "Well, here we are again," because occasionally he would repeat something in a dull voice.

But this time as the preclear started to say, "I'm stuck," he started to shake all over. We ran the tension out of the engram he was latched up in which was about three weeks

postconception. I had been practically in basic-basic with the case all this time and hadn't known it!

If, when you ask for a holder, you get a denier and so on, that is the surest fire test in the world for circuitry. When a case does that, start handling it as a "control yourself" species. Shift your tactics right there. That is one of the first tests made to find out if the file clerk and somatic strip are working with you.

Are they giving you the material you have asked for? If not, you are wasting your time. You could play with this case and get nowhere for hundreds and hundreds of hours.

The moment you find out that the file clerk and the somatic strip are not working with you, go to work to make them work with you, not to run engrams. That is a very wide difference of policy. Don't keep running engrams. Get circuitry.

Here is an example of shooting a hole in an engram. I said something to a preclear and he twitched, so I got interested and said, "Well, close your eyes, now do you remember your father saying some kind of a command like 'Control yourself,' or 'Got to get a grip on yourself'?" He immediately twitched again.

So I said, "Well, let's go over it again. Is there a bouncer in here?"

"Yes."

"All right. Let's go to the bouncer. What's the bouncer (snap!)"

"Stay there."

"All right. Let's go over 'Stay there' a couple of times."

"Stay there, stay there, stay there, stay there, stay there."

"All right. Let's go back over this thing again. 'You've got to get a grip on yourself!'" I knew right away that we were hitting an aberrative series. So, he went over "Got to get a grip on yourself" a few times and then I said, "Come up to present time," just to be formal. He opened up his eyes and we had taken a little tension out of the engram at that moment, and it had been worth running 10 or 15 minutes. I simply shot a hole right where he was. We didn't go anyplace else. It was easy. So, I suppose, having gotten that out, if I had been working in a regular fashion I would have tried to get the rest of the run on it. There probably would have been a little somatic, a little tension on it.

But all we were shooting for was the circuitry. If we could have gotten the rest of the engram, that would have been just fine.. But if we couldn't, at least we would have gotten some circuitry out, and if people working it would just keep on potshooting this type of command, soon you would be able to say to the file clerk, "All right, is there a bouncer in this (snap!)"

"Yes."

"All right. Give me a bouncer (snap!)."

"Get out."

At that moment you can run engrams. But until you can do that, you had better run whatever you can get that is strictly on the "control yourself" level, because that is the dub-in circuit.

The cleverness which you must exercise at this time in Dianetics is at the moment between the moment you approach the case and the moment the file clerk and somatic strip get working. When you have achieved that goal, the rest is strictly pianola.

AUDITOR'S SKILL PART I

A lecture given on
13 July 1950

Straight Line Memory

There are two things wrong with a preclear trying to check his recalls with his elders. One, he is going back from data which is probably, or at least partially, accurate in his own recalls to data given to him by people who are not in reverie, who are merely remembering, and who are remembering with an end in view of whitewashing their own activities and maybe even cutting the preclear's throat.

Secondly, the relay of such information, particularly in the accusative line, will very often bring about a deterioration in the health of the person or persons, particularly if it is his parents.

My first clue to this was in auditing someone who didn't even ask his parents for information, he just did a very small amount of swearing, not terribly violent, calling attention to a couple of things. He had this background feeling they had lied to him about certain things, but he had never triggered on to any proof of the matter.

He brought up this incident which happened to be prenatal, and his mother promptly went to bed with what was diagnosed as pleurisy and an abdominal disorder of some sort. He had triggered an engram, and she was sick for about two and a half months.

She, of course, attributed it to damp weather. She didn't think that he had had any connection with it. After that I began to watch for this.

Now, as far as his own data is concerned, a preclear who would do this is posing a very difficult problem for his auditor. In the first place, all his auditor can do is get down to the most valid possible information. If the preclear suddenly, through some aberrated computation, decides to check this data, and the data does not check, he can be expected to go into a serious spin immediately.

In the first place, he is operating on "You've got to believe me, you've got to believe what we tell you, you've got to believe your elders," and so on. Now he goes to the elders to check his own recalls. They probably won't give him the straight material because after all they can't remember. They put no thought in trying to remember. They just fly off the handle about such a thing and they are liable to tell him most anything.

It's a practice which would only be indulged in by somebody who wanted to slow his therapy down and put himself into a spin—completely aside from the fact that recriminations will be very embarrassing to him in the future if he does recriminate, or find any material. One day he is going to achieve a release, and further on, clear, and he is going to have to patch up personal relations without the benefit of Dianetics, which is not easy to do.

In addition, the preclear who does it is posing a very difficult problem for the auditor. He has no right to cause the auditor this much work. If he is interested in objective reality as far as his case is concerned, or as far as Dianetics is concerned, let him test somebody else. He is in no situation to test himself.

For instance, if you get an aberrated set of circuits with the person reacting poorly on flash answers, and you ask him for an age flash, you are liable to get the last count in an operation or something like that, so the information has a limited validity.

Conversely, the running of the engram, with its somatics and aberrative effect, has great validity. If you reduce that, know that you have recovered approximately the right content, or it would not have reduced.

Ask him for a flash answer and you are liable to get an age. The preclear may say, "Well, let's see, this happened to me then when I was 9." If he starts to check, he is probably checking with somebody whose memory is not good, because remember, he got the bulk of his aberrations from them.

So they are liable to say, "Well, that didn't happen to you when you were 9 years of age. That happened to you when you were a little baby."

And of course this throws him, "Oh, I'm this wrong!" He never bothers to add it up. He is in a state of anxiety about his parents anyway.

Anybody who goes in for checking reality comes up against this roadblock. It poses a difficult problem for the auditor. We actually have minimum time on any case, so there is no reason to slow it down still further.

Straight line memory processes are going to require skill. It is not a skill which is very odd, magical or impossible, but one that you will have to develop. It is the process of determining by straight line diagnosis the case computations. That is based on the formula that what the preclear believes about himself which worries him, what he does that concerns him, or what obviously aberrates him, is contained in its exact counterpart in the mouths of the dramatic personnel in his engrams. Somebody has said it, is the watchword on straight line diagnosis.

Because it was said, the person is worried. If it had not been said, he would not be worried. If he is rational on some point, the chances are that it is a natural concern. For instance, we find that he likes women. I would not look for an aberration. But if we find that he is just crazy about women and can't leave them alone, I would look for it.

There is a matter of degree. He is worried, let us say, because he is not making \$500 a week. Look over his capabilities. If it's possible he can make \$500 a week, fine, that's his expectation. That's not a real, valid worry, because measure it this way: Is he trying to do something about it?

Most of the time in engrams the worries are there but nothing is being done about it. No action is being taken. It's an engram, it doesn't call for action. It is merely a didactic statement of condition. The person has this command "You've got to control yourself," but obviously doesn't.

It doesn't call for an overall control, merely irrational control. It calls for him to inhibit his emotions, inhibit his expression, to tie himself up inside himself, perhaps, or to try to get others to control themselves. But you will often find this person in apathetic slumps, which is complete lack of selfcontrol.

He will go into an apathy, but you will find him very often with more rage dramatizations per square inch than anybody else around. He's got a "You've got to control yourself," and if somebody dares to suggest that he is not controlling himself, watch him get mad. That is a test, the actuality of effort. How much real effort is he putting forth?

This person says, "Oh, I'm so happy, I'm very happy, you know, I've always been happy. I was such a happy child, I had a wonderful, happy childhood," and so forth, yet there he is sitting on the couch. There is something wrong. If this person was really happy, he wouldn't be there. You would have to do quite a lot of talking to get such a person convinced that he should have a check run on something.

Now the auditor can go in against these aberrations and break them if he doesn't care what happens to the preclear. Any auditor who would go in and try to convince the person that this belief isn't so, or spend any time in this direction, is not only wasting time but is liable to break the dramatization in some way, and probably make the person very nervous.

Hypnotism is an effort to break dramatizations. Somebody with a bad eye is dramatizing an engram which says, "It's a bad eye." If the hypnotist now says, "You haven't got a bad eye. You know you haven't got a bad eye, " and so forth, he has broken that dramatization and at that moment the person comes down with kidney trouble!

So, the hypnotist says, "You know you haven't got kidney trouble. You know very well. Now your kidneys are very good and there's no more pain in the kidneys." All of a sudden he gets gout—dramatization after dramatization trying to come through. A psychosomatic illness is a very basic form of dramatization, and nothing but that.

If you look at psychosomatic illnesses and aberrations manifested as dramatizations, you will recognize that the laws which govern dramatizations are still very much at work and that you should pay attention to them. If the dramatization is ineffective, if it's broken, then the person is knocked in that engram back toward worse health. You can run the scale on psychosomatics from a light illness to a very serious one, and you could keep on hammering down and knocking flat the physical dramatizations of psychosomatics until you had a very sick patient on your hands. This could be as simple a statement as saying to the person who comes in for a session all worried and sweating about something, "Well, you know there's nothing to worry about."

There is something to worry about. He doesn't know what it is, but there is something to worry about. So he will have to think hard to find something to be worried about. You are stiffening up the engram.

It would eventually come out and the auditor one way or the other could break the dramatization and make the person admit that he is no longer worried, but at that moment he has got a sick patient on his hands. The patient might not be sick immediately, but watch him tomorrow or the next day.

Alcohol is a restimulator, just as the smell of ether acts as a restimulator. In the womb, the taste of alcohol comes straight on through to the child. As a result, alcohol may restimulate the alcoholic engrams only, and as such give a very lopsided picture of the person's engram bank if one were to give him therapy after he had been drinking.

However, there are alcoholics who have been shoved into alcoholic valences who have to drink. Maybe Mama never took a drink, and at first alcohol is not a restimulator. But it very shortly becomes one with his dramatizations, and the fights and quarrels he has with people.

An alcoholic really gets himself in a bad way by telling people how he has to drink. The engram says, "I have to drink. I've got to have my bottle." The demon circuit says, "You've got to have your bottle. The baby's got to have his bottle, that's what he needs, his bottle. That's what he's crying for. Now he'll feel much better. Aw, he couldn't get along without his bottle."

So this alcoholic is saying, "Well, you know I couldn't get along without my bottle (hic). A man has a right to drink," dubbing in his justifications along the lines of the engram. Then people stand around this alcoholic saying, "You know that you are becoming a pariah for drinking. You mustn't drink. You will ruin your family, completely aside from ruining your health. You can't hold down this job any longer because you are a drunk. You realize this. You've got to stop drinking."

Now this person has really got to drink. And we go up against this dramatization harder and he drinks harder, until the point where we break the dramatization. Now he is simply in a

confused, unreal state and he goes right on drinking. Or he gets sick. There is the alcoholic who has been getting along fairly well, and because of the social aberration of alcoholism, eventually deteriorates and begins to think of himself as a bum.

Understand he is under the sedation of alcohol. Remarks are made to him. They pile up as locks, and suddenly you may have a sick person on your hands, who started out to be quite efficient when he was drinking, but who has had the dramatization raised up and blunted and raised up and blunted and raised up and blunted until he is finally broken.

It all depends on the circuitry. An alcoholic is no different in the reactive circuit than anybody else. I know people who are food drunks. "You've got to eat. You've just got to eat it."

A prolonged history of alcoholism brings about some deterioration of the body on an indirect line by muting the productivity of the cells. For instance, in glandular secretions, a man may have had his testosterone output, or in the case of a woman, her estrogen output, seriously interfered with. And if you watch them you will see glandular deficiencies or excitements picking up and throwing out their physical structure, and this as such is bad.

So there is an indirect physical deterioration in any engramic situation, and there is always a point in the life of an individual when an aberration, or an engram, can have produced a state from which the patient cannot recover. He has gone too far along some certain line and now the fat is in the fire.

A person once told me that somebody he knew had been on a very small dosage of drugs for a number of years. He was alarmed, thinking he had run into a drug addict. If you have ever been up against a drug addict, there is no doubt about the fact that you are. The dosages have to be extremely heavy in proportion to what would be a standard medical dosage to produce such an effect.

There is a condition of craving, which is proportional to a physiological deterioration. Phenobarbital, for instance, has to be in a pretty high dosage before a person could be called an addict to it.

People who know vaguely that they are dub-ins or suspect that maybe they are in a state of upset and who know the cause of the dub-in and know that it's remediable are not going to be as seriously affected by it as those that do not.

The approach on such a thing is one of cheerful reassurance, of sympathy for it, and concern. The quickest way you can stop a person working is to obviously not care what has happened to that person. One can go just so far. One can be cheerful and say, "Oh well, this won't bother you in a week." A person will accept that.

But let's go over the border on it and say, "You know very well this won't bother you in a week, what are you griping about it for?" and the person becomes very upset. It is the difference of attitude. So it's a matter of cheerful reassurance when the person says, "But I know I must have dub-in because I have prenatal visio, and this and that, and these words just keep coming to me and I don't know what I'm going to do about them."

You say, "Well, take it easy, we'll straighten this out," and the person will respond to it.

The next thing you have to set about building up is the preclear's confidence in his own recalls. A nice adjustment to the other person's mood and to their reactions is what is required.

A preclear with a lack of self-confidence probably goes right across the boards with aberration. Then there are a few people who have too much self-confidence, which would be aberration in itself to a manic. But I have never seen that do anything like the damage that I have seen lack of self-confidence do to an individual. If I had to choose the aberrations of a

society, they would all go on the lines of “It is real. I can believe it. Everybody believes me. I believe in myself. I can do anything I put my hand to.”

In some past schools of psychology there have been terrific prohibitions against giving children a good opinion of themselves. I ran into this in Washington recently. I was horrified. There was a beautiful little girl, and I said, “My, you’re a pretty little girl.”

Her mother immediately said, “Oh, don’t say that to her.”

I said, “What’s the matter, isn’t she pretty?”

And she said in a low voice, “Yes, but we mustn’t mention some of these things.”

So I countered with, “Well, of course how could she expect to be other than very beautiful having such a very lovely mother!”

Faith is a very fascinating subject. Faith can be artificially installed. You can take a person as a clinical experiment, hypnotize him and install the Great God Motaw. You tell him that the Great God Motaw is now taking care of his life, safeguarding him, looking after his concerns, will see that the future is all arranged for him, will see that all goes well and that everybody loves him, and will, beyond everything else, give him absolutely correct data every time he asks for it.

The Great God Motaw, installed in such a circuit, more or less takes the whole computer, moves it over, and now he has the Great God Motaw sitting there. You can even install it so that the Great God Motaw has sonic, which is strictly hallucination.

In that way you have moved the computer out from behind the aberrations, you have divorced it from the reactive mind, and you have divorced some of its circuits. They now compute perfectly. You can ask the Great God Motaw anything, and the patient can too, and get a positive and correct answer. The Great God Motaw will predict, command, plan and so on.

In setting this up on a writer, they had him say, “The Great God Motaw will now give me a story plot. Will you please give me a story plot, Motaw.” And this writer would get a dictated plot, and a good one too!

Of course, the writer could always think of wonderful plots anyhow, until about 965 rejection slips had landed one after the other on his desk. At the same time he had sold a couple of thousand short stories. But those 900 and some rejection slips, one after the other, told him he was no good and he couldn’t plot, and he couldn’t do this and he couldn’t do that. It just added up on him too high and he stopped writing. Now we move the Great God Motaw out from behind all this invalidation and say, “Give us a plot.” Wham! He’s got a plot.

However, if he believes this Great God Motaw implicitly, he will sooner or later begin to place all his reliance on him, and the Great God Motaw will begin to sap the person’s own individuality. The Great God Motaw’s circuits will become themselves infected with aberrations, and because of other social aberrations eventually some fear of punishment from the Great God Motaw may enter into it and at this moment you would have a mess.

But for the first few days it would be wonderful. Now, by encouraging the person to believe that the file clerk’s data is always absolutely correct, you are setting up the Great God Motaw, because you are actually encouraging the file clerk to set up a couple of loops to get a good, solid flash. And it is a good procedure because you are not asking the file clerk to run his life. The file clerk situation only becomes confusing on a patient that you have let run exclusively on the file clerk, because this data is not validated on a straight memory circuit for him. He is bypassing everything and getting it all from the file clerk.

I have even uncovered the following in people—they will say, “You know, I set up this file clerk and told him to run out everything while I was asleep, and he’s just getting along fine.”

All he is doing is perhaps shifting engrams from-bank one to bank two of the reactive mind.

I’m not condemning the file clerk, because you can suddenly knock him loose from the engrams. In a lot of cases one needs to encourage the file clerk, and say, “You’ve got a good file clerk, by golly, he really knows his stuff,” and so forth, even when you know this file clerk is mixed up with too many circuits. The file clerk is always all right. The problem is to reach the file clerk.

I ran across an interesting circuit recently on this order: “I’ve got to rewrite this. I’ve got to go over it again, and rewrite it.” So, of course the second time through, the person had to change all the words in it. That is locatable merely because you know two things—that Papa is a writer, and by the doingness of the preclear when he goes through the incident, “No, I don’t think that was right. Now let me see, I had better say it some other way.” As a consequence he tackles the engram the first time straight, and the next time through he changes the wording because when he goes over it again he “has to change it.” There was an automatic set of circuitry there that was going to flip, but that wasn’t a real honest circuit, merely an aberration.

You can’t predict exactly what engram you are going to find unless you know the person himself. But I can think of half a dozen very common aberrative commands in the society, such as, “You think you’re going to change things around here. Well, you’re not and I’m going to show you.” Or, “When the job is done, it’s done, I’m through with it, and nobody’s going to tell me off about it.”

One caution about working on writers’ and actors’ children is that often their sense of reality has been ripped up, because actors and writers are fond of saying, “It is all a world of imagination anyway,” or, “I’ve got to get my imagination to work on this, it just doesn’t seem real to me.”

In conclusion, encourage the person to believe his file clerk. But you can’t do this up against his knowledge of the fact that the file clerk is handing up bad data consistently. The best way to tackle the problem is to tackle it dually, by telling the person how strongly that file clerk is trying to come through and then getting those circuits out.

AUDITOR'S SKILL PART II

A lecture given on
13 July 1950

Handling Painful Emotion

If you can get painful emotion off a case, you have obtained at that moment a more lasting release than you will get in the same amount of time in any other way. Getting emotion off a case is important. If we can get off the case a death, a departure of an ally, or a great disappointment in life, we have in some degree proofed the case against a slump or a break. If we can get all the painful emotion off a case right at the beginning of it, we will have a stable case which will work easily and well.

Painful emotion occludes the basic area. It is a very interesting mechanism which comes into being, exists, persists and aberrates only because it depends on lower physical pain engrams. The physical pain engram is picked up and recharged by painful emotion. When you have painful emotion on a case, you have charged circuits.

A person can get along fine for years, having no trouble, and then suddenly somebody dies, after which they go into a constant state of anxiety, their illnesses kick in and their life goes wrong for them.

If we can reverse the process by pulling up the painful emotion of that death, we have knocked out the basic hold-down of the anxiety and brought into view very aberrative early physical pain engrams. Therefore painful emotion is of very great importance. There was some speculation about it in the Handbook, but we have more material than we had then, and a better picture of it has evolved.

You will find that whenever you go in for painful emotion and discharge it, you will discover a physical pain engram ready to be picked up immediately under it. If you discharge it thoroughly, you may not be able to discover instantly that physical pain engram, but in some cases enough of it is available to warrant your looking.

As soon as you fully discharge the painful emotion as an engram, go early to find what this was sitting on. When you contact it, the preclear will start to run out a physical pain engram which will then reduce.

Sometimes the painful emotion engram sits on a physical pain engram early in the bank. The physical pain engram says, "Don't cry, don't be so emotional, control yourself. After all, you know all is for the best in this best of all possible worlds," and you have not been able to get any painful emotion off the case. All you have been able to run are a few prenatal Suddenly you find yourself with Grandpa's death, right there, available.

Any time that you release painful emotion and it doesn't come up to at least a great carelessness about it—not necessarily laughter, but if the person still recounts it sadly—there is more emotion repressed somewhere else.

There is painful emotion in the prenatal area. Don't overlook this fact. Don't think that painful emotion is always in late life. Papa may have died while little Willie was on the way and now death becomes a very strange thing to this person. It will all sit on a physical pain engram which has painful emotion in it and in this case you really have a sorry mess. But you can clean it up. You can reach that death and discharge it, or reach some later death and then discharge the earlier one. The painful emotion seems to go from the top down and physical pain from the bottom up.

When you are treating psychotics or severely neurotic people, the best way you can guarantee a release on that person is by discharging the painful emotion on the case. I would never certify any severely neurotic or psychotic person who had not discharged any painful emotion. I would consider that person a liability until painful emotion was discharged off the case.

The importance of painful emotion is very great. You must try to discharge it as early as possible. You will get more sudden advance in the general aspect of a case by discharging painful emotion than by any other single action.

The handling of painful emotion engrams is one place where team auditing, in which you have two auditors working on a case, comes very much into play. If you have two auditors running one case, the tacit consent problem breaks down, because one auditor may spot something the other one is avoiding in a case, and vice versa.

So, when a case is overloaded with painful emotion, two auditors should be used if either of them has any painful emotion on his own case.

In one situation, one auditor knew that all he had to do was just shift valence on the preclear and coax him a little bit more because it was right there on the brink, and he would have gotten a painful emotion discharge. But he started to sheer off from the engram. He gave an order to move the person off it. The other auditor said, "Shift his valence," and the first auditor with a beaten look finally put the preclear back into the engram again. But he was handling it so diffidently that the other auditor took over, kicked through and said to the preclear "Go back to the beginning of it now, let's roll it again," and we got an emotional discharge off the case, because the person's valence was shifted. Just the command to shift valence released the painful emotion in this particular case, which won't always happen.

Tacit consent occurs. One case was a paranoid. He was practically leaking charge, it was ready to stream out of him like fireworks. He was complaining that he and his wife weren't getting anyplace. He was quite jealous. He was afraid to find out. He wouldn't audit his wife and his wife was afraid of him, afraid that he would explode in her face. She was very well apprised of the exact line which, if used by repeater technique, would break his case down; yet she wouldn't do it, and neither would he, and so both of them got mad at me and Dianetics!

I'm willing, where I'm trying to release somebody who is asthmatic, for instance, to spend ten hours if necessary knocking the person's birth out. If birth can be run on the case you run it. You get all the perceptics out of it and you run it and run it and run it and run it. If you haven't been back in the prenatal area maybe you will get one prenatal which will reduce in such a case, but you run birth.

Then you bring the person up to present time with birth reduced, and you run birth in present time on the patient, and you run it and run it and run it. By that time his asthma will be gone and you will have a release. And if you have also gotten some painful emotion off this release, you will have a release which will stay stable.

Now, that's not the same technique. You are taking great care not to stir up anything in the case that you will have to put in time resolving. You are going in straight.

But painful emotion is what you go after, and if you have to solve something in order to get the painful emotion available, do it. Releasing painful emotion will really pay dividends.

When you are going for a release you want to get rid of the birth engram, otherwise it is liable to sag in about three days. The way you get away from it sagging is to bring the whole incident up to present time and run it. It seems to run it on a different part of the track. You want the thing to stay flat and not sag, so you bring it up to present time and run it four or five times until it's gone and doesn't worry the preclear anymore.

The painful emotion engram is called an engram so that people will run it as an engram. We could also call it a “zut” or a “plakle,” but when you call it anything else but an engram, people won’t run it. If you expect a painful emotion engram to disappear as a real physical pain engram will, it won’t do it. So we don’t speak really of erasing a painful emotion engram. The entire content remains but it has no charge on it, and what you are doing is bleeding it. By taking all the charge off it, you never have to come back to it. It never sags, it stays dead. It doesn’t behave precisely like a real physical pain engram. We call it an engram because it has got to be handled like an engram. It gathers locks like an engram, and you have to start at the beginning and run it and run it and run it and run it.

The first time or two that you run a painful emotion engram, you will sometimes find that it has the characteristic of the person being outside himself watching himself, but he will be in this painful emotion. In any case which has a great deal of exteriorization of self, there is emotion on this case as well as valence shifts, because it is the emotion which locks in a valence.

That is the other thing that painful emotion does. It charges up a valence and makes it sharp. You can watch the patient shift across these valences, even though he doesn’t roll up in a ball and scream in one valence and then in the other in different voice tones.

I have handled painful emotion and gotten it to discharge by saying, “All right. How would you tell a little kid about Mama’s death?”

“Well, I guess I’d just come in and start telling her.”

“What would you say?”

“Well, I’d walk in and say, ‘Your ma’s dead, you’re out of luck.’”

“All right. Where would you be standing when you told the little kid about it?” You haven’t told him to be Papa and tell. You haven’t artificialized it.

In handling physical pain, you can do anything you want to; but in handling painful emotion, it is one phase that requires a very artistic approach.

If you go through the mechanical rigamarole of putting the person in reverie, sometimes you won’t get painful emotion. But start talking to the person in present time about somebody’s death, and you can see their eyes widen up and the emotion start in on it. However, don’t now say, “Ah, boy, we can get this one right away. Now close your eyes. Let’s go back to the incident,” because too many times I have seen that approach shut off emotion. Instead say, “Well, how did he look? Where was he lying? What was the doctor saying?” and suddenly the preclear will be running the engram— he is returned into it. Once he is there you can stiffen up the approach and say, “Well, look at his face again. How does it look? What is the nurse saying?” The person goes through and by that time he has got the incident turned on full blast and you are getting the emotion off it. But beware of introducing any artificial factor that he is in therapy and not there in the incident. Make it as real as you can, because it rests in the engram bank as being unreal enough.

You have to judge whether or not painful emotion is ready. You can pull out a circuit such as, “Control yourself,” or “Don’t cry,” and then take a dive at painful emotion.

Painful emotion is less approachable mechanically than basic-basic. Painful emotion is tough. The file clerk and somatic strip will very often sheer right off painful emotion. They don’t seem to be able to penetrate it. That doesn’t mean they are not working, it merely means they won’t respond on command to going there.

Painful emotion is something you have to keep your eye on. Keep your eyes open for and keep yourself working toward running a solid painful emotion discharge. You also have to

keep your mind open for beginning the erasure. These two things are extremely important, but the most important of the two is going for basic-basic. That is the key to the case.

There are lots of computations on this. The file clerk wants him in the basic area, but I have never seen a file clerk volunteer painful emotion yet. The way circuits get charged up is with painful emotion. When a person is out of valence, with a heavily charged circuit, it is very difficult to reach painful emotion.

So these circuits exist because painful emotion exists, and painful emotion can't be gotten off the case because these circuits exist. You have got one against the other. But if you know this, you are going to get the painful emotion sooner or later because you are going to go from the painful emotion to the circuit to the valence and so on.

Just play them back and forth until you have finally gotten the "Don't cry, you've got to get a grip on yourself," or "Now don't show your emotions, get a grip on your emotions. Now you mustn't let yourself go all to pieces." Of course nobody wants himself to go all to pieces!

Then there is the person who says, "Well, I spent three years in psychoanalysis getting rid of my husband's death and we have it very nicely under control now. It was so bad that for the first three years after his death I did nothing but cry. But we've gotten rid of all that. We needn't go back to it."

The auditor is a fool if he lets that statement stand, because it is wrong. It was the most baffling thing to one lady who had spent exactly three years in psychoanalysis laying the ghost of her husband's death to be told in Dianetics to go back to her husband's death.

She sat up on the couch and started to argue with me about it. She didn't know anything about Dianetics but she argued, "There is no reason to go back to my husband's death. After all, we took care of all this, and as a matter of fact I have sublimated the whole thing and it is now really the reason why I am doing so well and trying to help others and therefore we mustn't disturb this thing." It was a sacred portal that one just wouldn't dare enter.

I took her straight back and said, "Let's go back to the moment you heard about your husband's death. All right. What are the first words?"

And immediately we got painful emotion off this case which ran for three sessions and about a whole box of Kleenex! This person had been very sick with psychosomatic illnesses. After the discharge of that painful emotion, the illnesses went, and the whole thing keyed out. So, never permit yourself to be fooled by such a computation, because it is probably going to confront you.

There is some Reichian method of producing a convulsion in order to get a catharsis which would do something or other. Of course we know mechanically that if we induce emotion on the basis of getting a person restimulated by having him start himself crying, and then we ease him back, as he is crying, into an incident where he was crying, we might be able to release it. If we go right on handling it as an engram, we will get somewhere with it. But if we just let him cry, it doesn't matter how many tears he sheds when he is not on the site of the engram, he will not get any real release. So, when we get someone saying, "Well, I played over all his favorite records, and I sat there and I relived all the moments when we had been together," we know in Dianetics that it wasn't those moments when they were together that produced painful emotion, it was the moment he said, "Well, good-bye Kate, we had a nice time." One must run it on the site as it happened.

How you get the person into it is something else. You may be able to restimulate an emotional mood with music and get him up to a point where he is feeling very sorry about the whole thing, and then ghost him gently into the incident and run it as an engram, even though you don't appear to be doing so, and you will get the painful emotion off the case and the patient will stay stable.

You have to run a few. It's on this order: If this page were a blank sheet, would there be a picture on it? It's just that certain. You will make no mistake on painful emotion; it turns on, the person cries it out, he goes over and over it. The first two or three times over a painful emotion incident he may get nothing, but then all of a sudden he goes into his own valence and starts crying. He cries it out, and runs the engram. Each time there are less tears and finally there are practically no tears on it. Then the person becomes bored with it. You run it a couple more times and he's perfectly cheerful.

If you got ahold of a painful emotion charge and then left it just because it was late, you would encyst the remainder of the charge. So, "Ride him, cowboy."

Different periods of a death can be handled in separate sessions. For instance, in one case, the first period had to do with the receipt of a telegram saying the preclear's husband had been killed. The next one had to do with her parents suddenly phoning in from somewhere and talking to her about it. The next one had to do with them sending his clothes and effects home. These were months apart. But each one of them said, "He's dead."

Loss of an antagonist doesn't mean painful emotion. Loss of an ally does. And sometimes you will find: "Well, that's Aunt Gertie, yah, she's dead."

"When did she die?"

"Oh, she died last year." "Well, how did you feel when she died?"

"Oh, after all, it's Aunt Gertie. For heaven's sakes, scrawny old maid. She didn't do anybody any good in the world."

"Okay. Well, let's see if we can tap it." And you will get a painful emotion discharge on it if Aunt Gertie was the childhood ally, and there was a rupture in the relationship later. This means that the preclear's present day computation on Aunt Gertie is that she was a scrawny old maid. But she is actually, in the childhood sector, life itself and there is painful emotion on this.

For example, there was a case whose grandfather died. It didn't excite him at all. But it was a strange coincidence that everything went wrong after this. Because his grandfather's death didn't apparently excite or worry the preclear, he didn't have much of an inkling about it.

I went over this incident with him in a couple of sessions. There was no discharge on it. But long afterwards when we opened up a bunch of "control yourself" circuits and blew those and were just casually going up the track, we happened to clip on an incident which preceded this and he found himself carried along on a tide right straight into this painful emotion and that was the real boom! on the case.

He had always thought his grandmother was his ally. His grandfather was a rough, tough, drinking son of a gun who had been greatly run down by the rest of the family. And it contained the real charge. So the personal opinion of the person with regard to this is invalid. What is valuable is examination of the bank—whose words were aberrative? That is the ally.

A person's present time opinion is extremely colored by the whole engram bank computation. Something else that could well startle you sometimes is when the person says, "I hate my father, I don't like him," and you find out that father's words are not aberrative.

There is something which has been oversimplified with the label "ambivalence." The first ambivalent person I run into I'm really going to shake him by the hand because he will be the first one I have found. I've never found only two valences in an individual.

Here is Grandma treating a sick child. She's one person. Here is Grandma making the child eat—another person—just in the normal course of discipline. Here is Grandma arguing with Mama—a different person again, this time a very bitter, mean person.

So, as you go down the line, you will find that usually Papa and Mama are ambivalent toward the child. And it so happens that their own valences will get shifted by various experiences. Therefore they will go through as many valences as they have around the child, and one of those valences in Papa, for instance, may be very tough on the idea of having a child.

All through the prenatal bank we may find Papa being a bum. He may be a partner in a mutual AA, and so the preclear hates Papa. But we move up into a sector postpartum and find out that every time the child got sick, every time he had something wrong in his life, there was only one person who really stood by him, and that was Papa.

Papa worried when he got sick. Papa tried to take care of the kid. Papa had a sense of the fact that he had done something wrong and he was trying to make up for it. He was a pretty nice guy. He would go out and help the kid fly kites, and he would play catch with him and this and that.

But because of the existing earlier area, all of this goes out of sight. So there is a lurking ally in the case and that is Papa's ally valence, but that is never as strong as a 100 percent ally, somebody who is always out for the kid. That one is really strong. Nevertheless, Papa in his ally valence and Mama in her ally valence are very strong allies. You mustn't overlook this just because the patient says, "I didn't like Papa or Mama." Don't take that as the final datum.

An ally is somebody who has aligned himself with the survival dynamics of the individual. Because the body, the brain and the nervous system work in affinity with the rest of mankind, you will find that pain, antagonism, let us say months and months of cruelty, may have made no great impression, but ten minutes of kindness will leave a lasting impression for life.

Somebody must have stood up for the kid, some way or another. Somebody somehow insinuated himself into being part of a survival computation of the child.

It could even have been the dog. I found a dog ally one time that every time somebody tried to lay a hand on the child, this great big mastiff used to plant himself right in front of the kid. And if somebody tried to grab the kid out from behind the mastiff he would show them the most beautiful set of teeth. The dog would very often back the kid up in a corner and lie down when he figured the kid was in trouble, and this kid was always in trouble. So, this dog was an ally amongst allies. And when this person was being very kind or funny, he would show his teeth or snarl or laugh like a dog! There was a dog valence there, and all through the bank there would be "That damn dog." Even when the baby was sick and they were talking about "that damn dog, he's no good," this had absolutely no effect upon the child, even though he was lying there unconscious. It just got kicked right out of the bank, because that dog was really a friend. If the child got sick, the dog would sit around very calmly and wait. If the child started crying, the dog would lick his face. It was very amusing running this case because we had to run out dog incidents, one after another. The dog would go and pester Mama whenever the baby got in trouble. This dog was a nurse; it was being Mama and Papa! And there are a lot of dogs who will do that.

Deintensify incidents. That is why you shouldn't start in on a long one. You should take it out sectionally. If you think you are going into a very long sequence and you are short of time, take a section of it out and you will be better off, rather than restimulate the whole thing; because you can make a person extremely ill, particularly if he is fairly neurotic, by leaving an incident that is not wholly deintensified.

If your own time is pushed and you have got the preclear running more or less pianola on that particular engram, turn it over to somebody else, but make them run it out until it is flat.

A person auditing professionally who hasn't got an understudy is going to waste a lot of time, because cases are hard to crack and easy to run. As a professional you ought to bring it up to a level where you are cracking cases, not grinding away on them.

In six months, you might be able to process 20, 30 people through to clear, working very hard, whereas you have around you people who are very anxious to learn what you are doing and to study with you. If you don't use their services, you are going to be wasting your time, energy and skill. The more cases you break, the more you are going to know about them. You can always check back and ask, "Did it reduce all right?"

If it's going fine, that's all you have to know. Perhaps it will only take you half an hour of diagnosis and maybe 10, 15 minutes of searching, and all of a sudden you will have the engram running. You run it through once, take the main tension out of it, then turn it over to somebody else and let him run it. In this way we will get lots of Dianetic clears in the world.

CONCEPTION: THE SPERM SEQUENCE

A lecture given on
14 July 1950

The Most Aberrative Engram

A remarkable cross-reference turned up last night when I suddenly found out, through reviewing many cases, that the most aberrative engram is the sperm sequence.

We have only had a few people slump badly. On checking what these cases had in common, it was that the sperm sequence had been clipped but had not been fully run.

The sequence then, because it permeates the entire cellular structure, certainly the nervous system, would seem to be a rather wicked one. It seems that whatever content it may have is about twice as intense as anything else.

A sperm sequence does have the inability sometimes to reduce. Occasionally one gets a sperm sequence in which several words are still left after it has been run many times.

In trying to run this, it is sometimes necessary to pick up another engram and come back to it. But don't forget to come back to it. Let us say we still have the word "come" sticking up in the sperm sequence. This word is probably cross-filed in some weird fashion up the bank somewhere and is being repressed later. I have resolved several cases in this fashion. Normally, before we were giving it the stress that we are giving it now, we used to run out this sperm sequence as a matter of course, "Ho, hum, well, it's probably there all right. He seems to be feeling the pain and so on, so we will let him run it anyway"; but once in a while because of this frame of mind we would leave it and we would get a case slump, invariably.

In view of the fact that the ovum is around for several days before fertilization, and that the sperm is going through a sequence of generation which has many steps and subdivisions of cells before they finally become the sperm (which is a cell which will not subdivide because the cytoplasm is missing), the possibility of engrams occurring before this time is not slight.

There could be 10, 15, 20 engrams prior to conception, and it is these things we have got to take cognizance of. I have run out quite a few. As a matter of fact, as a point in question, in one preclear I ran out a series of incidents that had to do with different women. This sounded quite incomprehensible to me but there was a very rough somatic on the first one. A prostitute had expressed her deep chagrin with a hard kick, and the whole cellular recording immediately after that kick was turned on. The person seemed to be exhibiting some somatics on it so I ran them, fortunately. I don't know what would have happened if I hadn't.

I checked back over a couple of cases which were badly held up at the time and found that in both those cases conception was not reduced. In one of them I know that there were two preconception incidents to which no one had paid any heed. So, conception and incidents before conception are not only possible, but when discovered will be found to be the most deeply aberrative sequences in the bank.

Once in a while an auditor is going to find a patient who is going to run off what he terms his last death. One preclear is currently talking about back in 1924 when he died at the age of 74, and he insists this is there. He gets a full visio on it and there he is, very, very old. There is also a feeling of grief and sinking.

So, we have got to keep an open mind about these things. This is the same computation which ran down that prenatals existed. The rule being followed was that if an engram will not lift there is something ahead of it, and this led straight on down to what we have to take into consideration now.

On every person who has been cleared in Dianetics this sequence has occurred, and in some of them two or three earlier sequences have been run out, which leads inevitably to the fact that if a sperm sequence won't lift, there is something earlier.

This postulates several possibilities which need investigation. Correlated with the rest of the data, valence difficulty may appear in the early conception sequences. That is something to remember and follow through.

If one gets a sperm sequence that won't lift, one can experimentally try the phrase "Let's go earlier," and if one gets a sperm sequence, reduce it. Because in checking back through cases that have halted or slowed down suddenly in their operation I have found that the sperm sequence was run and not reduced.

In Bethesda Naval Hospital I worked on a couple of people in the fall of 1949, and one of these gentlemen gave me the most remarkable tale I ever heard in my life. He went on back, and I suppose he would have wound up as a cave man if I had let him keep on going. His material had no somatics on it, beside an occasional little emotional shakeup, but he was going back and getting killed and he was being born and he was riding it on all the way through. I left him in the Roman Republic! Fortunately the physical pain connected with this was zero.

After thinking about it later, it appeared to me very, very interesting that there is something in each one of us which extends all the way back to the dawn of time. There is no reason why there shouldn't be recordings on that protoplasm. The only trouble is that people keep registering death, and I am absolutely certain that in the past it has not been a practice to breed children from a dead man!

As a consequence, are we knocking on the door of the human soul? Or are we knocking on the door of delusion? It is one or the other.

If these earlier sequences are to be accepted—and many of them are as brilliantly clear or much clearer than incidents that come later—then we are working with something like transmigration.

One case I worked on recently was not a dub-in. He was wide open, had all his recalls, everything he ran off was good. I was knocking engrams out of him as easily and fast as snapping one's fingers. Then I said, "Let's go all the way back to the earliest moment of pain or discomfort."

And he said, "I'm sitting here on a mule looking at a castle. It isn't a mule, it's a donkey."

"And what happens then?"

"Well, this guy in a suit of mail comes by and he knocks me off and kills me."

It is a good thing not to have a thoroughly gnostic attitude when one is dealing with life. What we actually know about life is very slight. As a matter of fact, what we know about the human mind at present could probably be encompassed in one book!

We must have an open mind, not of the type Robert Moore Williams described, but we must be alert to things that might happen a little bit beyond our present knowledge.

The computation is in existence that the earlier one goes, the thinner the unconsciousness, and if anything hangs up it is because something is earlier.

If that computation follows out, then some of the early coitus incidents being run may be preconception without our realizing it.

An auditor must ensure when he handles a conception sequence that he reduces it, because the failure to reduce conception was found to be the common denominator of each case which has proven difficult in Dianetics.

The test is whether or not an incident will lift. The liftability of the last late painful incident is less than one earlier. So, as we go early they are easier and easier to lift. This is what got us into the prenatal area and down into basic-basic. I have produced results in a great number of people that did a full erasure without having to bother with these extensions, but in each one of these preclears sooner or later I would discover something odd about the early material in the case.

For instance, I would think I had something like conception out of the case. Conception wouldn't appear until I had run what seemed to be the first fight or something like that. And then I would start coming up the bank and find myself back running conception again, occasionally finding it necessary to run an incident or two, but coitus would seem to be sitting nowhere.

There might well have been in each case preconception incidents. And here we have observer trouble. It is very hard to observe what one is looking at, sometimes. On further observation it may develop that preconception incidents are not only credible but are common.

An auditor might not know when he runs across them. He keeps asking a person for the earliest coitus on the chain and the preclear finally gives it to him. On one case I ran this coitus out of the individual, and it reduced and erased. I went up the track, picked up some more material, came back down the track—just checking early as one does when one is undertaking an erasure—and I found the same coitus. But this time it had a different somatic. That puzzled me for a little while until I said, "Well now, this could be postulated on the fact that we might be running first the sperm then the ovum in the same act."

I had to leave it at that. But subsequent to that I took a review of all this material, because I had never seen this happen before. One would have to be very late to have an incident come up like that, and one wouldn't have gotten rid of it in the first place. Here was the incident unmistakably erased, including yawns off it, and so on. And we went back a few days later and there was the same incident.

In coordinating this material in my mind I ran across enough incidents of this kind to say, "Well, it may be that whenever this has turned up we were just running the duo. But keep your eyes open on it."

The material in the early part of the track has a habit of just blowing out if one really erases it. I have searched for some of this material afterwards and located enough of it in the standard bank where it was recorded as non-erasable memory to bring me to the conclusion that it was recorded.

Sometimes time is very slow in the basic area. There are several generations of cells before the sperm finally appears in the male. As far as we know, the female line doesn't run all the way back.

Around the vicinity of conception, one will very often find some of the wildest dreams and hallucinations. One of them was thousands of angels flying down to attend a fish fry!

So, when one gets one's hands on a conception, run it, and theoretically it should erase, but not always. Sometimes there's no pain on it. One should still run it a few times, then go earlier and see if one can pick up a twin to the coitus erased before.

What pointed this up was that the process of biochemistry called for in fertilization of the ovum may have some bearing upon the existence of the sudden manifestation of cancer in the body.

There are two types of cancer. One has to do with a catalyst for cellular division. Let's say we had a cancer germ cell somewhere lost in the body and something suddenly triggers it and it begins to divide asexually, and makes the embryo, and it continues to subdivide and is actually creating embryos. It is a remarkably vicious thing. The other kind of cancer is where the cells in the vicinity of the cancerous cell are called upon to grow.

These two kinds of cancer could be compared immediately to the sperm during fertilization, and may call for a certain body chemistry if this engram was in restimulation. This is just a postulate, to be abandoned if found to be unworkable.

But the cellular change might be called for by certain body chemistry, providing the conception engram came into restimulation, setting up a body chemistry situation which would cause cellular division because that is what conception calls for.

On the other one, mytosis—the division of cells—sometimes causes an engram. If that engram came into restimulation, we might have there the body chemistry which catalyzes the growth of cells. Following along this track I was able to narrow down the range of cancer to two experiments which if performed should keep in or throw out current theories.

It is not good auditing to assume perforce just because one has an erasure that nothing existed earlier. The general law is the fact that in the early part of the case there are many engrams which will erase which are not appended one after the other. If that is true then conception could erase, and there might still be a little bit of earlier data.

We might be dealing with an accidental right there at the beginning of the track. Sometimes we clip it out very nicely, at which moment the case proceeds beautifully, and sometimes it is taken out badly if at all, and the case doesn't keep on going. An auditor must keep in mind that there is the possibility of an accidental like this, because some cases do go badly and some cases do go right. The bad ones will resolve, but at what cost of sweat!

This subject is nothing new, but it is definitely something that may speed things up.

CIRCUITRY

A lecture given on
14 July 1950

Picking the Locks

By addressing the subject of circuitry, one is trying to get the suppressors out of the case which turn off the individual's ability to re-express his emotions and somatics and to generally conduct himself as he should as a preclear

Therefore it is of very definite importance to an auditor to know everything he can know about this, because the speed of resolution of the case depends in a large measure upon his ability to pick the locks on circuits and valences. If he can pick those locks rapidly, difficult cases are going to resolve much more swiftly.

It is very important that they do so. If a man has got a demon circuit which says, "Control yourself, don't lose your temper, now get a grip on yourself, those emotions are going to run away with you, you must shut them down," how is one going to get painful emotion off this case? Also how is one going to get any auditor control over this person?

All the psychotics I have inspected to date had this type of incident as their worst engram, and the demon circuit suppressed them into psychosis. We don't have to go into psychosis, however, to discover severe demon circuits. We can go into mild neurosis and we can find some very fine ones. A large percentage of the people who are passing for normal in this society today have circuitry of this character.

The index of psychosis is still missing. What is the difference between a normal person, a neurotic person, and a psychotic person? Is it a basic weakness of personality or mentality? Is it that variable from individual to individual? Or can we finally bracket with a good, solid observation one factor?

With "control yourself" we are very close, if not there, and the severity of this command in the case could be a determining factor in psychosis. That still requires a lot of investigation before becoming definite.

But ever since I have been watching this particular point in cases, I have noticed that the real rough psychotic had this installed, plus painful emotion, to a point where the person was no longer in control of himself; the demon circuit had substituted itself for "I."

So, in potshooting at demon circuitry, the auditor is hitting at the core, possibly, of psychosis. The only datum that is missing is that the psychotic quite often has painful emotion ready to bleed immediately. The moment one asks for it, it is there. The psychotic might have a very selective mechanism which is merely "control yourself" which didn't apply to the "control your emotion," and "I" gets transplanted, giving a complex picture.

The auditor must realize that a case has numbers of people as the dramatic personnel in the engram bank. He must keep these in mind when he is going for circuitry. It is possible to do too fast a job of diagnosis and to find lying there, much too accessible, Papa saying, "Control yourself," and then to shoot for Papa saying, "Control yourself," and finding nothing.

As a result a person just goes on controlling himself. It isn't just the circuits that are set up on some other set of words but the fact that they are in somebody else's mouth; so the auditor has not broken out of the case the most aberrative command that leads this person to control himself.

There is Papa and Mama and the child, and one also has Grandpa and Grandma, and so on. Some of these people, Mama, for instance, have to be present during the prenatal area, but all the rest of these people may be present too.

Great-grandparents are not uncommon. Great-grandparents get occluded because Grandpa's and Grandma's father and mother are the allies of Papa and the allies of Mama, so that when a great-grandparent dies it leaves an occlusion.

Ask a preclear's father whether his great-grandparents were alive during the period of gestation and he will often say, "Oh, no, they died years before." That is not good data because there might be an occlusion of it which has been passed on to the child about it. They probably told the child, "Why, your great-grandparents were all dead by the time you arrived in the world. Oh, long before you were even conceived they were all dead."

I have had many patients tell me, "Well, they died when I was 4, no, not 4, they died when I was 12. No, I think they died when I was about 19. No, it must have been 4...."

So, one can have a condition where Papa or Mama has an occlusion, and the great-grandparent picture is very erroneous. But don't just abandon great-grandparents. They may be there. One must realize that these people may be the allies of Mama and Papa, and Grandpa and Grandma may be the allies of the preclear.

They are the most likely candidates for allies when we have a history of violence of family life. These people may be very cross and mean and gruff, but they do have this: age has slowed them down. A lot of their engrams have been laid aside by decay. The violence and red-hotness of their passions has long gone far into darkness.

So, one finds a milder scene for the child; even though they are quite strict with it, they also mean life and death for it. Just because Grandpa and Grandma are the preclear's allies is no need to suppose that they weren't hell on wheels with this child, but one will find the preclear will much more easily contact the kind ambivalence which will undoubtedly be there.

These are people, not symbols. They may have dramatizations which are despicable and which are very rough on the child; but they, in this valence, are so necessary to the child's survival that the child accepts all of it. These people getting along in life suddenly get the idea, "Well, I don't have to have this child live with me. It's no pain to me, and it's nothing out of my pocketbook, so this kid is just wonderful, he is the grandest kid in the world and we want to see our life go on"; whereas they were saying to the parent, "Oh, we don't want any children. How are we going to get rid of this? We can't afford it." It makes a big difference.

The question of who aberrated Papa and Mama is a very interesting one. The parents are the most likely candidates. Papa saying, "Control yourself, you must learn to control yourself," came from somewhere, and the chances are that he got it from Grandpa or Grandma.

Now, as we come along the line, we are looking for demon circuitry in a preclear. As a child we find Papa saying, "Control yourself," and Mama saying, "You must get a grip on yourself, you must learn to control your emotions." And we say, "Aha, now let's shoot for it, we've got it now."

Only we probably don't have it. Possibly the grandparents may have been around Mother during the prenatal period, and this should be checked. In the majority of cases one finds out that they were to some degree. They hear that Liza is pregnant and they will come all the way from Keokuk. They know all about this.

And then they may find out that Liza doesn't want the child, and they will raise hell with Liza because, after all, it is no sweat or pain to them. That's the way Liza will ordinarily sum it up, anyway. And right at that point there will be a great big ally computation.

When an auditor runs into that sort of thing, he has a tough case, because here is the “control yourself” mechanism he is shooting for. This is not a standard case, but is brought up to show that this chain exists.

Let’s say there is a great deal of aberration on the phrase “Control yourself” in a case. We’ve got a preclear, we trace some of it to Mama, and it can also perhaps go to Papa. So we start saying, “ ‘Control yourself.’ Now let’s see, who taught Daddy to say, ‘Control yourself’? How did this person feel toward this grandparent?”

The person may tell the auditor, “Oh, I hated my grandparents, they were no good,” yet the auditor goes back and finds these big ally computations with them. They were no good, but just the same he is obeying the “control yourself” mechanism received from an ally.

The auditor should look over this picture carefully before he dives. He wants the center, the most aberrative circuit in the whole bank. And it will be found, usually, out of the mouth of an ally. In picking apart these circuits, then, it is not good enough just to find somebody saying, “Control yourself, you’ve got to get a grip on yourself,” one must find the most aberrative moment when this occurred.

Here’s a minor case history on this subject. A preclear used to have a dramatization after he got married of wanting to go away because nobody cared whether he lived or died. This thing used to come on about every six or eight months, and after it was over he would sit back and look at himself in horror wondering what had gone on. There was much smoke and foment around this thing, and often he was intrigued by his sudden and unpredictable irrationality. Well, it wasn’t unpredictable. There were various triggers to it.

In going back down the bank, who did we find but his great-grandfather who was actually being kicked out by his children. The old man was quite a guy. He played the fiddle and so forth. He used to sit around and take care of the preclear as a baby. He was alive until the preclear was 8 months of age. His death was occluded in the preclear’s mother and in all of her sisters because he was the person who made much of them. He was a thoroughly nice person but he did have some of these dramatizations.

He would get very sorry for himself. So in hot, miserable weather down south, a little baby would have the colic, and get bitten by insects and be uncomfortable and get sick; and the old man would come around and, besides the history of the Civil War, he would explain to the child as his only confidant how nobody loved him, that he had to get out of there, he was going to go away, it wouldn’t do them any good to follow him because he was going to go out and get himself lost somewhere on the rims of the world.

As he was explaining this, the baby would look at him very solemnly. Well, that dramatization skipped a generation, all the way across, because he had never been around when the preclear’s mother was a little girl, so that dramatization was never transplanted there.

The preclear’s grandfather on his mother’s side had never taken any stock in the old man at all, and as a matter of fact was quite ordinarily cross with him. So he had never picked up the dramatization either. In order to find this thing, we had to go way out on it. We didn’t have to work on it very hard, because the thing showed up.

It was a blank period of about eight months of the preclear’s life which one day all of a sudden was cracked through by somebody playing on a fiddle, and here was an old man playing on a fiddle. We ran into an engram where the child was being rescued from some girls by the old man, with him shouting, “You horrible, vicious girls, you get away from that baby.”

That shows you how far you can trace one of these things. Now, a “control yourself” demon came in from the grandfather (who was the most solid ally after his great-grandfather) telling

his great-grandfather to control himself over these things. But, of course, his grandfather's statement about control was picked up and echoed by his mother and it came through fairly strongly. Once we had all of these circuits out, we then found that the grandmother, who up to this time had been the angel of mercy, the Red Cross nurse on the battlefield, had a nasty dramatization whereby she was saying to him continually, "Tommy, you will have to learn to control your temper. Now control your temper. Now you mustn't get angry, you mustn't get mad."

She had dozens of these phrases and she used them practically every day, but they had all dropped out of sight as far as he was concerned. This is given as a case history merely because the concatenation happens to fit the point being illustrated.

So, circuitry sometimes goes out much further than one would suspect and one should pick up the most aberrative circuit one can as the first run.

The auditor will find "control yourself" in lots of forms. Let's say we start into a case and the first thing that comes to light in this case is the "control yourself" mechanism, "You've got to keep a good grip on yourself, you mustn't let yourself go." This will stick someone all the way up and down the track. It is also a beautiful grouper and a demon circuit.

Start to follow this one down, and every time one hits it in the bank the person sticks in an engram. That is a holder to beat all holders and yet it is a demon circuit.

So, "Let's get a grip on yourself" and "Get ahold of yourself" and so forth are hard to deal with, and one must not restimulate them where they are not already restimulated. Before diving down such a line, the auditor must be sure he has the most aberrative moment, and then try to get the earliest moment of it as fast as possible.

It won't do the auditor any good to have the preclear recount one of these incidents 500 times if it isn't lifting. If it was recounted 12 times and doesn't lift, he can be pretty sure the intention is going to stay on it. He could start going back down the bank with one of these things, but be unable to take the tension out of it. He could also get the person stuck in it and then try to go earlier.

There is a way to solve a case with a "control yourself" mechanism, together with a holder. The auditor can try to resolve it by brute force, coaxing, persuasion, and erasing conception. He can get some yawns off this case if he can't get any painful emotion. He can also try to get some unconsciousness off. After he has done that, the case is much easier to work.

It is a good rule in shooting for circuitry to use judgment at all times. One must be careful about it and plan one's campaign very carefully, asking the questions, "What are we going to do? What are we going to shoot for?" It isn't enough to know that a man has a "control yourself" mechanism. One should know, of all the people who might have used this same mechanism, which one is the most likely candidate for its most aberrative effect, and will the case resolve anything in the basic area before one tries for it?

One may find that he can actually produce faster results by taking the unconsciousness off the case. If one can do that, that is the target. It isn't just to take circuits out of a case. The "control yourself" mechanism will not necessarily inhibit taking unconsciousness off the case.

So that is why these steps are written up in this sequence. If one gets emotion off the case, the person is going to feel better. Then, if one can get into the basic area and get conception or some early incident out and erased, one is way ahead.

Maybe the person is out of valence, with a "control yourself" mechanism and dub-in, but one has gotten down to the basic end of the case and erased some of the unconsciousness. Now,

when one shoots for circuitry and starts down the line, every engram all the way up the track is looser than it was and the chances of springing those circuits out are much better.

So, when going in there, one must not pull up short and say, "Oh, well, we've got a 'control yourself' mechanism in this case and we have probably got a valence shift and that's just tough, we'll have to shoot for circuitry"; one must make a good, solid effort to get the earliest part of the case resolved, not just a light dab.

One gets out some early moment like conception, with lots of yawns off it, and the case will start to resolve, even if the person had non-sonic, few somatics and emotional shut-off.

Finally, after the auditor has erased some incidents out of the early part of the track, he will discover that the preclear can hit practically any engram in the bank without severe consequences. The preclear may get nervous, but he can grind it out and move on the track better, and knock out holders, and so forth.

Some cases will refuse to go into the basic area in spite of all of the auditor's coaxing or emotional restimulation, like finding a late moment of sexual pleasure in order to reach conception. The preclear might not be able to find any moment of sexual pleasure. If he does, the auditor should settle him in it no matter how well.

If he can't get conception or early engrams out of the case, if he is blocked at every turn, then he should try for circuits and be well aware of the fact that in doing so he is handing himself a problem.

He is going to have to handle the problem with judgment to get the most aberrative command, and run it down with the greatest of skill. The intention is not to scare anyone, but to make an auditor careful and thoughtful before he dives into a case which has no unconsciousness out of it, in order to pull a demon circuit.

Although a demon circuit is powerful, once a computation is known to exist it loses considerable power. In tracing down such a computation, it should now be reachable. How much more hopeless people have been in the past about dub-in when there was no immediate remedy for it.

Sometimes people would much rather run locks than engrams. They will also run each other's engrams. But every engram which lies on somebody else's track has right under it and just adjacent to it a real engram of the person.

Individuals do not transplant engrams uniformly. For instance, if one has five people who are working together, only two of them might suddenly pick up a certain engram that one or the other has been talking about.

Whenever an engram is stuck that was run out of somebody else, that secondhand engram is stuck on a very similar engram.

It also works beautifully in diagnosis. I have told people of engrams, and then watched them very intently, noticing if they have gotten nervous on a certain subject, and then put them back down the track to see if a similar one was stuck anyplace. If it was, I dived for the engram right under it and perhaps found Mama's lover if it was in the bank. If I couldn't find the engram anywhere in the bank, it didn't completely invalidate the fact there was a lover there but it certainly had a tendency to allay my suspicions.

One does a diagnosis by making a person remember. In this way one discovers the existence of circuits and their probable wording so that they can be plowed up by repeater technique.

At present, we don't know too much about what thought is. It may be a sentient energy form which is everywhere existent. But however it is, the anatomy of thought is quite as valid as

checking back on the physiology of people. There is no reason to fall into the error of yesterday when people considered God was all thought or that there was a thought and that this thought was something very supernatural which could never be contacted.

In Dianetics, we are carrying along on the premise that the anatomy of thought is thoroughly as valid as the anatomy of matter.

Notice how hazy the very best medical knowledge is of basic physiological processes.

Similarly, as we track back thought we get such hazy spots. We do have ways to help it, just as medicine has ways to bring about fertilization.

Let's consider that there is a thing called life energy. Maybe this is just the *elan vital* of Bergson, but it behaves for our purposes a little more useably. So here we have this life energy. Where it comes from, what motivates it and so forth, of that we are not aware. One of these days I intend to conduit it and perhaps look at it under a microscope. But it has two branches: thought and structure. Structure is a vessel of thought. Thought is what brings about and regulates structure. There is an interactive principal at work here.

There is evidence that this thought-structure interrelationship is an energy which in some way or other is able to enter into matter and make out of it something which is mobile and sentient. The theory of evolution from a mathematician's point of view has more holes in it than Swiss cheese, so this is a nice, clean, clear concept.

Most of the principles along this line are held in place by precedent. And precedent, after all, is merely the admission that the person who lived before one was smarter, and yet one has more data than he had.

What would be incredible would be to accept the postulate that there was no sentient energy anywhere in the vicinity of any cell and it would be even worse to try to postulate, as far as nervous energy recording is concerned, that a cell did not have a nervous system.

Walking along trying to track down God is pretty tough sometimes.

What we are following here has a very definite purpose: it is trying to make the processes of Dianetics work faster and more easily. And part of the success of the process depends upon the auditor's ability to follow the process or to work with it.

I work very hard in an effort to communicate to auditors, for their use and application, certain techniques and processes and I will continue that line. But if an auditor is not getting good results, he should re-examine his technique in the light of standard procedures that now exist to find out if there are any holes in his application of it.

PROCESSING CHILDREN

A lecture given on
15 July 1950

Pointers

This is a brief lecture on treating children with Dianetics. Although this problem has been touched upon in the past, there have been no very definite statements made about it. There may be an impression that children are almost impossible to treat by Dianetics. This is not true, and the Dianetic auditor who tries it is going to be most astonished at his success.

The warnings in the Handbook are directed toward those people who will try to handle the child the way one would handle an adult preclear with statements like, "Lie down, close your eyes, go back to..."

The child does not work this way. Handling a child requires a great deal of personal charm. One has to be able to interest the child. He will take Dianetic therapy as a game when he will not take it actually.

I have worked a child slightly over 4 years of age and have achieved very marked results with the child. I have also worked children at 8, 9, 10, and have found that in that bracket they are much more accessible and that results seem to be more certain. At 12, 13, 14 years of age, the child seems to be a trifle less accessible but nevertheless quite treatable.

At 17 and 18 one is dealing with an adult who can do almost anything the auditor wants him to do. It is at that bracket that one can first expect a person to be able to undergo therapy just as any normal person would, with "Close your eyes, let's go back to the earliest moment of pain or unconsciousness . "

In the early years a child's mind is not completely formed physiologically. It is still growing. You see evidences of this in a certain lack of concentration which is not engramic and in their lack of ability to handle themselves physically.

Something else which is not physiological enters in as a very important datum. The child has a limited supply of data. Therefore, his ability to relate what he discovers to his own reality is limited. One must recognize that this lack of data first manifests itself in overuse of the imagination.

The mind is constructed to supply with imagination what it lacks in information. If this is interrupted by some uninformed person such as in psychoanalysis, where all is delusion and so on, or by mothers who say, "That's your imagination, you had better be careful about using your imagination," one gets the worst case of childhood dementia.

The brain has to have imagination. If it doesn't have imagination, it cannot make from a few isolated data any conclusion. It has to fill in the gaps. Further, if one had no imagination or his imagination was not in its fullest play, he could not make an accurate prediction of tomorrow.

Imagination is a fine predictor mechanism. That is probably its basic purpose. If one wants to upset a person about the future, take from him his ability to use his imagination.

In treating children, the auditor is going to find the problem of imagination very acute in many cases. The child has come into the world, has looked around at a bunch of sour-faced adults for a while, has a few data and has tried zestfully to recompose this data into something which looks to him like a logical picture.

A dinosaur romping down Hollywood Boulevard could be a perfectly logical picture to a child, but the adult comes along and says scornfully, "Oh, that's all in your imagination. You shouldn't use your imagination."

As one treats children, one gets a beautiful cross-index of the adult world. It is stupid. I have never failed to remark on this in treating a child. Usually the child is quite bright when he first comes into the world, with an acute sense of what is real and what isn't.

He will try to tell adults jokes, and he has a very playful look toward life. But the adult says, "Oh, no, that isn't so." I imagine that many a child feels like a comedian who is talking to a house that is absolutely flat.

The social aberration is that there are several ages of human being. The first is the age of protoplasm where there is no life, no feeling; no sensitivity up to birth. It is simply protoplasm and that is that.

The next age begins magically at the moment the umbilical cord is cut. This is "Oh, you dear, sweet, cute little thing, you." And this means the child is very sweet, quite pure, quite innocent, and all in all a very wonder of a thing, but not a human being of course.

The next stage of childhood is when a child is unlucky enough to try to learn language from people who don't know language. This is the postspeech period of childhood which is very trying. The child discovers here the social aberrations in full force. He wants to know what such-and-such a word means. He finds out merely by uttering this word that people fly off at tangents, look at him scornfully, stand him in a corner and so forth. But he can say "cornflakes" and nobody does anything to him, which gives undue emphasis to language. So he gets punished because of language, and language becomes very dangerous stuff to him.

But he is still cute and people can still bear with him because he is dependent. Dependency has a high value in the society. It has such a high value that today people in Washington are willing to sell out the whole United States and all of its philosophies and past glories for the great privilege of being depended upon by the mass of the populace.

During the Thirties, people in Washington were avidly creating indigency. The WPA was no effort to rehabilitate the self-respect of an individual, it was an effort to coax his dependency into being so that somebody could look smart and important.

In the very small family scene you will find out that the child is made into something with which to bolster the ego. People keep dogs for the same reason. I have seen children that the parents had mistaken for army privates, or for sailors in the navy. I have seen children who have been mistaken for almost anything that would act as a sop to the engrams of the adults. But seldom have I ever seen a child taken for a child. It doesn't occur to people that the child is a live, living, thinking organism possessed initially of enormous self-determinism. It is the first goal of the normal adult in this society to break utterly and forever, if possible, the self-determinism of the child.

I have become convinced of this by listening to the cant that goes on, "Elders know best. You must do this. Now just mind." I will admit that a child is noisy and that a child breaks things; or a child because of lack of data and coordination may be a bit trying on those who have a blocked second dynamic. But I have found the following to be the case: Any child who was engaged in breaking things, in being bad, was in a high state of revolt which would not admit of an immediate surrender to anything save heavy corporal punishment.

We have the reverse of this in what is laughingly called modern psychology—laughingly called because this is the most insidious undermining influence on children that I know of.

In the first place a child has to have a goal. There are many ways to handle a child, and certainly a child has to fit in as a social unit in a family as soon as possible. The quickest way

to make a child an antisocial unit is to punish him. The pain-drive theory always adds up into an antisocial state.

It adds up to the fact that the child, by modern psychology, is more or less denied his self-determinism in his early stages, and yet is told continually that he has all of his self-determinism. Then when he gets his brains rocked thoroughly by this, they can call him an anal type, or something of the sort. The child has to have a goal. His goal is growing up and being an adult. As long as he has this goal, he does pretty well; he can come through almost anything. "Someday I am going to...." That's hope. That is the mind overcoming obstacles toward a known goal.

Any system which knowingly or unknowingly seeks to convince the child that the thing to be is a child is going to lead this child away from a goal and is going to make his wits rot by that and that alone.

Therefore, some of the worst cases in Child Dianetics are those children whose self-determinism has initially been undermined because, by lack of skill and parental intolerance, they have at the age of 2 or 3 broken things or cried a little loudly, and been punished and then gone into revolt.

The Gestapo up there at the top doesn't like to be revolted against. This is actually a totalitarian regime. There is no court, no justice for a child. He has no recourse to law. He goes against totalitarianism and he gets slapped flat. So he revolts again and he gets slapped flat. And he revolts again and he gets slapped flatter. And by the time this is kept up, he finally gets broken down.

Then, when he is sufficiently broken down so he is about the most dangerous character one could look at, down inside, then they say he has now been given social graces.

The child would learn naturally by mimicry and by a desire to become an adult. But if he doesn't see any profit in being an adult, if adults aren't enjoying being adults or if he finds a great deal of profit in being a child, his goal is stripped from him. This is all on a wide computational margin.

But the process of breaking a child into harness in the society is a process of breaking abreactions. Now, this child has engrams. At first they are not badly restimulated. After Papa has vented his pet fit (which may only be sullen discouraged silence over the whole thing) a few times, this is a restimulator and it is being used now as punishment on the child.

The child, healthy, growing—or even unhealthy but still growing—will try somehow to break loose in this environment which is hemming him in, and it will hem him in closer and closer.

There is an idea we have in this society that a child has to play and have a good time. I have seen the most disgusted children I ever wish to see who had to play. It's tough. "Now go out and play" is a sort of punishment. Such a child has no responsibility. Nobody looks to him for anything. Besides, nobody has bothered to define what play is.

Play is actually a natural training process built into the mechanism. A child goes out, he learns to handle himself, coordinate himself and so forth. But, instead of using it that way, it's used in others.

A child learns by mimicry. Most children, unless they are severely aberrated, are very good mimics and they look at the adult and try to use the adult as a pattern for their own actions. This is natural. Unfortunately most adults around children have quite a few dramatizations. So the child may start now to mimic the dramatization, little witting that he has this same dramatization back of him many, many years or months in the form of an engram which has a lot of pain connected with it. So the instant he starts to mimic this dramatization it reacts back on him and comes up to the surface. Let's say it's the fight chain—he sees Papa fighting. He

decides, "Oh, that's the way an adult acts." And so he fights with his little playmates and occasionally tries to fight with Mama. Only he uses Papa's dramatization.

And what does this do to Mama? This has been setting her off her rockers for years. So, Mama at this point departs rationality even further, and promptly breaks the dramatization. She has been trying to break it for years, and here it is, so she smashes it.

If the child goes into Mama's valence, he may do the same thing toward Papa. I worked on one child who had been very clever about this. He used the parents' own dramatizations against the parent who had the dramatization. He practically broke them. He had very high survival value.

With these crosscurrents of broken dramatizations one after the other, soon the child goes into a hysterical state of great nervousness, indecision, and an inability to do what he is supposed to do, or know where he is supposed to be. With everybody changing his mind around him, and unable to mimic the target that he is supposed to mimic and thereby learn, he goes crazy and this is known as modern childhood.

If you have ever seen a flock of children playing and noticed the high hysterical scream lying back of a voice and the number of times someone gets hurt, realize that you are dealing with somebody in a temporary break, not with a little child.

The coitus chain is particularly severe on the prenatal child. Although innocent, those are some of the most aberrative moments, yet they are almost impossible to avoid because one doesn't even know the child is there for the first weeks.

Here is a review of what I have learned in treating the children of America. One can spot the child immediately who has quarrels in the home. It is a truism that the child who comes from a broken home is nervous. But that is one of these shortsighted surface views. Why did that home break up? That is the reason the child is nervous. The dramatizations which throw one parent against the other bring about a highly nervous condition in the child.

Preventive Dianetics aims toward keeping engrams out of a child, and toward no restimulation. Don't throw the same phrases at the child that you know he has in his bank.

For instance, one little boy at the age of about 4 1/2 was addicted to bed wetting. The parents had no clue as to what this could be or how it could be controlled.

In a review of the moments prior to the child's arrival in the world there lay the engram in the first many contractions of a tough birth, "Lie there now and go to sleep. Don't get up." And somebody says, "But the water's breaking."

"That's all right, just lie there and let it come."

So, this little boy of 4 1/2 was obeying these injunctions 100 percent. He was wetting the bed and couldn't be awakened. Trying to reach this birth sequence in him at that age was impossible. Then, they suddenly realized that every night they were telling the child the exact words that would key in the engram. "Go to sleep," they would say to him, and then caution him about the water, which restimulated the command in him. His father didn't know too much about how one dramatized an engram until all of a sudden here was the whole sequence. He himself had installed it and every night was reinstalling the command in the kindest possible way.

So, they no longer tell the child to go to sleep, and they don't talk to him about water, "Don't drink any water before you go to bed," and so forth. They just delete all these things and simply say, "Good night," instead, which has brought about an improvement.

They had been putting the child back into the anesthetic of birth. He hadn't been sleeping, he had been lying there drugged, every night for years.

So, treatment No. 1 is to prevent restimulation of the child. It is quite important. Treatment No. 2 is breaking locks on the straight memory circuit. Treatment No. 3 is releasing painful emotion from places one would never believe were painful. This is done in reverie.

One can take a child, for instance, of 6-7 years of age and get an emotional discharge of grief. And once a bit of grief comes off the child's case one would be amazed at the improvement in that child.

It is very hard to get a child early. The way one gets him into reverie is not by making him do anything very special or spectacular, but by playing a game with him. Most children's recalls are pretty wide open.

One doesn't have to be too saccharine about this game either. It is trying to find out if the child can go sleigh riding, walking, hiking, swimming— pleasure moments.

One will find the child will go through these things rather easily. After a child has gotten the idea of doing this, one can pick a moment when the child has been bumped, having him pick up the bump. He will usually pick up a recent bump very quickly and run it out with all perceptics. And that will get rid of the pain.

One continues to pick up recent bumps and little bits of pain, as well as recent emotional upsets where the child was scolded, until one has deintensified the bank that is near present time. But at the same time one has educated the child into an ability to return, without undermining him in any way.

One is very careful not to give him positive suggestions or a lot of advice. It's no good anyway. One doesn't know what he is trying to think up or to resolve and one certainly doesn't have enough data to solve his problems for him. He may have various conflicts and engrams in restimulation that have to be steered around which one doesn't know anything about, so no adult could solve a child's problems.

Then one educates the child a little bit further into picking up and running through an illness, let's say 2 or 3 years before, and getting him back along the line. Usually this material will blow off, it's so light. Being so active, the child can throw this off easily.

One will find it possible to knock out dramatizations on standard diagnosis with Standard Procedure. Don't go for the engrams, go for the locks and knock them out, and one very often gets emotional discharges on them. Deintensify those and then try to make sure that they are not restimulated later.

Education comes next. Try to teach the child to handle himself so that he can throw natural discipline in on himself rather than aberrated discipline. Natural discipline of course has to be within certain established limits. Never upset a child's decision, but try to make him handle himself.

Give him a reward, or little bits of pain. Assign him tasks, skills and so forth, and make it quite inexorable that these things take place. Never install an engram when you punish the child. You can give him a little corporal punishment, a little switching won't kill him, but don't say anything.

For instance, you can say, "Well, too bad. I assigned this to be done by 2:30 this afternoon. It isn't done." So you simply pick up your switch, and switch him lightly. In that way one is setting up life in vignette. If we miss doing things in life, we get punished for it. Life punishes us. But it's not that tough on a child because, as adults, we are standing as an

interposition between life and the child to a large degree, so we have had to substitute just a trifle. But, don't be angry with the child about it.

After this has happened three or four times one will be amazed at the amount of self-determinism that the child begins to pick up, since his self-determinism is now being directed toward handling his own organism.

Where there is an older child in a family, he won't do anything to a little baby. He will be very interested. But sometimes parents get the idea that the child's nose will be out of joint about this and they try to take measures one way or the other and do the whole computation for him and then say, "This is the way the child reacts," whereas the child doesn't react that way at all

A baby has a rough time around an older child. Babies fortunately are practically indestructible. They are very hard to hurt.

The problem in dealing with a child is that one is dealing with an aberree. He is a little character in a world full of giants. And what one says to him has weight far beyond what one intends it to have.

The problem is to observe departures from what one would consider rational conduct, and not throw these things off or assign them to the idea that he is just a child after all. Children will act fairly rationally. They will act as well as they have data. They will figure things out just as well as they can. But they don't have much data sometimes and they get some very peculiar solutions to problems, such as a little boy I talked to recently. He had been punished. Everybody had been furious with him. He had been ostracized and kicked out of the house. Papa had come home and beaten him up and so on and he was in bad shape. And after all he was just trying to be helpful. He had buried the silver in the garden in nice rows because he wanted to grow some more silver! He couldn't understand it. Nobody in the whole course of the conversation bothered to tell him the missing datum that when you plant metal you don't get metal. Of course, all Mama could think of at the time was the fact that her silver was lost forever.

So, the discovery of the missing datum when one is handling children is very important. And one will find some of the strangest concepts in a child, particularly if one is dull enough ever to give him access to Eugene Fields and Grimm's Fairy Tales. Eugene Fields is terrible because he adds all this pathos about how the little boy is dead but he has laid out his toy dog and then an angel comes by and so on.

The data a child has sometimes is of insufficient relationship to the real world to be properly differentiated. This can be in what the child reads, but it is just the same as what the child is told.

Then there is Little Orphan Annie, and "The goblins will get you." That is a rough one. I have picked up more charge out of more people off that poem in childhood, and in three children have practically straightened their lives out just by picking up the emotional charge in that poem.

Here is a brief resume of computational neuroses and even psychoses one might find in a child.

You not only have to learn how to think like an engram when you are dealing with children, you also have to learn to think without data. And if you ask yourself, "Let me see, if I knew no more than this child, what would I think about something?" you will come up with some remarkable computations.

It takes some practice to think that way. One little girl was in a neurotic state. She did nothing but run. She would never walk, and could not be persuaded to. In the course of running she

would inevitably fall and bruise herself. She was accident prone and was always a mass of contusions. So, I treated this little girl and in the course of about an hour picked up the following data: There was an engram someplace in the bank which laid down the proposition that one was liable to take root and grow. Somebody was a globetrotter and had to move around. The phrase “take root and grow” was the key.

Now, the child had read a story in school about a little boy who was a laggard—and this was a moral tale. He lagged and lagged and lagged, and one day he lagged so much and he fell so far behind and stood so still that although the family told him, “Come on,” he didn’t, and there he took root. Roots came out of his feet and they went down into the ground. Of course, when the family went back to find him, they couldn’t, because there he was standing as a tree, and he was never thereafter able to attract anyone’s attention.

This story can be found in bookstores, and even the best regulated families give this one to children to read.

The engram said, “Take root and grow,” so the child didn’t dare stand still. When she was standing she couldn’t let her feet stay down because roots were going to come out of the bottoms of them and attach her to the earth and there she was going to be forevermore. And she was in a state of terror about it.

The felony was compounded by Lewis Carroll, a rather innocent source. Papa was saying, “You have to run just to keep up and you have to run twice as fast if you want to get anyplace.” So, this poor little girl was in a bad way. I started back down the track on more or less straight memory, locating various things, and finally found out by a little adroit cross-questioning (that didn’t appear to be cross-questioning) that she was liable to take root and grow.

Papa said this continually in quarrels in the family. He wanted to go out and travel, he wanted to move around, and Mama wanted him to settle down and take a job and stay there. “Do you want me to take root and grow?” he would say.

So I went back and found the earliest dramatization of this quarrel and knocked it out. Note that I didn’t go back and find the story being read. It would be a waste of time to do that. Try to go to some live bait.

The story was simply an indicator. One must find a dramatization or a punishment or something of the sort and knock that out. For instance, a child starts worrying about “the little tin soldier is covered with rust as sturdy and staunch he stands....”

In trying to find this thing, one will probably find an incident late at night, when the child is sick and somebody is saying, “Now say your prayers.” “Now I lay me down to sleep,

I pray the Lord my soul to keep. If I should die before I wake,

I pray the Lord my soul to take.”

Tin soldier and toy dogs and so forth are part of this proposition because an angel is liable to come and he is not going to be there anymore.

Now, the child says, “What is an angel?” One can tell from his questions what is disturbing him. He finds somebody who he thinks has data. He will start asking questions, and they will sometimes appear to be very illogical, irrelevant questions. But they are not. Follow them along the line and one can sort out of these questions what is troubling the child.

“What is an angel?” is not a natural question for a child to ask. An angel belongs in metaphysics, in mysticism someplace, but not in a child’s bank, not on that level. If this child

is really interested in the definition of an angel, he is interested in the definition of something that doesn't exist, which indicates the fact that there is already disturbance on the subject.

What would the child be interested in normally? He would be interested in food, clothing, shelter, good companions, being loved, playing games, imagining things to do, and so on.

When you find him way offside asking questions about things that belong in mysticism or about the behavior of certain people such as, "Mama, what is a crazy man?" this child has just bumped into something, and if you are doing therapy on him, get interested. What does this child ask questions about, what does he want defined? And particularly, what question does he ask that nobody can satisfy? What question does he ask chronically?

When doing therapy on a child, one does practically nothing but listen. That way you gain the confidence of the child because he finds he can talk to you. In fact, you will find him a gushing geyser of conversation, even if he is usually rather mute.

I have taken a child at the age of 6 and knocked out locks and worked with the child and had considerable success, because there is something that is working on one's side. The organism at that stage is growing, it has a goal as an organism. It is not yet static, it is still changing and there is enormous resilience. The child will pull out of almost anything.

It is very difficult, however, when a child has an enormous amount of emotion in the prenatal bank. If somebody has died in the prenatal bank or been left in the prenatal bank or something else very emotional has occurred, there one is going to discover a great difficulty. A child will face physical pain before he will face emotion. I don't know why. The endocrine system is triggered up so that it is very high-powered.

As a matter of fact man himself is a very emotional beast, but the society says no.

Concerning children and sex, when we consider that a child has along the coitus channel all sorts of shame and dramatizations in the line of sex, and when the child is surrounded by older children who have engram banks to dramatize, some of which are quite remarkable, and when one considers that sex in this society is top-secret, never to be relayed or talked about, one can expect a great deal of trouble in childhood along this line and a great deal of concern.

The engram which has in it a suppressor is the worst engram that a person can have, as a general rule. This is why straight line therapy has such a marked effect. It is taking suppressors off information. A suppressor on something seems to double the power. It cannot release itself and it seems to try to press up underneath, can't get free, and dramatizations occur.

The amount of perversion which is leveled against children will astonish you once you start working in this field. The child who is subjected to such an atmosphere, because of the aberration of this society, not because there is something very remarkable about sex, is liable to manifest in this society the worst aspects.

There will be a mental instability. There will be situations where the child is prohibited in communication. He has learned a few words. He has found that these words are bad. Already the words are suppressed. Then perhaps he does something or he is made to do something by some other child, or a teenager or adult outside the home, and this is very severely suppressed on an analytical level and it will go out of sight and trouble the child a great deal.

Free communication has a definite index with sanity, and that can be put down to anything in the field of the mind. Free communication and sanity are partners. Similarly, inability to communicate or suppressed data or communication is a partner of neurosis. The reason why group therapy works as well as it does lies in the field of communication. Freedom of communication all by itself is a therapy.

So in a child, the first thing that one can expect to establish is communication. And by establishing sympathetic communication with the child one will be delivering more therapy per square inch than may be needed to release the case.

The next area is that of semantics. When all else fails on a child, when one can't get early, or find engrams, when the locks are evading one and so forth, start squaring up semantics. This can be done in reverie or wide awake, but it is best done on a semi-reverie basis even though the child's eyes are open.

One can teach the child how he can get better in school, if he is a school age child, by showing him how he can go back and take a look at the word in the spelling book, and he gets the idea rather rapidly, after which his spelling grades will come up.

But start looking over the semantics. Find out when he first had defined for him a particular word. What does this word mean? It is very efficacious to put him through a very informal little quiz.

One will discover that where he has improper definitions, he commonly has emotional upset or disturbance in that area. And although the word was defined improperly when the child was 2, and defined properly for him at the age of 5, he will compute basically upon the definition he received at 2.

In full clearance, this sort of thing goes out as locks. But semantic orientation with reverie is a study all by itself.

In reverie, go back to the time when things were misdefined for the child. One can tell his concerns from his questions. Now, take the words in which he is expressing these questions and run them back to find their first definition. Somebody had to define these words for this child.

If he is really concerned, he thinks he is concerned about the object. Don't mistake it. He is not concerned about the object, he is concerned about the words. Find out where these words came up, but particularly where they were defined for him, because his orientation and understanding of the world depend upon the definition of these words. It is very difficult to define words for a very little child who has very few words. As a consequence you get a crazy house of language built into this child's mind, interdependent, badly related, thoroughly upset. And this again impedes communication with him.

The therapy level here is just to get words that he is concerned with, because those words commonly contain an emotional disturbance area which will lead one straight to a lock with repeater technique. One will get the child back to a period when this word was used and it meant pain, or when it was defined to him in some way crossly or otherwise, in a way to suppress communication.

Utterly free, unimpeded, understandable communication in this world, all by itself, might very well resolve the problem of sanity and insanity.

If one gets into an engram in that fashion, run it. But one ordinarily won't with a child. He doesn't like to go back to those areas. Once in a while one will have to run the birth out on a child to cure his asthma if it is very bad, but I would certainly advise against it.

Try to knock out a few of the locks if possible. Find out what he commonly believes or thinks about his asthma. Try to key him out. After all one is working on a short span of years when one is working with a child and one can hit those locks and knock them out.

It would probably be fine to go through birth with an 11 year old. One can try it with an 8 year old but try it by first finding out if he can go through his tonsillectomy, or something like that. One has to handle a child very carefully—very sentiently.

The bank gets pretty thin when one is down in childhood. It is actually in late life when incidents begin to stiffen up. What constitutes late pain? The engrams which have happened about a year or so ago. The rest of them are rather immediate engrams and one can knock them out sometimes quite easily and quickly.

The engram has not yet locked in with a lot of locks. It hasn't been superimposed by grief.

I would normally avoid moments of pain or unconsciousness with a child unless, as I worked the child and through an educational process, I was eventually able to coax him down the track so that he could run out basic-basic. I would let him get some unconsciousness off the bank, then start erasure and bring him up to clear. If one can hit basic-basic, one can clear someone.

One does not define anything for him. That would be evaluation which would be a break of the Auditor's Code.

A standard upset amongst children is data invalidation. I ran out a whole chain of these on a child one time. Everything the child said was invalidated. For example, he would say, "You're mad at me."

"No, I'm not, dear." He couldn't evaluate who was mad, after a while. That was one manifestation of it. This child was surrounded with people who did this continually. Or he would say, "You're feeling happy today, aren't you?"

"No, I'm not happy," yet the person had been singing a moment before.

The child would immediately think, "Gee whiz, this is wrong. I've said something wrong. My communication is wrong." So the child would get "corrected" continually although he had made a correct instinctive diagnosis of many things.

Then the adult, in an effort to mask from the child this or that, would draw the curtain and say, "No, this is not the case," when it obviously was the case. And one will see a child become confused for hours after something like that. There may be no punishment involved at all. His communication has simply been shut down on him.

But get the child communicating and start picking up the early moments when miscommunication occurred, and one will get some emotional charges off the child and have a well child. Unfortunately we can't treat children with straight line memory until the time they can talk.

I've never seen a key-in on an engram with total consciousness present. Nobody who has engrams is ever totally conscious, because unconsciousness is the common denominator of engrams. But there may be many of these perceptics suddenly happening in a bundle. If the person's current emotional tone happens to coincide with the engram's tone level, everything will add together, he will get a key-in and thereafter he doesn't feel quite as good.

I have known a whole chain of engrams, in fact a whole prenatal bank, that was keyed in on practically only one thing, the sound of streetcar wheels screaming as they turned a corner. Once that one thing was encountered the entire chain disappeared. And every period in this person's life that was serious or emotionally distressed or disturbed was triggered by streetcar wheels. Not only unconsciousness was common to all of these severe engrams but also streetcar wheels. They lived in a house at the corner where the streetcars turned every few minutes. That was the first key-in, but by having it happen again and again, this thing started to get high priority.

An engram lies dormant until its first key-in. All the words of the engram can be flying around the person. Even the emotional states of it can be flying around him until we finally arrive at a period when enough perceptics happen at the same moment to bring that incident

into action where it can be restimulated, and it can thereafter be restimulated as long as it is keyed in.

An engram has to be keyed in in order to be subject to restimulation, it can't just be restimulated into view.

Going back along a life, one can find the exact instants of key-in. A very severe example of this would be a big AA bank, then the little boy walks in on Papa and Mama when they are attempting an AA. He hears the phrases which are uttered as their standard dramatizations, and of course keys in. He is not unconscious at the moment this happens, but the impact of it suddenly stirs it up and his whole AA bank goes into key-in at that time. The child will not be well thereafter.

There is something important in the mechanical proceedings of engrams which one should recognize, and that is the unknown key-in.

An ally is not set up by being nice to the child. A typical falsehood was the idea that if one is nice to a child, the child is therefore being spoiled and will get sick.

I remember a navy admiral who said, "I don't know what the matter is with my daughter but I'm doing all I can to help her."

I asked, "What are you doing, admiral?"

"Well, you know after my wife and I separated, I went to see somebody in the field of psychiatry and he told me exactly what was wrong."

And I said, "Yes, yes, go on," because this little girl was sick and I knew what she was sick from.

"He told me that I would have to be very careful about my affection so that I didn't set up an Electra complex. So, of course I haven't been able to really get at the root of this problem as I can't talk to her a great deal because she's liable to start loving me. I don't even dare be affectionate towards her because you see this would disturb her enormously."

Here was the little girl practically dying because she didn't think her father loved her anymore. Her mother had gone and her father didn't love her either! So, this child had spent four years crying herself to sleep every night due to this sloppy logic.

The way it goes is that the ally who is around the child when the child is ill establishes a sympathy engram by saying things to the child which are engramic. And because this adult (the ally) loves the child, the computation on the part of the child is that he must then accept everything which is said at that time.

The kind of engram that creates an ally computation would be "Stay right here with me and fight it out. Don't go, don't die, please stay." That computation might come from the best meaning person in the world, trying to save the child's life, but the child is delirious with a high temperature.

That is an ally computation. It is what is said to the child when the child is injured—when anaten and pain are present. All one can do for a child at that time is to be pleasant and silent. The ally type of engram is extremely difficult to find in the child, later, because these moments become protected.

Don't, however, ever fall under the delusion that love ever aberrated anybody.

In the example above, the child was in "anguish" because of something. That isn't an engram. The moment when it was announced to her that her father and mother were being divorced

and that her mother was going away, and when her mother said good-bye—those were moments of loss. But everything else lying on this line consisted of locks. Engrams are moments of physical pain, particularly when unconsciousness is very marked and deep. Demonstration of affection toward the child at such moments and word content of such a demonstration are not just aberrative, those are the things that make the very heart of a difficult case.

But when the child is not in physical pain and not unconscious, to deny the child love and affection is a very slaphappy observation that will make a child miserable and unhappy, and on a totally analytical level set up a highly undesirable situation for the child. And the withholding of affection from a child who is well, even if in sorrow, is simply another aberrative factor which is now thrown in on the child.

What affects a child in pain is the aberrative content of what one says. It's the words as they form, such as saying to the child, "Yes, I still love you dear, now lie quietly until the doctor comes, he'll be here in just a moment, I'm going to stay with you. Everything is going to be all right, honey. Now don't worry about a thing. You are a very, very good boy, I love you very much, now stay here, lie quietly. I know it hurts, I know it hurts a great deal, oh, you poor kid, you poor kid." That's murder!

If the child after an accident asks what happened to him, one can say, "Tell me about it." But watch your words, because there you have an engram going in and you can stand right there and put it in. You are the boss man as far as that engram is concerned, and you must realize that you are not talking to a thinking mind at that moment.

Part of the material in this chapter is also found in the article on "The Processing of Children" in Volume I of the Technical Bulletins of Dianetics and Scientology, pages 44-49.

EVENING CO-AUDIT COURSES

Elizabeth, New Jersey

12 June-4 August 1950

While giving the Professional Course Ron gave two other courses to teams of two who planned to audit each other. The first of these was given three evenings a week for five weeks and called the Monday-Wednesday-Friday Course. The second, given on Saturday evenings, was to run for fifteen weeks. These courses included case opening and instructions on team auditing.

The first students graduated from the Monday-Wednesday-Friday Course on Friday, 14 July 1950. A second series then began.

We do not have any record of lectures given in the week 25 July through 1 August 1950.

Lectures given in June will be found in Volume One, those given in July and early August are in this volume.

Saturday Evening Course
Lectures in this Volume

ADDRESS OF AUDITOR TO PRECLEAR - SATURDAY EVENING COURSE

A lecture given on
1 July 1950

Confidence and Cooperation

I would like to cover the address of the auditor to the preclear.

There is a matter of mood involved—a matter of affinity with the preclear—which must not be overlooked. One must not treat the task as a mechanical process. By treating it as such the preclear is not convinced that the auditor is interested in what he has to say. And if he doesn't think the auditor is interested in his engrams, he isn't going to give any engrams. It is a matter of sad comment on some cases that they are run by a disinterested auditor who gets the preclear into an incident and then decides, "Well, there's not much there," and goes off to another incident, based upon the fact that he doesn't really care whether the preclear gets rid of engrams or not.

One may not think that this is important because most auditors are very interested in the preclear on whom they are working. But when this is violated the somatic strip and the file clerk can decide suddenly that this auditor isn't going to work with them and quit.

You will have many a preclear before you are through who has been stopped by the inefficiency of some auditor. So it becomes important, not because you are disinterested or you feel antagonistic toward the people on whom you are working, but because you are going to get patients who have been mishandled by somebody else.

There are two or three ways in which this can be done, all of them stem more or less from disinterest. One situation is that the auditor is not sufficiently interested in the preclear to raise his own necessity level above his own engram computations. If he is really interested in the preclear, his own engrams do not become directed at the preclear. He is not being intensely reactivated. His necessity level goes up, he wants this person to get well, he wants him to get rid of engrams; so we get a condition whereby the auditor is not himself restimulated He is too interested in his patient.

Now it happens occasionally that although he is interested, the preclear is running an engram which is so much like the auditor's that the auditor does get restimulated, and he might even feel angry or upset by this. But if he really has the preclear's interest at heart he is not going to make it difficult and stall the preclear's case, because once he does this he will practically finish that preclear as far as he as the auditor is concerned.

I have in the last few years contacted many people that I had been working on, whom I had turned over to somebody else with a little sketch of what they were supposed to do. I didn't try to train anybody, I simply asked them to carry on with the case. And the person, not knowing what he was doing, would get restimulated at some point or would suddenly say, "Yeah! That's the reason you fight with me all the time! You see, it was your mother saying it!" while the patient was in reveries About that time the somatic strip and the file clerk would say, "Whoa," and quit, and after that not only would the person get no analytical cooperation but no cooperation on anything.

So, we take such a case and start it into therapy again. One might think that-it would only be necessary to pick up the breach of the Code. But that is not entirely the case, because if this preclear has been too badly mauled, everything in the bank including the somatics may be in restimulation, and the somatic strip stops, the cooperation of basic personality⁴ stops, he doesn't want anything more to do with it, and to try to enter this case now becomes very difficult. Start in after engrams and the person will say, "No, I don't contact anything," and so on. You may even get this on someone who is close to normal.

One of the best ways to kick it out is on a direct memory circuit. Get the person to tell you all about the breach of the Code while he is wide awake. Don't make him go through any of the routine. Just get him talking about it casually, and finally discuss it out. By just remembering it some of the charge can be taken off it, and by asking him and being solicitous about it we begin to establish a new affinity.

It may take you some time. Don't be surprised, if a case has been badly mauled in therapy, to have to spend 20 hours getting the case to the state it was in before some would-be auditor messed it up. The person's sense of reality may be upset. It might have been a reactive minds partners who did it. Engrams which had not heretofore been restimulated and were not yet ready to reducer might have been picked up. It makes a nasty situation.

One possible way for this to happen is by the auditor becoming angry at the preclear because the preclear is not getting the engram which he thinks the preclear ought to get; or by the auditor challenging the preclear. saying, "You're resisting me," or making statements to the effect that the preclear has used any of this material in his present time life.

But the worst one is knocking apart the preclear's concept of reality. That is deadly. "You know that didn't happen to you and you know all this is just dub-in,"⁸ or, "This doesn't fit in there; you know that when we were having dinner at the Gloopspotters, Binny Barnes sat on the right, not the left."

The auditor must audit in the recognition that his own recall might be entirely incorrect. After all, he does have the person back on the tracks in the incident.

Those are the ways one can stall down a case and fix it up so that the somatic strip won't cooperate and the file clerk won't give you any further information.

It is as though one has invited confidence by starting Dianetic therapy, and then by having broken the confidence has established a condition wherein no further cooperation is going to be offered. But it will work out. You will have to undo cases like that so you had better recognize how to locate and troubleshoot such things.

One of the ways you can recognize this symptom is just by asking the auditor what happened, how long this person was in therapy, what they contacted, what they did. They are liable to tell you all sorts of things that did happen, which is a catharsis in itself, just telling you about things that were bad.

For instance, a husband and wife have been auditing each other and he has audited her for 60 hours. He has not contacted any engrams and has become rather angry at her, and finally told her he doesn't think Dianetics works. He says, "Oh well, you wanted me to do this for you and I just did it for your sake, but actually I think the reason you act this way toward me is just because you're mean and nasty anyway, so to hell with you."

Now take this case that has been run hour in and hour out. Certainly that case contacted something; it must have. It's impossible not to. But the case has just been thoroughly shaken up. You will hear comments like, "Oh, yes, I contacted an engram but I didn't get any convulsion out of the patient, she didn't curl up in a ball or anything. I heard from Bill the other night, and he told me that every time he would contact one of these engrams in Ezra, why, Ezra would roll up in a ball! My wife didn't do that so of course it couldn't have been an engram. I even took her back to birth and it didn't affect her any. I took her all the way through it one whole time but she didn't get any effect out of it at all. She just got a little headache. And the next day she got a cold and so I couldn't work on her for a while."

You are going to hear some strange things when you start putting together cases, including somebody destroying somebody else's sense of reality, or knocking somebody off as far as Dianetics is concerned. Let's say we have a patient who was under some sort of treatment for 10 years for an asthmatic condition. Then somebody finally says it is all in the mind and there

is a big row between husband and wife and he says, "I'm going to take you to see a psychiatrist."

To which she replies, "No, you're not."

So he says, "Yes, I am, because you're crazy."

Then there is a lot of talk in the family about the fact that it is all in her head. This sort of thing goes on, "It's all in your head, it's all in your imagination." For years this person may have gotten the statement "Well, that isn't a real illness, it's all in your head. I mean it's just in your imagination. There is nothing to it, it's not real." Meanwhile the person's sinuses are running and he feels terrible.

A person is not very stable in his sense of reality. Now he starts contacting an engram and the engram is the one that contains the asthma or the sinusitis. But it isn't real, it's all in his head because it has been salted, every time he gets a bad attack, by somebody arguing him out of it on the basis of, "Now you know all this is just imaginary. If you had sufficient strength of character you could snap out of it. You know that you could. You're just imagining things are happening to you. The thing for you to do is just to snap out of this depressed condition which you're in and your sinuses will clear up."

The auditor can have a hard time with this sometimes, because he gets the case started and sends the preclear back into the same dramatization, over and over. It may have been that very dramatization which kept it going, the fact that somebody was always telling this patient that it was imaginary and delusion and so on, and the auditor is going to have to patch up such things.

The antidote for this piece of poison is to give the best possible sense of reality back to the patient on a straight memory circuit.

The straight memory circuit is the standard bank circuit of staying in present time and remembering. It is a validating circuit. What a person can remember he seldom questions.

For instance, I remember that I was eating dinner a few minutes ago and if anybody comes up to me and says, "No, you weren't eating dinner a few minutes ago," I would say, "You're crazy, I was!" Therefore, just challenging that, actually, in even a fairly balanced mind rather serves to strengthen up the sense of reality. It makes a combative "It is true."

Now we start working the case and ask the patient, "What school did you go to?"

"I went to school in such-and-such, I guess."

"Well, where did you go to kindergarten?"

"Oh, a funny looking place, don't quite remember, think the name of it was Mann's, Mann's Kindergarten. I don't know."

"Now come on, you can remember what it was. What did your teacher look like? When did you get sent home for wetting your pants?"

"Oh, that. Yeah, I got sent home the first grade too." Right away we have gotten the scene opened up. That is a validating circuit. And all of a sudden the patient is in contact with reality back to 5 years of age.

Somebody will say sometimes, "Oh, all of my grandparents are occluded. I can't remember people anyway. I just don't remember people. I have a bad memory."

I merely reply to him, "Well, you remember me, don't you?"

And the person says, "That's silly."

"Well, I'm a person. You remember me, don't you?"

"Well, yes, yes."

"All right. Now let's remember your wife. You have a wife?"

"Yes. Sure I remember my wife, that's silly."

"Well, now there's two people you're remembering. Now let's remember your boss."

"What are you trying to do to me? Of course I remember my boss."

"Let's remember all the people in the office."

"Well, sure, sure." The person is going out wider and wider.

Suddenly he is remembering the next-door neighbors and old teachers, and the girl that used to babysit with him. He's remembering back along the line. One could then ask something like, "What did you say about not being able to remember people?"

"Well, I don't remember people very well. I don't remember their names."

"Do you know my name?"

"Yes."

"Well, now you've remembered my name." So, the theory works on an expanding basis. The standard bank circuits validate the recall.

You may have run a patient who says, "Yes, I just contacted that feeling in my throat and these words did come to me, but I don't believe it's real, I'm all out of touch with it."

And you say, "Well, when did it happen?"

"I don't know."

"Come on, you can tell me when it happened. When did you have the last sore throat?"

"Oh well, that was last month."

Get something very close in to the person's knowledge, something that the person couldn't possibly not know.

Of course this doesn't apply in the field of severe or chronic psychosis. You can't ask a psychotic to remember anything and validate it very well (although you occasionally will be surprised at how much a psychotic does locate in his immediate vicinity). But with the normal patient we are trying to validate what he knows.

He has to face, in order to be completely sane, the reality of now. But now is interpreted in the reality of then. So, his awareness of now has to be to some degree validated and interpreted through his awareness of then. It isn't good enough just to face reality here, you have got to face reality yesterday and the day before and when you were 5 years of age too. Unless all of those things are equally real, now is not quite as real.

If yesterday isn't real, today isn't going to be so real, and tomorrow will be hard to compute in terms of reality, so one gets deluded concepts of tomorrow.

If one didn't have an imagination and if one didn't have computational or predictive ability, he would never know what was going to happen to him in the next five minutes. And it is surprising how many people in the world it isn't very real to.

There are good computational reasons why a person can't remember. But do not underestimate the power of the analytical mind. It is a pretty strong mechanism. If the mechanisms of the analytical mind were not there, there would be nothing for these reactive records to impinge upon and throw out of line. In other words, if a man has a manic that he is going to build a great bridge, it's because his analytical mind can build a great bridge. But the reactive bank can run up against it and hold it so that he has now got to build a great bridge. And the sad part of it is that sometimes he can't do so. There's no ability to throw out of line. This is where a person's profession goes out of gear. So don't underestimate the analytical mind. It is good and it is strong.

We can go back down the standard memory circuits in the analytical mind. You as an auditor can persuade people to do this on the basis of opening up spheres a little wider and a little wider with questions like, "You remember me, don't you?" and all of a sudden, as the circuits and occluded areas open up, as the channels get wider, more and more will spring into view in the person's past life.

It is a highly important order of business when you have a person who has been invalidated, let us say, by the wife, who has been mixed up in auditing by a bad auditor, who has had a pretty bad life in general, not to simply take the person back into therapy and slug at it. You start in on a

standard memory circuit. You get the person to remembering this and remembering that, because standard memory is strong enough to kick out locks.

I had to investigate this very thoroughly a few years ago because it was necessary to discover why certain types of mental healing were capable of producing a catharsis. If we knew the answers to these things then it should be theoretically fairly simple with Dianetics to set up a straight memory type therapy. And if we could do that with what we knew in Dianetics, if what we knew was effective, then that straight memory type therapy would be much more effective than it had been in the past. I set it up that way and found out that it followed certain definite actions and equations.

A person believes about himself what he has been told about himself, and if he has an aberrated belief about himself it's what he has been told about himself, so you want to find out who held this kind of an opinion in his life. Trace it down and get him to remembering straight through on the subject of whether it was his father, his mother or his grandfather who was like this, or who might have criticized somebody this way, who would have had this kind of an opinion toward a child, or toward another human being. The person starts thinking it over and suddenly says, "Heh-heh, my grandfather." You get a little false four' off, and he says, "That's funny, I feel better." That is about all there is to it.

Sometimes you can even turn off such things as Parkinson's disease this way. Just ask the person to go back and remember when the attacks started.

"Oh, yes, it's because it's so-and-so, and I had such business worries."

"Well, who was worrying you at that time?"

"Oh, I don't know."

"Oh, yes, you can remember, you can remember who was worrying you."

"Well, my partner was in pretty bad shape. I didn't trust him."

“Did your father ever have any partners?” And by going back on one particular line you finally achieve this association of people, and by making the analytical mind face that association, all of a sudden it becomes a differentiation.

Insanity is total identification of fact with fact with fact. Everything is the same, everything is very closely associated. Now, as we go up the line into better lines of thinking we finally get to differentiative-type thinking. The higher spheres of the analytical mind differentiate very clearly. They do not make the mistake of thinking that because Joyce’s voice is like Emma’s, that Joyce is Emma. They will also differentiate very rapidly. Joyce’s voice is not Emma’s voice, although reactively they have had this computation right along and therefore they didn’t like Joyce.

By suddenly clipping the mind in, in 20 to 30 percent of the cases you will get a sudden reaction, and it will false-four. You ask the person, “Now, you can remember this. Whose voice was like Joyce’s? You know somebody whose voice was like Joyce’s, who was it? Now stay right here in present time and tell me. You can remember. Was she a blonde girl?”

“Oh no, no. She was a brunette.” And he has told you a fact right there.

“Well now, you can remember this fat girl.”

“She was a slim girl. What are you talking about?”

“Okay. What was her name?”

Sometimes the person will try to dodge the whole issue by getting flash answers, but this flash answer mechanism is going straight down to the standard banks anyhow. We want that flash answer mechanism up front connected with “I” as much as we can get it, so we bring it up there. And the person says, “Heh-heh, that’s silly. How could I have ever thought that that was fact?”

“Well, how do you feel?”

“I feel fine. Yup.”

This 15-minute technique can be used on people you don’t want to start into therapy. Just tell them to sit down in the chair and ask, “Now what’s worrying you these days?”

“Well, lifeb been worrying me these days because I don’t like my wife.”

“Oh, yah? Is that a fact? Now what did your wife do that you don’t like?”

“Oh, just about everything. She’s terrible. She’s extremely bossy.”

“What did she tell you to do?”

“Well, it’s about my clothes mostly.”

“Who used to raise hell about your clothes?”

“Oh, my mother.”

“What’s similar about your wife and your mother?”

And 20 or 30 percent of the time the person may suddenly say, “I don’t know.... Oh, wow! She sure did give me a lot of lickings about getting my clothes dirty! You know, that’s a funny thing!”

“Okay. How do you feel about your wife now?”

“Oh, she’s not bad.”

With this technique, instead of coming up from the bottom and releasing the computation, you just drive in from the top with a wedge and pry these two closely associated late life facts apart. By late life, I mean postspeech. There are lots of locks up the line, and you can make the standard memory circuits go back into those locks and pry them apart.

Make a test on a few of the people around you at work or someplace just to find out how this works, and you will be amazed to find that somebody has a headache and you say, “Well, what have you been thinking about lately?”

“I don’t know. I have just got this awful headache.”

“Well, go on, what have you been worrying about? What’s worrying you?”

“Well, come to think about it, my mother-in-law has been staying with us for about three weeks.”

“You’ve had a headache for all three weeks?”

“Come to think about it, yes. I have. Ha-ha, that’s silly. That’s silly.”

“How’s your headache?”

“It’s gone.”

You can cure a headache this way quite often. You can also cure a headache sometimes merely by taking a person back to a pleasurable moment, settling him in it, making him go through it very solidly, then bringing him up to present time and something will have happened that has kicked the headache out.

There is not much use running engrams out of a person who doesn’t believe that there are such things as engrams and doesn’t believe he has contacted anything. There is no reason to try to tell him or evaluate for him the fact that he has been running out engrams. He had better know that himself, and if he doesn’t know it then there is something very wrong with his case.

You can take a psychotic and tap the holders and denyers in his case. He is dramatizing in front of you and you just list the holders and denyers and persuade him to repeat these and you will quite often get him back up into present time. It may take you six months of work and it may only take you an hour.

The case which is badly deranged by somebody else’s bad auditing is best opened up by this method because this person is not going to respond to auditing, as the somatic strip and the file clerk are stalled down and they are not going to cooperate with you. But if you, by some other method that hasn’t been tried on them yet particularly, can suddenly clip in and say, “Do so-and-so,” and give them a little bit of relief one way or the other, the somatic strip and the file clerk say, “Hey, this guy’s sharp! Let’s go to work.” The next thing you know you are getting engrams, lots of them.

There’s a new pinpoint bombing technique which has been brought up lately whereby one takes the person and settles him very solidly into one of his own dramatizations, and then lets him get madder than the devil at whoever he’s mad at during that incident, and then moves him back by telling him, “Now let’s go back to the earliest time that somebody got mad at somebody else around you.” And if you have settled him well enough, he will sometimes shoot right back to the beginning of the fight chain. It works the same way on other

dramatizations. You may be able to get the basis of the chain. That technique is now under test and is proving workable.

The question has been raised that one may become an ally⁴ of the preclear. Go ahead and become an ally. It won't last long. His selfdeterminism will come up to a point where one day you say, "You know all that advice I've been giving you about the car, I do think you ought to buy a Ford."

And he will say, "Nuts, I'm buying a Chevrolet."

Or, maybe you have been nursing somebody along saying, "Now you've got to work with your wife. A lot of you will be starting teams and there is nobody else around," and he will go along with you. The person is in pretty bad shape and you have been patching him up here and there and somebody else has been working him and then suddenly one day you say, "Well, how are you getting along with your wife?"

And he says, "I haven't been working with my wife for two weeks. I went out and found someone over at Millboro, and I've been working with him, I've got him trained up pretty well." Pat yourself on the back. He has come up above the transference level.

Patching up cases or taking a case which has never been in Dianetic therapy but which has become very distrustful of his fellow humans is at first a rather thankless proceeding. It's in such a case that an auditor has to exercise an enormous amount of self-control and persuasion. Such a person is liable to be very insulting. They are likely to have very bad habits.

If you are dealing very much with people who are neurotic, they may appear nice people, but just keep the family jewels locked up and fully expect sooner or later to have one of them run off the rails on you. That doesn't mean that it should break your faith in humanity.

To date, I think I've lost something in the neighborhood of four or five hundred dollars treating patients, by accidentally leaving change around while treating somebody I didn't know was a kleptomaniac—it wasn't part of the diagnosis. And I've had people halfway through to clear all of a sudden put the money back in the drawer again. That was about the first time I learned about how, as people come up the line, their honesty level comes up too.

When you are doing a lot of diagnosis and people are being sent to you from clinics, or you are working around, you may very well expect to find your cuff links missing, or you may even find your reputation being ruined in the neighborhood by this person whom you started into therapy and then dropped. The case is then trying to do everything possible including ruin your good name to get back into therapy again.

None of these are good enough reasons to become angry with a patient. You start doing that and somebody else in Dianetics is going to get a patient on his hands.

The sense of reality is important, the cooperation of the person is important, and it is pretty well up to you, not the patient, whether you get cooperation or not. Because you can get cooperation. However, there may be cases where somebody so violently hates men that they have to be worked by a woman, and vice versa.

We even set up a situation one time where we worked a patient with a mechanical contrivance, a psychometric box which talked and got the answers back. The person was psychotic and hated men and women. All we did was to take an interoffice phone circuit and audit him with it, and it worked all right. One could, with a psychotic or the person who gets messages from the angels, put a nice white gown on some girl sometime and have her walk into the room with moonlight-type lighting and start auditing. Those things sound silly, but some inventiveness along this line could produce some results.

I had a dear old lady one time who was perfectly willing to be treated by me up to the moment when she found out I wasn't a chiropractor. And at that moment I was a dog because I had misrepresented myself. Nobody had ever said I was a chiropractor as far as I could find out. So I sold her on the idea that I wasn't a chiropractor, I was a swami, and she bought this okay. She would be treated by a swami. I don't think she had any idea what a swami was, but it was something mysterious.

Her engram bank had gotten set up in a certain way so that she was talking to the dead spirits of her father and mother. She was trying to keep them from quarreling with each other as angels now in the Great Beyond, and because the engrams were in full sonic she could hear them quarreling. She had a command which said, "Go back to sleep." In the middle of an operation some doctor had pushed her in the chest and said, "Go back to sleep," so she was drifting up and down the time track as she slept. In a half-waking state, she would hear these voices quarreling and she was sure that it was her parents quarreling over her, and whether or not she should cross the Great Divide and dwell with them forevermore in eternal bliss and peace. This was the exact content of the engrams she was running, but trying to get her to contact those engrams was very difficult. So, as a swami I told her that it was very easy for anyone to put a person into a certain state whereby they could communicate with the dear dead and departed, and we ran that thoroughly out of her case, listening to the Great Beyond.

The inventiveness which one can use in reaching a psychotic or a severely neurotic person is very great. Don't put it under the heading of charlatanism. It is absolutely necessary to try to match up some part of yourself with what such a person considers reality, even though their reality may be quite illusionary.

Reality is something which we have under very hard study. I notice back over the last two or three thousand years a lot of philosophers have argued as to what is reality. All you have to do is read two or three books on the subject and things get so unreal that you are rocking on your fins for days. But I am sure and I am sure that you are sure that there is such a thing as reality which we perceive by our senses and which then as we look at it, remember it and compare it, we consider to be the real world, the finite universe.

But just think for a moment. That is quite an observation, quite a mechanical trick. We observe, with our perceptives, color, depth, space, forms, various energies, and by some means or other get them translated, and then they go into the bank and they have a label on them: reality.

Now, if some part of that environment says, "That is not reality, you are not doing anything that is real," the whole bank seems to do a recession. So it's up to us to put the person into contact with it again. You will find your hardest cases are those cases which have been sufficiently abused to destroy their sense of reality.

Your own inventiveness could be called upon very definitely in establishing the bond of affinity, if we just had a little firmer grip on what affinity actually is. It would be interesting to be able to both establish or break the bond.

The law of affinity becomes very embarrassing to a male hypnotist, for instance, who is foolish enough—and many of them are—to hypnotize a nymphomaniac, or for a woman hypnotist to hypnotize a satyr.

I was working with a hypnotist who had as one of his patients a nymphomaniac. And he said, "Now none of your tricks, Ron. This woman is coming up here. Don't you tell her anything about me, and don't you direct her attention toward me. I'm trying desperately to keep from treating her in any way. I don't want to have anything to do with her, but she keeps hanging around all the time."

So I said, "All right," and I was immediately very interested. He was so afraid of something. Was he afraid of something because he was just afraid, or would it actually take place? It

became immediately a scientific experiment. He had to leave the room for a moment after the girl came in, so I handed her a Hindu hypnoscope. She was quite suggestible. And I said, "You know, it's the funniest thing, but as you gaze at this a little light like a neon light rolls around in it."

She looked at it for a moment and said, "I don't see that."

And I said, "Well, look more closely at that spot in the center."

So she did, and her eyes went pop. I didn't say a word after that. The hypnotist came back in and started to work her, so of course we got immediate cross-hypnosis. He started speaking to her and he went on speaking to her for a few minutes, and then he left the room and I woke her up. Hypnotism's very interesting. Nor about a week this woman was on the telephone any hour of the day or night trying to talk to him!

An auditor would do well to find out about hypnosis since he is going to have to undo hypnotism in many cases. And he will get this phenomenon of cross-hypnotism, where an operator has a person hypnotized and someone else just drifts by and says a word, not even to the person, and then the operator tries to do something and the patient won't wake up. So the hypnotist has to ask the other person to wake her up. That person does so and the patient wakes up.

He has sort of walked through the affinity and carried some of it away with him leaving the operator no longer operating. Well, that was what happened to this hypnotist.

A good book on the subject is *Hypnotism Comes of Age*, but there is an old-timer published about 1900 called *Twenty-five Lessons in Hypnotism* and you can get it in secondhand bookstores for 35 cents. It is published by I. N. Ottenheimer Publishing Company, Baltimore, Maryland, and is by M. Young. That contains in it far more information than you will find in any modern book in the library. It is very fascinating and is in a very brief form. It could be scanned over in an evening. He covers in there clairvoyance and other things. Don't take him too literally on some of these things. I'm sure that he was certain that he could levitate people merely by hypnotizing them and so on. But nearly everything in that book is possible by hypnotism and can be done, and almost anything in that book can be found in somebody's reactive mind.

For instance, in the last four days I have had three hypnotisms. Of course I work on a lot of people at random. But that is still a very high percentage since there couldn't have been more than 20 people that I worked on during that period. I even came across a hypnotic technique used in the beginning of an operation, with a complete blank-out under ether, with the command "You won't remember this."

So in order to break up a hypnotism you had better know what hypnotists do. You had better know that the forgetter mechanism is the first thing you hit in a hypnotism. You had better know that they use terms of regression. They get a person in deep trance and send him back down the time track. They think they are making the person smaller or it is his imagination or something else at work. They will try to go back and find, for instance, the cause of stuttering and will tell a person, "Stay there."

Using hypnosis in therapy would work except for one thing. Trying to hypnotize people you learn quite rapidly that the percentage of people who are hypnotizable is relatively low. Further, if a person is stuck somewhere on the track, efforts to hypnotize him or give him narcosynthesis are met with a complete blank wall.

A hypnotized person seems to possess less force to buck into his engrams.

It would be fortunate for us if hypnotism would result in reaching a sees-all-knows-all mechanism in the mind. But you start asking a patient when he is hypnotized for positive and definite answers about this and that and it is pretty blank or fuzzy.

If one is trying to run an operation out of someone with a bad holder, and one tells him bluntly that one is going to hypnotize him, and then starts trying to hypnotize him, he may start to laugh. It is a rejection mechanism. He feels himself going under but he can't go under, and he will begin to exhibit the manifestation of a hebephrenic. And just like pushing against a spring mattress, the more one tries to force him down, the more he comes back.

If you take what is known as the Charcot mirrors or more modern methods of spinning discs, and make the person face it, he will occasionally become terrified or exhibit the emotion of the engram which he is dropping back into and you can get data that way. You won't break it very thoroughly but you will get data. In a few cases I have actually broken an engram and have gotten off a considerable fear charge by an effort to hypnotize a person who is severely held on the track.

One notable case was held in a nitrous oxide incident at 3 years of age. He had had some accident to his mouth and something had to be done to a tooth, so they gave him nitrous oxide. Mama was there and she kept telling him to lie still and stay there. She also said, "Don't let him up," and, "Don't let him wake up." A Charcot mirror used on that patient in a dark room caused him to let out three or four piercing shrieks and start to chatter madly about "He's going down again, he's going down again." This was Mama becoming alarmed because the child got so limp. After he dramatized Mama, suddenly we had the anesthetist and then we had some more of the patter.

We would get a good run on it, with the patient screaming out a phrase or two. Then he would struggle out of it again, and 15 or 20 minutes later all of a sudden he would become fascinated and pulled back into it again and we would get another phrase out. Then about half an hour later the same sort of thing would happen. We finally broke that engram during the person's fifth hour in therapy. He was one of these can't see, can't hear, can't feel, aren't alive, don't know cases.

The patient was pretty suggestible and would drop into amnesia trance as soon as he was told to close his eyes. When I was first working it and knew that was undesirable, I was using smelling salts on the patient which was not too workable. So the patient would go into an amnesia trance, and I would run him back to an engram and run the engram. Then I would wake the patient up and tell him to remember the engram and start feeding him phrases while he was wide awake, and have him crawl through it then in a more or less wide-awake state, being very careful to keep him jogged up all the time so he wouldn't sink into an amnesia trance again, getting it up to a second tone. I have worked that Method on some patients. It is workable where you have a patient who goes immediately into amnesia trance.

I didn't tell the patient anything. I just started feeding him repeater techniques wide awake, making him keep his eyes open, holding his eyes open if possible, and chucking him in the ribs if he started to slide off, and just got him repeating. And he slid down and started to contact the incident and suddenly the whole thing more or less flashed into view.

Benzedrine works somewhat, but some patients under Benzedrine hypnotize just as rapidly as ever. Hypnotism, by the way, is not sleep.

The value of Benzedrine is unfortunately not as good as it might be. In some patients the administration of Benzedrine assists markedly the contact and deintensification of emotional charges. Yet I've had patients that were quite null. In fact, one of the smoothest, easiest things an engram does if it has that as its content is to nullify or deepen the effect of drugs. I have had patients that I fed blanks to (probably made out of flour). I had one patient worked up on Benzedrine blanks to 100 milligrams a day, and this patient was going around quite high, feeling wonderful. If you get somebody who starts to demand Benzedrine runs of you

and if you have a bottle of blanks, why, feed him all the blanks you want to, you may get remarkably better results.

On the other hand, he may have the phrase "Pills send me right to sleep," or "One pill doesn't do me any good, it takes two to do any good." And you will actually find with such a patient that you feed him one of anything and it doesn't do him any good. But you take baby-size aspirin and feed him two of them and they do him good. They turn off his headache. But one full-sized aspirin which has more aspirin in it doesn't affect his headache because it isn't two pills.

On the administration of Benzedrine, after 10 to 20 milligrams you should expect a changed manifestation on the part of the patient in from half an hour to 45 minutes. It bites at about that time and it goes through then for the next two or three hours as very stimulative. It may only be stimulative in the muscles, and you may not be getting any better engrams at all, but it is definitely stimulative.

The next thing that you can expect from it is that at the expiration of from four to six hours it goes off in a slump. There is a short period of depression. You can work the patient on the upgrade or you can work him on the downgrade. Quite often that period of depression which follows produces a better state of mind for the release of painful emotion. If it has been administered at 2 or 3 o'clock in the afternoon, at about noon the next day you can expect the last side effects of it to wear off, and one could normally expect the patient to have a sleepless night after that.

When a patient is given Benzedrine, the Benzedrine effects can be nullified to permit the patient to sleep by the administration of some soporific such as scopolamine, which would produce a very remarkable manifestation. Benzedrine quite often makes people talk. If they are then fed "scope" they really turn into chatterboxes, and one can very often expect them to just talk and talk and talk and talk practically about nothing.

Nembutal will do the same thing, so don't be alarmed at the chattery, drunken aspect of somebody. Nevertheless, the effects of Benzedrine can be eliminated to a marked degree by the administration of a soporific afterwards.

The administration of drugs during therapy must bring about the following factor: Sooner or later you are going to get a patient who has no somatics and you are going to figure out that this is because his engrams say so. Then you are going to find out that he takes lots of Pyrobenzamine or some other drug which knocks off psychosomatic illnesses to some slight degree, perhaps by doing something to the histamine balance. Benedril and Pyrobenzamine in a patient will sometimes inhibit a solid manifestation of a somatic. For instance, if you are trying to find the source of a person's sinusitis and he is busily taking handfuls of Pyrobenzamine to turn it off, you are not going to locate it. I have had four patients to date that I had worked on for three or four hours realizing something was very wrong. The first one taught me that I'd better ask. Now I say, "Do you take cold drugs or anything like that?"

"Oh, yes, I take 150 milligrams of Pyrobenzamine every four hours."

Caffeine has a stimulative effect. It possibly comes closer to center than Benzedrine does, but the heart action can certainly be revved up with caffeine.

The most workable test of Benzedrine is in a psychotic where it makes the person more accessible. Half an hour after the administration of 20 milligrams of Benzedrine one starts to get cooperation, which continues for perhaps two hours and then no cooperation.

The theory that preceded the use of stimulants is that they have proven efficacious in some slight degree, and biochemically we may discover some stimulant or some something that turns on enough emotion so that we can discharge emotional engrams. That's a very serious problem and a tough one just on this basis. The theory behind it is very precise. We are trying

to wake up the analyzer from the first time it went to sleep to the last time it went to sleep, so we don't give the patient a depressant, we give him a stimulant. We found that in some patients it was quite workable, in others it was utterly inefficacious.

I wish the biochemists would get busy. We need that one-shot clear.

I have found that people heavily saturated with alcohol would very often contact material which heretofore had been blocked off, but would not have enough push to go through it. They would later sober up with the engram in restimulation, which was a nasty situation. Fortunately, knowing what the engram was, I could get them to repeat themselves back into it.

If you are treating alcoholics you have to keep them on alcohol while you are treating them, because you won't be able to get them off.

The way to gain altitude as an auditor is to find somebody who is a setup, and whip this person into a block of engrams, get some convulsions and release the material. The person gets up and says, "I feel wonderful, I could go out and lick the world!" and the auditor will have altitude.

Your own belief in yourself and your ability to audit deteriorates the instant that you start up against a case which just plain won't give out anything. An auditor who is up against this is in a bad situation. He has not had a good, solid look at engrams in action. You learn about engrams by looking at them. You learn about the reactive mind by looking over what the reactive mind can do. There is where you get your practice, not just plugging away at somebody who can't give out anything.

As a consequence, one's training is held up. Any student who is having trouble with his co-audit partner is also being retarded in his training to some slight degree, in that his own aggressiveness on the subject is probably dropping.

The best remedy in the world for it is to look around and see somebody who needs help, tell them to close their eyes, and work on them a little bit. Simply test out a few people until you find a nice, easy case, then go into that case and knock out basic-basic, start an erasure and start coming up the line, plow, plow, plow, with good visio, sonic and everything else.

It doesn't matter how psychotic or how neurotic a person is, you will still find a lot of setups. The aberrative value has nothing to do with it.

Then suddenly you as an auditor will get an idea of how engrams look, and can say, "Well, they run out this way or they behave that way, and, gosh, look what happens to the guy when this happens," and so on. Don't keep on auditing wholly and only a patient that you can't Emd anything in. Because if you go and find a patient who is fairly wide open and Emd out what his engram bank looks like and you know what his track looks like, you can say, "This is the way these things work." And now you have gotten an insight into the situation and can tackle this case and very often it will fold up just like the one in the following demonstration is going to.

LRH: What's been worrying you lately?

PC: Nothing.

LRH: Oh, nothing worries you?

PC: Yes.

LRH: "Nothing worries me, I feel fine." Go over that line.

PC: Nothing worries me, I feel fine.”

LRH: Go over it again.

PC: Nothing worries me, I feel fine.”

LRH: Go over it again.

PC: Nothing worries me, I feel fine.”

LRH: That’s a swell manic to have. You know the swellest manic I ever had on my hands was a person who was “calm.” And this person would go into a screaming fit if you inferred she was not calm, yet she was a terror to all beholders.

Go on, you feel fine. “Nothing is wrong with me, I feel fine.” Who used to talk about how fine they felt around you?

PC: Nobody that I know of.

LRH: Come on. You can remember it. You can remember it. Did your mother ever complain about her health?

PC: She said it was a good thing how she felt. She felt pretty good most of the time.

LRH: She said what?

PC: (sounds cheerful) She said she felt good, yah.

LRH: All right. Was she sickly?

PC: No. She was fine.

LRH: How long did she used to keep this up? Was she very insistent on it or was she just a mild, nice woman?

PC: Yeah. Nice and easy.

LRH: You liked her, nice and easy going?

PC: Yeah.

LRH: How was the old man? Was he bad?

PC: He’s all right.

LRH: “He’s all right.” Now wait a minute, that’s not a very positive statement. You can remember what kind of a person this fellow was.

PC: Well, if everything was going smoothly.

LRH: Ah. But what happened when it went rough?

PC: He’d curse.

LRH: He’d curse? And who would he hit?

PC: Nobody.

LRH: You?

PC: No, he had pretty good control.

LRH: Did he ever hit you?

PC: Sure, he hit me.

LRH: All right.

PC: Yeah, he hit me.

LRH: Yeah. You can remember now a time he hit you.

PC: I can remember lots of times he hit me.

LRH: Lots of them.

PC: Sure.

LRH: How well do you remember these?

PC: Very good.

LRH: Pretty good? Where did he hit you? (small pause) Tell me.

PC: Oh, on the face.

LRH: Yah? What would he say?

PC: Well, one specific incident?

LRH: All right. One specific incident.

PC: All right. Well, he said, "I'll teach you to treat your mother this way, " or "to be a bad boy, " or something like that.

LRH: You can remember this, what did he say? "I'll teach you to" what?

PC: Now, I wonder if I'm making that up.

LRH: Who used to be afraid of that?

PC: Nobody was afraid of that. I might have heard somebody else say that.

LRH: Hm-hm? You interest me. Go on, what did the old man used to say about teaching you to be a bad boy? (pause) And where did he hit you? Over here? Hard?

PC: Yuh.

LRH: Pretty hard? Would you fall when he hit you or would you stand on your feet?

PC: Well, I'd just go down to sort of protect myself.

LRH: Hm-hm.

PC: I'd just go into a fall.

LRH: And after you went down to protect yourself, what would happen?

PC: He'd hit me a couple of more times.

LRH: Hit you while you were down?

PC: Well, he was in a pretty bad mood. He only did this once, really. No, twice.

LRH: All right. You can remember this.

PC: Yeah. I remember.

LRH: How did you feel about that? What did you want to do to him?

PC: It's a funny thing but at the time I didn't feel too sore, I felt more worried that my mother would be aggravated over it and I went in and calmed her. She had incited him by telling him that I was bad. But afterwards she realized that she had aroused him too much so I said, "That's all sixed you'll get over it. Don't worry about it."

LRH: "That's all right. You'll get over it. Don't worry about it." Okay. Shut your eyes. Right back down the track, prenatal. "That's all right. You'll get over it. Don't worry about it. That's all right. You'll get over it. Don't worry about it." Repeat it.

PC: Thats all right."

LRH: Your somatic strips contacting this, now let's go over it. "That's all right."

PC: Thats all right."

LRH: "Thatb all right."

PC: That s all right."

LRH: Continue.

PC: That s all right."

LRH: Next line. (pause) "That's all right." Go over it again.

PC: That s all right."

LRH: Next line. (pause) Next line.

PC: She'll be all right."

LRH: All right. Go over it again.

PC: Thats all right. She'll be all right."

LRH: Next line. (pause) Next line. (pause) When I count from one to five the next line will flash into your mind. One-two-three-four-five (snaps). What is it?

PC: I draw a solid blank.

LRH: Hm-hm?

PC: Just silence. Just absolute silence like in a broadcasting studio.

LRH: Silence.

PC: Yah.

LRH: Who said so?

PC: Nobody said so. Nobody said anything.

LRH: Yah? Nobody said anything. Who said "silence"? Whose word is that?

PC: The thought of mother flashed into my mind.

LRH: A thought of mother's. What kind of a thought was it?

PC: It was just that you said, "Who said so?" and the word "mother" flashed into my mind.

LRH: All right. Let's pick that up. When did your mother want silence?

PC: (pause) I'm trying to cooperate.

LRH: All right. When did your mother want silence? (pause) You know. When did she want silence? You remember this. Tell me about it. When did she want silence?

PC: (pause) When did she want silence? When does anybody want silence? When?

LRH: When what?

PC: When they're disturbed, I suppose.

LRH: When they're disturbed they want silence? You remember your mother asking for silence when you were disturbed?

PC: When somebody's sleeping in the house.

LRH: Somebody sleeping in the house. Are you sleeping?

PC: No.

LRH: Who used to sleep in the house? Your old man ever work at night?

PC: No. But he wanted to sleep in the morning.

LRH: How late did he sleep in the morning?

PC: Oh, sometimes my father told me that.

LRH: About what?

PC: Making things up.

LRH: When did he punish you for it?

PC: Never punished me for it.

LRH: Never did?

PC: No.

LRH: "I'll teach you to make things up." Could that have been it?

PC: No.

LRH: "I'll teach you to be a bad boy"? That it?

PC: No.

LRH: That never was it?

PC: Not that I can recall. I can't think of it at the moment. Maybe it was.

LRH: Was it ever said?

PC: I'll teach you to be a bad boy"?

LRH: "I'll teach you to do that wrong."

PC: I'll teach you to do that wrong. "Nope, I don't think he said that. My mother might have said that.

LRH: Your mother might have said that—"I'll teach you to do that wrong"?

PC: Or, "I'll teach you to be naughty," or "I'll teach you"—yes, she might have used that expression.

LRH: "I'll teach you to be naughty"? How about your grandmother? Do you like your grandmother?

PC: Yeah.

LRH: Yeah?

PC: I guess so. As well as a person likes her.

LRH: All right. Who invalidated your sense of reality? You know. You not only know the persons, you know the incident. (pause) Now tell me. (pause) Who invalidated you?

PC: In other words, "You don't know what you're talking about" idea?

LRH: Yes. That's right. (pause) Count five to one, the direct memory circuits by command, one-two-three-four-five (snaps Five-four-three-two-one (snap!).

PC: Maybe some kid said, "You don't know what you're talking about. " Kids usually do it.

LRH: Yeah? Kids usually do it. It's a bad incident, isn't it?

PC: (pause) Well, I get the memory now of playing, when I used to live in New York, playing with a bunch of kids. I was a small fry at the time.

LRH: Yah. What did they used to tell you?

PC: You didn't know what you were talking about.

LRH: Who said, "Making things up"?

PC: They didn't say, "Making things up."

LRH: Which one of your family would say, “Making things up”?

PC: Sometimes my father would tell me I don’t know what I’m talking about. But that’s all the time, not in any incident.

LRH: That’s all of the time?

PC: Well, any time that he was skeptical over something I’d say.

LRH: Oh, you mean your father’s skeptical?

PC: That’s right.

LRH: And how have you felt about these incidents?

PC: Skeptical.

LRH: What a remarkable coincidence. You know, he couldn’t possibly be in your engram bank, could he?

PC: He might.

LRH: With what words would he be in there?

PC: (pause) Well, I don’t contact anything.

LRH: Aha. But you know. You can remember. Go over and sit down. And later you can come by and tell me the exact knock-down-drag-out, blood-in-the-gutter incident that fixed up your sense of reality. Okay?

PC: That’s fine.

LRH: Okay.

The auditor who takes on the above case will have to pay attention to the fact that here is a family that talks backwards. “This is a fine family I’ve got. I’ll teach you to be a naughty boy.” Of course it sits literally in the bank as, “I’ll teach you to be a naughty boy.” This backwards sarcastic method of talking makes some of the most remarkable engrams. “All right, I’m wrong, I’m always wrong. So I’m wrong. Now are you satisfied that I am wrong?” (I pulled that one up out of a bank recently.)

Differences in language also affect cases differently. For instance, in Ylddish an AAI is a phrase which says, “Got to take a cleaning,” or, “Got to be cleaned out.” There are strange colloquialisms, idioms, cliches from language to language. In French the word for pain is *mal* meaning “an evil”—“I have an evil in my head”—and this word *mal* goes straight across the language, which would install demons and devils in a person and so forth.

Working a bilingual case is not difficult. All you have got to do is to take the patient down into the area and ask for flash phrases. If that language is in there engrammatically, you will get phrases off it. I had a person who hadn’t heard Ylddish since about two and a half years of age and suddenly he was practically talking Ylddish after about ten hours of therapy.

It is quite ordinary to start running off an engram which is lying on top of the boil-off² area, then boil off, and then run another engram under it. Or run five or six engrams off the top of the boil-off and then boil off another one. Don’t expect this material to be filed well.

Here is a demonstration of working a case whose auditor is having trouble locating incidents to run.

LRH: All right. You say you're perfectly happy?

PC: Yes.

LRH: Why does your husband want to work on you?

PC: I don't know. We're doing it mainly because he needs work.

LRH: You ever restimulated?

PC: Not so far, we've done about 15 hours.

LRH: How are your recalls?

PC: Well, I don't know. I mean, my recall on the whole is pretty good.

LRH: Pretty good?

PC: I mean in normal life, my recall is pretty good.

LRH: You get somatics?

PC: No, I don't have any recurring somatics to speak of.

LRH: Yeah, but in therapy do you ever get a somatic?

PC: No, I haven't felt one. I'd say we only worked about 15 hours.

LRH: How old are you? (snap!)

PC: 32.

LRH: You're set with that?

PC: No, but I'm 32. (laughs)

LRH: All right. Now give me a number (snap!).

PC: 7.

LRH: And give me a yes or no to any one of the following words I say to you. Yes or no, a flash reply, the first thing that comes into your mind now. Hospital (snap!).

PC: Yes.

LRH: Doctor (snaps).

PC: Yes, I mean I'm saying that on the basis . . .

LRH: Mother.

PC: of I've had experience with them. (laugh)

LRH: Mother (snap!).

PC: Yes.

LRH: Doyou how what I'm asking for? Are you getting those on a flash reply basis?

PC: Well, as I say, when you ask the question, what comes into my mind is “Yes, I’ve had experience with them, “ meaning I’ve been there or I’ve contacted them, you know.

LRH: Uh-huh. What severe illness did you have when you were a child?

PC: Well, the most severe illness in actual effect was polio, but we didn’t know it was polio until some time afterwards, in case that has any influence.

LRH: When was this?

PC: When I was 12.

LRH: When did you have measles?

PC: 8.

LRH: When you were 8. Did you have a hard time with it?

PC: I think so.

LRH: How did your mother look when she walked into the room and found out you had measles?

PC: Well, I’m not sure because I got measles in between mumps and whooping cough. How she looked with the measles, I’m not sure. (laughs)

LRH: Did they keep the room nice and bright when you had measles?

PC: No, as I recall it was dark. I was sicker with measles than with the others, and I don’t have as good a recall on that as I have on the mumps.

LRH: You have good recall on the mumps?

PC: Fair, comparatively.

LRH: Where did you live when you were a little tiny kid, 2 years of age?

PC: On Chestnut Street.

LRH: How long did you live there?

PC: Until I was 4.

LRH: Until you were 4? What did the house look like?

PC: It was a gray house, as I recall. I can’t picture it too well. I can picture the other house much better of course.

LRH: This one you lived in but you can’t get a picture of it?

PC: This one I lived in until I was 12. I can see the way the stairway went up and the wall telephone.

LRH: When did you fall off a tricycle?

PC: That was later, I didn’t have a tricycle till we moved to the other place. (laughs)

LRH: When did you get a bicycle?

PC: I never had one.

LRH: Never had one.

PC: No bicycle.

LRH: When did you fall off the rollycoaster wagon?

PC: Never been on a roller coaster either. (laughs)

LRH: Ever have a sled accident?

PC: Nothing serious enough to make an impression.

LRH: Doyou remember falling off a sled?

PC: Sure. I've fallen off them a lot of times.

LRH: Yeah? Shut your eyes. Let's go back to the first time you ever fell off a sled. There's nothing very special about this, let's just return to falling off a sled. What are you sliding down? Let's take a look at it now.

PC: Well, I haven't picked up any particular incident yet, but it must have been down Batey Hill playground because that's where we always go.

LRH: All right. Let's take a slide down Batey Hill anyhow, whether we fall off or not. Let's just take a slide down there.

PC: Yes.

LRH: You have a slide? How are you doing?

PC: Going down all right.

LRH: Going down all right? Hot day, cold day, what?

PC: It was a cold day, snow.

LRH: Look good?

PC: Looks good, feels good.

LRH: How's the smell?

PC: Oh, sort of crisp, you know.

LRH: Hm-hm. YQU like it?

PC: Hm-hm.

LRH: Good.

PC: And I can hear the snow under the runners, you know.

LRH: Right. Come up to present time.

PC: But surely, I ought to have something, oughtn't I? (laughs)

LRH: How about birth? Has your auditor taken you back in towards birth?

PC: No, we haven't hit birth yet.

LRH: Have you hit basic-basic?

PC: No. Not identifiably anyhow.

We haven't hit a single thing that acts or looks like an engram. I can't get somatics, although I have pretty near perfect recall on many things.

LRH: Do you want to find an engram?

PC: Yes.

LRH: You probably haven't got more than fifty or a hundred engrams in the bank at the outside. Fine. Shut your eyes. Let's go back to conception. Your own. Let's return back to conception. All the way back. Contact the first part of it. Now tell me what you're contacting. The somatic strip's right there, let's roll it.

PC: I don't see anything but blackness.

LRH: You see blackness?

PC: Yes. I have my eyes shut. Maybe that has something to do with it.

LRH: All right. Now, what are you doing there? (pause) How does it feel?

PC: Feels all right so far.

LRH: Did you get a muscular reaction?

PC: No.

LRH: All right. Let's repeat the words "I can't tell this early."

PC: "I can't tell this early."

LRH: Somatic strip will go to that.

PC: "I can't tell this early."

LRH: Go over it again.

PC: "I can't tell this early."

LRH: Go over it again.

PC: "I can't tell this early."

LRH: Go over it again.

PC: "I can't tell this early."

LRH: What are you contacting? Go over it again.

PC: "I can't tell this early."

LRH: Go over it again.

PC: "I can't tell this early."

LRH: Go over it again.

PC: "I can't tell this early."

LRH: Go over it again.

PC: "I can't tell this early."

LRH: What are you contacting?

PC: I don't seem to pick up anything.

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

PC: "I can't tell this early."

LRH: All right. Now the somatic strip will go to the engram necessary to make the engrams in your case obtainable. The somatic strip will go straight to the one necessary to find in order to make it obtainable. Now when I count from five to one a phrase is going to flash into your mind. Five-four-three-two-one (snaps).

PC: (pause) "I don't know."

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

PC: "I don't know."

LRH: Go over the phrase again.

PC: "I don't know."

LRH: Who might ever have said "I don't know" around you?

PC: Well, both my parents have said it a number of times about a number of different things.

[gap in recording]

LRH: All right. Let's contact the first contraction in birth. (pause) First contraction. (pause) Now let's contact the second.

PC: I got a little twitch in a leg muscle here, if that's worth anything.

LRH: All right. Third contraction. Fourth contraction. Fifth contraction. Sixth. Seventh. Eighth. Ninth contraction. Tenth contraction. Eleventh. Twelfth. Thirteenth. Let's start down the birth canal. Down the birth canal. You're halfway down the birth canal. Come on, what are you getting?

PC: Just a sensation of some slight pressure in my wrists.

LRH: Uh-huh.

PC: Slight pressure here.

LRH: Uh-huh. Let's continue on down the birth canal. (pause) All Aght. Let's continue to the moment your head's out. (pause) One shoulder's out. (pause) The other shoulder's out. (pause) All out. (pause) The cord's cut. (pause) Drops in the eyes. (pause) Okay, now up to the point where you go to sleep. (pause) Up to the point where you get your first bottle.

PC: I was nursed.

LRH: All right. First nursing. Let's contact it right there, the first nursing. (pause) How do you feel? Let's feel the arms around you.

PC: I can imagine that I do.

LRH: Okay. Go ahead and imagine it. Feel the arms around you. (pause) All right. How do things look to you?

PC: Can't see much of anything.

LRH: Can you see anything?

PC: (pause) I hare the sensation of light. I don't really see anything.

LRH: Okay. Now let's come up to the time you're ten days old. (pause) Now lets contact the scenery. (pause) Eight o'clock in the moming. Ten days old. (pause) What do things look like to you?

PC: Well, I don't know. I can imagine a hospital nursery, but I don't think it's genuine because I don't see it from the aspect that you'd see it if you were a baby.

LRH: All right.

PC: (laughs) I think it must be some other.

LRH: Let's see it from the aspect you would see it if you were a baby. Let's just imagine that. Where would you be lying?

PC: Well, there would be a ceiling and a light, that would be about all that would be visible.

LRH: Aha. Who said so?

PC: Well, that's just my own idea, as nearly as I can tell from what I know.

LRH: It's your own idea? All right. Let's come on up to the time you're crawling around on the floor. (pause) Crawling around on the floor. Let's do a good crawl around on the floor. (pause) Having a good time crawling on the floor. (pause) What do things look like?

PC: They look big.

LRH: Hm-hm. IEke a look at them. (pause) Now let's contact the moment when somebody comes toward you to pick you up. (pause) Somebody comes toward you to pick you up. Let's get picked up. How big's the person?

PC: Quite big, there.

LRH: All right. Now let's go a little bit earlier to a point where you have a bad bubble on the tummy. (pause) Bubble on the tummy, now. (pause) All right. Pick up the moment somebody throws you over the shoulder. Who is it?

PC: I keep picturing my father.

LRH: All right. Where is he?

PC: He's standing up.

LRH: And what's he doing?

PC: Puts me over his shoulder. (laughs)

LRH: How do you feel? Do you see him put you over his shoulder or do you see his shoulder?

PC: (pause) I think I see the floor.

LRH: You see the floor?

PC: Yes.

LRH: Okay. Where's he patting you? (pause) Is he patting you?

PC: I don't think so.

LRH: All right. How does he get rid of the bubble?

PC: Well, he leans me over his shoulder....

LRH: Yah, and what does he do?

PC: Presses.

LRH: And what do you do?

PC: Well, I should burp, whether I do or not I'm not sure. (laughing)

LRH: All right. Let's contact the moment when you do burp. (pause) Precise instant there when you burp. (pause) Contact the moment you burp. Let's feel the bubble. (pause) Let's feel the bubble. (pause) Can you feel it coming up?

PC: No.

LRH: Let's contact the moment you do burp. How do things look to you at that moment?

PC: (clears throat) I don't have a clear picture....

LRH: Hm-hm. How do things look to you?

PC: (pause) Well, what I seem to picture is the room that was the living room which is a rather dark sort of room.

LRH: Hm-hm. Where are you, the moment you're picturing this?

PC: Well, I'm near the center of the room.

LRH: How does the room look? Small? Big? HOW?

PC: It's rather small.

LRH: Does it look small to you? (pause) All right. What would your father say to you while he's burping you? "Get it up"? (pause) Give me a flash reply. What would be his words? (snap!)

PC: Let's get rid of it."

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

PC: Must get rid of it."

LRH: Anything about getting it up?

PC: "Up it comes."

LRH: All right. Let's go over that. "Up it comes."

PC: "Up it comes."

LRH: Go over it again.

PC: "Up it comes."

LRH: Go over it again.

PC: "Up it comes."

LRH: Let's return to the moment when it does come up.

PC: "Up it comes."

LRH: "Up it comes."

PC: "Up it comes."

LRH: Go over it again.

PC: "Up it comes."

LRH: Let's contact his voice.

PC: UP it comes."

LRH: Go over it again.

PC: "Up it comes."

LRH: Go over it again.

PC: "Up it comes."

LRH: Go over it again.

PC: "Up it comes."

LRH: Go over it again.

PC: "Up it comes."

LRH: Where are you?

PC: Up against his shoulder.

LRH: All right. How does the room look to you now?

PC: Still somewhat indistinct.

LRH: Indistinct.

PC: I mean I can't figure out the sharp details as to where everything is, and so forth.

LRH: Uh-huh, because where are you?

PC: Over his shoulder. (laugh)

LRH: All right. Now let's come on up to the time when you're having an awful good time, just a terrifically good time. What are you doing?

PC: I'm hiking. I'm up on top of a mountain.

LRH: Okay. How does it feel to be up on top of the mountain?

PC: Wonderful.

LRH: Good. Let's take a look at the countryside.

PC: Yes.

LRH: How does it look to you?

PC: It's far down below, you can see the foothills and the valley down below.

LRH: Good and clear?

PC: Very clear.

LRH: Nice and clear?

PC: Yes.

LRH: How does it smell? (pause) How does it smell? Let's take a look at it. How does it smell?

PC: It's fall. The leaves are turned....

LRH: Let's feel the air.

PC: It smells very good.

LRH: All right.

PC: Fresh and a little bit smoky.

LRH: Let's take a sniff of it.

PC: Smoky.

LRH: Smoky.

PC: There's probably a forest fire over on the next range.

LRH: Okay. Now, let's feel your feet under you as you stand there. Are you sitting or standing?

PC: Standing.

LRH: Do you feel your feet under you as you're standing there? Let's feel your feet standing there.

PC: Hm-hm.

LRH: All right. How do your boots feel? Are you wearing boots?

PC: No, I was wearing shoes.

LRH: All right. Let's feel the shoes.

PC: Hm-hm.

LRH: Feel the shoes. Is the ground even or uneven under your feet?

PC: Fairly uneven. Some bare spots and some grassy.

LRH: Feel happy looking at that?

PC: Yes.

LRH: Countryside. Top of the world.

PC: Right.

LRH: All right. Come up to present time.

PC: I'm up.

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

Using the above technique one can send the somatic strip through almost any incident in a person's whole life. They will go through some sort of a sensation of it. They may tell you, "Oh, no, I don't feel anything," and yet you can run a time clock on an operation without the patient knowing anything about the operation.

The above case is open. There is a computation back down in the bank and there are bouncers. For instance, she bounced on her papa's phrase about getting it up.

You have got to use your head about working Dianetics. The trouble with this case is it works too well.

Let's look over another case that is worrying his auditor.

LRH: What's been worrying you lately?

PC: Nothing comes to mind right away.

LRH: Nothing comes to mind?

PC: No.

LRH: Who had bad eyes in your family?

PC: Neither one. My father wore glasses, not very strong. That was all.

LRH: And your mother?

PC: No, she didn't wear glasses.

LRH: How about your grandparents?

PC: Don't remember them.

LRH: When did they die?

PC: My father's father was the only one I knew.

LRH: And when did he die?

PC: He died when I was about 2.

LRH: Did he wear glasses?

PC: Yes, he did.

LRH: Thick ones?

PC: No, not particularly.

LRH: He did wear glasses.

PC: He did wearglasses.

LRH: What were his mannerisms?

PC: I hare no distinct memory of him, I've been told he was very soft-spoken.

LRH: What did he do for a living?

PC: He was an actor.

LRH: What do you do for a living?

PC: Studying to be a teacher, I'm studying mathematics.

LRH: Was he a nice guy?

PC: I think so.

LRH: Did he like you?

PC: That I couldn't tell you.

LRH: Do you like your parents?

PC: Yes.

LRH: Both of them?

PC: Yes. (pause) I don't get along well at home.

LRH: Why not? When you're there you don't get along with them?

PC: No, I don't get along, as far as I'm concerned.

LRH: But you like them.

PC: Not Very well. Not as people.

LRH: All right. What did they do to you?

PC: Don't know. I've been told that I was very difficult as a young child.

LRH: You were a problem?

PC: I was a problem.

LRH: What were the words that were said to you?

PC: I don't have any memory of it at all.

LRH: Is that why you were a problem?

PC: No, I was supposed to be always getting into things I shouldn't.

LRH: Getting into things you shouldn't. Do you mean your auditory having trouble with you? (pause) Your auditor ought to be ashamed. (He's always getting into trouble getting into things. He's difficult.) Now who told you you were difficult?

PC: I guess my mother, not the nurse.

LRH: Yah? How about the nurse?

PC: Don't recall the nurse.

LRH: Who really thought you were difficult?

PC: I think my mother does.

LRH: Did she ever knock you around any on the subject?

PC: She's spoken to me about it.

LRH: She's spoken to you.

PC: Euen recently.

LRH: Even recently? What did she say recently?

PC: She runs me down.

LRH: Who used to run her down?

PC: I don't know. My father might have, but I don't ever remember it.

LRH: Did she ever talk about anybody ever running anybody down?

PC: No.

LRH: Who's phrase is that? "Running down people." (pause) Is that a bad thing to do, to run down people?

PC: I never like to see it done. I don't do it myself.

LRH: Let's go on back down the time track.

PC: My older brother comes to mind.

LRH: Yah? What did he do?

PC: He ran people down. The time comes to mind that he was frightened in a storm and they tell me he pointed to where I was sleeping and said, "There, he's too dumb to be afraid."

LRH: That come to you?

PC: The story has been told to me.

LRH: Do you remember this?

PC: No.

LRH: Are you supposed to believe what you're told?

PC: I've probably been told that.

LRH: Yeah? Who told you that?

PC: I suppose that would be my mother.

LRH: But that would be very easy to remember if you believe what you're told.

PC: The things I can remember are the things I have been told.

LRH: Aha. Now who told you this? To believe what you were told.

PC: I would say that was my mom.

LRH: Your mother? Remember her telling you?

PC: No. I think she would say, "Do what you're told."

LRH: How about "Believe what you're told"? Could it be somebody else that said, "Believe what you're told"?

PC: Could have been the nurse too.

LRH: What might the nurse have said? What kind of a voice would she have used when she was saying this?

PC: She would be angry. But it wouldn't be the nurse, I don't know who the nurse was.

LRH: This voice would be angry that told you? Would it be your mother's voice?

PC: It could be.

LRH: Let's just imitate it.

PC: Uh....

LRH: Just imitate it. You can imitate your mother's voice.

PC: "You believe what you're told."

LRH: Aw, she said it tougher than that.

PC: Yah, she had a definite tone in her voice.

LRH: What's the tone?

PC: You can tell when she as angry by her tone.

LRH: Did your father leave her?

PC: No.

LRH: He stayed with her?

PC: Oh, yes.

LRH: Is he happy with her?

PC: Well, my father died .

LRH: Oh. When did your father die?

PC: He died in 1942.

LRH: Did you care when he died?

PC: I did, yes.

LRH: How have you felt since?

PC: Sometimes I regret not having known him better.

LRH: Okay. Who used to tell you that you should believe what you're told? (pause) You can remember.

PC: I still think it was my mom but I don't remember the incident.

LRH: Now you do remember the incident. Did she ever say, "You never remember anything"?

PC: As long as I can remember I've always had a poor memory.

LRH: Yah. But who said that as long as you can remember you always had a poor memory!

PC: Yes, my mom did.

LRH: Oh. Now do you ever recall your mother telling somebody else that another person had a poor memory?

PC: No.

LRH: Do you remember your brother commenting on somebody having a poor memory?

PC: No. I remember that I used to get in arguments with my younger brother.

LRH: About what?

PC: Oh, perhaps it would be about errands we were supposed to run, sometimes we had responsibility for doing things.

LRH: And?

PC: And I'd argue with him.

LRH: Yah.

PC: He always seemed to remember better than I did.

LRH: Hm-hm. Who went through a period of not having a good memory?

PC: I did.

LRH: When?

PC: Well, I haven't had a good memory....

LRH: What would be the first step one would have to take to rehabilitate your case?

PC: Probably restore my memory for names.

LRH: Restore your memory for names.

PC: That's what's giving me trouble.

LRH: Memory for names. Do you know my name?

PC: Well, I've never been introduced, but I gather you're Mr. Hubbard.

LRH: That's right. You remember my name then, don't you?

PC: Yes.

LRH: Remember your partner, your auditor's name?

PC: Yes.

LRH: Remember your teacher's name? The one you liked?

PC: I can remember some of them.

LRH: Aw, remember one that you liked real well.

PC: I can remember one that I admired a lot.

LRH: All right. What's the name?

PC: E R. Green, Doctor E R. Green.

LRH: Doctor F. R. Green. Did he wear glasses?

PC: No.

LRH: Didn't.

PC: This was in college.

LRH: Oh, that's in college. How about in grade school? What teacher do you know in grade school who wore glasses?

PC: The principal, Mrs. Davies.

LRH: Mrs. Davies. What kind of a person was Mrs. Davies?

PC: Small, with white hair.

LRH: Nice?

PC: She never seemed pleased by anything, but nice, yes.

LRH: Take care of you?

PC: No. She spanked me once, I remember.

LRH: What did she say?

PC: Don't be impertinent, " I think. It had something to do with something I had said which she didn't like.

LRH: Uh-huh. When was this, what grade?

PC: That would be sixth grade.

LRH: Sixth grade. Who's your kindergarten teacher?

PC: Mrs. Lewis.

LRH: Mrs. Lewis was your kindergarten teacher. How old were you when you started in kindergarten?

PC: Oh, I would be 4.

LRH: (Otherwise this gentleman has no memory for names. How many can remember just like that the name of their kindergarten teacher?)

PC: But, I've known her since then.

LRH: Oh, you've known her since. All right. What was the name of the doctor that brought you into the world?

PC: I've never been told. I gathered it was a family doctor, which would be Davenport.

LRH: You are operating on permission to remember. Is that right?

PC: (dejected tone of voice) I guess so.

LRH: Who gives this to you?

PC: I'd say my mother, she's told me several times that I couldn't remember that far back.

LRH: Aaah! A mama with a guilty conscience. Oho, oho! We pin her red-handed. Let's get interested. All right. What about her? When did she used to tell you you couldn't remember that far back?

PC: Well, several times I've said I can remember incidents, let's say, before 4.

LRH: Yeah?

PC: She wouldn't believe me.

LRH: What did she say?

PC: No, we must have told you about that," or "You're imagining that."

LRH: Do you remember a particular time?

PC: Yes, I remember one time that was rather turbulent.

LRH: Aha?

PC: And I may have imagined it because I can see it in the third person.

LRH: Ah. What did she say?

PC: And she said exactly that, just, "Oh, you're making it up, we must have told you...."

LRH: "Making it up."

PC: You re making it up

LRH: Do you remember this?

PC: No, not clearly.

LRH: What did she say? "Making it up"? Go over that. "You're making it up."

PC: I'm sure she said, "You were too young to remember that."

LRH: Go over that again.

PC: You re making it up from something we've told you. " Or "You're imagining it."

LRH: Uh-huh. Let's go over that again.

PC: You re imagining it

LRH: Hm-hm. How did she look when she was saying this to you?

PC: A little impatient.

LRH: All right. You can remember her saying this to you, can't you?

PC: I get a very dim impression of where it took place.

LRH: Aha. What would all this do to your memory?

PC: I should imagine it would pretty well tie it up.

LRH: Aha. And how do we bust through this cordon?

PC: By direct memory.

LRH: Uh-huh. You've got an assignment between now and next Saturday. Okay?

PC: Okay.

LRH: All right. You get the earliest time your mother told you you couldn't remember that young. You can remember it. You'll find out that in a couple of days your memory will be so thoroughly jogged up about this you will be remembering clear on back.

PC: Well, I've been remembering lots of things since the sessions started.

LRH: Uh-huh?

PC: Things here come back to me.

LRH: Just now? Talking?

PC: No, after a session a lot of things will come back I hadn't thought about for a long time.

LRH: Oh, yah? Can you trust your memory?

PC: No.

LRH: Why not?

PC: Well, sometimes I'll go to introduce a person I know fairly well and I can't think of their name.

LRH: Who used to forget names?

PC: (pause) Again I would say it was Mother.

LRH: Whose valence are you in?

PC: Not my own.

LRH: Whose?

PC: (tentatively) Hers.

LRH: Probably. Okay. Thank you.

This person's auditor must track down Mama and deintensify these early incidents and pick up the earliest one he can get, particularly ones where the preclear is slapped around for telling tales at a ladies' party or something like that when he can remember something he shouldn't remember, and there is a nice, solid invalidation of memory. There are such incidents there. Mama had a guilty conscience.

You could run it by straight memory, and the preclear's confidence could very easily be restored to himself.

In breaking a late emotional engram, find the emotional shut-off if you are having difficulty breaking through on it. Get the person in his own valence early on the track some place and get the emotional shut-offs, such as, "Don't get excited," "Don't cry," and so forth.

There will be an engram there that says, "I only believe what I say myself." Or "I have to believe what I tell myself," or something of this sort. And that engram will then establish a long series of locks. But that is a highly specialized case. And it's again an engramic case.

A person is incapable of placing a single word in his own engram bank. A person is incapable, for instance, unless he has a good, solid engramic computation running in the reactive mind, of shutting off his emotions as such, because he wants to release that emotion. That shut-off will be early, probably in the prenatal area, and you should go back and find the shut-off, which the file clerk will generally hand up if you keep asking for the reason why emotion is shut off.

HOW TO BECOME AN AUDITOR IN ONE EASY LESSON

A lecture given on
8 July 1950

Techniques

This lecture is entitled “How to Become an Auditor in One Easy Lesson” to keep you advised as to the steps which constitute standard Dianetic processing. (I am more and more inclined to the word processing rather than therapy. Therapy seems to mean a lot of things that we don’t want it to.)

But the end goal is very simple. We want all engrams out of the reactive bank, erased.

General Semantics may come along after that, or Krishnamurti or somebody, and put in a new educational level goal. But as far as we are concerned in Dianetics, that is the end goal. It is the removal of all pain from a lifetime with the incidental effect of proofing a person against the receipt of more.

A secondary goal in Dianetics is releasing the painful emotion and distress from a case so that it can carry along in a fairly normal, healthy fashion. That is a release. It is gained mostly by releasing the painful emotion off the case. One has to do a lot of things in order to release the painful emotion. The release is pretty good, usually in excess of the current normal.

Another Dianetic aim is to have the file clerk and the somatic strip working with the auditor 100 percent. That is a processing goal, but an important one and is actually your first target.

You want the cooperation of the file clerk and the obedience of the somatic strip. The file clerk and you are a duo operating together. Your target is the engram bank. The somatic strip is under your orders. Don’t for a moment feel that you should play pattycake in ordering it.

Another goal is the release of demon circuitry and, usually even before that although sometimes concurrent with it, the rehabilitation of a sense of reality.

But prior to all these is the goal of gaining accessibility. That is getting the patient to work with you, knowing your tools—the beast called the engram and its apparent twin, the painful emotion engram—and knowing perfectly what deniers, bouncers, misdirectors, call-backs and holders are.

When you know these things well, and you know how to do these things, you are going to accomplish Dianetic therapy. I have worked pretty hard trying to make therapy inevitable to this degree: Once you start therapy you are going to get results; you can’t help yourself. You can’t practice tacit consent, you can’t back off from engrams, you can’t make mistakes, and the patient can’t stop.

In other words, we’ve been trying to tie a couple of rockets onto this thing to make it travel. In the interests of doing this we had to choose some targets that were already known. We had to do a resynthesis of the problem of doing therapy, and this is its resynthesis.

Some people, in practicing Dianetics, without being aware of it perhaps, are practicing some older method of therapy. Some have been selecting out of Dianetics some particular portion of it such as repeater technique, and then suddenly deciding that repeater technique is just fine and working it to death.

Something has worked for them once, and they decide this is a safe tool, something that they can really get results with, but it doesn’t keep on. So, I am giving you what the safe and standard setup is right now.

Taking this and failing to get results would require a certain kind of genius.

When we talk about the accessibility of a patient, we mean of course whether or not this patient is willing to let you talk to him when he has his eyes closed. The number one problem is accessibility.

There has to be some form of consent on the part of the patient even to some slight degree. Gaining that accessibility in many psychotic cases is quite difficult. We are working in research on this problem.

Where most cases are concerned it is not a problem; but when Dianetics is all the rage in institutions it will be at that time a very critical problem. It is the tough nut with psychiatry. We think at the present moment that we have one very good answer and several mediumly good answers.

I won't bother to cover accessibility in terms of a psychotic right now, beyond saying that a psychotic, if you work with him patiently, can ordinarily be made to do some of the things you want him to do. Of course, what you want a psychotic to do is to repeat the holders and call-backs, and to dramatize for you the other valence of the engram in which he is being held. Psychotics can be divided into two divisions:

1. The psychotic who runs an engram. You want that engram run in all of its valences. You want to take that engram and knock out all of its holders and call-backs and deniers as he dramatizes it.
2. Psychotic circuitry. The problem of circuitry merely means that he is running analytically, if insanely, on a command that tells him to do and think certain things. For instance, it says, "Everyone is against me, I have to get away from them, I have to take measures against these people." Therefore he is computing in an irrational way. "Western Union has just put in wires here which go down to the FBI and they are watching me every minute, and RCA has rigged up a special radio wireless telegraph and plugged it into my head so that my thoughts get sent immediately to Russia and they're picking my brains because I have this vast secret nobody must know." That is a circuitry psychotic.

Then there is the psychotic who says nothing. The best thing to do with him is kick him in the soles of the feet and tell him to come up to present time. It sometimes has results.

In the normally aberrated individual, accessibility can also be a problem. For instance, Mama is going around saying, "Oh, my God, my headache, my headache, my headache." You get her by hook or by crook into repeating "I have a headache" for a few minutes, and suddenly her headache seems to go away and she says, "Gosh, I'm glad that Bromo Seltzer took effect."

You say, "Well now, that was an engram." But she doesn't know anything about engrams and she won't assume the angle, and so on. That's a problem in accessibility. Somebody is sick and you know it. The worst way to try and obtain accessibility is by saying, "You have engrams, I see you dramatizing them all the time and therefore you need therapy." The best way to handle somebody like that is to get a third person and work on them, some easy flashy case, and they get the reports out. That is quite workable.

Another thing is that sometimes people will do something for a woman they won't do for a man. I have seen that work lately on a girl who was in pretty bad shape. She would work with a woman auditor but not a man. The man was having a bad time trying to do something for this girl. We swapped auditors, and she immediately went right to work.

Another method of breaking inaccessibility is to educate the preclear on the subject of Dianetics. Education will also work on psychotics. Group education and various projects in

that line have demonstrated this. It also works on children. Many children are incapable of bucking their engrams, and they have never learned to handle their bodies. They have never learned to discipline themselves even to the point of hanging up their clothes.

The wrong thing to tell them is “Control yourself”; the right thing to do is make it an inevitable thing. They hang up their clothes and they get rewarded for it with a “Thank you” for being a good citizen. If they don’t hang up their clothes, they get tickled slightly with a switch, not an engram (because you say nothing), but it picks up their accessibility along this line by simply teaching them that they can do things and after a while they begin to work. That is an odd way to handle it, but what you are doing is taking a little sample of life. Life does this to us all the time. We do right and we get a reward from life. We handle ourselves and our abilities and we get there. We don’t and we receive pain. So you simply set up a little synthetic world for them.

You can do a lot with direct memory, evidently, on children under the age of 8. You can also get them out of valences at a very early age. I am merely predicting this to be the case. This data is not based on case histories.

But from 8 up, this material is based on case histories. There is the setting up of a little synthetic world for them, “Why, all right, now what you should learn to do is cook.” You teach them how to cook. You make it fun for them to cook. You teach them new skills. You don’t punish them if they don’t learn how to cook.

On the subject of “You’re going to clean up the yard now, and the yard is supposed to be all clean by 2 o’clock,” if by 2 o’clock the yard isn’t clean, you don’t harangue them, you just grab them by the scruff of the neck and switch them without saying anything to them at all. They know they are going to get switched if the yard isn’t clean at 2 o’clock.

The next time you tell them, you may get another fight on your hands, but you do the same thing and you just wear them down, and the first thing you know their necessity level is up, and oddly enough they can handle their engrams.

Punishment is only bad when it installs engrams. We get punished all the time, it doesn’t kill us. If I forget my car keys, I have to walk up four flights to get up to my office because it’s late at night—a little piece of punishment. In growing magnitude it amounts to other things. After that I don’t forget my car keys.

That is accessibility. It requires imagination and patience on your part in order to gain the accessibility of a person, whether they are psychotic or otherwise. In any patient, it requires from you, if that accessibility is to be maintained, a sympathetic interest in how their life is running. You must be interested. You must sound interested and it must not be run on the mechanical proposition of “Well, go over it again.” The person may be crying because his mother is dead—you must not spoil the reality of it for him.

The way you maintain reality is to maintain a tone level in agreement with the tone of the engram. Even though he is not demonstrating the tone, you know by the word content what the tone must be. Adjust your voice accordingly. If one has got a fight sequence one can say sharply, “Okay, now who hits who? Let’s roll on this,” but it is with sorrow that one says, “Oh, so she’s dead. Well, tell me about it.” That maintains an accessibility.

When we have moved up to the point where the patient can be worked on, is our first step to say, “Close your eyes and go back to basic-basic”? Actually you can work that way and sometimes you will get remarkable results, but if you are really going in for long therapy on this case, or if you are carrying the therapy of this case until such time as a release can be obtained and he can then co-audit himself the rest of the way out, this is not the way you should go about it. I would strongly advise against starting a case in such an abrupt fashion until such time as you are sure of what you are doing.

It is not that you will do damage by doing this, but you may often fail to recognize certain things about the case and then find the person bouncing all over the time track, which you could have prevented. You are not going to harm the case any, but you may make therapy a little longer by hitting it in this rather heroic way.

The way we handle the next step is not to tell the patient to lie down and close his eyes, but to do a diagnosis and find out something about his past history.

Even though this person may be very close to you, and his history may apparently be well known, go over it with him carefully and rather sympathetically. He is already telling you about his life and his troubles. You would be amazed how much more accessible this makes a person. The diagnosis has a definite therapeutic effect.

We do not put the patient into reverie, we start in on straight memory.

All patients have more or less occlusion on many incidents and people in their lives. We will soon discover in the patient whether or not he has demon circuitry or a lack of sense of reality and we get both of these things with the patient wide awake in present time with his eyes open.

This has definite therapeutic value. You are already doing therapy. Don't think you are wasting your time because you are not. You are saving time and this method is the one which will produce the best results.

As you try to get a patient on a straight memory line, you will rapidly uncover these very occluded people and areas. You will find what the state of the person's memory is. If it is very bad, that is already a test of the severity of the case.

When we are doing this diagnosis, we want to locate a very specific thing. We want to find who said what he is worrying about. In this way we get the most aberrative personnel right away. We don't have to test it by having him run an engram in order to find that during the engram every time Papa says, "Shut up," he will keep on talking, but when Mama says, "Shut up," he will sit there in reverie with his mouth shut tightly. That is important.

So we know right away that we have got the aberrative personnel—Mama, and we will find Mama in those sympathy engrams.

The next thing we want to know is more of the same. Perhaps he is worried because he has never felt that he was any good. You want to know who said that. You play all of this analysis on this equation: What is he worried about and what does he think about himself? Whatever the patient is worried about has been told to him, probably many times, by a specific individual. When an individual is apparently irrationally worried about someone such as his wife, or his business partner, find out what person in his past this person in present time represents.

In other words, for every person he is worried about irrationally, there exists a reactive mind partner. If he is worried about his wife and he finds that he quarrels a lot with his wife, get him to recall who looked like his wife and you may wind up in the lap of his mother or his aunt or his grandmother.

By working it on a straight memory circuit, we get differentiation, because the analytical mind in its top spheres differentiates, and we can actually pull apart locks of this character just by remembering them.

When you see somebody do this, you may think this is magic. How on earth could the auditor possibly have known that? But if you listened carefully, he gave a lot of leading questions, all of which were based on the conclusions above. If a person is worried about anything, it has

its counterpart in locks. If he is worried about a person with whom he associates, the probability is that there is another person who had some similar characteristics .

What he is worried about himself has been said to him or around him, usually to him. This is based on this observation: When an aberree says something once, he will say the same thing many times. Consider the people in his reactive bank as aberrees, and when they have gone through a certain type of dramatization once, you know they will go through it again.

What you are looking for in straight memory is locks, and you blow to flinders a lot of occluded areas by finding these locks. You are not going to find any engrams on straight memory, but you will find enough locks to make a case much more stable than it has ever been before.

You will turn on various strange psychosomatic illnesses, and you will turn them off. Maybe they won't come back again. You may be able to do that in 15 minutes, if you know the right questions.

This was built up because it was felt that in psychoanalysis one had a present time memory free association working which was occasionally efficacious. If that was so, couldn't we tailor up something in Dianetics, knowing the basics, which would produce these results with greater surety and with more speed?

The answer to that is yes, we can, with this straight memory circuit technique: "Who said that?" "What are you worrying about these days?" "What did you used to worry about?"

You ask for dramatizations which should be in analytical recall— conscious moment memories.

If Papa and Mama continually quarreled and Papa said to Mama, "You are no good, you never will be any good," he said that to Mama after the child was born, and when the child was 10, and when the child was 30. In other words, this aberree will repeat, repeat, repeat. Although there may be a whole stack of engrams in the bank that say, "You're no good, you're no good, you are no good," which you are not going to reach, there are locks of the same kind. Make him remember the locks and you will have the context of the engrams you are looking for.

It is very simple to ask a person this. For instance, "What have you been worrying about lately?"

"Not a darned thing."

"Not a darned thing. Who used to worry about nothing?"

"My mother."

"Your mother never worried about a darned thing?"

"No, nothing."

"Whose valence are you in?"

"My mother's!"

This, in other words, produces diagnostic results.

Then there are the pseudo-allies and the pseudo-antagonists. For instance, Bill is married to Josephine. Josephine thinks of Bill as her mother, and Bill may think of Josephine as his father. There is enough similarity in there to connect these two people up.

Therefore he will expect Josephine to say and do and be all the things which his father was, and he will also hang upon her shoulders all the crimes he wished he could hang upon Papa, which makes for a nasty marital situation—and that is the great cause of divorce in America.

The only trouble with this technique is that it is too simple!

If you are not getting information on a particular line of questioning, hit another tack. As you question people along this straight line memory, your own ability to add this up will increase because you are working with such a simplicity. You will find valences and many other things with straight line memory. There will be Papa and Mama, relatives, school teachers and all these people lying back there, each one with his own eccentricity. You are trying to discover a source for some of the aberrations of this person, but mostly you are trying to discover demon circuitry.

Just by asking for this material, you bring the person into a better state of health, a better outlook. But you fall short if you do not make him remember a specific incident. Don't let him remember something generalized on this basis, "Who used to tell you to control yourself?" "My father," and leave it at that, because Papa might never have said it!

This is what you are getting by a pushed forward datum. The data just comes up in the person's mind and he gives it to you. "Did your father ever punish you?"

"Oh, yes. Many times." The surprising thing is that you take him back on the scene and you may find that his father never laid a hand on him, but Mama was talking all the time about how Papa wouldn't dare punish him and so on, and so he has dubbed in some punishment to make the scenery complete. He figured out Papa must have punished somebody. If you ask him to remember a specific time when Papa punished him, he may keep on saying, "I know there was a time," at which moment you say, "Yes, there probably was."

Or he may go back down the line and he can't remember any time Papa punished him, and all of a sudden he will come to the conclusion, "For heaven's sake, he never did! What is going on here?"

"Well, who used to tell you that he did?"

"Aunt Carrie! Yah, he-he-he."

The next step is "Now let's remember a specific incident when Aunt Carrie said this."

He may draw a blank and maybe in a few minutes, or maybe even tomorrow, he comes through with the datum and says, "Yes, she was standing over by the bureau," and so on. Right away he feels better. You have gotten up a repressed memory.

But what is really repressing this memory is the engram. You are actually keying out engrams when you are doing this sort of thing, and you can do a good job of it.

You could work a patient on standard memory only. This will work with all patients, although some patients will give it to you in therapy very readily and very well, and others have an interrupted sense of reality. When that sense of reality is badly interrupted in a patient, as it is in patients who are really in bad shape, remembering it on a straight memory circuit validates the material.

He may run engrams in which he is writhing around on the bed, and still say, "I don't believe them. My father and my mother would never have treated me this way," and so on. If you have gotten in straight memory what condition his actual family life was in, what Papa and Mama did do, what kind of people they really were to him, you have come closer to a validation of it.

Get who called him a liar and the time he said one thing that was the truth and people told him that was a lie, and when as a little kid he really got upset by this.

Every time you move in on this by standard memory, these things key out as locks and his sense of reality gets better.

Any time you can get a child to talk to you at all or remember at all, you can apply this as therapy. But don't send the child back down the track.

Using imagination is more of a reverie technique. The person will get an approximation of the incident. What you want to get is something in which he himself can believe. He is getting a grip on the reality of the past, and even if he doesn't have any great trouble with his sense of reality, straight memory will not only knock out some occluded areas but validate his own past for him. In other words, he did live yesterday.

On a psychosomatic case, it's a question of valences.

One would handle a dream case by taking him back to the moment he was dreaming and get him very nicely settled in the nightmare, going over it, and then get him into the incident that caused the nightmare. So, I would use the nightmare in order to reach an engram.

You will find that a person can probably, by straight memory, go back to incidents where Papa and Mama were fighting, where somebody was punishing him, where somebody was criticizing him, and find there sets of words which would have set up circuits if they appeared in engrams. Because this person has been around him for years and was probably present during his gestation, you now have the identity of a demon circuit.

So you ask, "Who used to say, 'You must control yourself'?"

The person says, using straight memory, "That was probably my father."

"Let's remember a specific time when your father said to control yourself."

He will think it over for a while and will probably come up with, "Oh, yes, he used to say, 'Well, you've got to be careful about this, you've got to get a good grip on yourself. You mustn't get so excited.'" In other words, "Get a hold on yourself, make yourself do what you're supposed to do," although it doesn't contain the words "control yourself," will set up a "control yourself" species of circuit.

In straight memory you also discover what person had the psychosomatic ailment which the patient is suffering from. You know, for instance, that the patient has constant stomachaches, and you find out that mother died from cancer of the stomach. It is just as though life, when a person dies, attempts to make a continuation of that dead person by the valence of the individual. A stomachache could be cancer, dermatitis could be skin abrasions, and Buerger's disease could be a couple of legs sawn off. The body is making some sort of approximation of the person in whose valence the body thinks it is. It is fairly reliable when you find it, but that doesn't mean that a person must demonstrate the psychosomatic illness of the valence in which he is.

There is a physical approximation in many instances of the ally, or the valence in which the person is. It doesn't even have to be an ally when you are talking about valences. In a specific case of Buerger's disease, Papa was not.

The next thing you discover is what shoved him into the valence. He is commanded into a valence, he doesn't automatically drift into one, nor choose one. He is shoved in one, or called into one, and he can also be bounced out of one.

Standard memory will recover some of this data. The person looks like his mother to some slight degree, and you have spotted that he is probably in his mother's valence, so you say to him, "Who used to tell you you looked like your mother?"

"Oh, everybody." "Well, what is a specific incident of somebody telling you?"

"Well, that's my Aunt Jean, she always used to say, 'You're the spitting image of your mother.'"

Or "You're just like your father," said in rage, "You're just like your father, damn you. I hate him," could lock him into Father's valence, because it's a command.

These are locks, or they are light commands. They depend for their validity on the "You've got to believe what I tell you" sort of a computation below them. But you can still knock them out, and by showing them the light of day you can lighten the severity that is pushing him into that valence.

He can be shoved into valence by commands. "You're just like your father. You're just like your mother. You're just like me." People in their tremendous effort to continue after death set this up in children. They like to think that the child is just like them. So they try to make this come about so that after death they will continue. That is the mechanism at work.

Or it may be "Don't be like your mother," which the father is saying continually as one of his rage manifestations.

The oddity is that if this is on somebody's brain as a dramatization, it may be in the prenatal bank. Papa is always saying, "You're just like your mother," to Mama. And oddly enough after the child is born it is just like her mother. The child has differentiated to that degree that it recognizes Grandma although Grandma was called "Mother." But it will also latch up somewhat in Mother's valence, so you get a dual valence proposition out of such a chain of commands.

The phrase "Don't be like your mother" bounces him out of a valence, and if this is constant the person can't go into Mother's valence, and he gets what has been called negation against Mother. So that maybe Mother is a very fine cook but you will find this person won't cook or he won't touch a stove. Mother was very happy around children, this person has got to be mean around children. There is a reversal now because "You can't be like your mother because that's too horrible and I don't like you when you're like your mother" causes a bounce out of a valence.

Working with straight memory, you are trying to find data, and the kind of data you are trying to find is demon circuits, valences, and the standard dramatizations of the people who have been around this child during gestation.

That data which you will find is of a limited order in the few hours at the most that you will ever spend on it, but this is done during the first part of a case. Now any time the case stops working, start in all over again from the beginning. Go through this same process of straight memory. Try to find out about valences, and you will find out that the case's computation has changed.

The case was in Papab and Mama's valence and partly in Grandpa's valence at the start of it and you have rocked his valences around by reducing engrams down the bank and now he is in Aunt Carrie's valence. You can discover this simply by questioning him on a straight memory level.

So when a case interrupts, start it in again on a diagnosis.

Note it down in your book what kind of command you are going to look for that threw him into that valence. You may not find the specific kind of command, but the chances are pretty fair that you will get some data on it. All this is diagnostic material that you are going to use.

These can be sympathy engrams and so on. For instance, baby's sick and Grandma says to him, "You're just like me, yes. I used to have an awful time, yes, yes, yes. I remember I was sick at the stomach too."

The words have to sum up to an engramic command that the person must be in that valence. The person ordinarily who is in a valence has been told to be in that valence.

As you talk to the person this way, you are springing out locks. You may occasionally hit dead center on a lock of great power which blows, and this will in some small percentage of cases knock out the lock. The person will not thereafter relapse into their former condition, and you have actually done a job of therapy right there.

An engram will sleep unless it is keyed in. If you knock out the key-in or the series of key-ins about an engram, it goes back to sleep. It is just as if you had a juke box and there were ten records always ready. These ten records are ready because of certain pins. Now we take the pins away, and those records are no longer ready. Somebody has got to put a new pin in there to make the record ready again. It has got to be keyed in.

If you start to run a lock like an engram, you very often find yourself in warm water, because the person starts to repeat these phrases and winds up in the engram.

If he repeats them when he is wide awake and in present time, you can accomplish therapy. But as soon as you run him back down to the lock and say, "Let's go through this thing," the first time he goes through it, it's all right; the next time he goes through it it's not quite so all right because you are running something which is right on top of that engram. And the next thing you know you are running the exact words of the engram underneath the lock, and it might not be ready to pull. So you had better not run those if you expect to accomplish any therapy.

The lack of a somatic either indicates a lock, a pain shut-off, or wrong valence. That thing may spring apart and the person may say, "Well, I've always known this." He's right. He always has, but it was occluded.

I have often run across this. I run an engram out of a person and he says, "Well, that's very interesting. My father and mother used to fight all the time." Ten minutes before that he was telling me, "My father and mother never fought."

Or you say to him, "Well now, you see? In Dianetics we can recover a lot of this sort of thing." "Oh, I knew that all the time!"

A painful emotion engram is called an engram because it has all the characteristics of an engram to the degree that as the analyzer shuts down, aberrative phrases go in. They become occluded completely from view. The incident then gets lost on top of it.

However, a physical pain engram must be in the bank in the first place before a painful emotion engram comes in. The reason it's called an engram and not a grief incident is because when it was being called an incident of grief, people would not handle it as an engram. And it has to be handled exactly as an engram. It has to be run like an engram. It has to have all the attention of the engram paid to it.

After you have run out a painful emotion engram you can expect, just as a matter of course, to swing early into the case on a physical pain engram which will then be ready to pull.

This will occur in some cases in a very short time. In some cases you needn't keep it going more than 20 minutes to half an hour. In some cases, where the case is very occluded, it depends on how much data you can get. You are looking for data, you are not really trying to do therapy. You want data, and you talk to him long enough to get the data you need, then you put him in therapy.

You will find cases which are thoroughly occluded by painful emotion. You start to run the early material, you seem to be getting along fine, and then painful emotion occlusion suddenly turns up which has to be blown right there and then, you can't wait to blow it. You cannot run every case that way, but you can run a few.

Once we have got a diagnosis, the first words we are going to say in therapy are not "Let's go back to a pleasant moment" or something of the sort; we make a test of this patient in the interests of saving time.

We have gotten quite a bit of data on him, and if this patient is brand new we explain to him what we are trying to do, the existence of the file clerk and the somatic strip and what they are supposed to do.

One doesn't want to know anything about the preclear's perceptics or anything at all about him but this one thing: Will his file clerk cooperate and his somatic strip obey? If we know that right away, then we know that we have got a case that will just run—it is a pianola case, it plays itself.

If this condition prevails, you are very thoroughly in business. And although sometime in the future this condition may no longer obtain—at which moment you would have to go back through diagnosis again—you keep going as long as you can on this type of operation.

"The file clerk will now give us the incident which is required to resolve this case. The somatic strip will go to the first part of this incident. When I count from one to five the first phrase of this incident will flash into your mind. One-two-three-four-five (snap!)." He gives you a phrase, you tell him to repeat it several times and settle him down into the incident and then you want the next line.

You want him to continue straight on out along the line throughout that whole engram. You are alert to keep him from hitting a bouncer and bouncing, you are alert for a possible denyer, you are alert for things that may hold. You don't want him skidding around on the track. You want him to run that engram. If he gets off the engram, you say, "When I count from one to five you'll give me a bouncer, something which would make you go away from this. One-two-three-four-five (snap./)."

He'll say, "Go away, go away, go away," and his somatic will turn on. Get that flat and go on with the engram.

Spot the bouncers or a series of bouncers or a non-coitus chain full of bouncers and identify them. Cooperate with the file clerk only to this degree: "Let's get something early now, long before birth." Tell him so. You don't care whether or not you are interrupting his good sense or not. If the file clerk is working, you will be getting straight data all the way through.

If you can't get early, see if you can't settle him into a moment of sexual pleasure. He doesn't have to tell you anything about it. Merely settle him in it and say, "Now let's go to conception." Pick up conception at the beginning and run it.

There could be two reasons why you won't get it:

1. The person may have an occlusion on all sexual pleasure.

2. You didn't settle him deeply enough in the experience in order to make the skip down into the basic area and get the sperm sequence.

If you can get and run the sperm sequence, you should get yawns off. It is between you and the file clerk, and you are asking him for information. "Is this the first engram of this kind in the bank (snap./)?"

"Yes."

"All right. Let's go back to the beginning of it, now let's roll it. Do we need another engram before we can get this one (snap!), yes or no?"

"Yes."

"All right. The file clerk will give us that engram. The somatic strip will go to the first part of that engram. When I count from one to five the first phrase of that engram will flash into your mind. One-two-three-four-five (snap!)." It flashes, have him repeat it a few times, and get it to run right on down the engram.

Once he hits the engram, you can shoot it full of holes. You can say, "Is there a bouncer in this engram, yes or no (snap.t)?"

"Yes."

"The somatic strip will go to the bouncer. The bouncer will flash into your mind (snap.t)."

"Go away. Go away, go away, go away." Take the tension out of the bouncer.

"Is there a denier in this engram (snap.t)?" "Yes."

"All right. The somatic strip will go to the denier. The denier will now flash into your mind (snap.t)."

"I can't tell. I can't tell, I can't tell."

"All right. The somatic strip will now go to the beginning of the incident. The first phrase will flash into your mind (snap!)." Run that down the line and run it out.

If the file clerk is operating and cooperating with you, and if the somatic strip will obey you, you have got a pianola case and that is the way you run it until it stalls down.

You would have explained to him that there exists back there amongst his file cases and memories the little man with the green eyeshade who hands out data to him and says yes or no or gives him ages, dates, places, names. The file clerk doesn't do a lot of thinking but he certainly can get the information through. Explain, too, it is the first thing that occurs to him.

The file clerk will also hand up engrams. The preclear knows what an engram is, it is a moment of pain and unconsciousness. If he doesn't like the word engram, tell him it is an incident when he got hurt. Also explain to him how the somatic strip is a pointer mechanism which will pick up the beginnings or the ends of things or go to various parts of incidents, and that the file clerk hands up the data and in this way he gets cleared.

Although the file clerk may not yet be educated in Dianetics, he educates fast, and the moment he finds out, he says, "I've been sitting back here in these cobwebs all these years, ha! But boy, are we going to throw this stuff out now!"

The file clerk may not be wise to the fact that you have to have the earliest moments in the case. He may try to palm off something postpartum on you for a while, and you may have to

run out a few postpartum Sometimes he will hand up birth right there. Whatever he hands up, run it, and it will deintensify.

Don't be critical of him. Get early in the case. If you have got this case running really well, once every session try to get down to the bottom: "Now let's get the first time you were ever hurt, the first time, first moment, way back. All right. The file clerk will give us that incident." You are asking for the specific incident.

You won't get into any trouble this way. If the file clerk can give it to you he will. If he can't give it to you, he will give you a time when the person was choking on beans at the age of 8.

The statement is: "The file clerk will now give us the moment that is necessary to contact in order to resolve the case. The somatic strip will go to the first moment of this incident."

Don't worry about giving him a lot of time to get there. Sometimes you do a little bit better therapy if you give it a couple of seconds. I had someone telling me that it took four minutes for the preclear to get from present time down to the sperm sequence, but that after he was given these four minutes he did contact the sperm sequence. That is something to keep in mind, that's a long way back. Ordinarily a couple of seconds will suffice to get from present time to this late life experience called birth.

If the preclear is yawning on the way down, he is stuck in an engram he is yawning off. That is all right. Let him yawn, it is nothing important.

What you are trying to do is get to the first part of the engram and run it through to the end. As long as you can do this, leave the file clerk alone. Let him give you what he wants to give you, sometimes insist he give you earlier material. As long as this has been run you have got a case that will resolve, and it will resolve maybe right straight through to clear.

If you get an erasure at the bottom, what you ask for then is the very next moment of pain or unconsciousness, and the file clerk will give it to you if he can reach it, if it isn't smothered by some late life charge. You run and erase that, then you ask for the very next moment of pain or unconsciousness, and he will give you the next one and the next one and the next one. Theoretically these things ought to erase in sequence, from earliest to latest. Sometimes they become latched up and overlapped someplace on the track and you have to ask the file clerk then, "Do we have to reach something else in order to get this next engram?"

"Yes."

"Now give us the incident which we have to reach next. The somatic strip will go to the first part of this incident. When I count from one to five, the first phrase in the incident will flash into your mind, one-two-three-four-five."

"I'm killed, I'm killed, I'm killed, I'm killed, I'm killed."

"Next line. Next line. Next line." This material will roll off very easily.

The next step is to tell you how to make the file clerk work like this. It is an early goal in the case. If the case doesn't run like this then there's something else wrong.

This is the first goal. You are not trying to swat through the case and erase engrams or anything else. You are trying to correct the case to a point where the file clerk and somatic strip will work like this. Remember that it would be all very well if there were only five engrams in the bank. But there are more likely five hundred or five thousand! You want to get early and erase these things, you want cooperation, and you don't want this case to get worse in the process. You want this case to get better. This will also knock out an incipient psychotic break so the case will not break on you. He may be the type of case that is in and out of breaks—very neurotic today, yet tomorrow he seems to be quite sane.

Returning to circuitry, valences and computations, there are three ways that perceptics can be shut off. The first is the obvious one, the common, ordinary, garden variety engram “I can’t hear.” Usually this engram will only shut off sonic through that area. It won’t shut it off all the way up the case. If you find the words “I can’t feel” in an engram, the person will have a pain shut-off in that engram. In order to know why he can’t feel, say, “The file clerk will now give us the reason there is a pain shut-off in this case. The somatic strip will go to the first part of this reason. When I count from one to five, the phrase will flash into your mind (snap.t).”

“I can’t feel.”

“Okay. Let’s go over that,” and the person now has somatics. It would be lovely if this were all there was to turning on things, but it isn’t.

The next one is the theory of valences wherein someone gets an engram, and the engram has a compartment in it for every person present, including himself. But he hasn’t got a very big one for himself because his analyzer is shut off at that moment in the engram which is in solid restimulation, together with the fact that he is in one of the other valences. Therefore “I” is shut down to a nub.

So he gets off into one of these valences which is just a carbon copy of some human being. It’s the mechanism of mimicry. The analytical mind can mimic but an engram sets up the mimicry as a permanent carbon copy of an individual. That is a valence. For instance, in the basic area you will see the person rolling in and out of his own valence. When he rolls out of his own valence into Mama’s valence he gets a stomachache. When he is in his own valence his shoulders are getting squashed. If he rolls over into Papa’s valence . . . and so on.

He will finally reduce it down to where he is in his own valence, the analyzer is turned on again for that moment of time, and he can occupy “I” for that period.

Next there is circuitry. A person can be stuck on the time track someplace, and if you have got a good file clerk, he will find that for you right off the bat.

The file clerk now has the incident that has this person latched up on the time track and his somatic strip will go to the first part of the incident and repeat the phrase there. That is an optimum operating file clerk.

But these are valences, the person gets off into compartments, and a whole series of these compartments can be reinforced by command into valences, such as, “You’re just like your father.” Then, all the way up and down the track, wherever there is an engram that contains Father, there is a box for him to drop into, so he can be shoved over until he is chronically Papa. And of course as Papa he never had a stomachache from eating green apples, but he had ulcers. As Mama he got pregnant, and as himself he got spanked.

So he doesn’t have somatics or emotions, or perceptions. He will have Papa’s emotions, he will have Mama’s tears, and he will cry them. And you should be able to distinguish this as different from his own tears. If he is crying Mama’s tears, don’t bother him, let him cry them, but keep him crying. After a while Mama’s tears won’t be cryable any longer. Then if he has got some tears himself in the incident, he will cry those, and then the incident will vanish.

Reduce everything you get your hands on. Whether the person is lying out straight or standing on his head, reduce it. I don’t care what computation he has. If it is reducible, reduce it. That is very important. But don’t ask the file clerk. Asking the file clerk if something is reduced or erased is asking the file clerk to think. He is a clerk. He isn’t paid to run the corporation.

I never ask the patient whether something is erased because the patient always gets in there in front of the file clerk and says, "Oh, yes, yes, yes." So I run it until I know it is erased, and I know it is erased because he reaches tone 41 on it.

For instance, you start in at the beginning of a phrase where at first he says fearfully, "The Empire State Building is on fire." Then you get it a little bit further to the point where he is saying matter-of-factly, "The Empire State Building's on fire," and then you get it down to where he is saying in a bored tone, "The Empire State Building is on fire," until finally you get it down to, "Just a minute, don't interrupt, I know what it is, just a moment...." That is a real erasure. He can't find the phrase anyplace. It is lost.

The less you depend on laughter, the happier you are going to be as an auditor, because I have seen a fellow just swing in close to an engram and go into shrieks of laughter over it. But he wasn't contacting the somatic or knocking out the engram. What we were running was one of those bouncer, call-back, don't-come-near-me engrams.

I have seen people swing in toward engrams and apparently run them out, but I have never seen an engram go through a real reduction with false four laughter and then swing into view again, although I have been fooled many times by running into the same engramic situation about eight consecutive times. There was the mama who used to sing "Rockabye Baby" to the baby as she AAed him, and she did this practically every day for weeks. It was the same dramatization and we would go into this, only one time it had a somatic through one place, and the next time it had a somatic through another. After we did about six of them, it didn't have any effect on him any longer and the rest of them blew out as locks.

One can run up against replay. The person might have skidded out of the engram and be replaying what he just said, over and over and over without picking up the engram. The only reason this can happen, however, is that a bouncer exists early in the case which is still operative.

There is a good system I can recommend to you. It so happens that an engram in the prenatal area has visio. The visio is black. A person running through it will quite often run white squares out of it, a whole section will turn into white squares, but there will be one phrase left which he sees somewhat as a dark square and he will find there is another statement in it. You won't find this in every case, but it happens often enough to be commented on.

If you have reduced an engram, the words are still there and I have occasionally found this to be true during a come-back up the bank that the person could tell you about it. However, he wouldn't be able to run the whole thing off verbatim as he did before. The phrases might start to mix up on him, or he may start to run them backwards; he gets confused about the thing, but it is eventually refiled. Three or four days later you go back to one of these incidents that you have erased and you will find out that the person has the context of it neatly filed. It's not back in the track again but it is discoverable if you really look for it. There is no somatic and it has no aberrative value, but he can tell you the data if you let a lapse of time go by.

An early target in the case is the workability and obedience of the somatic strip and the cooperation of the file clerk. Those things have to be in working condition.

Circuitry is covered in the Handbook and should be reviewed. Demon circuits are set up as special loops which act as computing circuits, but they are set up in engrams. The computing circuit is not there unless the engram is in constant restimulation with a person locked up in it to some degree. But it is a circuit, it computes.

There are two types of psychotics—the one that merely runs off the engram phonograph record-like, and the other who gives you computed data on the basis of the demon circuit. For instance, someone says, "Everybody is against me," and he starts telling you all this data. Now he has moved over inside the loop and is occupying the situation of that demon circuit and being that circuit. This is not optimum.

When he is over in his own valence in normal life these demon circuits talk at him or command directly to “I,” or they merely command his actions and compute for him and dictate- to him. These are what we have been calling circuits. They are not valences.

A valence is a carbon copy of a whole individual. A valence smokes cigars and likes Packard cars and dislikes Lana Turner and so on. It is a mimicry of a real human being that the patient knew and is part of the engram bank.

The demon circuit is simply part of an engram which is set up, and it has a specific command. “You’ve got to control yourself” is typical of one of these circuits. The whole series that is most aberrative, that will interrupt therapy the most and is the chief cause of dub-in is the demon circuit species “control yourself.” It appears in many forms and guises.

The reason why at the beginning of this diagnosis you want material on dramatization is to locate and discover the content of the dramatization which would in your opinion set up a demon circuit. You want to know whether Papa is always saying, “Control yourself,” or something similar. What were the repressive commands given to the child, or to the mother by Papa, or to Papa by Mama, or by Grandma to the child, or by Grandmother to Mother, repressive commands such as, “You’ve got to take yourself in hand,” and “You’ve got to know what you’re doing,” and “You’ve got to keep watch on your emotions”? In short, the words may not be “Control yourself,” but they add up to it.

When you have this in the bank, you have an interposition between the file clerk and “I.” So that if the poor old file clerk tries to hand out data it goes into this circuitry, “You’ve got to control yourself,” and it then gets relayed around and handed up to “I,” much edited and deranged.

I had one patient who got the data from the file clerk on a model railroad train. I had another one who had his data handed to him on playing cards. This is a well-known mechanism in schizophrenia.

Any time you get an odd kind of a file clerk you haven’t got a file clerk. The file clerk comes right straight through, bang! If the demon circuit hands up cards that are tied up in Christmas ribbon, or the person gets his engrams running across in teletype, or in children’s picture books, he is getting hallucinations on the subject.

This is basically a crossed-up imagination/reality circuit. The only way that the somatic strip or file clerk can be put into a condition where they refuse to cooperate or obey is by the interposition of such a circuit. The patient will run unless you have one of these weird circuits in operation.

There are several tests on this. You can say, “The somatic strip will now go to a bouncer.” The person knows very well what a bouncer is but he gives you a denier. Or you want a holder and he gives you a bouncer. He doesn’t give you the right information. Well, if he won’t give you that, he won’t give you the right engram either. He is running on demon circuitry.

The file clerk is not always reliable. You are either working with the file clerk and a small demon circuit, at which time you can continue and persevere and get along all right; or you are working with the file clerk and a large demon circuit, at which time therapy starts to go very badly; or you are working with a demon circuit alone, at which time you might as well just pull in the whole thing and knock out that circuit.

So when you find one of these circuits you will find it is placed there by repressive individuals in the environment of the preclear prenatal or postnatal—actual commands to stop the person. You make the patient remember a specific time when this happened, you get a playback of it and now you have its basis.

There can exist no demon circuit which will interrupt therapy unless there also exists a control mechanism of some sort. The control mechanism may be “You can’t ever tell anybody what goes on in this house. You must not tell anybody what goes on in this house.” That is a species of demon circuit. It is sitting there and the preclear says, “Oh, yes, my parents were very nice to me.” You get him into therapy and try to go to something that happened in the prenatal area and you don’t get anywhere. That’s a mechanism of this order. You will also find that this same case usually has a more definite “control yourself” species in it which will back up this other command.

You will find a demon circuit which says something like, “You must lie about everything which goes on here. You must lie to me. I don’t want to hear the truth.” Papa in a jealous rage, trying to defend his own ego, may lay in a demon circuit of this character. That is not quite as discoverable. But the general character of Papa will discover it, and if you go back over the dramatizations, in reverie, of this person fighting with somebody in his vicinity, you pick up what he said in the fight. And if all else fails, get somebody with whom he has fought and pick up his fight talk or his quarrel talk or his apathy talk, or pick it up out of him. But if you are having a hard time, see if you can’t pick it up out of somebody else.

For instance, “I’ll teach you to lie to me” is a lie factory and it will make up lie factories. It is pretty hard to discover a lie factory. But the lie factory and all demon circuitry of all kinds folds up the minute that you get the exact command which laid it in. It is not hard to do once you know what you are going after. Get the exact command and at that moment you have the basic line of the engram in which that demon circuit is contained. The moment you have that, it cannot make up a lie, it parts company with life right there, and that is the end of the demon.

In diagnosis you can find a demon circuit. In extreme cases where you are having trouble, run the preclear back to a time when he was quarreling with somebody and get his dramatization of the quarrel. You can have him shift valence around. You are dealing with a psychotic, and that’s a very handy little thing to know. What you want is the “control yourself.” If you get that out of there, the person can’t run auto. You may find a “control yourself” circuit in there and lying up above it you may find some hypnotist may have laid in autosuggestion. If you find that, the person can’t run auto anymore.

If you have a patient who can run auto, a patient who can cruise up and down his time track at will, and he’s not cleared, he has got demon circuitry present.

This is the question of altitude. How much autotrance mechanism has this person got? If he has got a lot of it, it takes an enormous amount of altitude to bump the file clerk through. If the person hasn’t got much demon circuitry on this order, it doesn’t require much altitude to run him. It isn’t that he is not self-controlled, that’s the function of “I.” “I” naturally selfcontrols a human being.

The demon which is really rough is “You’ve got to get a grip on yourself, you’ve got to control your emotions. Now you’ve got to control yourself. You’ve got to get yourself in hand, and if you don’t I’m going to beat your head off.” Bang. He’s already beating Mama, let’s say. There is a nice, solid demon circuit. Later on in life, if he has married a reactive mind partner, he may have done the same thing to her. If you can pick up that sequence, you have got his demon circuit and you have got the engram. Just turn it around and send it back down again and knock it out.

Demon circuits throw the person into auto. The valence of “me” has gone into a portion of his wits and there it stays, so that some semblance and echo of what was said sits in there and controls him; that gives him the illusion that he is controlling himself. He is under a compulsion to control himself, so he has to set up circuitry in order to do it.

If he starts controlling himself, he will sometimes tell you that he wants to run off his own engrams, and his engrams are always popping up in present time; he goes around worrying

about what was said. That is another type of circuit, but he couldn't get it unless he could control himself on this artificial and super method of an implanted demon circuit.

"Control yourself" as a demon circuit doesn't have any really good access to the standard banks, so you get nonsense. Furthermore, such a case is so split up in valence that you get all kinds of weird valences as well as circuitry, and the case isn't going to run.

In other words, you walk into this case and say to the file clerk, "Now, you'll give us the exact engram which we need," and all of a sudden he will run you off an engram. Only it hasn't got any somatics and it is obviously all haywire. He has got 15 stems to every word that you offer him, and every time you offer him a word he will happily repeat that word. It isn't that those words are not there, but he's running auto on them. As such you are not getting any kind of an erasure or reduction. You are getting material that is strictly a mess.

So, this has been the toughest case in Dianetics. It needn't be any longer. Let's get out your shotgun and run straight memory, diagnose the case, and find out who might have set up circuitry. Then, if you can't find out too much that way, put him in reverie, send him back down the track and see if you can locate some of the dramatizations of his parents. See if you can locate one of his own dramatizations where he is telling somebody to calm down. And if this case is really tough or psychotic, take the wife, find out what he used to say to her and you have got a duplicate of that engram.

Now, take this engram and get the first time that this "control yourself" mechanism occurs in the bank. Just go in for blood, don't take anything else, and knock that engram out even if it is in the middle of birth. Get rid of that circuit because you will be able to do nothing else as long as such circuits exist.

If you get one circuit out and he is still going on, there is another type of circuitry in there adding up to the same thing. There was probably somebody else in the family who was throwing this stuff at him. Get the first engram that went into the bank on that and knock it out. Bring him up to a point where the file clerk is really working. Now the file clerk may work for a while on this case and get along fine with the somatic strip obeying, and then all of a sudden stop working. You've clipped another engram which contains a demon circuit, and you have got to go in for this one. So, let's start the case running again.

If someone is stuck on the track, he is not in present time and you work to free him up on the track. But you can do a lot with that case. Try this on a direct memory circuit. You can explore that case and even though he is apparently stuck, if he has got that much charge on the case these circuits have gone in with 16-inch gunfire. It is rough.

If he won't go into reverie, don't monkey with it, just keep on a present time level. If you are having a lot of difficulty with a case, and the file clerk won't cooperate, do these things, get the case in shape and then work it. Don't try to work a case which is out of shape and won't run and is handing you demon circuit answers ostensibly from the file clerk on a model train that comes around with a little sign stuck on the cars.

There is a section in the Handbook on demon circuitry. There are occlusion demons, sonic demons, all sorts of demons. You are hitting for demons, and you knock those things out. You will find that the person will tell you how many voices are talking to him, for instance. Or you say to him, "Has anybody ever said to you, 'Control yourself'?"

"No, but I say it to myself all the time." There you have got it. Knock that demon circuit out and the case will start to run.

If it's a sonic circuit, "What voice does it match?" is a good question, or "Who used to say it to you? Any member of your family used to be very repressed?" and so on. You sometimes get him to remember that somebody's repressed, and he used to say, "Control yourself." Of

course this person is going to obey the demon circuit, probably in his own right, and he's going to dramatize that demon circuit to the other person.

Get that down on a straight- memory basis, but realize that what a person is worrying about and what he is saying to himself has been said to him by somebody else.

Demon circuits obey like engrams, they are in engrams. Don't believe, just because they set up circuitry, that they haven't anything to do with engrams. The fact that they set up a circuit will give you false data as to what they are. You are trying to discover the basic lay in of them which caused them. You get that by detecting them by straight memory and by examining dramatization and then you feed the key phrases of them to the person by repeater technique back early in the bank and you just slug him down the line, taking notice of the fact that his dramatization may also contain a bouncer. Trace that bouncer and that mechanism back down the track until you get him into the incident and knock it out, and thereafter you can bury the little demon circuit after a few sessions in which you worked it over.

Most demon circuits are set up in the prenatal area. They are not interactive. They just talk. One doesn't suppress the other. They will both knock out.

If you do have difficulty, you may not have the basic trouble in the case. You may also restimulate this case and hit him into engrams which no file clerk has given you, because you are running it blind. Don't leave that case very restimulated. Reduce everything you get your hands on.

If the thing won't reduce, get to an earlier engram that will reduce that contains the same phrase and reduce it. Reduce everything! The only way that you can really upset a case in Dianetics is to fail to reduce what you get your hands on. If one fails, get the next earlier one. You don't have to hit the first one again if they are duplicates, but get early on that type of engram.

Get out the circuitry on a straight memory basis, get the dramatization and find out what the demon circuits are in a case, knock them out, concentrating on the species of "control yourself" and that case will resolve.

ERASURES

A lecture given on
15 July 1950

Going Early

This lecture concerns the characteristics of unconsciousness and engrams.

There are actually two types of engrams, impact and pressure, which can combine into what might be called a third type—the operational type found in exodontistry and so forth.

The impact engram can be single or multiple. There can also be several impacts one after the other.

The somatic strip is under the auditor's command. The file clerk is at his service and working in cooperation with him. The distinction between the two is that one commands the somatic strip and one works cooperatively with the file clerk.

If the auditor asks for "the engram necessary to resolve the case at this time," or "the engram which we must now have," or something like that, politely enough, he will get it. Apparently the somatic strip will swing into the front part of the engram and get the first words.

If the auditor takes the patient back and lets him sit for 15 or 20 minutes waiting for the first phrase to leak through somehow, even when the patient has sonic and is returned to the moment of this engram, he won't get sonic on it. The best way to get that engram is to snap it through as an impression, repeat it and run it. It will sometimes take a recounting or two of these impressions to turn it into sonic when one is working in the basic area. So, don't expect that engram to have sonic just because you told the file clerk to go there. Say, "The phrase will snap into your mind," or, "The phrase will appear in your mind," or, "You will know the phrase," or something like that and get the impression of the first words.

If, for instance, the person says the first words are "Get away," go over it once. Now, if you say to the preclear "Let's go back to the beginning of it," the preclear may go back to the beginning of it and go over it again. After a couple more runs through it you might say, "Okay. Let's go to the next moment of pain or unconsciousness," and all of a sudden this case may get boggy and we don't quite know what's wrong with it. There will be an earlier beginning. Maybe there is a sound of footsteps. (If one is working a nonsonic, one doesn't worry about these sounds, they will come out in the wash.) But there will be a slap, a jar, or some kind of kinesthesia right at the beginning of the engram.

The auditor may have no clue about it until he starts to go on up the bank a little bit further and suddenly this material is all tied down and is not lifting.

This is where the time shift is most applicable. One says, "Let us go 30 seconds before the impact. It is now 10 seconds before the impact, 5 seconds," and the preclear will suddenly contact it.

That is one type of somatic.

The second one is where a pressure somatic builds up. Take the very indelicate chain, the bowel movement chain, where Mama says, "I'm all stuffed up," which is then run out.

But, about three days later the auditor may find little shadows of it in the front part. So again he goes back and asks for the first moment of it.

The other way to do this is to walk backwards, asking for the first phrase. What one has gotten there is that the somatic strip gave the first phrase it could reach.

There could be 20 of a similar type of bowel movement chain, and the preclear could be into the last 5 of them.

The auditor must treat each one of these impacts as an engram, and tell the somatic strip to go to the first moment of it, because each one of these things is a separate incident.

Don't get confused about the fact that each one is a separate moment of unconsciousness. The zygote cellular state of the individual in this stage will become unconscious and conscious again with great rapidity.

If anybody is working in the basic area and has a specific somatic, don't believe that he is in the basic area. Go on and run the engram, because he is either out of valence with somebody else's somatic or he is up at 5, 6 months, as the cell in the basic area doesn't have a forehead being crushed or a leg being smashed.

In the sperm sequence, however, one occasionally gets the sperm being hit on top of the head, or in the face. But that is a sort of a squash. It is not sharp. Any sharp pain in the basic area means one is not there. There would only be an all-over somatic in the basic area.

Basic area somatics are generally pressure somatics except in the sperm sequence, and occasionally there may be a head somatic or a face somatic. The ordinary course of activity is anything but the sperm sequence. These basic area engrams are all-over pressures, or all-over burning somatics.

It would be practically impossible to put a drop of water on the cell at that time without covering the whole cell. It is too tiny. It is microscopic.

But there is this series of pressure somatics involved with the chain down in the basic area. At this point, for example, we may have the phrase "Don't come in here, I'm busy."

Start running this and you may feel very clever because this is really a denier and you have started out after erasure. If the incident doesn't fade out after several recountings, you might be right there in the basic area.

With a little time shift, by saying, "Let's go three minutes earlier," you will all of a sudden pick up another pressure somatic. Or, simply backing the person up phrase by phrase to one phrase earlier than this by saying, "The somatic strip will now go to one phrase earlier than this," all of a sudden you may get an earlier phrase such as, "Damn that child. Don't come in here, I'm busy."

This is not yet the whole engram, but it will deintensify somewhat, and now you shift the somatic strip back again one phrase earlier than this where Mama is having a conversation with little Isabel who is pounding on the door.

With time shift, and by moving backwards, you pick up an even earlier one and all of a sudden that erases, and now you can knock out the next one. Don't neglect to run the whole thing out.

The auditor must not think that because he seems to be getting material late, that the somatic strip isn't working with him. The somatic strip will go as early as it can at that moment.

One does not ask the file clerk to play swami for him. The file clerk is very cooperative and is perfectly willing to do things, but if one says, "Are there any engrams before this?" and the file clerk says no, the auditor should simply say, "All right."

If the file clerk says yes, the auditor should continue, “All right, give us a number, how many are there (snap!)?”

“Five.”

There may actually be ten, but the auditor takes the file clerk’s answer and says, “Let’s go to the first one.” Maybe there are five. A file clerk, in perfect working order, in good communication with the auditor, together with the somatic strip working perfectly, will give the auditor exact information.

But the reason an auditor can’t always rely on whether or not he has the exact information is that he may have clipped a control engram, and all of a sudden the machinery may go out of alignment.

With practice, an auditor will know that the file clerk has been working for some time, but there might be, in a case which has been running pianola, a sudden reactivation of a control switch, so don’t rely 100 percent upon this because something can invalidate it and make it incorrect. If the preclear keeps giving engrams which will resolve the case, and if the auditor keeps running engrams out which will resolve the case, that is all that is wanted.

A question that should be ruled out with the file clerk is “Is it safe now to leave this engram (snap!)?” because one almost always gets the answer yes.

The patient will tell you how the somatic looks the last time through. When that somatic is gone and there are only words left after it has been gone over once or twice more with perhaps a couple of yawns, the auditor can assume that he has got a reduction, and it is probably not going to erase.

One phrase may stay one more recounting than another. It will go out raggedly.

The auditor cannot ask the file clerk to predict what is going to happen if an incident is left incomplete. The file clerk can’t tell him. That requires computation, and he doesn’t compute. All he does is hand out data.

If the auditor ran the preclear through one of these incidents and then asked him, “Now the file clerk will tell us whether or not it’s safe to leave this engram,” “I” will usually answer up, “Oh, yes, yes. It’s safe to leave this engram.” “I” will occasionally, in a knowledge of Dianetics, say, “No. We’ll have to do it again.” But, on a flash, the answer will be yes, because one is asking for a prediction: What will happen if we leave this engram? Don’t ask the file clerk questions which have to be answered with a prediction, because one is going to get a lot of false data, and will walk away from engrams that by one more recounting would erase.

A skilled auditor can tell whether or not an incident has deintensified, what an incident is going to do, whether or not he has a safe reduction, whether or not it is an actual erasure, or whether or not he is simply beating away at a recession which is not going to do anybody any good.

The auditor must not leave anything up to the preclear’s judgment because it is not reliable. Nor must he leave anything up to the file clerk’s judgment because the file clerk is simply a file clerk, he does not compute, that is why he is called a file clerk. He handles no policies for the firm.

There is such a thing as dialogue sense. For instance, one knows that a fight doesn’t start with somebody walking into a room, hitting his wife and saying, “Damn you, I’m going to kill myself.”

No, it took half an hour of bickering to get up to that level, and probably there are some more somatics early in it. So, looking for the earlier part of this engram is dialogue sense.

Another thing in the line of dialogue sense is that it is perfectly possible to run dialogue which doesn't sound like anybody else is there, whereas somebody else is talking. You have probably heard people that go right on talking in spite of the fact somebody else is saying something, and that is just as true in engrams which are right out of life. Or one may have a person running one valence of the engram, and one has to ask the file clerk, "Is anybody else present (snap./)?" "Yes."

"Name (snap!)?"

"Mother."

The file clerk will give the auditor this one, ordinarily.

When conception won't reduce, one can sometimes get engrams on the series of eight cellular divisions that precede it in the sperm. And one can sometimes get it across on the other side in the ovum.

The first time I ever met this, I said, "Now I know I'm going mad."

So, a sense of dialogue is quite important. Cases have hung up because the auditor was not sharp enough to realize that somebody else was present. I have even seen cases where questions were being asked and obvious objections were being made to the replies, and still the auditor didn't suspect that there was somebody else present.

Of course one will find this condition with a monologist. If Mama is rather neurotic, she may just be going from one valence to the other arguing with herself, and sometimes she will even take a third party conversation on it, asking herself questions and giving herself answers. But that is still distinguishable. Mama may be shifting through valences, but the child is not shifted through valences. So, it will go in sequence.

But, where somebody else is present, there is another valence there and that other valence may be the other half of the engram. If one is busily trying to deintensify this engram, and runs the same valence over and over, nothing will happen.

A good rule of thumb to go by is that one will get the least aberrative valence first, or that valence in which the patient is chronically stuck.

But the valence which was really aberrative along this track is the other one, and that is the one that's really causing the aberration. That might be an ally.

I have seen auditors run out the non-aberrative valence and be perfectly happy to leave the engram and then wonder why their preclear is having a bad time. They have left the most aberrative half of the engram right there. Sometimes they say, "Well, the thing will not reduce, I don't know why."

Of course the preclear has been running nothing but Mama, straight through. And Papa was one of these sympathetic people who wouldn't say very much, but when he said something, it really struck home.

One can get a person into an engram where he has lots of tension, and he is so solidly in the valence that it requires quite a lot of persuasion to get the other half of the conversation. But the muscle tension will not reduce until the other half of the conversation is procured.

That is all under the heading of dialogue sense. Writers uniformly do pretty well in Dianetics because of this dialogue sense. They are used to listening to what people say, and writing about it.

They will plot the conversation, not making it particularly rational but at least filling it in where it has obvious gaps, so they are listening to context. One should listen to it as one would listen to dialogue which he would certainly not expect to be rational, but reasonable in its text, unless of course Mama has five valences which talk to each other.

There are many ways to tell whether a person is out of his own valence or not. Sometimes the preclear has a very strong sideline computation when he is out of valence, although everybody has some slight sideline computation going on.

Actually, "I" is thinking and going along, rather uninterfered with by the valence which he is running. Sometimes a person will run out engrams and whole conversations. He will actually run hundreds of engrams out of valence, and ordinarily one doesn't disturb him. This is particularly true in the coffin case.

The coffin case is so thoroughly out of valence and so thoroughly held up someplace on the track that he can run without emotion the most hairraising scenes. They don't bother him any, he's dead!

Nevertheless they are reducing. He is getting a little somatic, and he is also getting a little of his own somatic sometimes. Of course he isn't getting any moisture, and he isn't getting any sound, or emotion, and it isn't really painful, but he is running incidents and there are somatics which it does the case good to run.

Don't, because someone is out of valence back on the track someplace and running an engram and the somatic is very mild, go off and leave it, because that thing has been kicked up and you will have to reduce as much as you can of it. Otherwise the whole case will spin.

The only serious problems I have encountered have been occasioned by failure to reduce the engram which could be reduced, and the most aberrative one to leave unreduced is the sperm sequence.

A coffin case is very specific. A person is in a valence which has died. It is very precise. The person will be lying stretched out like a corpse. He is out of valence. The valence he is in is dead. There is a holder on the track at the moment of death. It is as though life had plotted up some means of continuum.

People get commanded into valences. And the old folks' idea that, "He's just like me, he's my very own boy, he's the spittin' image of me. He's not a bit like his father, he's like me," is Grandma talking. Grandma is setting it up somewhat so that when she dies, she will go on living.

This shadow existence is a valence, only it's a valence which is a complete carbon copy of Grandma, not merely a demon circuit. Grandma then dies when the child is 4 years of age and that charges up the valence and sets up a valence wall and the person starts running engrams lying straight out with never a toe twitch—he's dead. That is easily spotted but it's not as easily resolved, because he is out of valence which makes it difficult to reach, to get somatics on or to get emotion out of. He has probably got an emotional shutoff caused by some "control yourself" circuitry which is getting in his road. But there is some part of it that you can reach, which is usually the "He's just like me" valence shift commands in the case. After all, he originally had the voice tones to match and Grandma to look at and mimic and other data that adds up on top of his valence data, so he can set up a pretty good carbon copy of Grandma. Then all of a sudden Grandma dies and there is grief and a valence wall and he goes on being Grandma.

He may not settle into that valence for some time until, for instance, his wife (who was like Grandma) dies, and this really settles him in.

Don't keep running a person who is severely out of valence without trying to get him back into his own valence.

There are valence command shifters and one can tell a person in present time, "Go into your own valence," or, "Go into your father's valence," or one can do this automatically by saying, "What was one of your father's trick mannerisms?" and he will give some.

One can shift a person willy-nilly through his valences unless he is really anchored with one of these restimulated valence shifters.

The type of phrase that prepares the ground for a valence shifter is "I don't feel like myself," which is the key to all valence shifters. Or, "I've got to pretend, it would be too awful to face if it were really happening to me. I'll have to pretend I'm somebody else." "It can't be happening to me, that would be too horrible, I will have to be somebody else" is a common one in the bank. This was most current around 1905 to about 1915. It was probably some actress who threw this on the stage, because we don't find it much afterwards. But, one finds it creeping along as an aberration.

Something starts as a colloquialism, then it goes into engrams and then it will settle on some family chain, and there it will stay as a chronic engram creating its own species of insanity. Then, the valence is finally capped right at birth or in periods when the child is ill or physically upset, with people saying to it, "Now don't be like your father." In other words, "Shut off all mimicry of your father," whereas Papa may have some valuable skills which this child needs.

Or, Mama might say, "You're just like your father when you're bad and you're just like me when you're good"—that sort of computation will shift a valence. Tap a few of these, they are usually fairly light, and one stabilizes a person into his own valence.

The best way to get a person into his own valence, however, is to run conception. Go back down to the bottom of the track and get the person out of an artificial valence, ordinarily, at the early part of the track. A coffin case will sometimes curl up at the early part of the track, or start wiggling, and is in his own valence at that point.

One can sometimes tell the preclear "Shift into your own valence," and if he obeys that command, say, "Okay. Run it that way."

But a smoother way of doing it is "Feel some moisture on it. Now let's see if we can't feel a little pressure." The auditor will know what the preclear's own valence is experiencing, more or less, and can tell if he is out of valence because, of course, there never was a fetus who got morning sickness.

The auditor is looking for the pressure somatic, so he tries to coax the preclear by suggesting there may be other perceptions here which he might give some of his attention to.

These are not positive suggestions. They are simply on the order of, "Well, now what was some mannerism of your father's?" and the preclear will find something, and start to feel just a little bit of moisture, and wonder if he can feel it, and suddenly he will be right into his own valence.

As one gets into the basic area, a person has a much greater chance of being in his own valence, which is one reason why one tries to work for the basic area, although the main reason is to get unconsciousness off.

I have seen a case temporarily upset by shifting him out of Mama's valence when Mama was crying. The preclear was in Mama's valence and began to cry, and was crying along very nicely, but at about the fifteenth or twentieth tear the auditor said, "Get into your own valence."

The preclear tried but couldn't make it, the auditor was very insistent that he stay in his own valence, and finally the preclear got extremely angry and wouldn't work with the auditor for several days. When work was resumed, the case was not running pianola as it had been before. This is just a word of warning, it can happen.

Valences are very sharp for the psychotic, one can practically hear them click as they go past in some psychotics. As some of these become deintensified the psychotic will run the engram in his own valence. So, it is occasionally quite necessary to take the charge off other valences. But if there is no great manifestation in these valences, if, as the preclear lies on the bed and the auditor says, "Shift into your own valence," he curls up and then slides back into Mama's valence, back and forth, as the auditor runs out the preclear's valence, he will normally pick up the whole thing.

So, there is judgment to be used in this.

This can become more complex: "You're just the same as anybody else" can get a person into several valences simultaneously. In that case, the auditor would pick out the top-heaviest one and run it.

Just as a person's attention units can be latched up in several engrams simultaneously, so can he be in several valences simultaneously. Of course, there is an actual problem of valences at the beginning of the track.

The third type of engram is one in which the depth of an unconsciousness somatic is brought about by anoxemia (lack of oxygen), use of anesthetics, nitrous oxide, ether and chloroform, where the person goes in lightly and then gets deeper, and finally gets down to the depths and then starts out of it again.

AAs occur in the bank occasionally where the cord is nicked by some sharp instrument and it possibly prevents blood circulation for a little while, and the beginning of this engram avoids the impact engram. It is handled by keeping the preclear charging into it, and easing him earlier and earlier on each successive run.

If the auditor is running the bank a little bit later with sonic, he will get the clinks or any creaks or groans, but there is a difference between an impact somatic and one that sweeps in slowly.

Concerning erasure, there is the factor which an auditor needs to know, and that is that an impact may have an earlier beginning, and that two different types of engrams, particularly in exodontistry, may combine, giving an impact together with unconsciousness.

Firstly there is the smooth administration of an anesthetic. Then all of a sudden something happens, pain is administered and unconsciousness deepens until finally the person is permitted to come out of it. The moment of deepest unconsciousness is the moment of deepest occlusion of words, so there will be a combined somatic.

It is very difficult at the early part of the track to ascertain whether or not one is getting post- or preconception, because the context and somatics very often get bundled up with conception itself.

The confusion in the past concerning conception existed chiefly because there wasn't a good clean method of knocking conception out as can be done with existing methods.

I have not been able, in the past, to really ascertain the validity of a preconception engram. I have had people run them, and had them erase, complete with pain, but that is merely the context together with the somatic. What the patient attributes these things to is something else again, since that is computational. But the fact is that there are engrams in that area.

At first I was totally unwilling to buy any of this, but I said, "Now the file clerk will give us the engram before conception," because before that we had gotten nothing around the basic area; this case had been blank all the way along the line, so this was just a shot in the dark. Then I said, "And the somatic strip will go to the front part of this incident." We ran it, and it was a fight sequence between Mama and Papa where Mama implanted her lily-white toe in a private part of Papa's anatomy.

This was what the patient proclaimed it was, but all we knew was that there was a jar and a fight sequence with the words "You always forget, you can't remember anything, damn you, I hate you. Now sit down, I'm going to talk to you and you're going to listen to me after this."

Here was also a demon circuit. I ran this out and the whole case cleared up all the way along the line. Then I asked, "Well, did we get a preconception incident or a postconception incident?"

"I don't know."

But I had asked for it, and I hadn't gotten it until I asked for it specifically, then I got it and the case resolved. That is all the evidence I have. What one does with his judgment at a moment like this of course is to hold on to it solidly and keep his sanity close to hand. Don't blame me for any of this! Sometimes people will look at me most accusatively. All I can do is present the observations as they are observed and give the techniques to get similar observations and produce relief and a different and improved mental condition in the patient.

All I know how to do is resolve cases and produce clears. This is how we produce them. We start with conception, mytosis and any and every cell division on the line. Then there is the ovum at the moment it is knocked out of the ovary, and perhaps something happens before that.

Over on the sperm side are eight cell divisions on an identity basis, but simply cells. A cell has the peculiarity of passing along to the next cell its identity. So, cell A has the identity of cell A'. And A and A' might as well, as far as memory and recording are concerned, be the same cell. This is biology and a lot of testing has been done on this. There is no reason to suppose then that biologically, if an engram happened late on the chain, that it wouldn't go right down the line and all of a sudden be in the sperm and hit the ovum in conception.

If we are going to accept the zygote recording, we might as well accept that. According to medical science, there are eight cellular divisions that make the sperm, which is a mobile cell without its cytoplasm.

The next jump back is invariably somebody's death, but this is not on the same sperm protoplasm line.

I have noticed that this earlier death sometimes has slight emotion on it but never any somatics. So, what to make of it I don't know.

I ran one person back to the early days of the Roman Republic on successive deaths. Fortunately there were no engrams on that track.

But, don't be surprised if you wind up in such a thing. One young fellow was sent back just before conception and he landed, with a name, 74 years of age, lying in a hospital bed dying, with curtains around him. It happened in 1924, and he can't be shaken on these details.

I give you a word of warning on this. I went back and was killed at the Battle of Shiloh. I got a bullet right in the forehead. It wasn't painful, but a moment after the bullet struck, the sensation of conversation around me and everything else was very three-dimensional and beautiful. It was about the clearest visio and sense of being there that I would care to have.

Somebody said to me, "Hey, Jed," casually, and then, "Oh, no, he's dead!" Then the scene fades out and that is all there is. This thing was either keyed in or the whole thing was created out of whole cloth by my greatgrandfather who had been all the way through the Civil War, and when I was a baby he couldn't get anybody else to listen to him so he would sit around and tell me stories about the Civil War.

One of his favorite phrases was "It looked like the battle of Gettysburg," whether he was describing an accident or anything else. Scouting back through the bank, he never mentioned Shiloh.

After I had gotten up this material, I went back and got a bullet between my eyes at the Battle of Shiloh again. There was no pain, just the words "Hey, Jed. Oh, no, he's dead."

However this may be, I am telling you what you may run into. I'm not telling you to buy it, but as you come across this type of thing, don't invalidate the recall of your preclear just because you run into him walking down the steps of the Roman Forum or walking into the Senate and being stabbed in the back and saying in a faint voice, "Et tu, Brute?" Don't think he's crazy.

This sequence theoretically could pick up somatics, and in running back down the track and getting the earliest moment of pain or unconsciousness, I have occasionally uncovered an incident for which the readiest explanation would be that it occurred preconception.

At the early part of the track it is very difficult to tell exactly at what moment something has occurred, so don't shake up your patient because he is maintaining something occurred in an earlier life. It may be there, we don't know. But it isn't enough to invalidate his recalls, because then he won't work with you anymore.

The proof on this will be by getting ten patients and ten children and getting the tapes on the parents for every coitus and incident along the area of conception, preferably in amnesia trance, and then seeing whether or not the data tracks, which it will.

To get a person into this easily, one employs the technique whereby one puts the preclear in reverie and then says, "Let's go to a moment of sexual pleasure."

He may not go to a moment of sexual pleasure easily and one might attempt a courtship sequence when he is kissing a girl, or something like that along the line of sex.

The preclear because of demon circuits like "I can't feel any pleasure, I can't experience any pleasure, pleasure is evil, you must get away from it," may be cutting out the whole pleasure sequence. So, the auditor may not be able to do this. But if he can reach this, it is worth trying.

We can actually put him through a pleasurable sexual incident without asking for any data on it, just by telling him to return to it and to go through it without telling us anything about it. He can even go through the incident two or three times until he is well settled into it, and we can see by the expression on his face and so forth whether or not comparable emotion has been turned on. Then we tell him abruptly, "Let's go to conception," and he will land in it in enough cases to really make this technique worthwhile.

One can put a patient, for instance, into a fight dramatization, settle him in it, and then tell him, "Now, go to basic on the fight chain," and he will land at basic on the fight chain enough times to warrant the use of this technique.

So, be aware of the fact that you can travel the somatic down the bank and find the first time it was received. You can go back down on a phrase to the first time it was said. You can go back down the track on a sound to the first time it was said. You can go back to an actual age on a track. You are simply hitting perceptics. One of the perceptics in an engram is emotion, so you can go back down the track on an emotion, following similarity of emotion or somatic. You can get similarity of anything and follow it in engrams. This is very valid as a technique and is something you should know how to employ.

Or, one can pick up a late lock when the preclear got a pain in his hand and follow it down to the first time his hand ever hurt. Or, one can get a time when he was wearing scratchy underwear and go back to the first incident of the douche chain.

The sequence you want instead of caging around about it and testing the patient for validity and so forth is to ask specifically for conception, and if he can't make up his mind which way he is going, ask him for the sperm sequence, and then, after he has run that out, ask him for the ovum sequence.

The situation which first uncovered prenats was a calculation which was based upon the initial observation that the earlier we went on the track, the lighter moments of unconsciousness appeared to be, as a general rule. Furthermore, the earlier we went on the track, the easier it was to deintensify moments of unconsciousness.

So, carrying this out to its fullest extent as a calculation, I observed that one had to go back to the very earliest moment, and that the earlier one went, the better chance he had of recovering an engram.

For example, a late appendectomy under ether may stick. But now let's go down to an earlier tonsillectomy, and we find out that we can go through it. Now we go down to the circumcision which was given under general anesthetic, of which there are very few. Circumcisions are seldom done under a good, thorough anesthetic.

By the time we get down there, this thing is really thin. So we take it to its logical conclusion and reach the moment where it's so thin that we can walk right straight through it and re-experience it a few times. By then we can see these later ones deintensifying and occasionally losing words out of them.

When I first researched this phenomenon, I decided to go even earlier to really find out. I never intended anybody to get to birth, but all of a sudden one day we were in birth, so we ran it. I was lucky, because that birth reduced.

It was obviously birth. He hit it in Mama's valence and reproduced Mama's screams. And the people who had the next suite of offices immediately started banging on the door. So I had to deal with them as well as a screaming patient on the couch that I was sure was screaming intuitive birth contractions !

After I had reduced this incident, I thought I had reached bottom on this thing. And then I found out that the next three or four patients couldn't reach birth and nothing would happen.

So I figured out, "The idea that life starts at the exact instant of birth by some magic is a ridiculous piece of logic. Let's see how far we can go in this. Let's just tell the person, 'All right. Let's go earlier.'"

So I got very smart, and on about the fifth patient I said, "Let's go as early as you can get." The preclear didn't know anything about prenats but in the next instant was into the sperm sequence!

At the time, I said, "That really is a dream," because my own credulity had been strained too far. But following that logical conclusion, we found the first missed period. The first missed

period is remarkable for the number of times the doctor says, “Well, it’s too early to tell yet, I’ll have to wait and see.” We discovered various coitus and bowel movement engrams in the preceding couple of weeks and then there was conception which was absolutely stuck. Using the same logic, I braced myself and told him, “Well, let’s go earlier.”

And the preclear said to me conversationally, “Shall I go to the sperm or the ovum?”

“Go to the sperm,” I said. He did so, and ran off three rather simple engrams which erased rapidly. Unconsciousness came off and the sperm part of the sequence erased right up to the moment of impact and then stuck. This was one of the first times I ever did it with malice aforethought and said very bluntly, “Go back to the first moment of the ovum. Go back to the first moment of the sperm.” And I had an easier time than I had ever had before in that area. This was following down the logical sequence. It would seem that there is something just before conception, whether in terms of days or in terms of minutes; or whether or not other engrams become bundled up with conception and are hard to extricate from it, I don’t know.

I do know that an auditor is going to get better results if he just says very bluntly, “Well, go back to the first moment of the ovum now,” and, “Go back to the first moment of the sperm.”

Don’t expect to find conception always an engram. But don’t be fooled either by running it once and, finding no somatic, decide that it is not an engram. Run it three or four times, and one of those times you are liable to get more than you bargained for and find a real engram there.

Sometimes you run it six, eight, ten times and there is absolutely nothing there. It was a painless experience. It runs out perfectly easily and you come on up the track and start erasing, because your next moment of pain or unconsciousness is available.

Following this out logically, we don’t automatically say that basic-basic is conception. Because if we get back to something that looks like basic-basic and try to erase it and it won’t erase, obviously it can’t be basic-basic; there’s something wrong with it.

So, the word basic-basic refers to the earliest moment of pain or unconsciousness, which leaves it flexible. Basic-basic can be a fight, it can be coitus, it can be many things.

I have even found basic-basic well up the track, evidently, from conception. Things apparently ran along in beautiful serenity, and the first clue that anything was wrong in the exterior world was when Mama fell over a chair and banged herself. The zygote got a jar, and that was basic-basic, several days after conception.

When I open a case, I normally ask the case to do the optimum that the case should do. And then I start cutting back from the optimum. I assume at first glance that this patient is moving on the time track, has all perceptics, is in his own valence, and that everything is going to go along well.

I asked one case for pleasure moments to see if he was moving on the track, and then said, “Let’s go to basic-basic.” We didn’t get basic-basic but we got charge off. If that gets results, that is the simplest form. If you can’t settle him in anything, try to take some line charge off the case.

There’s no reason why, if one discovers a sexual pleasure moment, one cannot say, “All right, you don’t have to tell me what’s happening, but let’s just contact it a little more closely. Now, you know what’s going on, let’s get a tactile here,” then throw him into conception with the words “The somatic strip will now go to conception.” Sometimes it’s painful and sometimes it isn’t. There are all sorts of factors that would enter into it. Quite often there is a sort of a visio. It is as though a sperm had cat eyes—seeing but not seeing, as though there is an actual contact and concept of what is going on. This may be a type of blueprint which has gotten

into the sperm. After all he has to be a navigator of sorts. There is a certain sentience in the way a sperm steers.

At present, I am looking for ten identical twins separated at birth. And we are going to run them for the university textbook of Dianetics along with 3,000 case histories processed by computers, which can then be correlated.

There is a point when specific somatics start occurring, where moisture may be able to reach one part of the embryo without reaching another. Right after the first missed period, half somatics occasionally will occur because of douches or abrasives or something of that sort.

One is still getting pressure somatics on the rest of it but they are getting less generalized. About the third month, specialized pains start to occur around the feet, and so forth. They may occur slightly earlier by virtue of something like a sharp hatpin which comes by and bruises. But most of this bruising of the very early AAs succeeds the first missed period.

Don't be surprised to find AAs taking place at 6 months, because it is not unheard of, particularly when Mama has been foolish enough to try to hide her pregnancy from Papa, which really confuses the file clerk.

Perhaps Mama has been pregnant for three months, and she is not sure that she's pregnant by Papa. She has finally raised the nerve to tell Papa, but now she can't tell Papa that she has been pregnant for three months because Papa would be very angry at having been deceived. So she gets herself in even further trouble, thinking that she can get rid of the baby anyway.

She may say that it just happened, or that she just noticed it. And then you will find Papa insisting, up to 6-6/2 and even 7 months, that they get rid of it. Then one day he will take a look at the swollen condition of her abdomen and suddenly decide that this child is much further advanced, and later, when it is born, there will usually be a nasty scene.

She may be saying to Papa, "I can't get rid of it, you can't make me get rid of it. I'd just lose my mind. I'll work and I'll slave if you let me keep it. Don't make me get rid of it, please, please don't make me get rid of it."

And Papa is saying, "You've got to get rid of it now. Get in there and get it out." The auditor then becomes pseudo-Papa in the preclear's mind the moment he tries to run engrams in that area.

Then there is this terrific dramatization on Mama's part, and this big dramatization on Papa's part, with Mama loving the dear little child so, and having to hold on to it, and then we find her, after Papa has turned in, or after he has gone to work in the morning, attempting to abort the child. So, she is putting up a big show to Papa, meanwhile trying to do something else. She shifts into valences about the whole thing.

As one comes up the bank and finds a sharp penetration, one is later than the first missed period, and that is not basic area. Basic area is before the first missed period by definition. Usually things in the basic area will reduce or erase when first contacted.

Therefore it is very necessary to know what part of the track one is on. If there is a very localized somatic, such as a hatpin going just by the heart, or something going through both ears, or something going through both eyes, one is further up the track.

The healing power of the fetus is extraordinary. After all, it is surrounded by amniotic fluid and all of the proteins and everything it needs. It is even getting a food supply without having to exert its own organs, and it is getting oxygen. It is very difficult to damage. And because it is right on the blueprint and is reading it off the blueprint, its ability to repair that damage and recover is pretty good.

There is a period in an embryo when the eyes are on the side of the head. Why even a slender hatpin wouldn't just take out all of the cells that are busily constructing eyes, I don't know, but that is not the case.

The mouth, too, is often in a peculiar place, giving seemingly impossible somatics.

There will be a mouth somatic that would be impossible to make on an adult with one thrust. One may be looking for a couple of thrusts to make such a thing, but will find out on glancing at embryology pictures that it is quite easy to do.

Also, the knees are so drawn up in a fetus that occasionally with a blow a knee may go into the jaw, pushing the person's knee practically through the back of his head. Yet even this damage repairs. None of these things are painless, but fortunately the recording mechanisms of pain are not very sharp when we return to them in reverie. It is the feeling that such a thing would be painful that sometimes keeps people off this level. If they have even a ghost of a control mechanism, they will sheer off from these things. It is always a surprise to somebody to run a somatic and find out how mild it is.

With a lot of these "I don't know" cases there is a series of confusion engrams on this very thing of, "Let's see, when was it, what was it, I don't know, I just couldn't believe it was true, because if it is true then I would feel so awful. Gee whiz, I wonder, did I have my period last month, or didn't I? Now let me see.... Maybe if I squeeze my abdomen hard I'll be able to start something coming. I'd better start it now...."

I found one case where Mama had drifted through into the third month in a complete lapsed amnesia on the fact that she had missed two periods. And when the preclear hit that one she was really confused. She would go through the calendar, and this whole incident was full of numbers. "Was it this date or was it that date? Now let me see, that was the day I did this, but that couldn't have been that, because I must have missed that period, because I don't remember. Now let's see...."

The auditor's first goal in the case is to get as early as possible and get some unconsciousness off. This makes it undangerous, right there. After that it is quite difficult to do anything seriously harmful to this case, or stop therapy, short of a very bad break of the Auditor's Code.

The auditor could run an engram and leave it halfway reduced through some auditing error, and it wouldn't hurt any. If the auditor did that before the first unconsciousness was off, he might find the patient extremely restimulated and very upset. In an incipient psychotic, if one was to hit an engram and not run it fully, there is a possibility that one might trigger him. But if one has got unconsciousness off the case, with two or three erasures down at the bottom of the track, and one keeps running it and then hits an incident and half reduces it, there will not be a psychotic break.

Because the common denominator of all engrams is unconsciousness, the things you want to get off this case, first and fastest, are painful emotion and unconsciousness. They are sort of twins in two different aspects. But you get a very lasting result if you can knock out the painful emotion.

You can enter painful emotion anytime, you can stir it up, you can go through it, you don't have to reduce it, you can walk off and leave it. You can handle locks this way too, and run a lock halfway through and then walk off and leave it. And you could do anything you want to a lock or a painful emotion, grief engram.

If you can get off painful emotion right at the beginning of the case, it will discharge, and the person will have a resurgence which is a very marked, fast improvement in the case. He may go into reverie feeling as if all is lost and always will be, but he will come out of that session

feeling, “Well, all may be lost sometimes but it feels pretty good right now.” And he won’t drop back down again.

No release is a release, honestly, until painful emotion is off it. That painful emotion is what keeps the bank and the demon circuits charged up because once it is gotten off, the charge in those circuits is much lighter.

Furthermore, painful emotion can occlude the early bank, particularly when it is very active. Either painful emotion or early physical pain engrams will come off the case, one or the other, or an engram will deintensify where the person is stuck on the track. One of these things will happen in a case if it is fished for.

So, one tries for that painful emotional discharge, and one tries to get some painful emotion off the case. If this happens, one has made a very marked and permanent gain.

One can sometimes get a case which has a lot of line charge on it, but the case will cry about almost anything and the auditor can spend dozens of hours running over incidents. About that time he had better suspect a demon circuit which says something like, “Cry, I’ll make you cry. Go on and cry.”

There can be a command somatic to “cry” just as there can be a command somatic “Don’t cry.” One will produce no tears, and the other produces tears for everything. That isn’t a real painful emotion or grief discharge, simply a command that produces a flow of tears.

So, to try to get this off with Standard Procedure, one must get down into the early part of that bank and get some unconsciousness off, at which point the whole engram bank will start to soften. If one gets a little more unconsciousness, it will soften some more and so on, until, as the case runs along, the preclear will be in his own valence in the basic area and can run basic-basic out. After this the whole engram bank will soften up so one can hit anything in it, from the top to the bottom, run it and get a reduction of it. Therefore, it is very important to get off the physical pain and unconsciousness in the early part of the track.

Painful emotion can be taken off the case and the person will feel better, will have less occlusions, and will have more engrams available in the bottom part of the bank, but it won’t soften up the engram bank. After running off painful emotion, don’t expect engrams to lift more easily, because they don’t. They are, however, more accessible.

When the painful emotion is off a case, it will be stable. One doesn’t have to take a single basic engram off the case to produce a release. It is more or less gauged by removal of painful emotion and gaining a stability on the case.

When going for clear, one doesn’t care where one pulls anything out. One is not trying to make the case comfortable, one is just trying to make him run. Sometimes the auditor will have to take off the painful emotion before he can get the engram bank out, and sometimes he will have to take the engram bank out before he can get the painful emotion. If he has to do the latter, he will have to take the engram bank out in the basic area first, before he can get off the grief. Then, of course, when he does so, he is leading up to a release again. But he must take off the painful emotion.

Having reviewed what to do with engrams, how to shoot engrams apart with repeater technique, what to look for to get early and that sort of thing, I am going to give you another look at Standard Procedure, Steps Two and Three.

Step Two consists of running with the somatic strip obeying and the file clerk cooperating.

When we start to get odd effects, and we are not getting anyplace, and the case seems to be bogged down, it is time to find out whether or not the patient is stuck on the track. If we can’t free him on the track and shoot out the engram in which he is, we go to Step Three.

Step Three uses straight memory diagnosis. Straight memory diagnosis is something that an auditor has to experience himself and understand. Straight memory depends upon this fact: That thing which is worrying a person, about which he is concerned, normally has been told to him in exactly the words that he is worrying about it. Get him to remember who told him this, and one will knock locks out. We have used this technique for validating reality, now we can knock out locks with it.

One can actually destimulate engrams by getting the person to remember. One can kick out a whole aberrative computation that has been chronic half the person's life just by getting him to remember a specific incident when it was said.

Although this will only happen in a small percentage of cases, one can get such a tremendous relief just on straight memory that it is enough to make it miraculous.

For instance, the auditor asks the preclear, "What's worrying you?"

"Oh, I don't know, I guess I'm just no good. I keep thinking about it all the time. I've been trying and trying and trying to get along but I can't."

"Who used to feel like this in your family?"

"Oh, I don't know."

"Well, come on. Who used to feel like this?"

"Well.... My father, yeah! My father used to feel like that."

"What did he say?"

"He used to say that he had an awful hard time getting along in life."

"What did he used to say about it?"

"Well, let's see, he said, 'I'm just not good enough to get along,' something like that."

"Now, you can remember a specific incident when this happened."

"No."

"You can remember one. Let's try. Where would he be standing when he said it?" "There are so many of these things, they are hard to remember." (The auditor has just now opened up the memory track.)

"Well, pick out one of them. Where would he be standing?"

"Well, he's standing over there."

"What would he be wearing?" and so forth. The auditor in this way leads the preclear into this line and all of a sudden he has got a lock on a straight memory circuit. The auditor is not returning the preclear to it, he is simply knocking it out on straight memory.

Now, all of a sudden the person will say, " 'I'm just no good.' Ha-ha, very funny. I don't know why this strikes me as funny but it's very funny."

Yet, right up to a moment before, this person had been held up on the track all the way back because somebody couldn't get along, or something of the sort. This technique brings him up to present time out of some of these locks and destimulates engrams.

As an auditor practices with this straight memory technique, he will learn very rapidly when and how to produce in preclears in 10 or 15 minutes a most remarkable sense of relief in a large number of cases.

But even if the auditor doesn't get the relief, he has something much more valuable—a diagnosis. He is getting the words of Grandpa's or Grandma's dramatization. And Grandpa or Grandma was the aberrative character in the case. Then by using repeater technique he can plunge for demon circuitry, which will be covered in another lecture. By using the above three step procedure however, on any case that is bogged down, the auditor has a technique that will straighten it up.

THE ANATOMY OF THE DEMON CIRCUIT

A lecture given on
22 July 1950

The Factor of Control

In this lecture I will cover the anatomy of the demon circuit.

The demon circuit is installed as a part of an engram which requires, by its statement, computation. It is installed on a “you” basis by some “I.” The “you” does not then enter into a part of the being, but stands off with a separateness from the actual “I,” although it dictates to it.

In times when that engram is very much restimulated, the whole engram can be redramatized and at that time the person who is dramatizing it creates a demon circuit in somebody else—a common contagion.

“You’ve got to learn to control yourself. You’ve got to get a grip on yourself”—that sort of a demon circuit is “you” addressing “I.” Actually it postulates the picture that there is an “I” separate from “I” in the mind which is talking to the actual “I.”

There can be a lot of these circuits in the mind. That is what is peculiar about the mind, it has got so much space! Here apparently is just a few cubic centimeters of cranial content, but when you start looking at the amount of equipment that is in this thing you start to get very suspicious of where thought and the mechanisms of thought are really located. So, all of this is pure analogy.

The reason the control demon circuit is important is that it alone makes it possible for the engrams to cause a person to squirm out of the control of the auditor. The existence of a “control yourself” circuit establishes a pseudo-auditor over “I” that is not part of “I.” So, when the auditor says to the person, “All right. Let’s go back to the earliest moment of pain or discomfort,” and the preclear says, “Well, I’m up here in present time, and I just can’t seem to get back,” the auditor immediately suspects a demon circuit.

If there weren’t any pseudo-auditor in there, if the auditor simply said, “The file clerk will now give us the earliest moment of pain or discomfort available to resolve the case. The somatic strip will go to the beginning of the incident. When I count from one to five and snap my fingers, you will give me the first words in the engram. One-two-three-four-five (snap!),” he would get the first words, get them repeated a few times, and the preclear would be able to go on through the incident. There would be nothing else to it, it would just work that way, because basic personality is strong enough that even “I” can’t buck the auditor who wants somebody’s engrams, unless there is a pseudo-auditor.

If you call these demon circuits pseudo-auditors, you might get a much clearer picture of what is happening. In actual fact these things have nothing to do with “I.” They have blocked off a part of the analyzer and they actually use it. The person says, “My goodness, what am I going to do today? Let me see, let me think about it. Well, I don’t think I had better go swimming because....” That is a typical stream of consciousness caused by demon circuitry.

There are not only internal appearing demon circuits, there are actually demon circuits which pretend to be external. People who have these external circuits have somebody walking around with them talking to them, which perhaps they have never noticed until it is called to their attention. Then the person thinks about it for a moment and says, “Well, yes, as a matter of fact, I get all my advice from out here.” There’s an audio circuit existing in thin air.

For instance, a typical circuit from a mother to a child might be “I’ve got to do all of your thinking for you, I’ve got to tell you what to do, for heaven’s sake,” or “I have to do everything around here. You are always making a mess. I’ve got to tell you what to do,” which creates a demon circuit which then sits out as a “pseudo-I” and says to “I,” “Now the thing for you to do is to go down to the corner and get two loaves of bread.” Sometimes they do very accurate thinking, such as, “Go down and get this and then I think you had better go over and get some gas in the car.”

I have seen people all of a sudden stand for a moment blank and then march off. You expect them to turn around and salute!

Another one is a demon circuit with a song. A song starts going through a person’s mind and it just keeps wheeling through, over and over, and he says, “Well, I’m going to stop thinking about this song now. I’ll concentrate on something else.” So he does, and it will stop the song for a moment. And then he relaxes suddenly, and it immediately goes on, “Be kind to your webfooted friends....”

I even know a person who would have a single song running through his head for about two days at a stretch! The circuit on this was to the effect, “Well, whether you like it or not you’ve got to listen to it. I’m going to sing it, I’m going to keep on singing anyhow.” It was an audio-vocal circuit, and a popular song would get in there and it would just start wheeling—an inexhaustible record.

There are several classifications. There is the aberration which is simply “I have a bad time of it,” that has a tendency to match up with “I.”

Then there are valence shifters where “I” gets mixed up with the “I” of another valence, giving a deluded “I” very close in—a carbon copy. That is “I” comparing with “I.” Demon circuits are “you,” but they have an “I” with them. But the demon circuit gets set up on this level: “I am the boss around here, you’ve got to do what I tell you to do.” That is a typical demon circuit and that is a “control yourself” demon circuit causing people to do various things.

A valence is a whole carbon copy of an individual. A person has to have a valence shifter to get him over thoroughly into such a valence. Otherwise he merely fluctuates into that valence as the winning one.

But if it has got a shifter in it somewhere in the bank, he may be in Papa’s valence, then the part of the track which he dramatizes is Papa’s track and “I” in this case is Papa. Only he can be shifted into Papa’s and Mama’s valences simultaneously and have both valences working for him as a double shift.

This is not very complicated if you take two people talking to each other, and one says, “You’ve got to do it, I’m going to make you do it if it’s the last thing I ever do.”

And the other person says, “Well, I am not going to do it no matter what you tell me. I don’t like you,” and so on.

In between these two people the baby—”it”—may be listening in on this and getting an engram out of it, so there are three valences present.

Now if the person is the baby, and if anybody breaks down his dramatizations and breaks him into this baby valence, it has an age tab on it that can spoil his build; it has got pain in it, so it gives him psychosomatic illnesses and so on. So, he will fluctuate ordinarily over from one valence to the other unless he has a strong valence shifting mechanism.

The auditor may get him into Mama’s valence by saying, “Well, let’s go back to that engram that we were running last.”

“I’m not going to do it.”

And the auditor says, “Well, please now, why not go back to this?”

“I’m not going to do it.”

The auditor could suspect immediately that he is listening to a demon circuit and that somebody is saying, “You’ve got to do it,” and that he as the auditor has stepped into Papa’s boots in some way.

The auditor can do a phony shift on this sometimes. If he were suddenly to say, “I won’t, I won’t,” the patient will sometimes catch himself up on the impulse to say, “But you’ve got to.” The auditor can also, when a preclear is doing this sort of thing, say, “What were some of your papa’s mannerisms?”

The preclear replies in a deep, masculine voice, “I don’t know.”

“And what were some of your mama’s mannerisms?”

“Well, I really don’t know,” he answers in a high-pitched voice.

There will be an automatic shift and the person will shift all the way through these things that way. If a person has a bad stomachache one can just ask that person casually after figuring out maybe that was Mama’s morning sickness, “Well, how did your father used to look at people?”

“Oh, kind of mean,” the person says gruffly.

One then immediately says, “How’s your stomachache?”

“It’s gone.”

This will work unless a person is really locked up in the valence with a lot of commands like “You’re just like your father and I hate you” from Mama, which makes him try to occupy the winning valence and crowds him over into Papa’s valence where he sticks to such a degree that he is Papa all the way up and down the track and he becomes very difficult to shift in valence.

There is the real “I” of the individual. But as this person shifts valences, if he gets into Papa’s valence, Mama is now a demon circuit talking to Papa. If he gets into Mama’s valence, Papa is now a demon circuit talking to Mama. Unluckily for him if he is aberrated, if he is in his own valence, he has both Papa and Mama talking to him.

This is the Holy Trinity of Papa, Mama, Baby—the famous triangle of India. It has been used in the eastern world and in the Middle East to represent various things.

People get quite an aberrated idea of God sometimes, because naturally God is on a high plane, and there is maybe a goddess alongside him, with poor, shivering “I” way down below. But that would be in the womb, of course, so there is a strange setup of Papa, Mama, Baby, and that is the Holy Trinity at work.

So, where there is Papa and Mama one has various control circuits.

The person who is in his own valence may get a double circuit if there are a lot of commands in the bank. For instance, Mama has been fond of redramatizing Papa. Papa has been fond of dramatizing the fact that he is the boss. Papa beats this into Mama very early. The child arrives, and because Mama has it by contagion, she uses it on the child.

So, the poor child gets it going and coming. When he finally gets up along the line he has got to obey, he has got to mind. By this time you can thoroughly expect him to have a lot of circuitry.

The circuits that we are really interested in are those good, strong, solid ones which state specifically on a command level, "You've got to control yourself," or "Stop and think," where the person will go along just so far and then all of a sudden stop and think about it. Actually, if you looked into that person's mind, he is not thinking about anything at all. He merely has a command that says that he has to stop and think. "Think twice before speaking once," is another one. So a person will obligingly run it through twice, only that wasn't what he was thinking at all.

On a relatively unaberrated mind it is a problem of feeding a computing machine, but with a command phrase like "Think twice before speaking once," there are people who make a great to-do of being very thoughtful. There is a whole art of social aberration on this of being very judicious about what is thought. And after they do all of this thinking over this situation, then they come up with some legal opinion or something of the sort, and things become very complex.

When working on tough control circuitry, we have to shoot full of holes that thing which is becoming a pseudo-auditor. If Papa in this case has a habit of telling people what they have got to do, you have got somebody else present doing the auditing. For instance, if he says, "Calm down. Now calm down," or an old line which was in vogue around 1912, "Go way back and sit down," or you have Mama who is saying, "Stay there," you have got another "auditor" at work.

It is your job as an auditor to undo that sort of thing; specifically, phrases like, "You've got to control yourself," "You've got to think what you're doing," "You've got to hold on to yourself," "You've got to do this, you've got to do that...." Or, "I wear the pants in this family. You're going to do what I tell you to do."

If Mama was the dominant member of the family in that fashion, of course you have this circuitry on her side. You try to work him in Papa's valence and you have a pseudo-auditor to end all pseudo-auditors. Mama is the dominant personality and she is telling him what to do. She told the boy what to do, she told Papa what to do. If the child is then crowded over into Papa's valence the handiest way you can break him out of it is simply by knocking off all the valence shifters that made him like Papa. That would be the first step you would take in undoing the circuitry in this case.

Because Mama is the pseudo-auditor she is going to tell him what to do. So when he, as "I," is crowded over into Papa's valence, you are bucking on a command basis all the bossing that Mama did.

A good working rule on this is: That thing which a person won't do in Dianetics is that thing you have got to crack first if you expect this case to resolve. It goes exactly parallel.

If this person can't believe Dianetics, you could actually go so far (don't do this but keep it as a back model for your conversation) as saying to a patient, "Well, what don't you like about Dianetics?" and the person will probably come up with what is bothering him analytically.

You never get quite as thorough a scream out of an individual as you do on the subject that you must get to in order to resolve his case. Somebody who has bad emotional shut-offs was told he must never have any emotion. "You can't have any emotion. You are not supposed to be emotional. You've got to be cool. You've got to keep calmed down about this sort of thing. Calm down," and so on.

That individual now arrives for auditing and the auditor says, “Well, I don’t know. Now let’s see, what are we going to go into here? I don’t know what to get to in your case. Let’s go over the various elements of this thing. We could try for some painful emotion .”

“Ho-oh, there’s nothing like that wrong with me!”

“Well, we could try for some valences”—no reaction. “We could try for some attempted abortions”—no reaction. “We could try to find Mama’s lover”—no reaction. “Or we could try some painful emotion .”

“You’re not going to do that to me! I don’t believe painful emotion actually exists. That won’t further a case at all.” And the preclear goes on to explain some terrific rationale about why painful emotion isn’t necessary. One can watch people reacting along this line and use it for instant diagnosis.

Find out what facets of living the person objects to, and one will find reasons below it.

It is not correct in a case which has lots of this circuitry to try to get the preclear to tell you what he wants to do next, because the case won’t go toward what it is supposed to go toward. If it could, the person would not be aberrated.

Of course, after someone has been in Dianetics for a short time he very often has quite an accurate computation of what is going on, and he may say, “There’s a terrific charge bubbling and I know it. But I just feel awful. Let’s see if we can’t do something about it.” In that case one can tell that he is not doing an avoid. One can see it leaking out of his eyes!

Regarding circuitry and valences, “I” should be in control of the whole brain area, but isn’t. There is also negative circuitry where Mama says, “I just won’t do this,” or, “I just can’t do anything about it,” and this is her continual talk.

A person could very adventurously be Papa and be strong and beat his chest. But then there is Mama that can’t do it and is so sad and so sorry. Or, we’ll take Papa being so sad and sorry, and when the person gets into these valences, he gets despondent. There isn’t any dictation going forward, he merely becomes unable.

But if there is circuitry with it, the circuitry may go: “You can’t do anything about this, you always fail, you know nobody in your family ever succeeded anyway.” Let’s say that is a demon circuit setup of Mama and Papa.

When he gets into Papa’s valence he always fails. Everything makes sure that he does, that’s survival. So, as Papa, then, he is going through this type of a computation because it is being dictated by Mama, and sometimes that circuit is audio. “You’re going to listen to me. I know you hate the sound of my voice but you’re going to listen, damn you.” I ran that out of someone one time who had a demon circuit in him. And he often wondered why he had a fixation on plugging up his ears. He would go to bed at night and put plugs in his ears. One day I asked him why he had his hands over his ears.

“Well,” he said, “It’s just a habit I have.” On further inquiry I discovered that he had a voice going on inside his head of a very high sound level variety. He had listened to it so long that it made him a little bit nervous to think about it. If you can imagine anybody living in a barn where there is a loudspeaker going day and night, that was this person.

There is a failure demon circuit which will sometimes interfere with auditing. The person will be over in Papa’s valence, and saying, “Well, well, yes, well, I’ve tried, it wouldn’t do any good though, I won’t be able to reach any engrams....” He is actually right in an engram, and that engram is about all that is in sight.

Sometimes you can shift his valence and get the most remarkable reaction. He will sit bolt upright on the couch and start telling you what to do!

Now, supposing he sticks out of his own valence and is not obeying commands, but is caught between valences; he will be getting all of these things passing on through his head in audio circuit. Maybe he is not believing it and is trying not to listen to it, exercising his own judgment as best he can and not being heavily influenced by these things when they arrive, but letting them pass by. Then something may happen to that person, such as a death, which will get him over into one of the valences, and after that he will be subject to one or the other of the command series that is going on.

When a person is young, he is right dead center anyway. There is Papa but he is not Papa, and there is Mama but he is not Mama. He is listening to them all the time, they are going on in his internal world and they are going on in the external world simultaneously. He is trying to avoid them in both places, and he can get along pretty well as long as he does avoid them in both places.

You will find people struggling along in life doing things although their parents were both unable. But, let that person get sick sometime and let him run into an identical situation and he will suddenly identify himself with his father or mother.

I saw one boy go into the navy during the war and promptly go into a spin the second he stepped into uniform. He was in the navy about three months. They were very short of men so they were pushing him on through. He arrived on board as part of a draft, I picked up his seabag, threw it over his shoulder for him and ran him down to the psychopathic ward because he was in such terrible shape. They put him under observation down there and he got free meals for a month or two and then they sent him home. I know what was wrong with that boy because I inquired a little bit into his history as I was talking to him. His father was in the navy. The boy had been perfectly all right as an apprentice seaman. But his father during his gestation period was a seaman second class, and the moment that he became a seaman second class he was identified. Somebody walked up to him and said an exact line. Here he was in the uniform. He was all squared away, there was an immediate valence shift and he stayed shifted.

This data is of vast interest all through the society. It isn't just a gimmick that you can startle people with by shifting them over from one valence to the other by asking about mannerisms; it is something that is an operating mechanism of aberration. When the phrase contains the word "you" and has a command in it, or contains a statement, particularly if it says to think, talk or control, it can pick up part of the analyzer and think with it.

As a person goes into valences, he drags over a little bit of "I" into a valence, or he drags it over into a "pseudo-I."

If one has got a lot of valence shifters in the case, one gets a carbon copy of the individual. For instance, my mother used to come in every time I had been caught fighting and get very mad at me, and my grandfather would try to take up for me, so we had a big ally computation. Then my mother would say, "You're just like your grandfather." I started this when I was about 2 1/2, and it was in the bank about 79 times, at least. In consequence, there was a big shift over to Grandfather.

But those battles didn't really key in until many years had gone by and I shifted over into my grandfather's valence. I started to be fond of the same rattletrap cars that he was fond of. I would go and watch running horses rather than do anything else; I was picking up all of his likes and dislikes, and all of his political beliefs, in other words becoming a nice carbon copy. I was riding over in his valence.

As I came up the line I suddenly found out that I peculiarly detest running horses. I think they're dull. Of course that's also a matter of educational experience. When I was small they used to step on me!

Handling valences is a vital mechanism in the case.

Circuitry can be shot to pieces, but supposing Mama was the dominant party and Mama was continually saying to Papa, "You've got to control yourself, you've got to do this, you've got to do that." And, "You've got to get a grip on yourself and get ahead in the world." Even with such a setup, the auditor has to control certain portions of the patient, his file clerk, his somatic strip. Unless those things are in his hands it is like driving a 20-horse team without any reins.

So, the first thing he has to do is remove that circuitry. One can actually work with a case on a valence shifter proposition that will make the case much more amenable to therapy without getting out any control mechanisms. It is pretty hard to shift a whole valence without getting anything else out of the case, but one can try. That's one of the good things about the basic area. Get a person down into basic area and he will shift through valences easily even though there are a lot of valence shifters in the upper part of the case.

That is one of the reasons why sonic turns on so often in the basic area and doesn't turn on anywhere else. Sometimes the circuitry is so great that one has to come clear down to the sperm sequence before one gets anything like sonic, and then run out the sperm sequence and one can get sonic to turn on.

Sometimes, three or four engrams ahead of it there will be sonic. It is pretty hard to distinguish what those engrams are or where they are. But if the sperm sequence won't reduce, it's computable that the next coitus engrams that you get are below it.

I ran across a preclear one time that had two germ cells attacking the sperm as they came out, and he got nicked by one of them. His description of this would have raised the hair of the most hardened science fiction reader.

It is a strange thing but the sperm also seems to be a bit cat-eyed. Start picking up the sperm sequence out of people who haven't been in contact with anybody and you will find pretty much the same thing.

There is an equation that a person is affected by the engram nearest to him plus the composite of all the engrams prior to that engram. So, as we go down the track we have less and less engrams prior to the moment until we get down to the bottom and there are no further engrams.

If you have got the patient back to the age of 2 1/2, a bouncer at the age of 3 will not affect him. But if a bouncer happens to be, lucklessly for the case, in the sperm sequence, the case is affected all the way down the line by it. Now if you have one of these somatics riding in one place and the words in another, start suspecting one of these contrivances in the basic area which is lifting the person off engrams. It is an additive effect as you come up the bank, engram after engram.

That is not a law. That is merely a rough observation of what happens.

The first thing you want out of a case is painful emotion off the top and basic engrams. A bouncer is important only when it raises its ugly head and makes it impossible for you to handle anything else. Get a few of these off down in the early part of the bank, together with some unconsciousness, and the whole case loosens up, and that is actually the target.

Handling circuitry is trouble-shooting a case. There are various mechanisms of running a dramatization of the parents fighting, let us say, and then running into the early part of the

bank and getting the first on the fight chain, or settling a person in a dramatization, letting him run through it three or four times and then trying to get the same lock the earliest time he can get it.

Then there is the mechanism of putting a person into a pleasurable sexual moment such as when he or she is courting, getting the person settled into that incident and then throwing the person into the early part of the bank.

When someone is not moving on his track, run off some dramatizations and get into the early part of the bank; then run off some more dramatizations and try for the early part of the bank again, and by doing so, the preclear will finally start doing what he is supposed to do.

FINDING DRAMATIZATIONS

A lecture given on
22 July 1950

Advice on Straight Memory

How one finds dramatizations is a problem of straight line memory. Keep plugging away at straight line memory hard enough and you will eventually turn up some dramatizations in a case.

Dramatizations immediately give wording which may be part of circuitry; they give the general temper in the bank. For instance, "Let's go back to the last time you hit a hammer on your thumb. What did you say? What did you do?"

And the person will go back and say what occurred.

"Well, let's go over this thing again." This time you get into it a little more closely. Finally he has got a little thumb somatic. Now, don't bother with that, that's not an engram. Simply say, "Let's go to the first time that occurs in the bank." You have got him on an emotional restimulation and he will quite often follow down to the earliest part of the bank and run off somebody who has just hurt himself and erase the engram.

You don't have to understand psychodrama in all of its ramifications to use it in Dianetics. Take a psychotic. Psychotics will very often dramatize for you on request. You say, "Well, let's you be Grandma the time she died."

And a psychotic will say, "Da di da da da, okay, I'll be Grandma." The next thing you know, she starts running off what she thinks is Grandma, and then suddenly she will say something like, "No, that hurts too much, I'll dramatize something else for you."

And you say, "All right. What do you want to dramatize?"

"Well, I'll dramatize a collie dog."

"No, let's dramatize Mama." "Aw, I can't dramatize Mama, I couldn't do that."

And you say, "Oh, I bet you you could. I just dare you to. Be Mama at the moment Grandma died."

So, she will go ahead and dramatize Mama. Now, if you can get her to dramatize Mama a few times, and go over the act a few times, she is actually running an engram. It is not imagination, it isn't something she's playing, but you have persuaded her to do it because you have said it was play. Soon she will be half seized by emotion, and you can slide her into being the child, once you get the tension off Mama, and she will spill tears.

Psychodrama uses an effort to counterfeit an emotion to reach an emotion. We don't use that particularly because it hasn't been investigated as a technique and hasn't been found necessary at this time.

If you know about engrams you can really play psychodrama to the full, because you know what it is supposed to do, why the patient is running that particular engram; you know the holders, you know the call-backs, you start spotting them, and getting him out of these shifts. You start to get him to repeat the holders, repeat the call-backs and take the tension off it.

Every once in a while in Dianetics you will shoot an engram full of holes and get the holders and so forth out of it on a psychotic. The person may have been raving mad for three years,

then suddenly come up to present time and talk to you quite lucidly, and that really takes people aback. Unfortunately it doesn't happen that suddenly or that often. I'm trying to find some way to make it happen every time, because it's really a startler. The person is raving mad, you take the tension off the engram, and up he or she comes.

I hope this increases your understanding of circuitry, how valences add up and how circuits affect valences.

A circuit is different from a valence in that a circuit is in one place, and a valence is in another. That isn't the only reason they are different; a circuit actually carves off a piece of the analyzer and uses it for computing, whereas a valence is a carbon copy of the individual down to the brand of cigarettes he smokes.

On circuitry, a person can have a circuit which is installed on a two basis. This is an engram with the valences of "I" and one other person.

This can be seen in people who say, "Don't do as I do, do as I say." Take someone who has this command from Mama when he was a little child, "Now you've got to pick up your shoes and you've got to be tidy, and if you don't, I'm going to spank you."

"I" gets back on the track in his own valence and he gets toward this thing and he gets sore about it, and if anybody tells him about it, he won't do it. Ordinarily, drifting along in life, he leaves his shoes on the floor and he is untidy. Try to coax him out of it and he will get more untidy.

Very often you are persuading a person against a negation. He is negating against this circuit. He is not accepting it at all. He doesn't want anything to do with this circuit. So anything this circuit tells him to do is liable to cause him to do something else to make it worse.

Now, this "I" grows up and becomes Papa, and what do we find? We find Papa's clothes all over the house, the necktie over here and the shoes over there and Papa raising the dickens with his little boy because he is not tidy.

It has been inexplicable to a lot of people how people could do one thing and say another so often. One will find people who are moral cesspools, walking around giving lectures on the subject of how people have to be moral.

A circuit is saying, "You've got to be moral." "I" says, "I'm not going to be moral." But when this person slides into this valence, he dramatizes "Everybody's got to be moral," so when he sees immorality, instantly he has got to preach against it.

This is a setup that you find most often in people who get in lots of arguments. There is a negation of "I" against a circuit. It is in an engram and it can restimulate.

So, "Don't do as I do, do as I say" is an observation in the society, laid in with "You've got to pick up your shoes and be tidy, you little brat." Whack, whack, whack. "You've got to pick up your shoes and be tidy. Now you be neat around the house, you understand?"

And all the little boy can think of is to try to get away from that switch. He isn't being convinced. Any time you get a child completely convinced, you have got a child that is defeated, and he is no good like that.

The saving grace of mankind is that he is a battling animal.

So, somebody comes along and starts harping on how he should be tidy, or mentions the fact that he should be tidy, of course it restimulates the earlier engram. This also accounts for childhood tantrums. You will see grown people going into childhood tantrums. How they

malign childhood. Where did they get that tantrum from? They got it from grownups in the prenatal bank. Tantrums are not native to childhood.

Occasionally a person can have a flock of commands with some loopy circuits, such as, “I only believe what I hear myself say,” and you will get someone whose every phrase thereafter becomes a lock on the engram.

That is particularly interesting when you are running line charge off a person who has this kind of a mechanism. Somebody who has had his case pretty well released and is starting to blow off the superficial computations that had him held down and aberrated him will start to laugh. It is not a hysterical or hebephrenic laugh, it’s a good hearty roar. I have seen someone do this for 48 hours; 24 is not uncommon, 7 or 8 is very ordinary.

Don’t be frightened if you see somebody doing this because they are just getting off a tone 4 line charge.

It is a type of a reversal of material that has been aberrative before, and it just starts knocking out charge all the way up the line. A case one time had a phrase “Seeing is believing,” so that up and down the bank he would get this line charge off things he saw in the bank. He actually had to practically look at his whole life over again. It was all a lock on the engram.

I want to tell you something about how you get a person into an engram without ever telling him he is in the engram.

Example: Newspaper reporter sitting at lunch with me. He says, “Well, what’s all this about reverie, and what’s this about this and that and so on?”

I say, “Well, it’s very simple.”

“How do you get a person in reverie anyhow?”

“Well, it’s not very hard.”

“Oh, how do you do it?”

He has been giving me a bad time, so I say, “Now, for instance, have you had any dentistry done to you?”

“Oh yes, yes, uh—no!” he says, “No, I never had any dentistry.”

“Well now, think it over. You can remember a time when you had some dentistry done. Surely you’ve had some dentistry done.”

“Oh, yes, about 15 years ago. Yes, I had some dentistry.”

“Well now, you remember how the office was set up there?”

“Yes.”

“Who was working on you?”

“A dentist.”

“Tall guy, short guy?”

“Short.”

“Was there an anesthetist there?”

“Yah.”

“How did she look?”

“White dress and so on.”

“Was she a blonde or brunette?”

“Oh, brunette.”

“Now, what did they do when you walked in? Did you sit down in a chair?”

“Oh, sure. Awful, hot, sticky chair.” (Volunteered information, he’s into the engram.)

“Now, what did they do with the mask? Did they put it on your face?” “Yes. “

“And what did they tell you to do?”

“Well....”

“All right,” I said, “time shift back five minutes and come up to present time.” I didn’t want to get him to have a tooth out in the middle of a restaurant! However, we got him on another one a short time later. (This only applies to reporters, by the way.)

But, if the newspapers of the country continue to go around reporting everybody’s engrams, Dianetics will get some wonderful hot spots. Let’s just hope they hit a few manics in the sorting out.

In the example of the dental operation, you can trace through what was happening there. I just kept calling his attention to elements in the scene, introducing a new element which I knew must be there. If one has a dentist’s office, there must be an office there. There’s a chair there, there is a dentist there, there’s an anesthetist there, there are desks there. There may be phones there. It may be upstairs and it may be downstairs, and you get him to explain this.

Sometimes you can make someone argue himself straight into an engram by just disagreeing with his data, and naming odd things that really aren’t in the scene, and he will start to get annoyed and just to prove it to you, he will ease in on it. He says, “And then, of course, the only girl I knew there was Mary.”

And you say, “Well, you didn’t like her.”

He will say, “I liked her! She was a nice girl.”

“But not pretty though.”

“She was pretty. She was very pretty. Very nice.”

“Well now, what made you think she was so nice?”

“Oh, she was pretty, and I remember very well she said to me....” You may never have been able to touch this case before, but you have just argued this person into being there so he can prove it to you. That is one method of going about it but that isn’t adroit.

I have argued or sympathized lots of people into engrams, or just explained them into an engram. I have had a pilot, for instance, explain to me in some detail just how an airplane crashed, and just what folded up.

I have pretended not to get these things clear. It is a very good trick for an auditor to pretend that he didn't hear or didn't understand, because it makes the patient repeat the thing again. You say, "What was that?"

And he says, "Oh, she was a blonde."

"Okay, and what did she say?"

"Well, she said, 'I love you.'"

"I beg your pardon?"

"'I love you,' she said, 'I love you.'"

You have fed him repeater technique although he doesn't realize it. You can go on talking with a person like this adroitly, and you can pull him right square into an engram which can then be run out.

The pilot crashing the plane would never go near this airplane crash. So, in therapy, I made him explain to me why he wouldn't, although he was sitting wide open on it. I asked him, "And why won't you?"

"Well, it's too horrible."

"What's so horrible about it?"

"I don't know. The plane starts coming down, the next thing you know, why, the ground starts coming up at you."

"Can't you get out in a parachute?" "No, it's stuck." Now he is getting a little bit grim about the whole thing.

So, you can get him right on down the line. And if you can get him into the accident once, then a second time, a third time, a fourth time, a fifth time, you have gotten him to run an incident which may have been very painfully emotional to him.

The somatic strip and the file clerk won't go near painful emotion by command if the painful emotion is really deep and aberrative.

Let us take the example of a cathode-ray tube as an analogy. It is scanning back and forth like a television tube. There is a spot of charge on the front of this cathode-ray tube, so now the thing starts sweeping, but avoiding that spot. It is missing a memory, there is a warp in the scanning.

You try to scan the somatic strip through and it is just as though it's going through and it's hitting this spot and doing a bounce.

In the other areas it is sweeping normally. Now, as many times as you can actually bring the somatic strip through the incident you can get a little bit closer to this spot, until finally you go right straight through it and you will get the incident. A person may be some distance off from the incident at first and getting exteriorized views of it. He can be in somebody else's valence or he can be in a synthetic valence. He can have some sort of command that makes him set up valences for himself, but not be in a particular valence. Many actors are in that situation.

The way you handle that is as follows: Let us say the person gets a visio of himself crying. Now, if it's going to close at all, if it isn't also computationally shut off and shut off with a

valence shift, you run him through it the next time and he's a little closer in on it. He is not so far outside himself, and finally he will go into it and through it.

But asking him bluntly to go through it if he has circuitry is often fruitless. If he is telling you, "Well, it's my grandfather and my grandfather died," and he starts to weep, know that there is charge on this.

Then you say, "Well now, close your eyes, let's go back to the moment when your grandfather died."

And he runs it off, "Well, I get this letter which says, 'Your grandfather's dead.'"

"Go over it again."

"I get this letter that my grandfather's dead. Yes, I get this letter and my grandfather's dead." Then he adds carelessly, "I'm right there."

From his tone, you know he is no longer in the incident.

You didn't sneak up on him. You have made it mechanical. You are expecting him to cry. This, because of computations in the engram bank, now becomes impossible. You have made him self-conscious of the artificiality of the situation.

At the moment when you first started talking about his grandfather, the situation was very real to him. Now you are enforcing it upon him that he is going to recall this in reverie. You have to take the artificiality out of it, and if you can do that you will have enhanced the reality a great deal.

For instance, he starts to tell you, "My grandfather died."

You can say, "Yes, my grandfather died too. I know how it is. Where were you when he died?"

"I was in school, and they had me come home."

"I bet it was an awful shock to you."

"Yes, it was a hard time."

"How did they tell you?"

"Well, they gave me a bad shock. I got it by wire, and it simply said that my grandfather was dead. Boo-hoo-hoo." You haven't interrupted the reality of it but you have just stressed a little point.

Now, by talking to the patient, being clever about it, you get up to the point finally where you can coax him. This is skill. It is an art that you should master because you are going to have a lot of opportunity to use this.

A good professional auditor recently couldn't seem to get the knack of coaxing somebody into an incident. He had to do it mechanically all the time, and he considered this a serious flaw in his technique, which it was.

There are incidents which depend for their reality upon a real approach instead of an artificial approach through therapy on the discharge line.

So, master this art, and when the preclear says, "Yes, my grandfather died," say something to the effect, "Well, who told you about it?"

“My mother told me.”

He’s right there, wide awake, and he is in diagnosis. He is in straight line memory as far as he is concerned. But, start talking to him now on the basis of, “Did they send you a telegram, or something?”

“Yes, a telegram.”

“Well, what did it say?”

“It said, ‘Your grandfather’s dead.’”

“And what did you do? Stand there reading it?”

“Yes.”

“Oh, what did it say?”

“Your grandfather’s dead. Come home at once.”

“I beg your pardon?”

“Your grandfather’s dead. Come home at once.”

“Where were you when you received the telegram?”

Each time he has to look up and check where he is. He has to keep paying attention to the incident and keep giving you information. The more he pays attention to the surroundings of this incident, the more thoroughly he is returned to it.

Sometimes you will break the mood by guessing wrong if the patient is going in for painful emotion.

If you think it is wrong, then don’t guess. If you have decided that he probably received this news when he was at school, when he actually received it at home, the fact that you don’t agree with him seems to indicate to him that you are in disagreement with the whole incident because you are bringing him down to something where he is doing a lot of identified thinking. His analyzer is shut off, if you have really got him on top of something, so a disagreement about anything is serious. If you say, “Oh, your mother told you?” he may say, “No, it was my sister.”

You want to know, “Who told you, was it your mother or your sister?”

“Oh, it was my sister.”

If you had bluntly suggested to him that it was his sister he might take umbrage at you. Sometimes you will be quite amazed at the slash you get back from a patient when you guess wrong while he is going in toward painful emotion. He is irritated with you for being so unsympathetic. In actuality, you are merely trying to get more data.

So, it is better to be very doubtful about your own data, as though you didn’t quite know, as though you wanted to be informed. Don’t take it to the point where you are evaluating the situation for him. You are asking to be informed because you want to know. And when you do that, you will get the patient back into an incident and he will run it and discharge it very often when you have missed before.

The second stage of this technique is that you talk first in the past tense and then slide out of using tenses for a moment or two and then start talking in the present tense, and you have brought him down to a point where he is talking about it as though it is actually happening.

I have also had people who always recounted painful emotion in the past tense when they were right on the scene crying bitter tears about it. And it is pretty hard to get them to break the habit. This is peculiar to people who have been in psychoanalysis.

But one would antagonize a person by continually trying to change his mind about it. I try to coax the person to talk in the present tense by saying, "What is she saying, what is she doing?"

Sometimes you get from a preclear, "But I'm not really there, you know."

To which the reply is, "I know. Well, what is she saying?" and it will break through.

Although you play it by feel, there is a technique of trying to make a person build up the scenery so that he can tell you about it, getting him into it, talking to him in the past tense at first, then sliding over and talking to him in the present tense. And if he is tracking along with you he will start talking in the present tense, and he will go right on through the incident and get off the painful emotional charge.

It is extremely profitable to take a person back to a moment when he was afraid, and get him to run through that moment. It's his own dramatization of the fear. And then just tell him to go to the earliest moment when he felt like that. Often enough he will go into the prenatal bank where Mama is saying, "I'm so afraid, I'm so frightened I don't know what to do about it, I can't get rid of it, I can't keep it, I don't know what I'm going to do with it."

If you get a person to go over a dramatization very many times, you are actually using repeater technique and the person will slide right straight back into the engram itself although he still thinks he is recounting a lock, because the lock lies right with the engram.

If someone starts recounting what Jones said when he was auditing Jones, know that this very thing is what is troubling him. You can say, "Now, where is your own engram on the subject?" and it will be lying right there. You will have him running through his own engram and sometimes it is that engram which is very necessary to resolve the case.

Monday - Wednesday - Friday
Course lectures in this Volume

APPLICATION OF PROCEDURE

A Lecture given on
5 July 1950

Gaining Experience

The field of application is one which in any science has a variability. If people made ammeters from year to year exactly the same as they did the year before, very soon the ammeter would be obsolete, although the basic laws regarding ammeters and their sensitivity would not have changed.

We are dealing with an entity, an engram, the anatomy of which we know, and we are dealing with axioms and basic applications which we know pretty well. In the higher field of application we can't help but get improvements. Things keep getting found out.

In the past we had a situation, early in therapy particularly, where the auditor just kept slugging; and if he kept asking for it long enough eventually the case would open, various types of engrams would start to erase and he would have a release and then a clear.

Now we are trying to open a case in about five hours with relatively little skill on the part of an auditor. An auditor at this time still has to know too much to audit, but I will not agree with anybody who says that they cannot in a few weeks of training and a very few months of experience quite adequately handle patients.

Quite a bit of it has had to depend upon the auditor's experience. That is why I encourage auditors from time to time to take on cases other than the one they are currently working, to try to get their hands into other cases, so that they get a generalized picture, not a single picture of one case.

Those people who are working one case only may have a difficult case to work and, having it, they know the principles but they can't see them in action. This puzzles them. It makes them feel as though something has slipped past them or they aren't doing something right. They can feel no self-confidence or sureness of themselves because they don't see the principles working. A good analogy for this would be that they know how to build a radio set but they have never looked at a piece of wire. So their skill does not increase; it deteriorates because they have concentrated on just one computation on the part of one patient and he is difficult.

After a while the case by being worked and worked and worked will eventually open. But by the auditor not seeing what he is working in the first place the case has less and less chance of being opened. On the other hand, an auditor who takes a case which is moving on the time track and clips out an engram has personally seen an engram reduce in another human being and he feels very good about it.

This auditor, never having seen a difficult patient, is apt to swing to the other extreme and say, "Well, Dianetics is very, very simple. There's nothing to it. All you do is so-and-so, and the next thing you know the case comes right up and erases and you get all the painful emotion off it and you've got a clear and he's a remarkable looking specimen. It's a wonderful thing. I can't understand why you people are having any trouble."

But this other poor auditor who is working a dub-in asks the preclear for the engram in which he is stuck and the person says, "Oh, I'm stuck, I'm stuck, I'm stuck, I'm stuck."

"Have you got any somatics?"

"No."

“Well, go over ‘Stay here.’”

“All right. ‘Stay here, stay here, stay here.’”

“Have you got a somatic?”

“No.”

“Well, let’s go to the earliest moment of pain or unconsciousness.”

“All right. ‘I’m killed, I’m killed, I’m killed.’”

“Have you got a somatic?”

“No.”

So this auditor then has to adjudicate whether or not he is working a pain shut-off case or a dub-in, or maybe he thinks he is working a dub-in that is merely a pain shut-off.

In short, it still requires judgment and experienced observation.

Then there’s the case where the auditor has run a preclear through an engram. The preclear has obviously had a somatic and been agitated and the engramic content adequately explains why he has been aberrated on the subject of airplanes. Then the auditor brings him up to present time and says brightly, “Now, how did you like that?”

And the preclear says, “What engram?”

“Well, that thing you were running through.”

“I don’t know whether that was an engram or not.”

And the auditor says, “Well now, please, you ran it. Did you feel the pain?”

“Oh, yah, but I often have pains in my back!”

So, the adequacy of one’s auditing depends upon experience. But it also depends on another factor: my ability to communicate to you what you need in order to do your job. And I am pitching at that with everything I’ve got. It is up to me to give you the information; it’s also up to you to absorb it and keep it in a flexible state where you can use it without being rote.

I take this responsibility somewhat along in this line: “Well, let’s see, this is the number of people I have trained to audit. I’ve trained them right up close with personal instruction over a certain period of time. They audited pretty well, and they had a lot of troubles.”

Then I think, “It’s a funny thing but they’ve always asked me about a certain kind of a case.” So I try to make it a point to explain that kind of case. In communicating to you, what I find out very often is that I can synthesize information which I already have and that makes it easier for me. This is inevitable in trying to teach anything.

There are a lot of people in Dianetics who are practicing it as an art, and it is an art. The application of any science is an art. They are applying it very nicely, by ear. If somebody wants to know what they are doing, they say, “Well, that was easy. That was an engram and it had a bouncer.”

The first person may ask, “But how did you know it had a bouncer in it?”

“Oh, I don’t know. It’s just obvious when someone gets a bouncer.” It may look like pure magic to the first person, because the second one has called the bouncer before the preclear got there.

What told him whether the bouncer was there or not was actually his perception of it. It is obvious to him. It depends on his experience with it. But now let’s pin him down, what exactly does he observe that tells him there’s a bouncer there? Well, in trying to explain it, he not only finds out what he is looking at but he also finds out that he has got a better method of locating a bouncer, if he is worth anything at all as a practitioner.

In the matter of a bouncer, one factor is the observation that most of the people who are doing topnotch auditing have had experience in writing. Suddenly we try to communicate this procedure to people who don’t write and we discover that they have no dialogue sense.

The subject of dialogue sense is something that should have been mentioned long ago. It should be in the textbook but was overlooked. It was taken for granted that human beings know how human beings talk; however, we find out on examination that human beings don’t know how human beings talk.

The only obvious reason a recent case was upset is that his auditor had never been told about dialogue. Evidently she had run out one half of a convulsive engram, and then she had run out several halves of convulsive engrams in the case without ever realizing that there must have been another half talking. I worked on the case and found out that there was obviously somebody else talking in the incident because we suddenly picked up a concatenation of speech, and were in communication with another valence which had been blank previously.

So there is a plot sense and a dialogue sense at work that says, “This must have gone on before and continued afterwards, and this is about a subject which must have been discussed often. There is also something here which implies a great deal of chronic emotional stress, so what is the subject of it?” We look it over from the standpoint of a plot. It’s a few lines out of a play, now let’s dub in the rest of the play. Recognizing what it is, and playing ball with the file clerk, not asking for a specific aberration but asking for the mechanical reason why this case won’t resolve, we can contact a lot of information which will assist in the case.

This doesn’t mean you have to be a fiction writer, but it does mean that you had better sharpen up your senses a little bit. When somebody says, “Get out, get out, get out, get out, I hate you, I hate you,” don’t say, “Well, that’s fine, that’s an engram.” Find out how much dialogue occurs before the “Get out, get out.”

Why did he have to get out? What was the upset? Develop a sense of looking at the patient and listening to what he is running and realizing what has gone before and what goes afterwards, knowing more or less who is there.

You could also ask the file clerk who is there and you will get an answer, or you can send the somatic strip to the earliest part of the engram and you will get some sort of an answer. You can get aid this way, but you have got to help out by knowing and understanding what you are running because you might be able to send him back two phrases earlier than the somatic strip can reach. You know instinctively there must be earlier phrases. You don’t pick up a coitus at its end, you pick it up at the beginning. Furthermore, there may be more on the beginning of it, and there might even be another coitus right before that which you could judge by the context of the coitus which is here. It takes plot sense.

The type of plot sense required is not very extensive, but this is what makes it look so mysterious sometimes. One sees the auditor working and all of a sudden he says, “All right, go to the bouncer.” He knows, having looked over the pattern and diagnosis of these particular human beings, that these quarrels wind up with a fight and Mama kicks somebody out. That is usually the kind of action that she takes. So he just says, “Well, go to the bouncer,” and of course it’s there.

Some auditors have had the experience of having people accuse them of telepathy, but it is simply because of a developed sense of dialogue from watching engrams and guessing what is coming next.

For instance, there is the phrase “That’s all I’ve got to say on the subject,” and the engram stops there. But one finds out later that there was an hour and a half of talk after that—not realizing that human beings, when they are quarreling, say such ridiculous things as, “That’s all I’ve got to say, I am through, I’m not going to mention it again, there is no more to it,” and then they continue with, “And furthermore I think....”

So, you can get an idea of the dramatic personnel that you get in a diagnosis just by asking the person to tell you about his family, and you suddenly spot: “Here’s a woman who is mean to children. She’s probably frigid sexually. Aha! Non-coitus chain.”

Or, here is somebody who is terribly occluded as to anything his mother did anywhere, all up and down the bank. But he has this lurking suspicion that his wife is always playing around, and the evidence is quite contrary. So, you conclude from this little piece of evidence, “Well, the odds are in favor of the fact that Mama might not have been the soul of virtue that some people thought she was.” You don’t want to get carried away with such a thing and push the computation down his throat, because he is liable to resent the idea that you have called his mother something derogatory. But you want to keep your eye open for it.

Or if the case stops running well, you might have to take a shot in the dark. Let’s say that the husband’s name is Bill, you could say something like, “If Bill knew about this he would die.” Or if you are working a Junior case, “If Bill knew about this I would just die,” and sometimes the patient will jump two inches off the couch if you hit the right one.

It appears as if you have just plucked this thing out of the air. Only you haven’t done that, you have looked around the bank and decided that Mama was pretty aberrated sexually. Women who are aberrated sexually are quite often promiscuous. It doesn’t follow automatically but it is an indicator, and if she is mean to children that is another indicator. Maybe there was a lover, it belongs in that field. The second dynamics has two divisions, and you will find out that people who violently dislike children are quite often upset in their own sexual activity. It does not follow absolutely, but it is an indicator. The second dynamic can be blocked selectively. It can be blocked on not liking children but being very normal about sex apparently. But that fact does have an indicator value.

You are looking for hints about this case, so plot the person’s life. Try to figure out what Mama and Papa did. You know they were divorced when the baby was 6 months of age, let’s say. Well, why were they divorced? Here’s the young boy, now what did Mama tell him about women? We find that the cant in this case is that “Women are no good, don’t have anything to do with them.” And let’s say we have found out definitely that she was very jealous of this boy. She didn’t like to have other people like him.

We go back to the divorce when he was 6 months old. Why were they divorced? It has never been mentioned in the family. It’s probably jealousy, and particularly if it is confirmed by the fact that the patient has himself been jealous. There may be a lot of drama in there about Mama accusing Papa of having gone around with some other woman, and if this is the case you will have the plot of the prenatal bank.

It is not absolutely necessary to plot. It is simply an indicator. It is what makes sense at the moment. If somebody says, “Who are you, I would like to know?” you know that something has just been said to that person. It is as simple as that.

It is a fortunate thing that engrams behave in the following fashion: The first time a word is spoken in the bank is usually the most aberrative moment, or the first time a pan is dropped, and so on, forms the beginning of a chain.

Take the word “the” and find the earliest times it appeared in the bank. Most of the “the’s” in the case are lighter locks although they are still in engrams, but by the time you have gotten the first six or eight off a case, “the” has a tendency to be nonaberrative, and it is actually lucky that an aberree says the same thing over and over and over, because the first four times you run it out will kill the next ninety.

Sometimes you have an engram floating up above the bank, all by itself, such as birth or a tonsillectomy, and it will come off by itself with yawns, but normally you have to be very early in the basic area to get yawns off.

An engram can, of course, reduce without yawns with the unconsciousness still on the engram. The words are still there, but the engram is no longer aberrative if that engram has actually reduced and not been beaten into recession.

The reason basic-basic is so important is because it contains the lowest common denominator of all engrams, which is unconsciousness. Once a preclear is in his own valence in the basic area and you have clipped his own unconsciousness out of it, you have to some degree reduced the unconsciousness all the way up the line. And it’s unconsciousness which is holding the material down as well as pain.

The reason you go into the early part of the bank is to clip out the unconsciousness. Once you get the patient yawning, the unconsciousness is coming off. It’s very important to get the unconsciousness off as early as you can in a case. Then after a while with basic-basic out, you will be able to hit almost any engram anyplace in the bank and reduce it.

So, realize that you will occasionally encounter an engram floating free which when run will erase and will come off with yawns and unconsciousness. Quite often you will find the patient is stuck in one of these things. You knock it out and start down into basic-basic and now you will find that basic-basic is there, that it has unconsciousness on it and the case runs as usual.

I have had several cases where birth was latched on to a prenatal, and birth would not erase without this prenatal being erased first, after which you could get down to the rest of the case and run that. That is not a variable. That is a phenomenon. There is no accounting for it, but I have seen it often.

Sooner or later if you ask the file clerk for the incident which has to be reached in order to resolve this case, suddenly the file clerk hands you birth. You start to run birth and it runs and runs, then the person starts yawning and you say, “What’s happening?” Don’t think now that your case is going to be an easy case to take over. I have seen a case start in like this, get birth out with no trouble, get one engram out of the prenatal area just like that, get two operations out further up the track, and then settle down to be a solid dub-in!

Here’s a demonstration of a type of technique that has very possibly been overlooked in handling cases in trouble.

LRH: Did your mother and father quarrel any?

PC: Yes.

LRH: Did they berate each other?

PC: More or less, yes.

LRH: Did they ever argue about the kind of fights they had had the day before, or two or three days before?

PC: Oh, yes.

LRH: Did they ever argue with each other on what had been said?

PC: Yes.

LRH: Did you overhear very many of these?

PC: Oh, sure.

LRH: All right. Can you remember one of these quarrels specifically?

PC: Nope. (pause) There were so many.

LRH: There were so many of them. You remember a vast number of them, is that what you're telling me?

PC: They seem to run in a chain.

LRH: Do you find it easy to contact these in therapy?

PC: Not specifically.

LRH: What would Mama say to Papa with regard to what had been said in the quarrel?

PC: (pause) It would go something like this, "I told you this before."

LRH: And what else?

PC: (pause) Well, it'd be just about that way, just about that way.

LRH: "I told you so before, I told you this before."

PC: Yes.

LRH: Did he then object and say no?

PC: He generally kept quiet.

LRH: He kept quiet. She did the talking. Were you aware of this?

PC: Yes. He would try to remonstrate occasionally but she'd browbeat him.

LRH: Did he ever say that wasn't what the quarrel was about?

PC: No, he'd come up every once in a while and say, "Well, no, you didn't say that," or words to that effect.

LRH: What were the words? You can remember.

PC: Well, when they quarreled they generally spoke in Yiddish.

LRH: What was the phrase?

PC: Translated in English it would be "It isn't so." That would be his remark.

LRH: What's the phrase?

PC: It isn't so

LRH: What's the phrase in Yiddish?

PC: In Yiddish? My Yiddish isn't so hot. "Ze nicht emmiss." [phonetic]

LRH: Hm-hm. Do you remember him saying this?

PC: Yes, I believe I do.

LRH: What would this do to your concept of the reality of the quarreling perhaps?

PC: Say that again, please? What would it do to my concept?

LRH: He said, "It isn't so."

PC: That's right.

LRH: All right. Do you have any feeling like this about an engram when you hit it?

PC: No.

LRH: What do you feel?

PC: I say no and yes. But, I'd say no, I haven't got that feeling.

LRH: Hm-hm. Which one of your parents used to tell you to control yourself?

PC: Neither one.

LRH: Did either of them ever say to the other one, "Control yourself"?

PC: Yes.

LRH: What did they say, specifically?

PC: Well, my father would say to my mother, "That's enough. " In that way he would indicate "Control yourself. " He didn't exactly say, "Shut up," or "Keep quiet," or "Stop."

LRH: All right.

PC: He would say once in a while, "Stop," and "That's enough." That was his method of telling her to control herself

LRH: But did he ever say specifically, "Control yourself"?

PC: No. That type of phraseology wasn't used. That wasn't in my parents' life.

LRH: Hm-hm. Did your parents ever tell yo to control yourself?

PC: Not to me they didn't, no.

LRH: They never said this. They'd say it to each other?

PC: No. He would say, "That's enough."

LRH: "Control yourself" is just a little bit different than "That's enough."

PC: No, they wouldn't use that phrase.

LRH: Well, what would be the equivalent phrase in Yiddish?

PC: Her-ruf. [phonetic]

LRH: Which is what?

PC: Well, that would mean "That's enough."

LRH: What's "Control yourself"?

PC: No, they wouldn't use a phrase like that.

LRH: How about "Don't get so excited"?

PC: A phrase like that could be used, yes. "Why are you getting so excited ? " or "Don't get so excited."

LRH: "Don't get so excited."

PC: Hm-hm.

LRH: How about "You've got to get a grip on yourself"? Any phrase translate into that?

PC: No.

LRH: Is there anything in your wife that reminds you of your mother? What's the similarity?

PC: Mother was a very overbearing woman.

LRH: Yeah.

PC: Very overbearing She browbeat my dad, I imagine, from the day she married him until the day he died.

LRH: What did her voice sound like?

PC: Shrill. My wife hasn't got a shrill voice.

LRH: Okay. Well, what has she got that your mother has?

PC: Drive. Mother had a lot of drive. Mother has and always has had.

LRH: When did your father mention that?

PC: (pause) I don't think that he really mentioned it.

LRH: Did he ever appreciate the fact she had drive? Or did he condemn her for it?

PC: No, he wasn't a condemning person.

LRH: He was a nice guy?

PC: He was sort of beat down so much that he didn't have much condemnation in him.

LRH: Did he ever mention he was beaten down?

PC: No, he didn't believe he was beaten down, but he was.

LRH: Hm-hm.

PC: He didn't see himself the way we saw him.

LRH: What's the earliest you've remembered?

PC: The earliest is a school day. No, I've gone back beyond that. I've gone back as far as remembering the scene where I was sitting on the curb in the street and a horse stepped on my foot, and there I was.

LRH: How old were you?

PC: I think I was about 4 or 5, 6 possibly.

LRH: If your father said something, would you believe him?

PC: (pause) No, I wouldn't.

LRH: If your mother said something, would you believe her?

PC: Not particularly.

LRH: Wouldn't believe either one of them?

PC: No, because she was too emotionally excited all the time.

LRH: Did he say so?

PC: No, I knew it.

LRH: All right. What grandparents did you have of which you were fond?

PC: No grandparents on either side ever had contact with me.

LRH: What friend did you have when you were a youngster?

PC: (pause) Well, when you say youngster, how far back is that?

LRH: Early.

PC: The usual amount of friends that kids generally have, kids on the block, and in the neighborhood.

LRH: Yah, but I'm talking about a grownup.

PC: Well, the only one that I recall from early childhood days was a neighbor, and the neighbor's children who knew Mother. Their mother always thought we were going to marry.

LRH: Who used to say, "I dare you"?

PC: That's one thing I've been trying to fish out. I'll be darned if I can recall who said, "I dare you."

LRH: You're supposed to remember this.

PC: I can't.

LRH: Go on. Who said, "I dare you"?

PC: Oh, must be somewhere back there and I can't get it. Don't remember it.

LRH: "I dare you." In what tongue would it be said?

PC: That's funny. I can't get at it. My auditor has been trying to get me on that there phrase and she's been trying Yiddish and English and pretty near every language that she could think of. But I don't recall anyone saying, "I dare you."

LRH: What psychosomatic illness do you have?

PC: None that I know of.

LRH: No psychosomatic illness?

PC: Well, I incurred a pain in my back along about 1946 which I attribute to skiing. But you know, it might be psychosomatic. I don't recall having it before '46.

LRH: Who used to have a back pain?

PC: No one that I know of.

LRH: Nobody had a back pain? Your mother ever complain of her back?

PC: She complained of just about everything but none in the back.

LRH: None in the back. Your father ever complain of his back?

PC: No.

LRH: Is he dead?

PC: My father was not a complaining sort.

LRH: Is he dead?

PC: He died last year. But he was never a complaining sort. If he was sick, he would just lay down and you couldn't get a word out of him. He would never complain.

LRH: Okay. Thank you very much.

The general aspect of the reactive bank in this case shows that there is a computation in there that says, "Don't touch it," or, "I'm not going to touch it. There's no one who can possibly convince me of it."

Here's another demonstration of working someone who hasn't been getting on too well.

LRH: Is your bank bilingual?

PC: I don't know. My grandmother was Italian.

LRH: Your grandmother was Italian. Of what did your grandmother die?

PC: I think it was pleurisy.

LRH: Doyou have any illness, any chronic pain, any chronic trouble?

PC: I just have a cramp in my leg once in a while.

LRH: Okay. Now tell me, where did the pleurisy strike your grandmother?

PC: I don't know.

LRH: Where does pleurisy strike people?

PC: Well, the heart mostly, isn't it?

LRH: You ever have heart trouble?

PC: No.

LRH: Is your grandmother dead?

PC: Yes.

LRH: Do you like your father?

PC: He's okay.

LRH: Is he dead?

PC: No.

LRH: He's not dead. Do you like your mother?

PC: Yes.

LRH: Aha. They ever quarrel?

PC: Yes.

LRH: And when did they tell you not to tell about it?

PC: (pause) I don't know.

LRH: Hm-hm. Come on now, you can remember this. Did they ever tell you not to mention it?

PC: They may haue. I don't remember.

LRH: And who told you to forget it? If anybody did.

PC: I don't know.

LRH: Who between your mother and father used to say, "Forget it"?

PC: My father did.

LRH: How would he say it?

PC: He'd probably say, "Forget it."

LRH: "Forget it." All right, close your eyes. Repeat "Forget it."

PC: Forget it

LRH: Let's go to the time your papa says, "Forget it."

PC: Forget it

LRH: "Forget it." That's right.

PC: Forget it. Forget it. Forget it."

LRH: Contact your papa saying, "Forget it," now. (pause) Contact your papa saying, "Forget it." (pause) Can you contact it?

PC: No.

LRH: All right. Come up to present time.

PC: Okay.

LRH: Open your eyes. I'd better install a canceler. (pause)

[aside to pc's auditor] Does she have prenatal visio?

Aud: Ron, she's had practically no auditing. She works pretty long hours and we were the most peace-loving couple you ever met in your life on close to 11 years. Suddenly along comes Dianetics, and all we have to do is have enough time for a Dianetic session, and there's an argument that chokes it off. I believe it is as much my fault as hers.

LRH: [to PC] Who does he remind you of? Quick. Who does he remind you of? Come on. (snapping fingers) Tell me.

PC: Can't think of anyone.

LRH: (snaps fingers) Come on. What does your father look like?

PC: He doesn't look like him.

LRH: Doesn't look like him? Doesn't sound like him?

PC: No.

LRH: How about your uncle?

PC: Oh, there's one uncle he looks like, a little.

LRH: Ah, yes. What about this uncle? (pause) What did he used to do?

PC: Nothing.

LRH: What did he do to you?

PC: Nothing, he took me swimming once.

LRH: He took you swimming? He was nice to you.

PC: Yes.

LRH: Very nice to you. What else did he do to you?

PC: That's all.

LRH: You're sure? (pause) I'm going to take this up with your auditor. Thank you.

It happens occasionally that husbands and wives the instant they start into therapy mutually get the horrible reaction of kicking into restimulation the reactive mind partner, who heretofore has not been wholly out of sight but not much in restimulation. It is quite unusual though for anybody to live in peace and then have something like that happen. However, we will straighten that out shortly.

Okay. Here's another demonstration.

LRH: [to another pc] Your background, I understand, is in French.

PC: Yes.

LRH: And you have pretty good recall all the way back, don't you?

PC: Reasonable.

LRH: Who in your family used to pride himself on being strong? (pause) Successful?

PC: (pause) The nearest answer to that would be my mother. She might have prided herself on being strong.

LRH: Was she?

PC: She was healthy.

LRH: And which did you like best, your mother or your father?

PC: I thought my father.

LRH: But what's happened?

PC: Everything is in doubt now, of course.

LRH: Everything is in doubt? Now how did anything get in doubt?

PC: Obviously by trying to recall.

LRH: You mean to say that trying to recall it put it in doubt?

PC: Plot, dialogue, computing.

LRH: Hm-hm. And what happened when this happened?

PC: Not hating thought about the fact that my parents quarreled, I recall now that they did in a reasonably fiery way which undoubtedly had some effect on me which I can't recall. So, I've always spoken more about my father than my mother.

LRH: Hm-hm. Well, parents have a habit of being ambivalent. They're not all bad, and they're not all good. Let's go into this a little bit further. What's the equivalent word in French for forget it?

PC: Oublie.

LRH: "Oublie"? Who might have used this word? (pause) Who was in doubt?

PC: Nobody.

LRH: Were either of them doubtful people?

PC: One was a musician and one was a painter, and both were Very sure of their own abilities.

LRH: Very sure of themselves? Were they sure of themselves in general?

PC: Yes.

LRH: Which one was not sure of the other one, however?

PC: It could be that my mother was not too sure of my father.

LRH: It could be.

PC: It could be. He used to travel all over Europe considerably as a musician, following the operas.

LRH: What might your mother have thought concerning this?

PC: That is a matter for recall, I think. I couldn't guess.

LRH: Oh? Do you ever remember anything like a quarrel?

PC: On that subject? No.

LRH: What was your mother's advice to you concerning women?

PC: Haue fun.

LRH: That's my boy. All right. Did your father have any doubts about your mother?

PC: None that I can conceive.

LRH: How about your grandparents? Did they have any doubts about your father?

PC: Good computation. I wouldn't know. It's quite possible that my mother's mother, my maternal grandmother, might have had some doubts about this poor itinerant musician her daughter had married.

LRH: Might have had some doubts about him?

PC: More than that I can't imagine.

LRH: Did she ever have any doubts about you?

PC: My grandmother?

LRH: Yes.

PC: I remember her as a reasonably stern individual

LRH: Did you like her?

PC: Not particularly.

LRH: How about any other grandparents, did you like any other one?

PC: I seem to recall since Dianetics that I liked my paternal grandmother.

LRH: Did she have any doubts about your mother?

PC: No. She was just a rather vague, pleasant person who was the ideal grandmother, it seems to me now.

LRH: Well, now let me ask you this. Mind you, I'm asking you all these questions for a very, very specific reason. I want to discover if I can if anybody doubted anybody, just bluntly that way.

PC: None that I can think of importantly. It's quite possible that my father, having what was then called a temperament but which I guess was just a temper, might have been told quite frequently by my mother, who was not particularly afraid of him, to control himself, if that's applicable.

LRH: He might have been told? Can you remember an incident when he was told? How would you say it in French?

PC: The phrase doesn't occur. "Controle toi," could be.

LRH: And what's that?

PC: That's "Control yourself."

LRH: But the phrase to Papa would be?

PC: Might have been a variety, "Don't make so much noise. " He had a nice act of breaking plates when he was angry.

LRH: Uh-huh.

PC: She broke that one time by breaking a dozen of the most expensive ones in front of all the servants.

LRH: Hm-hm.

PC: He stopped it.

LRH: Well, (chuckling) effective. All right. "Control yourself." Now who thought you were most like them?

PC: Almost everybody thought I was more like my mother.

LRH: Oh? Did anybody ever say so?

PC: Mama was in those days dark-haired.

My father was reddish-haired like you.

LRH: Oh? I wondered who matched up in the bank here. (chuckling) I knew I matched somebody. Okay.

PC: so the appearance was clearly there.

LRH: Okay. People mentioned it? Who told your mother to control herself?

PC: She always controlled herself, even in one of her angers.

LRH: Ah, she always controlled herself. So what was her advice?

PC: I always controlled myself. She didn't have to give any.

LRH: She never gave you any advice?

PC: Not on that, that I recall.

LRH: But what did she say about herself, in the matter of control?

PC: Just example.

LRH: Set an example of controlling oneself. And did your father ever tell her that she was so cool and self-contained? Or anything like that?

PC: He looked it often.

LRH: What did he say?

PC: Well, it's very hard. He didn't say anything but the looks were that it is very hard to continue being angry when you get no reaction.

LRH: He never said so?

PC: No, he stopped getting angry.

LRH: Aha. But she did say to him many times, "Control yourself"?

PC: Yes, or the equivalent of it.

LRH: It could have been that she finally trained him, too.

PC: Yes.

LRH: Now, when anybody asks you for a flash reply on something, what do you get?

PC: Nothing.

LRH: Hm-hm. And when somebody asks you to go to a certain place, what do you do?

PC: I don't understand.

LRH: I mean when you go to someplace on the time track, what do you do?

PC: Memory-wise?

LRH: Uh-huh.

PC: I go.

LRH: Memory-wise, you go. But not Otherwise. Okay. As a matter of fact you're very far from a very rough case, you happen to have a fair degree of sanity. You just don't happen to believe that. But I will give your auditor a little side instruction on this. Thank you. Here's another demonstration.

LRH: Did you ever have stage fright?

PC: I don't know, but I have it now.

LRH: Why?

PC: I don't know. Fear of the unknown.

LRH: Uh-huh. Do you like to get away from people?

PC: Quite frequently.

LRH: I don't know why I go on with this one.

PC: (gasp)

LRH: I don't.

Here's an urge to get away from people and the engrams are full of people. The interior world of the engram bank is just the same as the exterior world as far as the analytical mind is concerned, on the lower impingement. If someone has a computation that says they like to get away from people and people make them nervous and so forth, asking them to go up close to an engram is pretty tough.

LRH: Have you been near any engrams?

PC: Yes, but....

LRH: But what happens?

PC: They immediately pass out.

LRH: Fold up and go away. Disappear?

PC: Can't go back to them.

LRH: Can't go back. You find out they're there, and then you light out?

PC: No, I just get nervous.

LRH: Would you like to travel?

PC: Yes and no. (nervous laugh)

LRH: Have you ever done much traveling?

PC: No.

LRH: Have you ever collected travel folders?

PC: No.

LRH: Do you like to move around, and go places?

PC: Yes.

LRH: Who liked to go places in your family? (pause) Your mother?

PC: No. She wasn't permitted.

LRH: She wasn't what?

PC: Permitted.

LRH: Permitted to what?

PC: To go places.

LRH: Who said not to?

PC: My father. (starts laughing) "You've got children, you stay home."

LRH: I see. Do you recognize any slightest meaning this might have? (pause) Might there be some hidden, subtle, Dianetic meaning to the fact your mama was not permitted to go places?

PC: I go.

LRH: But you go places.

PC: I go. I get sick going, but I go.

LRH: Can you read any meaning into that? Doyou?

PC: No.

LRH: You don't? Could it be that you're not supposed to? Do you ever feel guilty because you go so many places?

PC: No.

LRH: You don't feel guilty, but you get sick. Of what do you get sick?

PC: Oh, I get a severe headache and an upset stomach.

LRH: Have you ever heard of breaking a dramatization? Who did go places in your family?

PC: Well, they used to take me when I was small, but they always had arguments over it.

LRH: Who used to?

PC: My mother and father would take me out and I would get sick, and one of them would have to walk me home. Then there'd be a fight because they didn't meet each other at the same place.

LRH: Uh-huh.

PC: I can't visualize anybody.

LRH: Okay. Who had to control himself in your family?

PC: It's hard to say. My mother says she did, but I don't think she did.

LRH: What parent told the other one to control himself?

PC: I couldn't say. Perhaps something occurred when my father died.

LRH: Aha. Was there any emotional discharge on this incident?

PC: Yes.

LRH: Did you ever contact it?

PC: Yes, a week or so ago.

LRH: You haven't been worked since?

PC: No.

LRH: Okay. Close your eyes. The somatic strip will go back to the moment when you receive the news of your father's death. When I count from one to five—you're right there now—when I count from one to five the first words of the intelligence will flash into your mind. One-two-three-four-five (snap.l).

PC: Someone said to me, "Pray, he's dying."

LRH: Go over it again.

PC: Pray, he's dying."

LRH: Go over it again.

PC: Pray, he's dying."

LRH: Go over it again.

PC: Pray, he's dying."

LRH: Where are you standing? Go over it again.

PC: Beside his bed.

LRH: Go over it again.

PC: Pray, he's dying."

LRH: How does he look?

PC: I don't see him.

LRH: All right. What sort of a room is it?

PC: Small bedroom with one or two windows. There are a couple of people.

LRH: All right. Who pulled you away from the bed?

PC: I don't know.

LRH: Do you stay there?

PC: I guess I do. I don't know what I do.

LRH: Let's go over, now, the reason you don't see him. The phrase which explains the reason you don't see him will now flash into your mind, one-two-three-four-five (snap!).

PC: No answer, no phrase.

LRH: No answer, no phrase. "Don't look at him." Go over the line.

PC: Don't look at him."

LRH: Go over it again.

PC: Don't look at him."

LRH: Go over it again.

PC: Don't look at him."

LRH: Go over it again.

PC: Don't look at him."

LRH: Might there be some paraphrase of this? Go over it again.

PC: Don't look at him."

LRH: Go over it again.

PC: Don't look at him."

LRH: Might somebody send you out of the room?

PC: It was near lunchtime.

LRH: And what?

PC: Well, I mean I could hare been sent out, I don't know.

LRH: Where is your father lying there, as you might be sent out?

PC: How do you mean?

LRH: Where are you in relationship to him?

PC: Beside the bed. There's someone on my left and two or three people on my right.

LRH: Is your mother there?

PC: No. She left the room as I went in.

LRH: Why did she leave the room?

PC: She was crying.

LRH: She was crying. Who told you the information?

PC: Aunt Mabel.

LRH: All right. And what happens here in general?

PC: How do you mean?

LRH: Give me a sketch of the incident, just a conceptual of what occurs. Just a sketch of the incident. What is the incident?

PC: This particular incident?

LRH: Of your father's death, yes.

PC: I don't know. He became ill and died.

LRH: But what happened? How did he die? Of what did he die?

PC: Oh, he died of pleurisy pneumonia from a chill.

LRH: Uh-huh. And how old were you?

PC: A little bit over 8.

LRH: Did you like your father?

PC: What I remember of him, yes.

LRH: Okay. Now let's come up to a moment when you're going to a dance when you're 16.
(pause) Go to a dance when you're 20.

PC: I went to one at 18 and none until much later.

LRH: All right. Let's go to the dance at 18. How do you feel there at this dance?

PC: Not very well.

LRH: What's the matter?

PC: It was a dance I had to go to, and I went alone.

LRH: Hm-hm. You didn't feel too well about it?

PC: No. I didn't know how to dance.

LRH: Uh-huh.

PC: It was a school dance.

LRH: All right.

PC: A graduation dance.

LRH: How old are you?

PC: Then? 17.

LRH: What was the flash you got just then? Something came through.

PC: Just between Hand 18.

LRH: All right. Now, let's come up to a time when you were really having a good time.
(pause) At home.

PC: At home? No.

LRH: You don't have a good time there? All right. Let's go to a time when you go out and have a good time.

PC: You mean after I left home, or any time?

LRH: Oh, it doesn't matter.

PC: Doesn't matter? All right, recently.

LRH: All right. Recently, what are you doing?

PC: Dancing.

LRH: Dancing? You like to dance?

PC: Yes.

LRH: How does the music sound?

PC: Very nice.

LRH: Hm. Who's your partner?

PC: My husband.

LRH: What does the ballroom smell like?

PC: Well, it's a dining room.

LRH: Uh-huh. Have you just had something to eat?

PC: Yes.

LRH: Let's go back to the table. Did you drink something?

PC: Yes.

LRH: All right. Let's sit down there at the table now and let's have a drink of something.

PC: (pause) All right.

LRH: All right. Let's feel it. Is it cold?

PC: No, it's burning.

LRH: It's brandy?

PC: No. I said it burns.

LRH: Okay. And let's feel it touch your lips now. Let's taste it.

PC: No.

LRH: Oh? Let's taste it. (pause) It doesn't require memory to taste it.

PC: I can't picture it or taste it at all in my mind.

LRH: All right. Come up to present time. (pause) Present time. Okay. Open your eyes. (snaps fingers 3 times) All right. Who told somebody to control himself?

PC: My mother always told us to.

LRH: Told it to who?

PC: All of us children.

LRH: Hm-hm. (pause) What exactly did she say?

PC: She'd hare used those words, "Control yourself."

LRH: And who told her not to go out?

PC: My father.

LRH: Who used to say you were like them?

PC: Oh, when I did anything wrong I was like my father, but when I made good records in school I took after my mother. She would say that.

LRH: Is that what she said?

PC: It's a concept of religion. No, not a religion, a nationality. Irish and Shetland.

LRH: Or maybe it was religion?

PC: No, they were both the same religion.

LRH: A conflict of religion?

PC: No.

LRH: This is a very odd slip, if you want my candid opinion.

PC: (laughs) They were both the same religion.

LRH: All right. Thank you.

By running that "control yourself" out of the bank this preclear will go where she is supposed to on the time track and do what she is supposed to do. Until that is done, she won't get many results.

The matter of diagnosis has been to some degree overlooked in all these cases.

In most cases that are difficult, the "control yourself" mechanism is laid in with a club. There is enough of it to upset the situation considerably. "Control yourself" seems to do a very odd thing. It jumps in between the file clerk and "I." For instance, it was known to investigators in the field for a long time that a schizophrenic got weird illusions about how he was thinking.

In Dianetics we don't have to go to a schizophrenic to find oddities. We could take almost anybody walking down the street and find demon circuits.

I was working a gentleman recently who was answering flash yes/no questions with playing cards. I would ask him for a flash reply and he would look at a playing card to see if it had a yes or a no written on it. You will also find cases where the engram is written on tape like a teletype, and it will go clickity-click across the line and the person will read the engrams off the tape.

Sometimes a demon circuit will set up pictures instead of words. Somebody fed a preclear some oxygen one day and he started seeing iceboxes and so forth! Evidently it had some effect upon a late circuit and must have brought it forward.

You would be amazed and appalled to look inside the head of some psychotic to find out that this is what he is looking at all the time.

Then there are vocal circuits. Somebody may have a vocal circuit which both the auditor and the preclear mistakenly think is the file clerk. It may not be working very well, but the auditor gets this flash answer saying yes or no. Or, for example, "Who's your ally?"

"Aunt Mabel." And he says, "That's funny, I never had an Aunt Mabel." Or the auditor says, "Name an incident."

"Horseback riding."

"Did you fall off a horse?"

"No."

"Where is the horse?"

"Right there. I see this horse! A horse just got handed to me!"

This phenomenon even occurs in people who are quite normal. One also gets circuits set up which give the person prenatal visio, or circuits that will take the engram circuit, bend it around three corners and hand it back, and by the time it gets back it is fully and completely edited and altered. Engrams don't reduce, somatics don't turn on right; occasionally the engram rides in one location and the somatic is someplace else, if at all, and it's a very confused picture.

This does not mean that these cases are dub-ins, but this phenomenon does occur with a lot of people who are dub-ins. They give the auditor all kinds of pictures and information that the auditor thinks may be valid, so he tries to run them. In the past we used to simply run these people and sooner or later their mechanisms fell apart and they went right on through.

Recently I made a series of tests on dub-ins and found that the reason one can't work a lot of people is the self-control mechanism. A demon circuit that says, "You control yourself," sets it up in circuitry so that the person has a portion of the analyzer devoted to the regulation of the individual.

A heavy "control yourself" sets up an interposition between the real file clerk and "I." A circuit is dropped between the two of them. As a result the flashes which such a person gets are often quite unreliable and this type of circuitry is responsible for the strange behavior of the file clerk on occasion.

Another thing that is responsible for a file clerk's strange behavior is the auditor's demand that the file clerk predict and compute, which the file clerk does not do. The file clerk will answer yes/no questions which he has in the files, and he will give names, numbers and phrases out of engrams. He is pretty accurate, and when he is really working he does very well.

The question of altitude is very critical on those patients who have a "control yourself" mechanism. The auditor has got to have lots of altitude to work this kind of a patient to bypass such a "control yourself" mechanism. But he doesn't have to have a lot of altitude to get the circuit and knock it out.

The analytical mind is potentially in control of the organism. It needs a circuit which says "Control yourself" about the same as a motorcycle needs a fifth wheel. The "control yourself" mechanism is very definitely there as an inherent part of the analyzer. But a circuit can be set up with it which reinforces it completely out of proportion so that it shoves "I" out of control of the body and takes over as a parasitic control.

An engram can do nothing to the human body unless a proper slot and circuit exists for it first in the human mind allowing the engram to come forward against fluid control switchboards or valences and throw them out of line. A person learns by mimicry, therefore mimicry is a natural mechanism. However, if an engram comes forward and moves the person way out of line, there is a valence now in the place of "I" where there should actually be a mimicry.

That the human mind consists of nothing but a composite of insanities is a very clumsy, unworkable and untrue statement. However, the analytical mind contains the potentialities which when exaggerated become insanities. Insanity is always a superexaggeration of some natural ability. The ability is there whether the engram is there or not.

The engram exaggerates the abilities of the analytical mind by setting up a normal circuit into a permanent soldered-in connection which can no longer be kicked in and out, a necessary action if a person were to behave rationally.

In this way a "control yourself" circuit sets itself up permanently, so that the patient, particularly a dub-in case, has the ability to travel back down the time track all by himself, and talk in terms of "I'd like to do autotherapy on myself." That is a species of "control yourself" that goes along the lines of "I have to handle this myself, I have to do everything myself."

This "control yourself" mechanism is so aberrative as far as smooth therapy is concerned, completely aside from what it may do to an individual himself, that it either requires an enormous amount of altitude to get past, or it has to be tackled as a specific aberration. And this is the one exception whereby one tackles a specific aberration, because it comes so close to being a mechanical arrangement that it has to be tackled. Get a dub-in case that won't move easily, that one is having altitude trouble with, that doesn't work smoothly or roll on the track, knock out the self-control mechanism as an engram, and the case will then be able to reassume as "I" that portion of the analytical mind which has been usurped, and will be able to run smoothly in therapy and be a lot happier.

If there are dozens of similar incidents, one always gets the first incident. One gets the wording of it, usually, somewhat in the way that I was questioning the preclears earlier in this lecture. I didn't question them for the length of time an auditor would, it was merely a demonstration of the direction one takes in finding out who was controlled, who had to be controlled, and so on. In this way the auditor will usually find what the dramatization is early in the bank which makes the self-control mechanism set itself up to usurp the mind. All the above cases had a "control yourself" circuit that was probably put in with considerable pain. Take that out and the file clerk will start handing out material, the somatic strip will start running, and the case will go along rather smoothly. The rough part of the case is getting the self-control mechanism out of the early part of the case.

An "I must control myself" may be in the bank with the line of "You must control yourself." And, "You must control yourself" will fasten on to a piece of "I must control myself" in the analytical mind. These things may cross up. If anybody has ideas that people ought to be self-controlled in the family and insists on them very hard, sooner or later the auditor is going to get this type of circuitry.

Another way an auditor can spot a "control yourself" mechanism is not by memory at all, but merely by working the preclear and asking the file clerk. The person may not have dub-in, and he may not have other symptoms, but when the auditor asks the file clerk for a bouncer, he may be handed a denyer. And when he asks for August he may get July. And when the auditor asks the preclear whether or not he had ice cream for dinner, the auditor may be given the answer no, although he sat there and ate with the preclear and knows very well that he had ice cream for dinner. But that's the file flash.

The auditor is working with circuits which are not capable of upsetting the file clerk's answers except under an extremely live, restimulated "control yourself" type of engram.

When that engram gets thoroughly enough stirred up, you then have a dub-in. And that is a probable basis of dub-in. If further testing substantiates this, we will have dub-in handled.

A dub-in case will very often get very strange substitutions for things. His visio goes off along with other things, causing an imaginary switch, and the reason the auditor can't get to it is because "control himself" is in there.

Dub-in runs in a peculiarly recognizable way. Phrases transpose and then they go back together again. Then the person runs one part of an engram and thinks it's something else, or he runs one beginning and five endings. (However, I have run people who maintained that everything they were running was dub-in, but the incidents had a somatic and all the requisites, the contents of them were aberrative and the aberration was manifested in the case.)

That is one aspect of dub-in. But one can't group all the tricks which a human mind, that fantastically capable article, can do into one bundle. A dub-in is liable to go off in any direction. It can easily be seen. Don't worry about a case that is running off something that has got sequence, it's got somatic, it reduces, it follows the behavior of engrams and so on, no matter if the preclear has pictures or he's reading it off a tape.

I want to cover one other subject in this lecture and that is the subject of being commanded into a valence. It is of interest because, for instance, there is Grandma telling the little baby all the time, "Oh, you're just like me, aren't you?" and then Grandma ups and dies. And there he is, parked in the valence strip with an emotional charge hanging over it. These things can start out in the prenatal bank like, "I've got to pretend I'm somebody else," or, "I'm just beside myself," "I can't be myself," "You're just like everybody else." Such commands are the foundation for a valence command. Later on it takes a relatively light statement from allies such as, "You're just like your father," "You're just like me," or "You're just like your mother." For instance, in the earlier demonstration one of the preclears had a double on that. Mama had said that when she was bad she was like her father, and when she was good she was like her. Mother had shifted her over into these two valences, and she was manifesting a somatic because she wasn't able to dramatize it properly. She dramatized it one way which is what the engram said she had to do, so when she went out of that valence, that broke the dramatization and she got sick at her stomach. The pain tried to keep her in. That computation was going on because she had been commanded into two valences, therefore she was out of her own valence.

There are patients who will take the valence of everyone to whom they speak. Certain types of commands command them to be in the valence of whomever is sitting in front of them, such as, "You're just like me," or "You're just like your father," said while the parents were quarreling. Another one is the in-law trouble engram: "You're just like your father, he was always a drunken bum, he is no good whatsoever," or, "You're just like your mother, always picking on people," which sometimes causes a person to move over into his grandmother's valence, and also slightly into his mother's valence, and start picking on people.

Valence walls have bouncers in them. The person can bounce out of his own valence. An example of this could be something like, "You are a bad boy, why aren't you like Charlie Jones?" He resists it, but he has nevertheless got a bouncer. Another one would be, "You're never like me, I don't like you."

It is perfectly valid to erase material, but it doesn't do a lot of good to deintensify a valence. The best thing to do is to try to get the person out of it. To do this one has to get him early, and get basic-basic out. Erase the commands that order him into those valences and generally deintensify the valence on the computation of valences rather than upon deintensification of the valence itself. This is because one can run for hundreds of hours deintensifying a valence, but one may only have to rlln for 10-15 hours to get a person into his own valence.

REVIEW OF MATERIAL

A lecture given on
7 July 1950

Facts for the Auditor

This lecture is a review, although as such it is going to contain a lot of fairly new material, and it will contain data which you really can't go over too often, together with correlations of data which you probably have not gone over before.

We are going to start out with a theoretical case, but before we do, we have to have a thorough knowledge of the mechanism of engrams and the other two mechanisms which they carry with them: valences and demon circuitry.

The engram bank, as we well know by this time, consists of moments of pain or unconsciousness (which is to say, pain and unconsciousness but sometimes it is very deep unconsciousness with minimum pain and sometimes it is maximum pain and the unconsciousness is not deep), and grief—the other type of engram which comes from a moment of loss and which engram cannot be received unless it has a physical pain engram lying below it.

The entity with which we are dealing is the engram. Any phrase occurring in an engram acts as a command upon the analytical mind. If the engram is uttered by an antagonist, the command may be negated against or it may be quite null in its efforts to aberrate. If the command is uttered by an ally, the aberrative quality of it is sometimes very high.

For instance, one patient, let us say, is running through an engram that says, "I've got to keep quiet." Papa is saying, "I've got to keep quiet. I know I've got to keep quiet."

And Mama says, "Well, don't talk!" The preclear runs very happily through "I've got to keep quiet." This doesn't worry him although it has pain on it. The utterer is either an antagonist or a null he doesn't care about. Then he gets to the next part of the engram and he clams up completely. There is pain, but the auditor has a terrible time getting it out. Mama is the aberrative character in this case, and when you go up and down the bank you find out that whatever Mama utters is law. So you had better look to Mama for his principal aberrations.

These engrams begin at a remarkably early age. The engram actually begins at the moment when the sperm takes off to hit the ovum. In the old days we were simply running it on the basis of: "Well, it's another engram; the sperm dream comes up, the person says he has a headache, so we run it off." But there hasn't been anybody who did not have one of these sooner or later. So we have decided to accept this fact as an engram which can be counted on to form basic-basic. It so happens that this engram may have 15 or 20 bundled in with it, or others appear to be earlier than it. And sometimes it is so locked up with later moments that it doesn't come up immediately. But if you have a good working file clerk you will get it, and most certainly you will on the erasure, so let us consider basic-basic as the sperm sequence.

I have gotten things earlier than that but I have never gotten anything with any pain on it at all. I have gotten earlier recollections back to 1205, and somebody one day came up with one which had to do with the early days of the Roman Republic, but I discounted this. My credulity can be stretched just so far. It is already completely stretched out of shape by what I have encountered in Dianetics.

So, here we have basic-basic as the sperm sequence, and cases resolve very fast if you can get it out first.

There is a technique of taking a person back to a moment when he is enjoying sexual pleasure, and without having him tell you what he is doing, passing him through it a few times and then shooting him back to the sperm dream. It is not an invariable technique but it often works, so it is a good, valid tool, although there are probably better ones.

If the engrams were filed neatly by time and topic we would not have any trouble. But they are not filed neatly. They are pitchforked in right side up, upside down and their own commands glue on to other engrams. They bundle and bunch, and late in the bank a nitrous oxide incident may pick up basic-basic and fifteen dozen others and throw them up into the nitrous oxide incident. Then somebody gives the patient an electric shock which brings birth up into present time, and a lot of things happen.

Operating right with the standard memory bank we have an elusive and strange character we know as the file clerk, who probably wears a green eye shade, and he is very accurate. That is why I am going to expand further on the subject of demon circuitry. The real file clerk is infallible. When somebody asks a preclear for a datum, the real file clerk tries to hand it out. Then demon circuitry will pick it up and throw it away.

I will describe to you for your visualization the office of the file clerk. It is a very neat place, and he has evidently got a lot of clerks working for him. He sits there at a big desk with a battery of telephones in front of him, getting reports in. But over in the corner he has got a pile of black stuff that he would love to get rid of because he doesn't know what to do with it, and those are engrams. But he can pick the top one off—the one which will go away—and that is all he can do.

He will go through any datum you want that can be answered on a yes, no, or factual basis. The file clerk is no good as a predictor. He is merely a chief clerk, and he shoots information out with great rapidity if he is not stopped by a demon circuit.

So we have the engram bank which can be visualized as lying up and down a time track, and first to last, engrams are not filed neatly but approximately according to time. These things are pretty messy, but the file clerk, when he is working, can reach them as they come off.

The reactive mind is using these things, and it uses them very thoroughly. It pushes them up and brings them back, but its time clock is inoperational. It doesn't know whether it's raining or Thursday, which is very confusing particularly to the analytical mind.

For instance, someone says, "You know, it's a funny thing, but during June I always have terrible colds." Another one says his ulcer is much worse during June and July. Well, those are hot months and the ulcer had to do with Mama feeling hot. The restimulator was heat, by command. So all these things take place. We needn't belabor the activity of the engram, but we have these up and down the track and some of them will lift, but some of them won't. The only person who can tell you which one is going to lift is the file clerk.

The only reason the file clerk can't always tell you is because of demon circuitry. The demon is actually a parasitic circuit which is fastened on to some part of the analytical mind and has a thinking capacity. It is a walled-off part of the analytical mind. It also has an identity, and when that identity becomes strong and powerful enough to control the body, "I" begins to submerge. The more demon circuits are laid in by engrams, the more "I" is in conflict with other apparent but airy identities which exist by no virtue except electrical circuitry. Somebody one of these days may discover, or be able to pull out through the ears, some ectoplasm and find out that there are really ghosts after all, but I doubt it.

So, the demon circuitry can take over the role of "I." "I" can be completely submerged, but at that instant we have a psychotic break. The person now runs on nothing but an engram computation, there is no regulation of it whatever. This is insanity. It is demon circuitry moving in on "I." That is an analogy but it is quite valid and it is usable.

As you lay your hands on psychotics you will find this to be the case: The psychotic is being controlled by another entity than "I," and as soon as you can get "I" back into control, he stops being psychotic, even to the slightest degree. Therefore the really important circuits as far as psychosis and neurosis are concerned are those circuits which command obedience and control, because it can set up a false post of command in the mind.

You will find when the channels (the bits of analyzer which have been lopped off by these control forces) are supercharged by death and sorrow, that the valence walls in the mind have a tendency to become very sharp, and when you watch a psychotic, you will see him going across the walls into various valences. You can almost hear him click as you swing his valence, and you can swing a psychotic's valence rather easily. He is talking violently out of an engram which is part of the valence into which he has gone.

The valence is actually set up by engrams charged with grief, and it sits there as an actual portion of the mind. The individual can go into this valence, and if he goes into it 100 percent, it is no longer modified in any way by "I," and that person is a psychotic. You will find psychotics go into these valences and stay in them.

Sometimes an auditor can flick them into other valences, but you will never find such a person running a whole engram, he runs them one valence at a time, and as such they don't deintensify. In curing a psychotic, a lot of it is finding out who else is talking, and knocking the holders and control mechanisms out of what he is saying.

I have never seen a raving psychotic without a lot of supercontrol demon circuitry, even if the demon circuitry says, "I am so apathetic I can't move, I can't help myself." That is a demon circuit working. The violent one is in a demon circuit that is saying, "You've got to control yourself," or any species of it, because that sets up a false "I."

Going further on this, there are valence walls that are set up which act as complete and actual identities. A person is commanded into a valence, he doesn't happen into one by accident. He is driven into one, or bounced off one. Four or five valences can be in existence simultaneously in an individual, all in restimulation.

There could even be some sort of circuitry, since any kind of circuitry which you can imagine could be set up in the human mind, theoretically. You will find psychotics with crossed circuits where they are living a couple of valences, but usually it is pretty sharp.

The next thing you will be interested in when you confront a case is how a person has been led into the valence and what holds him in that valence. These things can be spotted most easily in the form of locks such as, "You're just like me," "Heb just like so-and-so." This gives the person no choice but to go into a valence. If these phrases occur in engrams, now they have locks on top of them.

If a person is solidly in a valence and the person it approximated dies, of course the subject dies too but goes on living. You can spot these things by the fact that the psychosomatic illness of a person held in one of these valence situations is an approximation of the illness of which the owner of the valence died.

So Grandma dies of cancer of the stomach. The little boy is in that valence. He gets stomachaches and has stomach trouble. This is not complicated but it is most certainly observable and very important, because when you start to work a patient who is in some other valence, he is not going to run his own somatics, he is not going to have sonic, he is going to be very thoroughly chewed up one way or the other.

When you have a sharply charged case with a lot of demon circuitry in these valences, you get a very sharp, heavy wall between the valences. The usual psychotic is running a valence at a time, and the normal person has much lighter walls which shift very readily. Anybody can start putting his hands the way his father used to put them, or do something that his

mother used to do, and he will just slide over into the other valence. That person slides rather lightly through these things and there is so much of his own valence present that he can slip into and out of these other valences without much concern. But as these valences become tougher and more identified as such, it is harder and harder to get out of them. At last a person is in them, and if something such as a control mechanism or demon circuitry submerges “I,” you have got a psychotic.

There is a spectrum at work here. A person could be all in his own valence, or slightly in other valences, or more in other valences, or these valences start to stiffen up and he gets 100 percent into one, at which point we have these valences existing only on the plane of an engram. But a person has to be held on the track somewhere else than present time in order to have one of these things operate 100 percent of the time.

Saying that someone has a split personality is a ridiculous simplification of valence walls. I have never met one of these gentlemen who only had two. I have met them with five that were very distinguishable, but most of them had far more than five. It is an oversimplification with very poor observation on the part of people who are studying psychotics.

You can pass these people from one valence wall to the other. You can give them certain orders and they will shift right across into other valence walls. You can flick them around like a ball, and they will go to this valence, to that valence, to some other valence. When you get somebody who has got a big control mechanism in each valence, he will get shifted into one and he will be “stable,” you might say, in that one but far from stable mentally. Something else will hit some night, and he will turn into Mr. Hyde. But there you have only got two at work. The actuality is that you may get also Mr. Hyde’s dog, and you may find him going into the valence of something else along the line.

In short, those are valences at work.

There is the time track, and we have engrams on this time track. If a person is held solidly in a certain engram, let’s say with a call-back, a denier, a holder, or several of each, as well as allies at work and so forth, there are as many valences present in that engram as there were people present and speaking.

If we move a psychotic out of this engram which had, let us say, Sve people—Grandpa, Grandma, Mama, Papa and a collie dog—and into this engram which has two people in it, we get an entirely different manifestation.

We could theoretically shoot a person with some drug that would momentarily release them off one engram and into another one. They are doing that now rather badly with ACTH. It is very spotty, but it seems to knock a person out of one engram into another, and it is potluck. A person may be in a mild engram and they knock him out of that into a heavy one, back and forth.

Each one of these engrams has its valence walls. Each one is a compartmentation, and there is where you get your valences. But you stack up a number of engrams with Mama, let us say, as one common denominator to these walls, yet here is Papa with common denominators to these walls as well. You have got two potentially very strong valences, but up here you have got Grandma also in the case, so this is one other continuous wall. But that wall only exists in engrams.

The demon circuitry mixed up in these has to do with a person being more or less stuck, and he can be stuck in two or three. What that engram commands in the way of demon circuitry gets wound up in the mind and then it can dictate. And if it says, “I’ve got to tell you what to do,” the demon circuit can be set up so that it does tell a person what to do. It doesn’t say, “I’ve got to tell you what to do,” all the time. The psychotic goes over into this valence and repeats, “I’ve got to tell you what to do. I’ve got to tell you what to do.” This doesn’t give him any relief because probably there are holders in other valences. So, he says, “I’ve got to

tell you what to do,” and he goes around telling people this. If you cross him over into some other one, he may keep saying, “Yes, dear.-Yes, dear. Yes, dear. Yes, dear.” He is no longer telling anybody what to do, he is all caved in.

If you throw him into some other valence of “I’ve got to tell you what to do,” and he is still in the “Yes, dear” valence, this other is a set up circuit, and is not only telling him what to do, it may be saying, although it doesn’t say this in the engram, “The best thing for you to do is go down and rent an office in the Empire State Building.” Any stimulus that is coming in is being picked up by this section of the analytical mind which is held by this parasitic circuit. So it talks to the valence he is in. Now he can cross over the line and somebody says, “Yes, dear. Yes, dear. Yes, dear,” to him, and it will start him telling that person what to do. There may be many such valences in the one engram. You may be working a man who is in a bundle of engrams. Get him up in present time and this won’t occur.

The worst kind of circuitry is the “control yourself” species. For instance, there is some valence saying, “Control yourself, control yourself,” and although this valence is going, “Yes, dear; yes, dear,” unless we have got a sharp division valence wall, you have set up an additional “I” in place of the natural control post of the mind which is the real “I.” When it gets stronger than the real “I,” we have a psychotic.

We could artificially make it stronger just by restimulating that valence sufficiently hard with something like narcosynthesis so that that control circuit would be so overpoweringly strong that “I” would completely disappear as far as we could observe in watching the person as we enter him into therapy.

These mechanisms add together to make one of two things: A person goes into the winning valence—the top valence—or he is crowded into it by commands. He has no choice if these things are really strong.

He can exercise somehow his necessity level and skip over the whole thing where necessity adds up the available units of the analytical mind to such an extent that a person to live must exert every effort toward a goal.

Now he has got a goal and he is being driven by pain, and even a psychotic by necessity level theoretically can kick out the psychosis. It does not mean that it just disappears; it is there waiting, and when he reaches that goal he will relapse.

So, we have the picture of the engram bank. This is what you are looking at when you engage in Dianetic auditing. It is right there in front of you. The analytical mind has the power of mimicry. The analytical mind has the power of almost anything. The engrams come forward and force the mind into an exaggerated and continuous use of one of its powers, and that overbalances because it can’t kick out or in as needed. It stays in.

For instance, a man can build bridges. But let us say that he had an engram that had pushed forward concerning building bridges; he would do nothing but build bridges and he would be quite excitable about building bridges. Remove this manic and you find out that the analytical mind was all this time able to build bridges, but it could not hick it out, so he never enjoyed the movies or had a good time anyplace else; he had to build bridges. Kick it out and he will build better bridges and he can also go to the movies. There one had the powers of the analytical mind exaggerated.

We are not going to cover the analytical mind vastly here. The Dianetic auditor merely needs to know the analytical mind is constant. There are some papers on the subject of the analytical mind, but this is in the field of. Educational Dianetics which you as an auditor may be interested in, in order to educate your patient

As you work the patient, you must know what you are looking at. You must know what deniers and bouncers and holders and misdirectors can do and what they are, and you must

know what demon circuitry is and what it isn't. You must know what a dramatization is and what causes it. That is all in the Handbook. It is very obvious once you have been around this material for a while. If someone goes running down the street screaming, "Everybody hates me, everybody hates me, everybody hates me," you know what he is doing. He is dramatizing an engram. That engram has moved in on a temporary basis on the analytical mind and that is the record it is playing off. And it will just play off that one valence of it more and more. Sometimes something will change it and he will go off into some other valence of the same engram.

If you are talking to a person and he starts telling you that the Democratic Party is the only one to which you must belong in the whole world, you can be pretty sure you are listening to an engram on the subject of democracy and the Democratic Party. There is nothing wrong with democracy and the Democratic Party, but in an engram play-off it is not good.

Engrams exist on almost any subject and contain practically the whole English language in any bank, and some of it very fancy language too where Mama and Papa were very well educated. I have heard some of the most polysyllabic engrams you ever wanted to hear!

When you have a patient before you, you should not ever make the mistake of believing, however, that he speaks only out of his engrams. He has a vocabulary and unfortunately his analytical vocabulary, as well as his engram bank, contains these standard phrases. If he says, "I don't know," he might mean he doesn't know! And if you keep insisting to a patient that everything he says is engramic in source, you will eventually undermine the self-confidence of "I." And maybe "I" is not too well in command.

If you undermine it thoroughly enough, if you invalidate his data, if you break the Auditor's Code on him in some particular way, even slightly, you may trigger him. Keep that in mind, particularly when you are working on a severely neurotic person, a potential psychotic.

Don't keep insisting to any patient at any time that everything he says is engramic, and never argue with people on that level.

The smoother, more efficient way to go about this is to discover the dramatizations of his father and mother by noting them down, after he has recognized that they are dramatizations, then it puts no onus upon "I." You are not telling "I" that "I" is wrong all the time, and because someone says, "I don't know," you don't immediately say, "Repeat that," as you will carry through the message to him that he is talking out of engrams. Maybe he is, but you don't need to use the fact. It is not very valuable to you.

Once in a while a phrase will keep recurring in a person's speech until at last you conclude this person is playing one record. And then you finally find out who said that. But don't take him up on every word, because you will ruin his self-confidence. Don't take him up on every word any more than you would say to him, "Now how do you know this really happened? Maybe you're just imagining it."

If you want to enter Dianetics into a dangerous practice, break the Auditor's Code. Never mess a person up on his data, or evaluate his material for him, or argue with him as to whether or not this material is good, bad or indifferent. The preclear is right. The auditor is not. The auditor should never make a remark like, "That's why you have a crippled leg," or "You just pulled up basic-basic." That is evaluation.

The patient may say to the auditor, "I think that is basic-basic. Do you think it's basic-basic?" The auditor should note this down on this basis: This patient has a lot of engrams which destroy his sense of reality. And he should say to the patient, "If it was basic-basic you would know it. If it wasn't basic-basic, we will find basic-basic; but it's up to you, not to me, to tell you." When he takes that attitude, his patient will progress.

So, when you are working with a psychotic particularly, remember your Auditor's Code. And remember that when you are working with a psychotic you have got to do a better job, because you are working with demon circuitry and lots of it.

I am telling you these things so that you will know what you are working with.

What to do about a psychotic break can be difficult, but you should not be treating a patient without knowing his background, and without liaison with some properly authorized gentleman of the medical profession, and without having a sanitarium close to hand where you can put him and continue to work him if he does break.

By looking over the background of your patients you can tell very easily in most cases whether or not you are dealing with a psychotic. A psychotic demonstrates various irrationalities which are very far from normal. The best test is with the Rorschach.

These things are going to happen though. You are going to have a patient trying to tell somebody how much better he is, and they are going to slap him in the face with "Dianetics is no good, you're no good, you know nothing about it." He may try to surmount this and go into a dramatization and stay there.

So, as a professional auditor you had better work in liaison with a medical doctor constantly who knows what you are doing, and if you want to take on some patient, he should have a medical examination first.

If someone came to me wanting to be audited through to a release, I would say, "All right, go down and see so-and-so and get a medical examination," and I would also have a setup whereby he gets a Rorschach and other tests.

Equip yourself with facilities so that these tests can be given. Play it safe, because when you are dealing with aberrated human beings, as any field of mental science has learned in the past, you are dealing with loops, which can cause you a great deal of trouble one way or the other.

It has not been too long a series but it has been our experience in Dianetics that a Rorschach will show up an incipient psychotic, and when it does so, you should take precautions on the matter.

These are some of the things you face. Someone comes in, he is apparently okay. Go ahead and treat him. But you had better have some liaison to fall back on if the going gets rough, because you may have to park him someplace. He may have had many breaks, and he might even have come to see you because he felt one coming on.

But, remember this: If you keep the Code, if you keep him squared around and you do what you are supposed to do with Dianetics, your chances of anything like this happening are practically zero. The only traces I have of this come from very bad auditing plus a great deal of trouble and disturbance in the patient's environment. These two factors combined can mean dynamite.

I don't want anybody to do any bad auditing.

The way you can do bad auditing is to go into a case and stir it up, reduce nothing you put your hands on, evaluate for the patient, invalidate his data, and be upset and unsympathetic about his troubles by throwing them back in his face. You could do these things and you would have, if this person was in a highly restimulative environment and he was an incipient psychotic, a person ready to go to an asylum.

I don't wish to drop a pall of gloom across you, but this world is full of people who are crazy and who have been crazy or who will go crazy. These same people, if you walked up to them

on the street and grabbed them by the shirt front and shook them, might go crazy. These same people might walk into a bar, have 20 drinks, fail to pay their bill, be kicked out, and go and stab ten people on the street.

In other words, their incipency is with us all the time. The world has psychotics in it and you are going to be dealing with these people to some degree. Certainly you will get incipient psychotics on your hands, but don't go on the basis that every patient you get hold of is an incipient psychotic because he is not, very far from it. The percentage is very much in favor of the contrary.

We live in a world which has in it a lot of aberration. And if as Dianeticists we suddenly say all is sweetness and light in this beautiful world, we are overlooking the fact that the reason this world needs Dianetics is because it is, to a large degree, mad. If the world were unaberrated and the social cultures understood themselves well, we would not have any use for Dianetics.

That is why you are studying it, because the world doesn't run well these days. People are unhappy, and the social cultures are to a large degree incipiently psychotic. Right now the United States of America, which you would treat as a rather sane organism, is bordering on psychosis. Then there is Russia, which is a severely neurotic nation, busy fighting wherever it can and in any way it can. These things exist, therefore Dianetics is valuable and can be carried forward. We can't close our eyes and say this is a fairyland that we are walking through. It's not.

Go through an insane asylum and you will see humanity in the most degraded state imaginable. It was the social aberration of failure to understand the nature of insanity that made it possible for us to have prisons and insane asylums. They will be cleared up one of these days by some measure within the next generation.

The engram bank can be live ammunition, but just like gunners can play catch with ammunition when they know what they are doing, an auditor can do a lot with engrams. He can even do a lot of things wrong and still get away with it. But do too many things wrong and the law of averages will catch up with him. If he doesn't do enough things right, he is not going to get any results.

It is my job to tell you what to do right.

In review, I have given you a sketch of the anatomy of the beast. The first thing you do about a patient is find out something about him. That is important. People often overlook this. When you have found something out about your patient, you can then proceed.

Very often when you are pressed for time and somebody calls you in and says, "Give me a demonstration," and you plunge down the bank someplace, you pick up more than you want to handle at the moment and you are taking a risk; so, it is a risk which I would like you to take with wide open eyes. Don't just go in and wrap your hands around the patient and say, "Shut your eyes. Now let's go to basic-basic."

When you have looked the person over and you are confident of your own ability, you can do it. But the proper procedure is to sit the person down and start asking him questions. If he is a psychotic, his accessibility is very bad, so you have to try to free him on his track before you can ask him any questions.

You are trying to find demon circuitry. You are also trying to stop the nature of the engram bank. What kind of people were around this patient?

I have noticed some people having a hard time keeping up with the computing of a professional auditor. He asks certain questions, but why the next question is asked becomes a

mystery. They lay it down to the fact that the auditor is thinking too fast for them, but that is not what is happening.

The professional knows his business, just as you should know your business. He is looking for computations in the patient. Simultaneously he is trying to spring out locks. He does a diagnosis on the basis of asking about Grandpa, Grandma, Mama and Papa, finding out such things as when they died and how sick the preclear was, and so on. He gets the patient talking about it and that gives him valuable information.

After he has gotten such valuable information as when the preclear was hypnotized, and when did Papa leave Mama, and what was the cause of the divorce and all that, he has a pretty good idea about what the patient is like. For instance, with great ease he can see an occlusion circuit or a secrecy circuit at work, such as, "I mustn't tell anybody. If I tell anybody about this, I will die," because he will be getting dodgy replies.

Now, he spots the originator of each one of these engrams insofar as he can. He knows that this patient is being very secretive. This patient is being evasive, and after a very short time he may discover this patient is pathologically lying without reason. Now the auditor wants to know who in the family used to be reprimanded for telling lies, or who in the family had a reputation for lying, or something of that sort. Without calling him a liar he just asks this out of thin air.

It looks like a very strange and magical observation that the auditor has made, since most of the time the person doesn't recognize that he is being talked to on the subject of lying. The auditor doesn't ever ask him in such a way as to accuse him. He asks him first, "Now, did anybody in your family ever like horses? Did anybody in your family ever drink very much?" He isn't a drunkard, and he doesn't like horses. Then he says, "Did anybody in your family ever tell lies?" The person is liable to think it over and smile for a moment and say, "Well, yes, my father. I've even caught him a few times in recent years myself," and he will tell the auditor the truth about that. Papa is the liar demon circuit.

So we spot that down, and we have got a valence. But we have done something else, we have already accomplished therapy on this man. We have spotted the fact that although he wasn't aware of the fact that we were looking for it, he has connected up some of the things he is doing as belonging rightly to somebody else. When he does that without being told that this is the case, he feels better and he is better.

The auditor asks him a very important question after he has discovered some of these things. He merely asks the patient, "Who used to say, 'I am so tired of living I could die'?"

"I don't know."

"Come on. You can remember this. You can remember this."

"I don't know. It doesn't seem.... Oh, yes, my mother used to. She was always grouching about how tired she was of living. Also she was tired of me."

"Now let's remember a specific incident when she said that," and he will fumble some more. He has got the conceptual, now he gets the specific incident. In running an engram, you will see the same mechanism at work. At first you get a conceptual on some engrams, and then you get the real content. It is the same way with a straight circuit.

The auditor is looking for demon circuitry. He is looking for what might have broken the preclear's concept of reality. The preclear's concept of reality depends on those straight memory circuits.

The auditor has got to be cagey about this. He can't go hanging things on a person. He has to know what he is going after, and the patient will go right along with him.

Demon circuitry gets locks on it. An auditor can actually, on some patients, spring them back into present time with a straight circuit.

It is perfectly valid to go along for hours with some patient until one has got some data on his demon circuits, his valences, his reality and so on. The auditor has got to find out about this patient. If this patient rolls up on the couch and says, "You know this engram I just ran" (he ran this engram practically in convulsion), "I don't believe it," the auditor looks for demon circuitry. If he knocks that out, he can rehabilitate the preclear's sense of reality.

As you ask him about these things, include valences. Find out who used to tell him who he was like. Find out who is dead and what they died of and what was wrong with them and what is wrong with him, and he may get a little relief. You may even take some charge off that valence simply by getting him to spot it. Your questions can be very leading, but your questions should never be demanding.

OPERATION OF VALENCES AND DEMON CIRCUITS

A lecture given on
7 July 1950

Definitions, Differences, Relationships

A valence and a demon circuit are not the same thing. A valence is a carbon copy of another human being. It follows the mannerisms of that other human being, his goals and other things that are not even part of engrams. It starts out, "You're just like me," and then the analytical mind sets itself up very brightly and makes a fine carbon copy in the engram bank with other commands, and mixes things up. For instance, Mama died of cancer of the skin, so the person contracts dermatitis. It does a good tailor-made job on these things, but it is a carbon copy.

The demon circuit is something very different: It works something like this: We have a microphone set up which leads back to the corner where it has a speaker. Then there is another microphone set up farther back, and it leads to another speaker which leads to another microphone, and so on. As far as some portion of the analytical mind is concerned that is the way it looks and that portion of the analytical mind is backing it up. It is doing a computation in one place and relaying it to another, and it eventually comes in and says something to "I." It is figured out. The so-called stream of consciousness is a demon circuit—an automatic computation. In a mind which is running well there is no stream of consciousness.

Let's say that the engram chops off a piece of the computing mechanism and isolates it from the rest of the mind. The basic command originating the compartmentation of this computing mechanism is "You've got to control yourself and I'm going to tell you how."

So that is set up. Now, this part of the analytical mind is no longer only operating on the command "Survive," it is also operating engrammatically on some basic urge and dynamic such as, "You've got to control yourself and I am going to tell you how; now listen to me." It is just as though a person has had added to his head a new computing machine.

Valences are very simple. For instance, we have five potential people. These people have personalities, these people have resonances in the mind; these are five "I's." If a person goes completely psychotic he becomes one of these people wholly, instead of himself. In a light neurosis he can become vaguely these people. When he is sane these people can still be there on a mimicry basis, but "I" is now very much in command and control. That is a valence.

A demon circuit is a portion of the computing mind. It is a computational portion of the mind which is equipped to direct the mind. It is another computer, you might say, and another director system in the mind which has nothing to do with the person and nothing to do with valence, although the origin of this circuit may be one of the valences, and the two operate together. One is laid in by a command. That command happens to be part of the personality. The personality is not existing by virtue of that command, but the demon circuit is. This personality exists by virtue of the fact that the person is in engrams and has been present during illnesses, and this personality smokes cigars, likes loud checked vests, and does this and that. When the individual is in that valence he likes these things.

Perhaps one of the things this personality happened to say was "You've got to control yourself." When the person is not in that personality he is being directed by a circuit all by itself which is saying, "You've got to control yourself," and which is seeking by that to overpower "I." It is a part of the computing mechanism. So, by virtue of that circuit, it thinks up things to control a person with. It thinks up things to say to a person so a person will control himself, and it thinks up commands which are not contained in the engrams, but which are computed.

A demon circuit is a portion of the analytical mind which has been compartmented off by the force and pain of a command, and which now operates as a computing mechanism not under the control of "I" but dictating to "I" and doing things that "I" has no direct control over but which influence "I" in "I's" attempts to function and control the body. It can compute on any data that comes along. The demon circuit has access to the standard banks. The engram doesn't, it is just a record. The demon circuit can all of a sudden throw a circuit through to the standard banks. It can think. An engram can't think, it just states.

A demon circuit couldn't exist unless it were laid in during an engram, and an engram couldn't have been formed without also having a valence, but they are independent.

It so happens that when the person goes into a particular valence, he will use part of that demon circuitry as the dramatization, because that is part of the valence personality. But the demon circuit is just sitting there doing whatever it said. These demon circuits are very numerous in almost all minds.

The valence is one carbon copy of a human being, one mimicry circuit.

The character who was the valence, let's say it was Grandpa, was always saying, "I want to get drunk. I've got to get drunk. You get drunk with me," which is a small species of a demon circuit, and the person will have this urge to get drunk. That is one command, but he may have said elsewhere, "You've got to control yourself," and the person gets two circuits off the same valence. Grandpa might have had a whole set of dramatizations, and several of these dramatizations may have set up circuitry. So now the mind is being dictated to by the mind.

The demon circuit is set up with "I've got to get drunk, and you've got to get drunk with me," and it will take a portion of the analyzer and use the analytical mode of the analyzer to make him constantly rationalize that he has got to get drunk. And it will explain to him why he has to get drunk with very good reasons. It is an engram which has turned "rational."

A demon circuit is not accessible to "I."

Demon circuitry mostly commands or underrates ability of some sort. It has a high command value which is a thinking command value. It exists just as though there was another human being standing next to the person who had as his mania, "You've got to control yourself." And this person has by certain virtues the power of life and death over this individual. He has got to obey him. That is a demon circuit and it's a rough deal.

A valence is a specific human being, it's Grandpa or Grandma.

An example of a demon circuit I found once was a make-believe demon that somebody in the prenatal bank had and joked about at parties, "I've got this little devil that sits on my shoulder and he tells me what to do. He tells me when I'm bad and when I'm good and, damn it, he sure is critical!" The person actually thought of it as his conscience! It would say things like, "Oh, you shouldn't have gone out with that girl, that was bad," and other criticisms. It originated as a joke at a party, but unfortunately Mama wore very tight corsets and drank very bad gin. That is a demon circuit. It didn't have a valence, but it had a name; the person called it Bosco and it was restimulated by Christian Science.

There are usually only a few that are important. Phrases such as "I'm not going to let you know, I won't tell you" can set up demon circuits. So the person now starts rationalizing why he can't tell you. That is a very low order of circuit. However, there are high-powered demon circuits which have control value. The person whose demon circuit tells him when he is bad and when he is good doesn't have to obey it. But the demon circuit which says, "You've got to do exactly as I tell you, you have no recourse. You must do it. Damn you, I'll kill you if you don't do what I tell you," is a different proposition.

Another one said, "I've always got to tell you what to write and when to write it. If it weren't for me you wouldn't be able to write a thing. Now, damn it, listen to me." It was a big argument in which these words appeared, and this thing was sitting there all by itself. It wasn't Papa telling Mama what to write. According to this person, he was walking around in the everyday world saying, "I have the most marvelous mechanism. You know, I never think when I sit down to a typewriter."

This thing told stories for him word for word. The person would sit down and sometimes the engram containing it wouldn't be in restimulation, if he hadn't used it for a while, but if he thought about writing for a couple of days this thing would finally kick in again and all of a sudden he would have a full audio circuit which made up words.

Interestingly enough, his best writing was not the dictated materials. They were strictly potboilers. Once in a while this whole thing would key out and he could put his whole ability and interest on writing and really make the grade. But when this thing was going, it turned out trash.

A demon circuit has access to the standard banks, and it can also get all wound around between the standard banks and "I," and it can get in front of the file clerk and "I."

This becomes very important to the auditor. He asks this person for a flash answer and gets "Yes" and "No" and "I guess so," or he may get pictures or handwriting or something of the sort flashing into his visio pattern, and perhaps after a short while the auditor gets from this patient the fact that he is being handed these things by a white-gloved lady's hand, or the message is being delivered in a model train!

The number of manifestations are practically countless on how all of this occurs. A person may get engrams via one of these demon circuits, such as, "You just sit here and read the words and look at the pictures and you'll be all right. Now, I'm going to take care of you, honey. You'll be all right. Now, you just sit here and read the words and look at the pictures."

So, the person would get a flash answer in terms of pictures from a child's storybook. But supermanufacture of these pictures occurred, more than there ever were in storybooks. The engram had occurred when he was very ill. His parents were fighting and an ally, a nurse, had been taking care of him and had made him sit up and had comforted him about the fact that the parents were fighting, "You stay right here" (a nice holder), "and you just read the words, and look at the pictures."

We put him into reverie and what do we get? We get the words and we get the pictures, except the words are little kids' storybook words and they are in large print. Once in a while if he couldn't make out a word, he would get a picture of it.

This is not the file clerk. The file clerk comes through as an immediate impression—straight, clean and correct.

The demon circuit comes through almost as fast, but with what error, and with what wonderful mechanisms. The demon circuit, for instance, won't stay constant. The person will go to the movies and see a film that has to do with an advertising office, and that portion of the computer says, "Gee, you know, that's a good idea," and the next thing you get is flash answers in the form of advertising copy, magazines, full spread ads and so forth. This is all original. It is not copied work. The analytical mind is capable of enormous potentiality in terms of imagination. Someone who has no visio may yet get demon circuitry in full color.

This manifestation also occurs in boil-offs, but then we call them dreams, and they don't mean very much. The further they are from the actual source of the dream, the wider they are from the actuality of paralleling the dream. If there is a very thick coat of unconsciousness, we may get this dream floating in about all roads lead to Rome, or something of the sort, and

the person will see this great radial impression of roads, or trains going through tunnels. It is simply a boil-off and one merely lets it boil.

What you do with a demon circuit is very specific. It is your first important target in therapy if you discover a demon circuit, or a file clerk which isn't operating.

Then circuitry becomes of vast importance to you, because you must be able to work with a file clerk in good shape, so you had better knock out that circuit. You find this circuit merely by asking the patient who commanded other people, who wanted things done by other people, and so forth. You may not get all the circuits, but you eventually will stumble across enough of them so that the file clerk can come through, since you have got to clear off circuits on a lot of people.

There may be literally dozens of engrams on the track in which attention units are held. You take him back to the moment of that dramatization. Get him to remember a specific incident. When you take a person back on a straight memory basis you spot the character. of his parents, of his grandparents, and the other people around him, and you will soon find who it was that was terribly apathetic, who it was that was very dictatorial, and you try to spot by straight memory some sort of a dramatization that didn't hurt him but was really a lock.

After that, if you take the patient back to the moment of this dramatization, you will very often get a full play-off. For instance, take a standard kind of fight between Mama and Papa. You get that fight, you get the wording in that fight, and you can look it over and see the commands and the assertions which would set up a demon circuit. These are not very hard to spot.

The most important of them is "control yourself," because as you as the auditor are trying to put this person through his paces, the species of "control yourself" is going to block you because he is going to have to run out the engrams himself. One of the demon circuit commands may be "I've got to handle this myself, I always have to handle this myself. I've got to think of this myself," or "I've got to think up some sort of a story about this to tell him because something terrible has happened and here's the story." That sort of circuitry is quite important to you, but the most common is simply "control yourself."

The person has an unhappy situation of having a circuit which is stronger than "I" if thoroughly restimulated, and if it is a very severe, much repeated and much restimulated command, you have got a potential psychotic, given of course a rather weak "I" to begin with.

You can put a person back to any lock or any moment of grief that you wish, where he himself was not injured, and you can do this with perfect safety. You won't upset him. But put him back into a moment of pain or unconsciousness and you may restimulate full-play the real honest to goodness engram.

By trying to put him into this dramatization, you may uncover the fact that he is so thoroughly stuck on the track that you can't do much with him and it is at this moment that you should start in to free him on the track. You are going to find many people with excellent demon circuits in operation will move rather freely on the track, but a large amount of them are caught up in the engrams themselves.

So, what you want is to free the person on the track if you can't get to this dramatization. Use pleasure moments to stabilize him, to try to call in attention units, to try to get him moving, to try to overcome an engramic fear of returning and with various mechanisms get him working. But recover the dramatization with all of this, and recover some of the other people's dramatizations around this person. Find out what people say in his vicinity, and you may recover the principal demon circuits and their wording. When you have recovered this, you may find by test that his file clerk and somatic strip are now working very adequately. You

are getting straight replies most of the time, and there is nothing freakish or strange about the way this case is going.

The person still has circuitry, but he is operating fairly well. You can work with him, and the test is simply this: You say to this person in reverie, "The file clerk will give us the engram needed to resolve the case," or if he doesn't understand too well, "the experience necessary to resolve the case. The somatic strip will go to the first phrase in that incident. When I count from one to five and snap my fingers, that phrase will flash into your mind. One-two-three-four-five (snap./)."

Get the first phrase of that incident and run it off all the way down the line. That is the way a case ought to work, and that is what you are going to get if you try, and if you pay attention to knocking out the demon circuitry.

If the case stalls down anywhere along the line, it may be that you have kicked into fuller action one of these circuits. You must now go over the case just as you began it, by taking the person wide awake and trying to get some memory on the subject, trying to find out who might have said this sort of thing that is now worrying him, trying to find out what a standard dramatization is, and one may come into view that you wouldn't have gotten before, on straight memory. Now you put him into reverie again, you return him to the dramatization and you try to recover it. You get what you can and you will get the identity of some type of circuitry.

You will get this dramatization which is carrying in the lock what is actually in the engram, because aberrations say the same things over and over and over.

A case is not stalled because a person is unhappy or because he has] developed a pain in his leg. A case is only stalled when the file clerk and the I somatic strip won't work with you.

The reason they won't work with you is the restimulation of something which inhibits their working with you, and that thing is usually circuitry. It also may be because you have broken the Auditor's Code and you have established a feeling of danger as far as you are concerned with him. Thereafter he is afraid.

The best thing you could do in that instance is to try to knock out that breach of the Code.

Here is the situation then, and you should get this very, very well, because the file clerk must be able to give you data, give you the engram. You must be able to get on a flash answer, "How many engrams like this come before it in the bank (snap!)?"

"Three."

Now you check back, and you find it is three. If he says, "No, none," that little amount of circuitry might just be enough to throw the answers off a trifle, but still won't stall the case down. You have already learned that this file clerk is a little bit impeded, not enough for you to go charging around in the case and upset it, but certainly enough for you to have caution with regards to obeying it.

Be on the lookout at that moment for circuitry, because you are going to find it. You won't know what its identity is, but you should be able to say to the file clerk, "The file clerk will now give us the next engram which we need to resolve this case. The somatic strip will go to the first part of this engram. When I count from one to five, the first phrase of the engram will flash into your mind. One-two-three-four-five (snap./)."

He says, "Don't touch me."

Your case is under control and working well, getting up engrams and resolving. That is the way a case ought to work, and if the case isn't working that way, then you have to shoot at circuitry the way I have described and get it out of the road.

That can sometimes be a rather clumsy job because you may get into engrams in this case and this is the main reason I give you precautions about how you walk back engrams to get to earlier ones. When you are searching through a case for a demon circuit, you have got to remember these things. You have got to get early, and you have got to reduce what you get hold of. If the file clerk gives it to you it will reduce and you can get this patient into the basic area, get him working, get him erasing, and the case will start going along very well without you having to worry too much about valences. If he is running his own somatics in the basic area, again you won't have to worry about valences. If he is in somebody else's valence in present time, or postbirth in engrams, yet you can run him in his own valence in the basic area, valences are not going to worry you; but if you take him back to basic-basic and he only seems to be able to run somebody else's somatics, you have to find out the valence he is in and knock this valence out by getting out whatever it is that commands him into that valence. Do this on straight memory: "Who used to tell you you were like your grandmother?" and so on. "Could your father and mother when fighting ever have said to each other, 'You're just like your mother,' or 'You're just like your father'?"

"Yes."

You will find, oddly enough, that the mind will sometimes add this up very accurately. Father says to Mother, "You're just like your mother," and the person becomes like Grandma. It actually identifies with the proper person, and that is what you shoot for if you can't get the person to run his own somatics.

Get what commanded him into that valence. If the file clerk is not working, you get the circuit which is interposed between the file clerk and which is interpreting for you. Suppose, for instance, you have asked the file clerk, "How many days is this after conception?"

The file clerk has said, "Six."

You say, "Now, how many engrams are there before this?"

"Six."

"How many times does this occur in the whole bank?"

He says, "Six."

At that moment you suspect that you are being interpreted and you don't shoot for six.

A demon circuit can be out of sight by appearing from somebody, like a doctor, that the person has no conscious recollection of. Somebody, for instance, at birth can lay in a demon circuit. But these are the rarer circuits. Even though doctors at birth constantly say to Mama, "Control yourself," the phrase may not be often repeated in the bank or restimulated by the same voice solidly enough to make a good, solid interposing circuit.

Usually, as an auditor, because you are awake you can get by such a command. Remember that your altitude can overcome some of this circuitry. All you want is the file clerk and the somatic strip operating. That is your only test. They can be operating rather poorly, and still be satisfied. But if they start operating badly and you say to the person, "Now, the somatic strip is going to go to a bouncer in this incident," and the person says, "I don't know," he is saying that out of the engram. That is a denier. Or you say, "The somatic strip will now go to a holder," and he says, "Get out"; that is a bouncer and right there you know you are operating against a self-control mechanism which is very heavy.

Dub-in, as far as I can tell at this time, is exclusively this control mechanism at work. If you have dub-in, shoot for circuitry. This is about as simple an operating procedure as you can get on it at this time, because I'm telling you specifically what to do and when you have got to do it. If the file clerk won't give you the engrams you need, and the somatic strip won't give you the first part of the engrams, the deniers, the bouncers and so forth, you have got circuitry at work and you should start shooting for it. It is usually "Control yourself" or "I've got to do this myself," or "Nobody can help me, I've got to do this myself."

"Control yourself" circuits are a common aberration in this society and the one thing which you must overcome. This is at the base of the altitude computation. If people complain, "My auditor doesn't have enough altitude to audit me," right that minute spot that preclear because there is circuitry. If he says, "My auditor doesn't know what he's doing, he has got me all fouled up on the track," it is possibly true. But if he says, "My auditor doesn't have enough altitude to handle me, I run auto all the time," there is something that makes him run on auto and that is a demon circuit.

If any patient says, "I can run off my own engrams. I would rather run off my own engrams. Now if you would tell me how to do it, I'll go home and do it myself," or if he lies there and insists that you just listen to him as he runs off these engrams, you are facing heavy circuitry, and his running off those engrams and doing it himself are going to do him nothing but harm.

The patient who is chronically in restimulation, who is running off these things in present time and thinking about engrams all the time, is not running well because circuitry is there which is throwing him off.

The only test that you have to have is: Does the file clerk give you the engrams that you are supposed to get—engrams which will reduce? Does the somatic strip go where you ask it to go? Does it run on through? If those conditions exist, even if only 60 percent of the time, you have still got a working case.

The moment this doesn't happen, the case is stalled. If you haven't broken the Auditor's Code, and if nobody else has broken the Auditor's Code on this patient, you have got circuitry which you must find and knock out.

A lie factory such as, "I've got to lie to him, he'd kill me if he really found out the truth," or a true demon circuit sitting outside "I" saying, "You've got to lie to him. Don't you tell any of the neighbors anything about what happened," can be gotten with straight memory, by asking questions like, "Who used to advise you to lie?" Or by reversing it, "Who used to ask you to tell the truth?" "Who used to criticize you for imagining things?" "Who used to invalidate your data?" "Who used to tell you to lie?" "Who told anybody in your family to lie?" "Who got in trouble for not lying?" Just keep running it down and you will probably find a dramatization. If you don't, you have to shoot for it in some other fashion.

The formula is: By finding the actual wording which lays the demon circuit into the mind you can reach the basic cause of the circuit and blow it out, and it will not thereafter operate.

It's nothing very peculiar, it is just a statement in the engram, and you have got to run the whole engram and get the earliest time it appears in the bank. It will erase or reduce if you find it there, even if it is a lie factory which makes lie factories to make more lie factories. But the test is, does his file clerk and somatic strip work perfectly? If they do, he's not telling you lies. If they don't, he might well be.

If the incidents are incredible, 10, 15 train wrecks in the prenatal area or something ridiculous, and the person springs material at you, he gets prenatal visio and all sorts of strange things, know that you have got a lie factory running. Find out the approximate wording of that lie factory and it will spring, and find out the approximate wording of the "You've got to control yourself" mechanism, and it will spring as well. Demon circuits will

erase when you discover their basic wording. This is important, because the lie factory is making a lie factory and you are just fighting through fog and gauze.

Find the dramatization and you have got it. Remember that the person dramatizes his own engrams. What advice does he give the children? And if you really get up against it with a patient, take his spouse or somebody that knows him very intimately and send them back down the track to a moment when this person was dramatizing. Pick up that material and you have got the person's lie factory. Now, take that on repeater technique and just charge it right down the bank, slam him into it and out will go the lie factory.

The only reason you get the dramatization is so that you can get the wording which is probably in the engram. Shoot for that wording and it will get right at the cause of the demon circuit by repeater technique.

Your test is "The file clerk will give me the next engram which we require in order to resolve this case." You get it, with the somatic strip put at the front of it, and you run the engram.

Try to find out what the demon circuit is by listening to it for a while. For instance, if it is a mocker circuit, which one of the parents mocked the other? Which grandparent mocked who? Get it on straight memory, and you can get the locks.

The dramatization you are trying to reach will contain the wording which is in the engram, so that now you can shoot for the engram with repeater technique. You may find it the hundred and twenty-fifth time it was uttered in the bank; you may have to track it all the way back on just that phrase earlier, earlier, earlier, until you eventually come to a part of the bank where you can reduce it.

You are working closely with the file clerk. To make an analogy of this, you are working with somebody who is quite sane and rational, except that demon circuitry has gotten in between. Supposing you are helping me hunt for a lost object and suddenly somebody jumps in between us and starts saying, "You lost it down over that way," you and I can't converse anymore because this fellow is giving me a lot of phony directions.

The somatic strip would be like an arrow, or pointer. The body will swing this pointer at your orders. The somatic strip will go to definite phrases along the line.

I have never seen any phony somatics although I have seen somatics belonging to the wrong valence. When a person is out of valence no somatics occur at all. That is both circuitry and valence trouble. So, if a person hasn't got any somatics, start looking for valences.

The demon circuit is not your turn-on on somatics. Somatics, sonic and so forth get turned off by computation for one, such as, "I can't hear, I can't see, I can't feel, I have no pain, I don't know the feeling of pain"—straight engrams. Those are computational turn-offs. Then there is a mechanical turn-off which is being out of valence. If a person is in Mama's valence, he will run Mama's somatics or he will run no somatics. If he is in Papa's valence, he will run Papa's somatics; or if he is over in Grandpa's valence and Grandpa had a wooden leg, he will run Grandpa's wooden leg. As you swing him through these valences he will do these things. He is running on the somatics of the carbon copy which are also command dictated.

If circuitry is interposed, this doesn't mean a person is worse off or crazy, it is simply that a circuit has dropped in between him and exactly what the data is. He has got the data. Ask him and he will give you most anything. Sometimes a circuit will give you three or five, or maybe six or ten different dates. You ask him for a date on one engram and he will say it is one date and the next time you ask him he says another date. Demon circuits are crazy. They are not consistent.

You are working with the file clerk and you are commanding the somatic strip. Understand this operating procedure and what you can expect from a case, how it should work, and how to patch it up when it doesn't work.

A SUMMARY OF STANDARD PROCEDURE

A lecture given on
10 July 1950

A summary of Standard Procedure is:

Step One: Diagnosing the case, after which go to Step Two.

Step Two: Opening the case and running engrams. If case won't open or case bogs down, go to Step Three.

Step Three: Knocking out demon and valence commands. After this, go to Step Two.

The elaboration on it consists of:

STEP ONE: Diagnosing the Case

In diagnosing the case the following information should be obtained:

1. Name, age, height, weight, foreign language, etc.
2. If hypnotized, psychoanalyzed, shock therapy, etc.
3. Neurosis, psychosis, dramatization, psychosomatic illnesses and so forth. (By dramatization is meant those which plague people around the patient and worry him.)
4. Operations, illnesses, accidents, electric shocks, nitrous oxide.
5. Obituary list—father and mother, grandparents, uncles, aunts and so forth.
6. Childhood, school and recent environment—pleasant and unpleasant.
7. Perceptics, occluded people and so forth.

STEP TWO: Opening the Case and Running Engrams

(If case won't open, or bogs down, go to STEP THREE.)

A. Opening the Case

1. Put the preclear in reverie and run pleasant incidents. Check perceptics and if moving on time track.
2. Tune up perceptics with pleasure incidents; if poor, go to Step Three.
3. Test file clerk and somatic strip. If these do not work well and reliably, go to Step Three.
4. Test the patient for a sense of reality. If it isn't there, go to Step Three.
5. Try for an emotional discharge.
6. Try for basic area engrams and, failing, go to Step Three.

B. Run the Engrams

1. Direct the somatic strip, work with file clerk, reduce all engrams contacted, compute at all times, and detect and deintensify holders, denyers, etc.
2. Start in basic area and proceed to present time, erasing all engrams on the way; keep at it until you have a release or clear.
3. If case bogs down, try for emotional discharge. Failing, go to Step Three.

STEP THREE: Knocking out Demon and Valence Commands

(After this, go back to STEP TWO.)

1. Put preclear on straight line memory and look for demon commands and valence commands in memories of parents and possible allies.
2. Put preclear in reverie and try to establish demon commands and valence commands while running dramatizations of parents and so forth as engrams.
3. Use repeater to reach and reduce the first engram containing this command.
4. Try for emotional discharge on moments of grief, sorrow or loss.
5. Keep repeating Step Three until case is opened and engrams are running.

See also the article on Standard Procedure and its accompanying chart in Volume 1 of the Technical Bulletins of Dianetics and Scientology, pages 15-21.

The first thing necessary in a case is accessibility. Accessibility of a case is not a point which is limited only to psychotics. Many people will resist therapy who are yet not psychotic. You will find many people intensely skeptical of Dianetics and intensely combative sometimes, particularly when the husband, for instance, says the wife is crazy and he wants her fixed up, and she doesn't want to be fixed up. She has decided against this.

Whenever we have had trouble like this in the past, it usually stems from the fact that the husband has been intensely critical of the wife's sanity or vice versa, or the patient has something against going to anyone in the field of mental healing due to some relative or some failure in old schools of mental healing, and at first they may not consider Dianetics anything else.

That one is the easiest to overcome, because patients who have been intensely resistive toward psychoanalysis have within a very few minutes after contacting Dianetics become very cooperative.

The next one is tough to overcome. It is an engram which says, "I won't have anything to do with the doctor. I hate the doctor. I know what he's going to try to do to me. He thinks I'm crazy," and so on. This type of engram is often very prohibitive. But you can still work against it if you are patient, particularly—and here we are into accessibility—if you work on a direct line memory with the patient, with his eyes wide open, sitting straight up in the chair, no slightest hint of the fact that you are doing anything for him, and you begin to get interested in what life has done to him in his environment. Very few patients can resist this very long. You are interested, you want to help them, but you don't want to help them on a basis of "I'm going to help you in spite of anything you can do about it." You start accomplishing therapy right at the start merely by talking to them, asking them if this or that happened in their lives and so on. Sometimes you get an intense reaction from the patient, but that is relatively rare.

Start therapy then with Step Three, which is to put the preclear on straight line memory. Look for demon commands and valence commands in memories of parents and possible allies. If accessibility is poor at that point, start right in with trouble-shooting the case on a straight line basis and you will get results.

Of course, diagnosis alone is actually trouble-shooting the case somewhat. You make him remember back to this and that, and soon his memory is a little more limber. It is quite astonishing how much people can remember once they are pressed in a kindly way to try to do so.

You have this as your ally in all accessibility: Basic personality wants out. Furthermore, people don't want to be sick. People are not unwilling to get well, they are very unwilling to be ill, although the engram may say that the reverse is the condition which has to be.

As a result you are fighting an engram about such a thing. You couldn't fight basic personality about it. Basic personality is pretty tough, but you can combat an engram on the subject. Engrams will succumb, they are weak, they haven't much to them even though they may look very tough to some people.

If a case is psychotic, the problem of accessibility is extreme. Basic personality is practically smothered. It is as though "I" has withdrawn from the scene entirely, although some psychotics will actually work on a straight memory basis in moments of lucidity. So if you have a psychotic who has, in between breaks, maybe an hour of lucidity, just asking him to remember this and that without formally putting him in therapy may accomplish enough therapy to prohibit the next break.

If you are dealing with a psychotic who is in the complete parade of an engram or dramatizing because of a demon circuit, you have the toughest problem that you can face in Dianetics and one which will require all of your patience, skill and imagination to combat.

We are working on methods of increasing psychotic accessibility. This is not an acute problem but sooner or later you are going to face it.

The raving psychotic where basic personality seems to be completely missing from the scene is a nasty character to come up against. Whether he is in a catatonic state or talking wildly or dramatizing, shifting from one valence to another, or merely obeying a demon circuit, whatever it is, that case is not easy.

The best way to tackle such a case is to find if the person does have periods of lucidity, and work him or her during those periods. In such a way you are enormously aided. We are trying to get an easy enough method so that the psychiatrist will be saved a great deal of time in institutions, and we have got this thing fairly well along the line.

One of the things which seems to be coming forward with great speed is chemistry. We had a very interesting experience recently. I was at a point where I believed there were no drugs which could produce any great or marked effect upon engrams. It was my observation that every time you administered a certain set of drugs, undesirable characteristics went right along with the administration; which is to say that when a drug was administered which made the person very emotional, the person would go on and dramatize with no therapeutic value, but they wouldn't dramatize what you wanted them to dramatize. When it came to administering Benzedrine, sometimes the psychotic in particular became slightly more accessible, but it wasn't very marked.

A drug was administered recently to three volunteers. It was an atropine derivative of a couple of herbs from South America, and the most astonishing thing took place. The demon circuits kicked in very heavily in each case.

In one patient, every demon circuit he had—and most of them had been practically flattened in previous auditing—went into high activation. We started to run engrams on him and those engrams were extremely accessible. He could go clear down into the basic area and into emotional charges and so forth, and run off the whole word content, but not the slightest reduction took place, and not a bit of unconsciousness would come off any engram.

This case normally contacts incidents, reduces them, their aberrative effects go down, the engram itself either erases or reduces very easily, unconsciousness comes off and he can't find it anymore.

Here we had exactly reversed the case and turned the behavior of the engram upside down. It could be found immediately, but once found it would not reduce and in all three cases its behavior was the same. We ran over these engrams about 40 to 50 times with no slightest reduction of any kind, and they weren't restimulated.

This was strange behavior and for the first time I had seen a reversal of effect—a very marked, pointed effect—as the result of chemistry. Consequently I believe it may be possible to find a proper combination of drugs which will permit the engram to be located and reduced with ease.

Furthermore, if engrams and the chemistry of unconsciousness and pain can be so affected by a drug, the possibility of a one-shot clear is closer, although any time a drug suddenly takes an engram and glues it down and then glues the unconsciousness down with it, and when that drug has the reputation of knocking out a psychosomatic which thereafter doesn't return, it should not be administered because its effect may be more permanent than desired.

The doctor administering the drug inferred that the dosage might be very critical, and it might be that a little less dosage or a little more dosage might have a completely different effect. I doubt it though because it was given to three people and it had an identical effect.

Analytically their IQs seemed to increase although no accurate test was done at the time.

In research, we are working hard on the accessibility of psychotics. There are other methods of making psychotics accessible besides chemistry, one of which is on an educational level, and we are going to make some tests in that field.

Standard Procedure will form a standard technique which can be gone through pretty much by rote. If these steps are followed, one is going to get engrams, there is no doubt about it, which is all in the interests of making the solution of a case inevitable.

Too many auditors in the past have become confused at some stage in the case. By lining up in this fashion just exactly what we are supposed to do, we have clarity. And by using this technique and procedure, we will have results.

It is amazing in the Professional Course to discover how many cases are well cracked in respect to the amount of time the people have been on course. It is a pretty good percentage.

After testing the person's file clerk and somatic strip the next action on Standard Procedure is to go to the third step of straight line diagnosis again. Start clipping out locks on straight memory and locating the exact phraseology by scouting the dramatizations of the patient's parents, or even his own fight dramatizations with people, or his own statements to people until you have enough data to plunge on repeater technique.

By repeater technique, using some of the phrases divulged which would find that material, you will get down low enough in the bank to a point where you can reduce an engram.

There is a valid use for dreams. Go back in reverie to a moment when the patient was dreaming and run the dream. Get him settled in the dream, see if you can turn on some of the

emotion in the dream and then drop him straight into the engram which caused it. That has some therapeutic value.

Before you start to work with these dreams though you ought to make sure that you have some of the basic material out of a case; because any time you get basic-basic out of the case, you get unconsciousness off and you enter a stage of therapy where you are on safe ground. Almost everything you touch will reduce after this has been done and you don't any longer have to worry about restimulation. People who follow this out are going to get results.

After we have done a diagnosis we have a pretty good idea of what we are shooting for in the case. We know where the painful emotion should be located. If it is there or not is another thing. We know what illnesses we are trying to touch and we have a fair idea of the personnel involved. We should know by this whether we have a very bad case or an easy case.

The way you tell if you have a very bad case is by a jackleg method of the incidence of illness in childhood, and by the ability of the person to recall. These two things will add up to a summation of data which should tell you how severe the prenatal bank is.

If you want to locate abuse to the child, prenatal or postnatal, ask questions about whether he likes his father, whether or not he likes his mother, whether or not he was fond of his grandparents. If you get an overweening fondness for Grandpa or Grandma or uncles and aunts, and a detestation of Papa and Mama, you have very good evidence of a very severe prenatal bank.

After having asked a few of these questions of people, you of course want to find out how they run in therapy. You may encounter a case that will go very rapidly, but don't spend time looking for it, just go to work.

The recording of the demonstration which followed this lecture is missing. It is believed that it was an example by LRH of the application of Standard Procedure as outlined above. Should you have information on or know the whereabouts of the missing recordings, please contact the editors.

THINGS AN AUDITOR MUST NOT DO

A lecture given on
14 July 1950

Value of the Auditor's Code

This lecture covers things that an auditor must not do.

The main one is that he must not invalidate the preclear's sense of reality or his confidence in his own data. Even if the preclear says it's dub-in, the auditor must not agree with him. He may yet be running perfectly valid engrams out of an engram that said, "It's invalid."

An auditor must never ally himself with any of the dramatic personnel in the preclear's engram bank. If the preclear starts to say, "Well, after all, Mother had her engrams too," the auditor must refrain from saying, "Yes, that's right, she had her engrams too," because the person is not talking very rationally if he is having a bad time of it. If the auditor suddenly agrees with the statement that mother was not guilty, he is actually siding with the person's engrams, which may throw the person into a very deep apathy from which the auditor will have great difficulty pulling him. So, if one does anything, be mad at them. This encourages the preclear's anger.

The next thing that an auditor must not do is put his hands on the sperm sequence without running it out or finding why it isn't run out. I did some correlation on this recently and found that an unrun sperm sequence had marked a difficult point in every case where it had been touched.

This interesting datum suddenly arrived from a lot of information. I have run it out from time to time quite as a matter of course, and in some cases it was so much like a dream to the patient that I did not pay much attention to it.

But when this occurred, the case went into a difficult period soon afterwards. Further, the only preclears I know who have become very anxious and upset and eager to get more therapy, or who became very irrational about therapy suddenly after being rational about it before, are those who have had conception touched but not run out. So, if an auditor gets the preclear into conception, he must run it out as the sperm and as the ovum as well as running out any and all engrams which precede it, because some engrams apparently precede the sperm and ovum sequences. It is not up to us to judge at this time, little as we know of structure and the recording mechanism of cells, whether or not these are valid.

If they are there, their validity seems to be very good. The chances of getting objective reality on this matter, however, are not very good, but it is going to be done. It has to be set up as a specific project to validate one small section of the engram bank, at which point we will learn rather rapidly what the objective reality is.

But regardless of objective reality, if there is pain there, and if the preclear maintains that it is prior to conception, the auditor should by all means run it out. The formula that things which will not lift are preceded by engrams which have not been erased might be equally valid in this sequence, since it led us all the way from late life operations back down through the engram bank.

It is difficult to tell, working in that area, whether one is getting preconception or postconception material. Very often the engrams are all tangled up with conception. In such cases in the past, I have, when I found preconception incidents, considered that probably we had a displacement on the time track or the sense of time was out due to the very smallness of the organism. The cell, after all, recording as a zygote, is not much bigger than those cells which, dividing, created the sperm.

There are eight generations in the testes from the initial cell to the sperm. So, there is a separate chain of mytosis in that sequence which comes down the line.

These cells are present and are dividing many days before fertilization. In the case of the ovum, the ovum may be there for some time before fertilization takes place. So, don't be surprised at an early engram which comes in before conception.

If one finds pain and words in the engram bank, run them out, or find something earlier to erase so that they can be run out.

But, in this area, what one is running into are little choppy engrams, and by telling the person to go back to the earliest moment of pain or unconsciousness one erases them. What such engrams say, what they do, or what their aberrative effect is, is unimportant unless one is doing research on them.

One runs out something that is early and erases it, taking note of the fact that one is early on the track. One keeps doing this, erasing half a dozen engrams in the early part of the track. One has no clue, in most cases, that one is anywhere near conception. If one keeps asking for the earliest moment of pain or unconsciousness, one day he will turn up with the sperm sequence, which can then be run out. If the preclear thinks he's a sperm, okay, so he's a sperm, run it out. And every once in a while, if he thinks he's an ovum, run off the ovum.

The way one does an erasure is to say to the preclear, "Let us go to the earliest moment of pain or unconsciousness which can now be reached. The somatic strip will go to the first part of this engram, the first phrase will flash into your mind, let's roll it."

These engrams normally look like plain coitus engrams or another part of the fight chain. In the early part of the track it is most difficult to tell the exact time of the engram. An age flash is no good at this part of the track, but if one finds a sequence in the basic area where the preclear is a sperm and then maybe he is an ovum, or a little bit further ahead he has pain because of cell division, one should run these things as engrams.

In the normal course of erasing a case to clear, one would pick up this material. On a closer inspection of it, it seems possible that some of these might have been preconception engrams.

Simply get the earliest engrams and keep running them, and if he suddenly comes up with the datum that this is before conception, don't immediately challenge his data, because that would invalidate it and be a very serious breach of the Auditor's Code.

As far as I was concerned it was a dream, because it was so often accompanied by one, such as 10,000 angels flying down to attend a fish fry, or, "Here I am, a great eagle flying up above this huge cliff and down below are these countless millions of people. But I have made it, I have triumphed, I have succeeded." That is a sperm dream. Naturally this is not an engram, but lying right under that dream there is an engram.

Nobody's case ever improved in Dianetics by running anything which was imaginary. Take a patient and run innumerable engrams which are fully imaginary and the patient will not get better, he will actually get worse.

Patients get better when one simply keeps rolling out the earliest engram on the track, regardless of content. If his mother is being raped by the Sphinx, roll it.

The only real damage that one can do is to avoid the rolling of it. Go for it with this technique of stabilizing the preclear in an emotional incident by putting him in a moment of sexual pleasure. He need not tell the auditor anything about it, what he is doing, where he is, or who he is with. One can merely say, "Are you there?"

"Yes."

“All right. You know all about this. You needn’t tell me anything about it, but let’s go over it and let’s re-experience it.”

Get him to do this two or three times, and sometimes he will wind up there, and when he does, and the auditor gets conception to run, he will have the preclear down in the basic area where he wants him to be.

If it is found to be stuck and the words won’t come up on it, ask the file clerk for what it requires to resolve this sequence. If the file clerk isn’t working too well, one simply pushes him a little bit earlier, and he is liable to pick up an engram.

The best way to solve circuits is to get unconsciousness off the bottom of the case, and then later engrams could safely be touched. So it is a good try.

The sperm sequence is, of course, a very early sequence in a case and it is very worthwhile to be in that area. That is the area one is trying to get into. There is where the erasure starts.

There is no reason to sweat backwards all the way down the bank if there is a neat way of skipping the whole bank and getting into the sperm sequence. Standard procedure is to get as early in the case as possible and start erasing as soon as possible. That is the first and last goal of an auditor who is clearing a preclear.

Don’t worry whether the incidents are imaginary or not. If one has what one knows to be bad circuitry problems in a case, the file clerk is not giving up the engrams that will resolve the case. If one is getting prenatal visio, and so forth, one is liable to be running incidents which are partly imaginary. But don’t worry about evaluating it. A person knows when his case has been cleaned out whether or not something is imaginary or real.

There are two ways of repairing this damage. One is to shoot for the circuitry that causes him to believe everything is unreal, and the other is just by straight memory, rehabilitating his sense of yesterday’s reality.

I resolved a case recently simply by asking the file clerk, “Give us the incident which will resolve the remaining content of this sequence,” and he promptly shuffled me a couple of engrams. Whether they occurred five years before conception or eight years after it I wouldn’t have known, but when I went right back to the sperm sequence, -out it went and on came the lady’s sonic in full.

Working in the basic area, a person usually will shift into his own valence unless he has a serious problem in circuitry, or is seriously latched up on the track somewhere up the line in somebody’s death—a coffin case.

Get him early and quite often one can run this material and find in it much that affects his sonic and other perceptics computatorially. He can settle into his own valence at this point, because things are erasing.

One tries to coax the person into his own valence, and into feeling other perceptics. If the auditor says, “Shift into your own valence now,” he’s liable to go into Papa’s. He might be a Junior case. So, what the auditor does is to coax his perceptics into being.

“Let’s see if we can hear some of these sounds. Let’s see if we can feel the moisture. Let’s see if we can get a little more tactile.” And in that way the auditor shifts the preclear actively into his own valence, if he doesn’t reply on the blunt command “Get into your own valence.” If the auditor can get a person into any emotional situation in the lock area of a case and run him through that emotional situation until he turns on the preclear’s emotion, he can tell him to go back to the first time this emotion was felt, and not only with the sexual experience with the sperm dream, but also with other emotions. He may get into the fight sequence first and

he might get early into most anything because the dramatization is lying there as a lock on top of the engram.

If the auditor can find the dramatization and run it until it matches the emotional content of the engram, he will be able to run out an engram that he would not otherwise have picked up.

Locks are conscious level incidents which approximate engrams. A tailor-made engram out of somebody else's bank could sometimes get into the auditor's bank, or even just a listener's bank.

He should not at this moment say, "Oh, the whole thing must be imagination because here I am running somebody else's engram. That's terrible, everybody must have dub-in." That is a wrong conclusion. That's a lock. Run it as a lock and as one is running it very innocently one simply whips the person into the engram on which it is sitting. What has happened is that the auditor or listener has had impinged upon him a brand-new lock on this one engram, and it won't sit in his bank unless it has an engram to sit on which might be visible as a lock but hidden as an engram.

There comes a time in a case when one has erased the bank prenatally. There are still more engrams on this case, perhaps 40, 50, 60, but he has completed the main erasure. The preclear, by this time, feels fine. Sometimes he is very difficult to interest in completing his therapy. He has gone over the hump as far his mental health is concerned. He has no somatics, he has enormous energy, he is feeling good.

So, the auditor will find himself sometimes in the position of wanting somebody to be cleared but the preclear is no longer anxious about this. If he gets the preclear working but the preclear isn't finding anything but has still got engrams, certain things are wrong.

One of the ways the auditor can handle this is with single word repeater. 1 There will be some word in the English language which is going to be contained in one of his engrams, so the auditor simply takes a dictionary and starts in with A, picking up these various words and covering the dictionary with the preclear on repeater technique. And the preclear will start turning up engrams. Of course by this time anything in his case will erase, just as anything in the case in its intermediate stage will reduce after basic-basic and a few other engrams are erased at the bottom.

After the auditor has obtained an overall superficial erasure, anything will erase. It doesn't have to be done in sequence, one can go to any part of the bank one wants to and run through the words once, then start through them again and they will erase with yawns. It doesn't take very long. One can run 15, 20 engrams out of a person one right after the other, but try to find them in a person who is no longer interested and they now have insufficient force because the following equation is taking place: The less engrams the person has, the more activity and the more strength his attention units have. As a consequence, his mind is able to buck these things. The auditor has something working on his side, and every time he takes an engram out he has some more of it working for him.

In the last end of the case if one has done a good job, one can ask, "Who used to tell you to control yourself?"

"Ha-ha-ha, my father." Or the person will say, "Why, the time I was run over by the truck, ha! Yeah, boy, was that cop mad," yet in this incident he had been unconscious for two days with a brain concussion.

He becomes very hard to handle in reverie. The auditor is working with the file clerk face to face, and the file clerk has so much self-determinism he doesn't take much to guiding. He knows what to do.

This is real self-control. For instance, when a person gets up along this level, with a little bit of practice he can start regulating his pulse rate.

A lot of basic engrams can be tangled up with the sperm sequence. Very often they will be all twisted up and overlaying or lying under it.

In some cases this is so remarkable and so twisted that the auditor keeps trying to run the sperm engram, but each time he tries for it, he gets another engram that erases.

Standard procedure a couple of years back was to ram the preclear back into the time he was conceived, somehow, and one knew he would pick up a new engram. One just kept doing it and peeling engrams off. In this way one nevertheless was able to work the case and get results.

An auditor can do the following: "Let's go to the beginning of track. All right, let's go to the time you were a sperm. Now let's go forward to the first moment of pain." And he can keep doing this with a preclear, taking him to the beginning of track and then going forward to the first moment of pain, until the preclear is finally peeled back to the moment when he can get something around basic-basic and run it.

Then there is the emotional bounce method which is a process of settling the patient in any emotional incident when he was dramatizing the emotion, or when he was observing it being dramatized, and then taking him from there back to the earliest moment in the bank which contains this emotion. This can be done with any emotion, but it's peculiarly apt with sex because it often ends up with the sperm sequence. Erase that and the case makes fast progress.

It is phenomenal with the valences and demon circuitry and other things that have been suddenly consolidated, how many basic-basics are being erased. The proportion has gone way up, and knocking out some of these dub-in circuits is going to bring the average time of clear way down. A phrase one must watch is "against me." One can find this as a part of the engram bank. It is the phrase which causes paranoia. There are many things which can be said in a roundabout way about Rorschach and other such tests, but there is one that coordinates them and that is the phrase "against me."

Any time one has "against me" in a case, it moves the engram bank up against "I" and makes a rather nasty situation. Such people are very unhappy. This paranoia, which of course is pathological and everybody knows it's pathological, happens to be the phrase "against me."

When one runs into such a case, one knows he has a classification of paranoia, or somebody who feels that the world is against him, and one should just run "against me" as repeater. It will be found in the bank. In this way, the case can generally be deintensified somewhat.

The auditor in this case could have asked for whether or not either of Mama's parents were around because it is a certainty that one of them had "The whole world is against me." The phrase out of that mouth might have been much more aberrative than the phrase out of the mouth of Mama, because Mama got it someplace, and she had a mama, and she had a papa. So, the odds are very much in favor of the grandparents of the preclear having said the words.

An auditor, by knowing his Dianetics, and by putting to work what he has learned, by using it, by practicing, by observing what it does, by paying attention to a few of these admonitions, can produce excellent results with Dianetics. It takes experience.

This lecture started with some information about the Auditor's Code and I'm going to finish it with some more information about the Auditor's Code. The Auditor's Code is not there because it is a good idea or because we must all be knights errant. It is there to protect the auditor as much as it is to protect the preclear

The auditor can cause himself an enormous amount of work by becoming impatient, by becoming angry, by departing from what is considered to be a course of decent human conduct toward the preclear. And he can add up for himself scores of hours of extra work.

So, the data should be held to himself. He should never by any slightest movement or show appear to question the truth or accuracy of data which the preclear is giving him. He should never assign the word "imagination" to anything the preclear is doing or saying.

The factors which most aberrate people in this society are the phrases which destroy reality, such as, "That's just your imagination. You didn't see it. You're wrong," and phrases which tell a person that he must control himself, and the idea that pleasure is sinful.

This trio flowing down the time line is inherited in the form of disturbed lives, crammed asylums and a criminal populace which, according to the figures of Hoover, shouldn't happen. Therefore, the auditor must not break the Auditor's Code, because he may severely injure the mental health of the patient he is auditing. He may also cause himself a great deal of trouble and have to go to much more effort to bring this person's case back into line than he would care to go to. So, it is not just a nice idea that the Auditor's Code should be there.

THE TONE SCALE IN ACTION

A lecture given on
14 July 1950

On the Way to Clear

Anything that an engram can do can be done only because the analytical mind has ways and means of doing it and does it naturally anyway. The engram exaggerates and punches in all the abilities, and renders certain abilities in the analytical mind chronic. A person can have a manic saying, "I'm going to write the great play," or "You've got to write the greatest book in the world. I know you can write it," but if his analytical mind is not capable of writing the greatest book, trouble occurs because it keeps what ability there is to write the greatest book continually soldered into the connectors. So now he has to write~the great book, he has no choice in it, the engram says so.

In the past, people have made a psychological error in believing that people did things only because they had neuroses and psychoses. They watched the analytical mind in action, they saw that sometimes it went out of alignment, and then they assumed because something had pushed it out of alignment that that was the only way it could think, which was a short way of looking at it because the mind normally goes all the way up and down the tone scale in the business of living.

If a person can do something but happens to have an engram that coincides with it, this gives that person a compulsion to do what he can do and cuts down the ability to do it because an engram has unconsciousness in it. Knock out the engram and the analytical mind can and will do it, if it is necessary to do.

Then we have the endocrine system. The endocrine system is a very interesting gimmick. It has this mechanism of turning on certain endocrine responses in order to encourage the body to do what it ought to do at that moment, or during that period.

Now, if a Kodiak bear suddenly walks forward and slaps the hunter, the hunter who gets up again and starts to box with sixteen hundred pounds of carnivorous bear is not likely to live to fight another day. Right away we get a tone zero as the natural solution, which is "I'm dead."

He lies still, the bear sniffs at him and maybe the bear goes away. If the bear goes away, he lives to fight another day. If the bear doesn't, he's just out of luck. He should have been a better shot in the first place. But this is a natural computation—the natural mechanism of apathy.

There are the tone levels of apathy, anger, boredom, and above it general cheerfulness. As the scale goes up, this reaction is quite natural. For instance, he is on the field of battle, fighting to preserve the world for the corn sellers of America, or some such, and the bullets are flying thick and fast and all around his head they are whizzing and slamming. He doesn't happen to have paid any attention to all the propaganda stories which tell him that war is glorious and that the ultimate goal for any man is to go out and murder his fellow man and then lie down in the mud and die, having accomplished the wreckage of a few trees.

So, he lies down in the mud before he is shot and the bullets go by overhead. He is smart. He doesn't get any posthumous Congressional Medals of Honor, but here he is, in apathy. He clicks it in. Now if the person has an engram which says that he must be very apathetic, then fear paralysis, instead of being a natural, useful mechanism, will immediately turn on and stay on because the engram is soldered in right there and it says this guy is now dead.

So, the person is lying in apathy on the tone scale. But right on the top of this part of the tone scale, and what drives him down into it, is the fear reaction, an endocrine reaction and so

forth. The person who hasn't got sense enough to be afraid some time or other in his life just hasn't got any good sense.

There are a lot of social aberrations in which the thing to do is to be brave. Now suppose the person feels fear but the engram says, "Be brave," he may go on and drink the bottle of poison, or stand up and let the machine gun cut him down. That man is being completely aberrated.

As a person's tone rises actually and naturally, there are times to feel brave. The body can turn on mechanisms and he feels brave. Then he is depressed out of this, he meets too much force, he is being suppressed too much by the factors he is meeting and so on, and he comes down the tone scale and starts to turn on adrenalin.

That is a pretty solid mechanism. A person can run a hundred yard dash with a shot of adrenalin in him and practically beat the world's record. The only trouble is that the endocrine system has got a delayed reaction, and when too much of it is turned on, it seems to react later to kill the organism due to toxic action. Perhaps he overcomes the obstacle, but later, when he meets another obstacle, he drops on the tone scale because the force is too much and he maybe starts to propitiate although he is still fighting back.

Then he drops to covert hostility and makes comments like, "Oh dear, what a lovely hat that is. I've liked it since last year!" When he comes down into this range, his dramatization in regular life gets broken to a point where he starts computing, "Hey, this is dangerous." This tells him he had better be afraid and flee quickly, or do something about it because he is scared. He will survive if he gets scared at that point because rationally he sees that he can't win.

Now, if he gets very scared, he can drop down into the apathy range which is a counterfeit of death. Also, when Mr. Kodiak Bear goes away he might live to fight another day. So these are all good survival mechanisms.

Any time these things become pushed in too hard with an engram, the person can be chronically held on the tone scale at some point.

The person can become set into a period of chronic fear. He can also become set in chronic apathy, which is the catatonic way down the tone scale. So there is fear, but fear is also computational because fear is a natural analytical mind mechanism. It says in the engram bank, "I am afraid." The restimulator for this is a dropped fork or the smell of apple pie. So, he hears a dropped fork and somehow or other he feels afraid and has an endocrine reaction turn on at that level.

The general tone of the individual as engrams are deintensified and erased normally starts upwards, and he will go through an anger range; and sometimes when the person started out angry, he will be angry at things more or less all the time and then he will come up tone. He has a shorter distance to go actually, as a general manifestation. Just as an engram will recount up the tone scale through stages to boredom until a person is even cheerful or flippant about it, so can the whole general tone of a person go from apathy and fear up through anger at the things that have been done to him, up through boredom and then into a cheerful state of mind, and reach the state of clear.

The key factors in an engram are pain and unconsciousness if they aren't the same thing. The chemistry of that is the holdup. A conversion occurs because of emotion.

For instance, although the dramatization contains the word Isabel, the wife's name is not Isabel, but Gertrude. And if you have ever listened to a dramatization running off that has to have words changed in it, there is a little choke just ahead of the moment when the change has to occur.

Maybe the scolding is about not putting the buggy whip back, and the dramatization may come on and one has to substitute the word frying pan. Something wasn't put back so he is called forward to scold his wife about something but it can't be a buggy whip, so it will get this much check. The analyzer will sit there and listen to this stuff rolling out, because when an engram goes into a dramatization it goes straight into the voice and muscles that way. Of course, the more solidly the dramatization turns on, the more restimulated the engram is, the less "I" one has got to observe. But a shadow of "I" is still sitting there watching this thing carry forward, saying, "What is going on here? Here is this person murdering somebody!" So, "I" has to think, "Now let me see, I'll have to think of a good idea because I can never be wrong, I've got to be right. Oh, yes, he was about to rob me."

He has to find a big, fancy explanation. The analytical mind is supposed to dream up computations in relationship to survival. This is a whole analytical mind devoted to explaining why the dramatization happened. It doesn't know that this happened because an engram was restimulated and went into action.

Now we can say, "Well, an engram went into restimulation, I wish I could get rid of it." But "I" says, "I tell you, it's like this."

This engram, let us say, has a circuit in it that says, "You can't get sick." But "You can't get sick" dramatized would be "I," or this person as an organism, telling somebody else, "You can't get sick."

Any time somebody is pulling a dramatization on you, you can be absolutely certain that the "I" in that body is also subject to that dramatization. In chronic psychosis, we get this as the demon circuit, and "I" becomes to a large degree the whole circuit. "I" has to mind the demon circuit. Then when he flies into a dramatization he simply swamps the whole thing temporarily and tells somebody else, "You've got to mind me," in a high state of rage. Or, in a lower state of restimulation he merely feels that people have to mind him.

"I have a headache" means I have a headache. It can't be dramatized except by having a headache. If the person says, "I have a headache," and somebody else says to him, "No, you don't have a headache, you know darn well you don't have a headache. It's all in your mind," the headache is going to get worse, every time. Sometimes if one says, "Yes, of course you have a headache, you poor thing," it goes away. That is faith healing.

There are, of course, many frontiers in Dianetics which are not exploited. We don't know about structure. There are many things we don't know even about one person's life span. But as far as aberrations and psychosomatic illnesses are concerned, and clearing the individual, we know what we need to know.

Here are some necessary definitions:

An aberrated individual is one who has engrams which are susceptible to restimulation.

A release, technically, is a person from whom the chronic psychosomatic illness has been taken, and from whom painful emotion has been removed. You can count on him as a solid release.

Next is a clear. People tend to interpret the word clear as an absolute term. But the definition of a clear is simply this: All the engrams from basic-basic forward have been removed and all their locks have been blown. The person is clear of engrams.

I'm sorry that there isn't a better test besides taking a person three months after the date of clearing and checking the bank to see if anything has jumped into view and then checking the person in another three months to find out once more if anything has jumped into view.

One can get a deceptive condition in a clear and one which undoubtedly exists in a certain percentage of the people I have cleared. I heard from one the other day who was only considering himself three-quarters cleared. I suppose he had found an engram someplace. He was aware of it and it hadn't been swept out.

The last time I saw him I considered him a very good release, probably a clear, because I couldn't find anything else in his bank.

"I" in a clear is in command of all his attention units and he can send them down the bank, or pick up every memory in that bank. He can use them to compute or to inspect and he is not affected by psychosomatic illnesses.

For example, on 1,000 units, there would be a certain amount of horsepower. There could still be 50 units tied up in this bank, but they wouldn't be enough to turn on a psychosomatic illness. It would require some study to free those units.

Furthermore, in the process of clearing, after a while one may have, let us say, 600 or 500 units free, and this person will feel so good, he will be doing so much and getting along so well, it is sometimes pretty hard to pin him down to get the rest of the 500 units cleaned up and cleared. And it takes a little push on somebody else's part at that time.

It is almost a continuous gain proposition. As one starts knocking out attention units on engrams and freeing them, the curve gets steeper and steeper.

The more units that are freed, the easier it is to free units. The more mind the person has, the more mind he can free from engrams, until he gets up along the level of the last 50 units.

It is a wonderful thing when one starts back down the track and looks these things over. One looks at an engram, starts to recount it, and in some cases it disappears right there. There is so little left on it.

An auditor will notice as he progresses on an erasure that by the time he gets up to the third or fourth month in a case, if an incident isn't going by one recounting, he has missed a very big engram someplace back down the track.

In such a way, we can also postulate how clear is clear. There may be some other way that these units get latched up of which we are not aware, but the definition of clear is that one just frees all the units out of the engrams in one lifetime and one has a clear. It is not an absolute term, we may find some way to free some more units someplace else.

The way to start a case is to free the maximum number of units in the shortest possible time at the beginning of the case. That can best be done by knocking out painful emotion. Painful emotion really ties up units. And the next thing is to knock the unconsciousness off the case which glues the unit in place, and start an erasure. During the first part of a case, when we need the most units we have the least. That is why cases are a bit rough to start.

As one gets them going and starts knocking out units, be satisfied to knock out a unit here and a unit there, taking a little tension off each time and getting him remembering something else and so forth. Ability goes up on almost a logarithmic curve of increasing strength.

On the subject of pregnancy, I am at present advising known cases of pregnancy against Dianetics during the pregnancy, because I have seen some heavy emotional discharges come off so suddenly that I have no doubt whatsoever that they transplanted. And of course, when the incident starts running, the patient thinks of nothing but that discharge.

However, there would be this dividing line: If Mama is so morning sick, so miserable and so nervous about it that birth is going to be a very difficult affair, the transplanting of a few engrams into that child by Dianetics wouldn't begin to match the number of engrams that the

child is going to get in real life. So there is a break point in this line and we are working forward to get better and better methods of discharging emotion off a case.

On a whole case, if one can discharge the painful emotion from it, the case will work easier. But that painful emotion is lying in engrams all by themselves up the bank which are dependent for their force on physical pain engrams, and one can unlock emotion off the case by running the physical pain engram first and the emotion second, or the emotion first and the physical pain second.

The case shows its most marked improvement when a great deal of grief is discharged from the bank.

When the somatic has disappeared, when unconsciousness has come off, one can call it a good, safe reduction. When the somatic has disappeared utterly, but the words tend to remain on two or three additional runs and no unconsciousness has come off, one can still call it reduced.

The best reductions are those where the words remain, the unconsciousness comes off and no further somatic is present. But just on running an engram over and over, they vary greatly. Some engrams reduce in 15 runs, some reduce in 3 runs. It's up to the auditor's judgment.

Never ask the file clerk if something is reduced, or "Is it safe to leave this now?" The file clerk won't have a chance, "I" will get in there and say, "Yes, that's a fine idea, let's get out of here," and he may protest about going through it again. That is the very time one must go through it again. One will get real material off the engram.

If the preclear suddenly says, "No, let's not go through this again, it's all reduced and after all I'm perfectly fine, and I just can't go through this again," the auditor can't adopt the attitude that this is a perfectly reasonable statement, because it is not. It is an effort to avoid the next run which is the run that is wanted.

If all of a sudden the preclear stops yawning and he has yawned about halfway a couple of times, realize there is a bouncer in the incident.

I must warn you against one type of engram. This is the stretchercontractor engram. It is a little jim-dandy magnetic engram which has a bouncer in it which throws the person off it, such as, "Get out of here" and "Come back here." He says, "I've got to get out of here," and Papa in a fight sequence says, "Come back here." Now when the preclear runs this engram, he can't get rid of it, so he bounces off it, which means that he is running the incident with the words appearing in one place and the somatic in another.

The best way to cure that is to say by standard technique, if the file clerk and somatic strip are working, "Bouncer (snap!)"

"Yes."

"Call-back?"

"Yes."

Knock the bouncer out, then the call-back, and it will operate easily and smoothly.

The whole bank can be stretched out of shape with the words in one place and the somatics in another. In the basic area somebody says, "I'm going to come," and it seems to stretch all the words up out of the engram because this thing is aberrative down there, below it, and the somatics are somewhere else. So, a person is trying to run the words and the somatics, back and forth, which is very confusing.

That completes this lecture. I wish you lots of happy hunting with this information and a very early clear.

DERIVATION OF LAWS - PART I

A lecture given on
17 July 1950

Invariability of Basics

The Dianeticist has to know his laws. If he cannot think and derive above these, then he is not going to get good results. This has been reduced to a point where a great deal of it is rote, where it was speculation before, but because it is rote, that merely allows the auditor more time to think.

We want to see, even before we complete our chemistry research, cases going through on 75 to 100 hours to clear. In the past month alone, we have knocked off three quarters of the usual time required on a dub-in.

Some very marked advances have been made which require less skill as an auditor and result in less time for the preclear in therapy. Nevertheless, a person who is trying to work Dianetics without working his mind hard at the same time is not going to achieve these results.

So, this lecture concerns the derivation of laws. Dianetics begins with the law "Survive." Therefore as one follows along the track, he should be able to discover ways and means to derive new data. What is pain? What is pleasure? What is death? What is survival? What is immortality? And so on.

Of course, infinite survival would be immortality, an impossible goal perhaps but nevertheless the postulated abstract, the unobtainable absolute. Death is not an absolute since a man goes on dying, I have heard some morticians say, for about a year after he has been pronounced dead. In other words a cellular death sets in.

Furthermore, we must not overlook the fact that there may be an immortality in the form of personal identity as a spirit or a soul. We are dealing here with a science. Just because something seems odd or incredible is no reason to believe that it is not possible. Many people, for many, many centuries, have believed in a personal spirit and immortality.

Dianetics takes no stand on such a thing. It doesn't have opinions or beliefs. There are definite physical laws. These laws are invariable within the science. As far as we are concerned, survive is an invariable. The definition of pleasure and the definition of pain might be improved slightly, but they are invariables. The effort of an individual is toward survival, the best possible survival.

Now, this must contain, of course, a considerable overage. It isn't enough to grow one basket of wheat for every month in the year and then say that one has adequately provided for one's survival. A person could not grow enough baskets of wheat to get the optimum, because his survival may not lie strictly along the line of baskets of wheat.

It is perfectly true in the field of living that just the plain ordinary obtaining of pleasure has to be a sufficient lure. It is there to make a person desire to survive. It is a valid commodity. And furthermore, pleasure as a commodity is obtainable in various ways, which as long as they are not physically harmful and actually detractive of survival, are of course the very stuff of which survival is made.

As we look along this line, we find various cults and creeds in the past that have denounced pleasure as being extremely evil. We notice also that with the emergence of this philosophy upon the face of earth, man's survival deteriorated. The last time that happened we had the Dark Ages. Pleasure was very bad—a piece of reactive thinking.

So, we can derive these various invariables. We have the engram. Its existence and anatomy is invariable on a functional level. We don't know all we need to know about structure at the present time. We are trying to learn. We know too little about biochemistry. That too we are trying to learn. But we know function, and functionally we know the anatomy of the engram. We know the anatomy of the grief emotion.

The anatomy of the engram is invariable. Most of those sessions which fail for an auditor fail for one reason only: He is not sufficiently conversant with his tools to recognize that he is dealing with invariables. I have watched this. One is not sure, for instance, that the somatic strip is there, or that it goes where he wants it to go instantly.

One isn't sure that there is a file clerk with which to work. And yet there is. That is invariable. There is always a file clerk. Perhaps he can't get through. If he can't get through, then it is up to the auditor to try to find out why, and then let him through.

Perhaps the somatic strip won't work. Perhaps it's stuck somewhere on the track in a chronic engram. But that doesn't mean that the somatic strip won't move. These are invariables: The somatic strip will obey the auditor, the file clerk will cooperate with the auditor. Also, the theory of valences, although it may even now suffer considerable alteration, is workable and is invariable. But now we take what is variable in the case and we find that the incidents and the principle of allies are not invariable. The allies in one particular case are definitely variable. The names and numbers and times of life that this case had allies are variable.

So, the auditor must learn what he can depend upon in a case and to have reliance on his tools; and, by having that reliance, he will be able to work with the quick certainty that can be found in a good many professional auditors working today.

Some of these cases which are supposed to be so difficult are difficult simply because basic rules are being overlooked. Every case an auditor faces will try to make him believe that there is something very strange, unless it is a pianola case.

There are various types of cases in Dianetics.

There is the coffin case, one who is in the valence of somebody who is dead and who lies there with his hands crossed on his chest, his feet straight out, motionless, running through all sorts of engrams.

The pianola case is so called because it plays itself. The auditor simply puts such a preclear in reverie and then says, "The file clerk will give us the next engram which we need to resolve the case. The somatic strip will go to the beginning of the engram. When I count from one to five and snap my fingers, the first phrase will occur. One-two-three-four-five (snap!)," and the preclear runs through the engram and gets to the end.

The auditor then says, "Go back to the beginning and run it again," and the person does. That's a pianola case.

What I want to teach auditors to do is to make every case into a pianola case before he starts. After that the case will run.

The major cause of error is that one doesn't believe one's tools will work. But they will. I don't believe that an auditor ought to try to audit until he himself is convinced that these tools do work, and has felt inside of himself the horrifying impact of a real, live, off-the-couch engram. After that he has no uncertainty about it whatsoever.

I'm not trying to convince anyone about the validity of Dianetics, but I do ask each auditor to please use the tools as they are. Use them invariably, as they are invariable tools.

When one starts to think about Dianetics, the first thing one must learn to do is to set up a little piece of circuitry in one's own mind that will think like an engram, that will think with horrible literalness, that will think in puns.

For instance, "He rode a horse" and "He rowed a horse." Or one can say, "He must be crazy," and you know that we are not talking about "He must be crazy" but that he is compelled to be crazy, because that's what the phrase says. The reactive bank does not differentiate in anything, much less tone, or whether a person was sarcastic or not. It operates solely on the literal meaning of words. So, one has to set up this little piece of circuitry that will think like an engram. One must be able to recognize a bouncer for what it is.

For instance, an airline pilot turned up recently wanting to know all about Dianetics. He ran a few engrams, but the incident that brought him to the point where he thought life was wonderful and actually was the reason he was a pilot was the engram that said he was no earthly good!

That is the way an engram "thinks." It has no reasoning power. The principal error which people make when they are trying to follow along with engrams is that they expect them to reason. They think, "Well now, let me see, because this was said then it must mean that the computation was so-and-so."

There was a horrible example of this by a psychologist in Washington and I imagine his patient was a very unhappy patient the next day. The psychologist ran the patient back down the track. He had had this patient in psychoanalysis for about three years, and had been looking for a hostile stranger in this person's case.

Naturally, for years he had been asking this person, "Now let's see, is that the hostile stranger, is this the hostile stranger, is that the hostile stranger?" and the person was quite well educated into looking for a hostile stranger.

So he ran him back down the track and found some late life incident that wouldn't amount to much in Dianetics of where his sister took the little baby in the crib by the throat, shook him, banged his head against the bars, and then took his bottle away from him. And the psychoanalyst said to him at that moment, "What did you think of your sister?"

And the patient said, "I thought of her as a hostile stranger."

"Come up to present time. Now there, you're cured."

He didn't desensitize the engram or anything.

There are two things that can be said about new auditors: (1) they talk too much; (2) they use too much repeater technique, because they are liable to start in on any phrase they get and use it as repeater technique and wind up in places where they don't belong, such as birth.

You have got to be very careful about what you are using repeater technique on. It is perfectly valid. It isn't that it is dangerous. But you don't work a whole case with repeater technique. Psychoanalysis at this time is having a wonderful Roman holiday with repeater technique. They say, "There are parts of Dianetics which we can use. Repeater technique is one of them."

Then they have somebody repeat something like, "I'm a bad boy, I'm a bad boy," or, "You're a bad boy, you're a bad boy, you're a bad boy," and sooner or later they are going to get him into a spanking. And the moment he gets into the spanking, they say, "There you are. That's why you think of yourself as a bad boy. You're cured." Only this is nonsense. They might just as well stick this person in the eighth month of the prenatal bank in an engram which will not reduce and which contains all manner of injury, and then bring the person up to present time with all the somatics, because "You're a bad boy" does not necessarily appear in the

engram bank postpartum, it could also appear earlier if there are older children in the family and it is there at all.

That is what I mean about using bits and pieces, of having confidence in your tools. A good auditor knows when to use these tools and when not to. He can think in terms of how an engram thinks.

A person being choked does not think of anybody as a hostile stranger. He doesn't think. But the engram has content, and we want the content out of the engram. It doesn't matter how much the person says concerning this engram, although occasionally on a grief charge we let the person explain to us for a little while, if he doesn't take up too much time, how it was that Uncle Oscar was so valuable to survival. Then we send him back in there to get that engram and its word content.

And that is what we want out of the engram. What computations he made on this content are of no real concern. Whether or not it resolves one of his aberrations is also of no concern to an auditor. So the person feels better. That's all right.

People who have been in psychoanalysis for some time will busily analyze every piece of wordage they get out of an engram. They are wasting the auditor's time. All the auditor wants is content.

Getting back to derivational thinking, when one has the basic principles of a science, one can derive the information one needs. There are pieces of information lying around inside Dianetics which have never been figured out. In fact I would go so far as to say not one one-thousandth of the data available from the basic principles of Dianetics has yet been dreamed of.

As an example, we have had trouble with coffin cases. We have another law that a person will seek to occupy the winning valence of an engram. If one wins he survives, so he will go over into the winning valence. The next valence down is less survival, and of course his own valence is the last ditch, because that one probably contains the pain.

So, we have the very valid theory of the winning valence. And what is the winning valence in the coffin case? It's the dead man, of course.

Have you ever seen a little child going around saying, "Oh, if you look upon my cold, dead face you would think better of this," and that sort of thing? Then there is the way they idealize a funeral, "How everybody will miss me when I am gone," and so on.

I took a brief survey on some of the cases I had and here was Uncle or Grandma or somebody lying out there in that box, stiff and cold, with everybody saying, "I am sorry we were so mean to him. Poor old fellow, he was an awfully good guy. I'm so sorry."

They are practically singing the song "Poor Jud Is Dead" over the corpse. And what does the child do but go into the corpse's valence, not only from grief of loss, but because Grandpa really won. We will test this theory along in this order: We will take the coffin case who is lying there with his hands crossed, and say, "Now let's pretend that you're dead and it's your funeral. Let's see what people are saying to you." Just coax him into the text of what he is saying. We will go over it a few times and see whether or not he winds up in that valence in the death, because the coffin case has been pretty hard to spring out of a dead valence.

We won't use direct memory, but will simply put the person into reverie to run out the valence and do a valence shift on him.

But remember this person is in another valence, so we are going to have to coax him into this situation until he is actually lying in the coffin and so on, and then whip him out of that valence as soon as he becomes a little bored with it and the intention is off it. Then we can

shoot him into the secondary valence, whatever it is, and in this fashion finally work him down into his own valence and run the grief charge off that and I think we will get quicker results on a coffin case.

So, that is an example of the terrific amount of material which one can derive in Dianetics. One has got to think and be on one's feet on the subject.

We know what our tools are. If you come up against what you consider to be a sticker, derive it. It is always better to be able to compute from certain basics which you know give a right answer to a given situation than it is to be able to go back and get visio recall on ten billion pages of research material which may or may not contain your answer at all.

There are two ways of approaching any piece of learning. One is to file in the standard bank on the pack rat principle everything and anything which one encounters in life, so that the person winds up as an encyclopedia. And although present education may so reward him, and graduate him with A's, he is merely a good catalog.

In many lines you will find this is unfortunately true, particularly in lines of literature. You get somebody with a good, solid visio recall. He can go over and over literature, but he can't write it. So we get in this society B.A.s who are not bachelors of art but who are good catalogs for it.

The second way of approaching learning is by derivational thought. Derivational thought is not stressed in the fields of the arts. One of the best reasons why an engineer can do the things he can do, and think the thoughts he can think, is not because he is any brighter than others, but because he is trained into derivational thinking. He can derive new answers continually, and by doing so, he keeps his brain live and active. He doesn't just go on remembering, remembering, remembering.

After a while a person's data is so old that it is out of date. For instance, it so happened that I took the first course that was given in the United States on the subject of atomic and molecular phenomena—and if I had to depend upon anything I know about atomic power from that course I would be in trouble, because most of the data was wrong. The conclusions which were drawn at that time were in error. But if one had the fundamentals, he would have the various equations and the mathematics which eventually developed into what they are now calling quantum mechanics, and he could still be active in that field. But not if he could merely read the pages of the books that he read then.

It was fortunate at that time that we didn't have any textbook. Yet some of the people who are studying in the field of atomic and molecular phenomena now, graduated from school at that time and they must have kept up to date on their data.

Those people who are able to retain everything they look at, who have eidetic memory, are in much worse shape than those people who are forced by occlusion to derive everything. It is not true that a person who has no sonic and visio recall is, by reason of numbers of engrams, made in some way smarter. He is merely blocked from access to his textbooks. He can't go back and look over Construction Materials, page 426, on the mixing of concrete.

Engineers who can do this are considered pretty good engineers, but one doesn't go and find one of those engineers if he really wants somebody to do some conceptual thinking.

Someone who has had to struggle through school without visio recall, whose memory for facts and isolated data has been very occluded, has had to set up a derivational circuit. If the person who has sonic and visio recall has also been made to set up a derivational circuit, he would actually be doing much better than the one who, by occlusions, has been forced to derive everything.

The difference is that it is too easy for the person with visio. He doesn't quite know exactly why he knows all these facts. But he has attention units right close to hand that can read his textbooks for him and he gets those facts easily and fast. So he doesn't have to derive anything.

Now in Dianetics, we don't have any vast literature. We have a Handbook, we will have some bulletins, and the university text in Dianetics is in preparation. It is going to be a masterpiece. If anybody can understand it in four years of intensive work I will give him a medal.

But you don't need that data. What you need is a knowledge of fundamentals and the ability to use those fundamentals and to derive new answers from them, so that at any time you look at a case, by knowing the fundamentals, you can derive the solution to the case very quickly.

We have tried to make it very smooth and easy in Standard Procedure. But an auditor has to be able to think. He has to be very fast on his feet. I have seen people sitting down with a notebook on their knees "auditing" and it is a ghastly thing.

There is the patient, the poor guy, running auto, jumping all over the time track, doing this, doing that, writhing around, getting thoroughly restimulated, with control mechanisms completely out of hand, and the auditor is sitting there writing, writing, writing, and never thinking, just doing a stenography job on the engram bank. And that is not Dianetics. In the first place the auditor should never have to do very much writing unless he recovers a particularly interesting engram which he would like to hand in to research, an engram which is the center of something, or a new aspect of a case that he has not noted before.

The practice of stenographic auditing, to give it a name, is not important. What is important is to get all of it out of the preclear's mind.

One has to be able to derive these principles. There is only one way to learn that and that is to read the fundamentals, know them well, and then do lots and lots of auditing. A person who works only one case is liable to find himself possessed of the idea that all cases react in a certain way, and the moment one puts him on another case which offers an entirely different aspect, the same fundamentals just changed slightly give it a completely different view.

Let us take the case which has a demon circuit that says, "You never can control yourself, you're utterly impossible." It is a declaration which produces a very definite type of case.

Now, supposing whoever was in that same engram had said, "You've got to control yourself, you've got to control yourself all the time," that is another type of case. But they are exactly alike in the degree that each had a demon circuit. And they are exactly alike in the steps one has to take to get that demon circuit out of the case in order to make the case run.

In the first case which can't control himself at all, one is liable to find a circuit interposing which just cripples the file clerk. And in the other one, there is an extra circuit which is substituting for the file clerk.

But these are the same mechanisms at work, although the cases may look entirely different.

Standard Procedure, used, takes care of both cases.

Having covered derivational thinking, let's start in now on the Auditor's Code.

Somebody once called the Auditor's Code a code of how to be civilized. And sure enough, if everybody acted like this toward other people, it would be a pretty smooth world.

A violation of the Auditor's Code can cause an auditor 20, 40, 60 hours of extra work, or can close a case down on him as an auditor completely so that some other auditor has to take

over. Furthermore, it may throw a psychotic person into a complete spin. It may even precipitate his psychosis.

So, the Auditor's Code is of very definite interest. The most important part of the Auditor's Code was not sufficiently stressed in the Handbook. The first part of the Code should say:

"Do not evaluate and do not invalidate any of the patient's data no matter how invalid that data may appear to you. Never correct the patient's data, never tell him it is wrong, false or imaginary. Never infer to him for a moment that there is such a thing in the world as delusion, even if he is running something that is nothing but delusion." This goes to the point that if a person says, "I know this is just dub-in," do not agree with him. Don't disagree but don't agree. If you lean to any side, lean on the side of leading the preclear toward the fact that he can recall accurately.

Never say, "I don't think that fits in that engram at that place." "I don't think you are recalling that properly because I was there and I heard your Uncle Bosco." "You know very well that prenatals are delusions after all." "I don't know whether this material is correct or not. I think it's mostly imaginary."

Any one of these remarks, as innocent as they seem, has an enormously forceful effect upon the preclear You destroy with this his sense of reality. There are actually three chief social aberrations in the world. One of those is the class of statements which say, "You are wrong."

It is the principle of the analytical mind to be right. When somebody says, "That's just your imagination, it's all in your imagination. You are not sick, it's just in your mind. You know you're wrong, that isn't the right material," and so on, these things riding along as social aberrations destroy one's sense of reality.

Of course in engrams you'll often find the phrase "It's all so unreal to me." That is the chief aberration which, running through the society, produces more insanity per square inch than any other.

With the issuance of Freud's theory of "all is delusion" in 1911, the curve of promulgation of this theory throughout the civilized world began to gather a parallel curve of the number of people institutionalized.

That is a horrible condemnation of a theory.

It is not that I am criticizing, I am merely pointing out the extreme seriousness of invalidating information, or permitting anybody in the field of mental healing who is also handling one of your preclears to brand as delusion anything that preclear is saying.

One knows dub-in. One knows imagination when one sees it. It is the auditor's business to recognize it and to know what to do about it. But it is not his business or anybody's business to say that it is delusion.

Sometimes when working with somebody who has engrams to the effect of all is illusion, that "This is so unreal, I'll have to pretend I'm somebody else," or something of the sort, "because I can't believe this anyway," the auditor can actually shift this preclear over into another valence where this engram exists, and in that way achieve an apparent alleviation. The mechanics of it are very simple. He is having a hard time facing reality so the auditor tells him that the reality he is trying to face is in fact delusion.

The auditor simply says, "You don't have to pay any attention to this sort of thing because it's all delusory anyway and you don't have to worry about it." It acts like a positive suggestion from somebody with altitude. The person can actually be shifted into another valence, he can be handled in this fashion, and his mind can be eased. But those cases are very few and when they come into Dianetics they have to be treated with greater skill because

they have to be brought back into facing reality. That is what we are trying to do. Don't drive a person away from reality.

But the bulk of these cases when told that something is delusory while they are undergoing Dianetic therapy will come close to a break. They will become more neurotic and they will become very upset. That is how important the Auditor's Code is.

I saw a case that was proceeding very well. And then "friend" husband who was doing the auditing said to the case, "Well, you know that doesn't fit in there." That was all he said, but with those words he precipitated the case into a very bad state of mind.

Nearly every case is going to have engrams to the effect that it's all in his imagination anyway. That is such a common social aberration that any statement or invalidation of information spoils for that person his sense of reality, after which he won't be able to run engrams very well because he will be running them on the subject of, "I don't believe this, it's not real. It doesn't seem real to me." A sense of reality is extremely important.

This is rehabilitated on a straight memory circuit as much as possible, because straight memory when it selects out a real memory, validates it and says, "This was real." In such a way we can validate engrams and the emotional reaction toward reality.

"All is delusion" is something which we definitely leave out, not because it is nice to leave it out, not because of any morals or any feeling that we ought to do something different, but because it will, if often enough repeated, destroy an intellect. That is number one in this society as an aberration.

Patients occasionally become so anxious about the validity of their data that they will write home to Mama or do something else equally strange, because they are writing home to the person that drove them crazy. They have got engrams in there that say possibly, "You have to believe everything I say, dear, because after all I have your best interests at heart and even though I am throwing you out into the cold, this is for the best, " and so forth, "and you have to mind your elders and besides I have always loved you and I didn't try to get rid of you" (outside of 35 AAs), "and everything is going along just fine."

So the patient with these engrams writes home to Mama to find out when the hypnotist hypnotized him. He has just written to the person who knows least about it. He himself knows most about it. And his auditor at that time knows much more about it because demon circuits just don't appear out of nowhere.

Mama writes back and says, "No, it was 4 when you suddenly got over your stuttering. You started stuttering when you were about 2. And you were never hypnotized by anyone," and that puts him into a flat spin. There wasn't any reason to have written home in the first place. Now he gets back a new lock which says, "Dear, you're just imagining things."

So Mamas who have guilty consciences are very careful about what the little child can remember. They will tell the child many times that it is impossible for it to remember that early. Some little boy will come in at 3 years of age and say, "I remember when we had this dog Towser."

Mama thinks, "Towser, he was only 6 months old when Towser ran away, and we never had him after that. Do you think he can remember to 3 months old, 2 months old, prenatal?" Aloud she says to him, "Oh, you can't remember that, Willy. You were much too young."

The little kid pleads with her. He says, "But I do remember it," because the analytical mind's function is to be right.

And Mama will say, "No, it's just your imagination. You are imagining things. All is delusion, all is delusion, all is delusion."

When this case enters Dianetic therapy he will lie back and when the auditor says, "All right, let's go to the earliest moment of pain or unconsciousness," he gets a streetcar running over him or something of the sort, and he says, "It just must be imaginary," even though he has got somatics and so forth, "I can't really believe that it's real." And the auditor goes through this case over and over.

That's the prime aberration running through the society today, that reality is not reality. So don't add to it as an auditor, because one would be clipping right into something that is pretty thoroughly messy throughout the land. Don't stir it up, it would be like prodding a stick into a hornets' nest. It will cause a whole case to cave in.

Of all the clauses of the Auditor's Code, that one is the most important.

Another bad aberration which runs through the society is the one which says, "Control yourself, control yourself, control yourself." Everybody is very interested in everybody else controlling himself. This is a general sort of cowardice to which this whole world today has become prone, that everybody must be controlled.

The only thing that makes a dangerous lunatic dangerous is the fact that he has control mechanisms.

All manner of things have been promulgated in this society by some "I" in an effort, aberrated or otherwise, to make the world safe for that "I."

The extent of man's invention, placed on this subject of making people control themselves, if invested in space travel, would now have us out over the whole universe, because for the past 50,000 years he has been trying to work hard along this line of "Control yourself."

If someone gets emotional, somebody is bound to say to him, "Control yourself." "Control your emotions, dear, don't go all to pieces."

The thing for the person to do at that moment is to cry, and to cry loud and hard. A grief charge comes off partially at the moment of the receipt of grief. If tears can be shed, that charge is going to deintensify slightly, and the rest of the charge will come off during therapy, sooner or later.

Someone saying, "Control your emotions, don't cry," is harmful enough, but the next thing they do with "Control yourself" is try to toilet train the child. There was a perfectly good observation made many years ago that toilet training had a great deal to do with aberration and that is a valid statement. Just think for a moment of the number of holders which enter into a sequence of toilet training, such as, "Sit here. Sit down. Now you stay there until you've done. You stay there. Now sit there."

If there is a big "believe it" engram, such as "You've got to believe me, you've got to believe what you're told," underlying this toilet training, everything Mama says goes in and it has just as much value as an engram itself, because it is depending on the lower engram and locks her voice tones into the lower one. So, everything she says is believed. Add "Now, you've got to control yourself" into those holders up and down the line, and that particular sequence in life will be aberrative in the form of locks.

In moments of anger, people often say, "Control yourself." "Control yourself" has many types of phrases. "You've got to get a grip on yourself," "You mustn't let yourself go to pieces," and "You've got to get hold of yourself" are all phrases from the same species.

It is an effort to make somebody else be very self-controlled. These things go in as demon circuits. The demon circuit is "You control yourself," whereas "I" as a single aberration just tries to align itself with "I."

Psychosis seems to occur because one of these demon circuits says to what is left of poor "I" after a big engram charge has gotten in there and lopped off part of the analyzer, "Damn it, control yourself, you've got to be logical," with the person installing the demon circuit himself becoming increasingly more hysterical, while giving out all this "good advice."

I have studied the human animal in some remarkably strange places, and in a bar one day I saw a drunk who had his buddy up against the wall and he was banging his head against it saying, "Damn you, I'll teach you to be reasonable. Be reasonable, damn you, be logical like I am!"

There was a demon circuit going in right at that moment.

This is the aberration which permits a person to take himself out of the auditor's hands. There is an "I" demon circuit inside the mind busily running "I."

Undoubtedly some of these demon circuits are going to start picking up Dianetic terminology some day and it is possible that an incipient schizophrenic who is almost ready for a break could, with some very stupid and careless auditing, get a demon circuit set up in the mind.

It would have to be a huge break of the Auditor's Code, with the "auditor" kneeling with his knee in the preclear's chest, holding him by the throat and banging his head against the floor, saying, "Control yourself. Now, damn it, you've got to go over these engrams. You know you can do it. You can make yourself do it. And I'm not going to put up with any more of your nonsense. Now, go back to basic-basic and I'm not kidding you, go back to it!"

This is nothing against Dianetics because such behavior would definitely be off the line on Standard Procedure. But some psychiatrist may try this.

The magnitude of installation has got to be very high before this sort of thing could happen, or it could be very slight but lock up on some earlier demon circuit which would then become vocal.

Start to work psychotics and nothing will show up quite as clearly as "Control yourself." It is quite aberrative. Any organization in the society which seeks to exert control upon members in that society by force is to some degree an aberrative factor on the society.

If you don't believe this, go back and check up totalitarianism in the history of those governments which worked most sharply with force and you will find that their social order deteriorated afterwards and became more psychotic than most social orders are.

The last factor is the aberration which has set itself up within the last couple of millennia that pleasure is evil and that one shouldn't think about it, and that hard experiences are the things which are best to remember.

On many preclears you will find that pleasure is occluded, and that they are very unhappy people. Such an idea is a definite promoter of neurosis and psychosis. So much so that many of the psychotics with whom I have worked had their reactive minds, which contained the pain, out in front, and the analytical mind in the rear. There was a complete turnover of mind so that the only thing that was visible was pain, hard knocks and tough experience. Actually engrams are not an experience. Engrams are things that happen at times when the analyzer isn't there to gain experience and they enter unknown.

But such an aberration will so interpret the engram bank that one might see some poor man who looks about 16 years of age in appearance when he is actually about 40. And he has had an IQ of about 20 all his life.

I found as the central circuit on one of these inverters one time the phrase “All you want to do is play. You’ve got to work. You’ve got to think about the serious things in life. You will never learn anything from play. What you want to know are things that are hard and tough.”

Also, “Experience is the great teacher” can be uncovered in lots of patients when one tries to take them back to moments of pleasure and they insist they don’t have any. However, what cuts the pleasure out can be detected as one goes further into alignment with it.

DERIVATION OF LAWS - PART II

A lecture given on
17 July 1950

Relation of Facts

Firstly, I will take up an update on procedure.

One no longer counts to a patient, one simply tells the patient to close his eyes. As far as any artificial state of reverie is concerned, there is no such thing unless everybody wide awake is in reverie. Counting has the single advantage of occasionally fixing the attention of somebody upon the auditor, but it has the disadvantage of sometimes restimulating an operation. And it has the distinct disadvantage of sometimes throwing people into a hypnotic trance, which we certainly don't want.

So just knock out counting entirely. All one does is tell a person to close his eyes; that is reverie. A mistake was made by assigning it a name, therefore it became some special condition, and we have even gotten an airmail special delivery letter saying, "I can't induce reverie in my wife." I don't know what state the wife must be in that he can't wake her up to a point where she will talk to him.

If a person starts running on the time track by himself, by auto, you know that he has control mechanisms and control circuitry. If after you have him out of reverie he goes around running off his engrams himself, you have control circuitry.

Anybody who starts telling you how he wants to run his own case by autosuggestion has built-in circuitry. Anybody who tells you that he has already been back to birth and has found out that birth was there, all by himself, is a case of control circuitry.

The case which has dub-in, with prenatal visio, who starts describing the furniture of the room and what Mama is wearing and so on, will be found to have control circuitry.

The reason control circuitry can do this is that another "I" has been set up in the bank with engramic commands and has actually taken over part of the analyzer. Most engrams just run up against the analyzer and hold it in a distorted position, but control circuitry interposes between the file clerk and "I" and throws in data which isn't true. A control circuit is the activating circuit behind such things as lie factories.

Lie factories don't turn on unless they contain control mechanisms with them, "You've got to lie. You've got to tell people tales," and so on. It is demon circuitry, but on top of this there has to be a control circuit.

Control circuitry is covered rather inadequately in the Handbook, and should be stressed much more heavily.

Another factor is that the sperm sequence and the ovum sequence together make conception.

Conception is not necessarily basic-basic. There is gathering evidence that some of the coitus chains which look as if they were postconception are possibly preconception. Don't be startled. After all, a cell is a cell and can record.

That the zygote, which is just a few cells, records has been ascertained with objective reality by getting tapes on Mama and tapes on Baby (as an adult) before he was born.

Conception occasionally won't erase, and in such a case you probably should try to get earlier sequences both on the sperm and on the ovum.

Of course, that a cell records is easily validated in biology, as is the amount of learning which a cell can do. Many experiments in the most "Authoritative" quarters have validated cellular recording, recall and learning.

It so happens that according to the findings of a doctor in New England which appeared in a recent Scientific American magazine, the zygote was found to be, 60 hours after conception, only two-celled.

Very little medical information is at hand on fertilization, but this gentleman was a gynecologist, and whenever he was going to perform a hysterectomy, the removal of all female organs, he would request the patient to have intercourse so that he could get data on this. And he got a lot of information that hadn't been available up to that time.

So, there is the zygote, 60 hours after conception, obviously recording, and this can be found in engrams. It doesn't stretch one's credulity very much to go back and find the sperm recording, or to find the ovum recording. They are each only one cell.

Furthermore, it doesn't stretch one's credulity too much to consider that there are more or less eight generations before we get the sperm.

The memory or personal identity of cell A is still the personal identity of cell A'. And when this cell divides, cell A" still has its personal memory and as far as it is concerned is cell A.

Cells think completely in identities, they don't differentiate even as living entities. So, A" divides and we get A""". And that is still the memory of cell A.

So, the sperm has various generations, and there is no reason why painful experiences couldn't happen to that cell. Similarly, when the ovary spills forth the ovum, there is no reason why that burst forth is not occasionally painful, although somebody was running a sperm sequence recently where he had a happy sperm.

The reason it was called a sperm dream is because there is often a lot of weird fantasy connected with it, but just behind that there is an actual experience. One lets the person talk about the dream, but then one must run out the underlying experience.

All this is not very incredible. What is incredible is the theory that a baby right at birth becomes possessed of a human soul and that at that precise moment his myelin sheathing starts to form and continues for a few months after birth. To assume that the nervous system could not record until it had myelin sheathing was unfounded. It is simply superstition because it can't be borne out, and no tests prove it.

For instance, I know by my own observation that a baby about 5 days old can experience restimulation of an engram. I knew that a particular baby had an engram that contained the words "Damn you," and that the engram was quite painful to the child.

It had been a fall and somebody had sworn at the moment of the fall. So, I said over the baby in a loud tone of voice, "Cabbages and kings!" No reaction. "Dogs and cats!" No reaction. "Damn you!" Instantaneous reaction.

I went down the list and named some other words, swear words, various words. But whenever the words "Damn you" were said, there was an instantaneous reaction on the part of the baby. It would shudder and cover its eyes with its arms. It was a very peculiar reflex action at just 5 days old. So the baby was definitely reacting at that time to the exact words which were contained in one engram of which I knew.

Furthermore, completely aside from this, as far as objective reality on prenatals is concerned, there are enough tapes that have been run and enough validation done to fill books.

I am going to give you this bombing technique now for the sperm sequence. We take the preclear back down the track to a moment of pleasant sexual experience. We can get this because we don't ask him to tell us anything about it. We merely say, "Just tell me whether or not it's there."

So he lies there without telling us anything about it and we settle him into the incident and when he seems to be, by his facial expression, in the incident and to some degree re-experiencing it, we tell him, "Return to your own conception." And he will go right into that area in enough cases to make this a very valuable technique.

And then, if the sperm and ovum sequences won't lift, we go earlier on the track and see if we can't get an earlier painful experience.

These incidents are not always painful, by a long ways. But when either the sperm or the ovum sequences are painful, it is terrifically aberrative if there is also word content in it.

Another factor is that sometimes by sending someone all the way back down the track one may wind up in somebody's death. Don't then challenge the preclear, because this has happened often enough to make it a common phenomenon.

So, if you run him back and all of a sudden he is in the year 1823 and he is describing lying there dying, let him tell you about it. It is evidently not aberrative, but it is quite interesting to him. Let him explore it, and then bring him forward to conception and run that. I have never found any pain on these things, nor have I ever found any reason to brand them with the name delusion, because the perceptics are too good.

Delusory perceptics have a habit of changing. Run through the incident once and it is one way. Run through the incident again and it's another way. Its reality is bad. But when you run into one of these old death sequences, just pick it up as *curiosa*.

It is not on the sperm plasm line. That is what is so fantastic about it. So, not being registered on protoplasm all the way back, it is something else. But it is up to the preclear. If he wants to die in 1776 charging up Breed's Hill, okay. If the auditor hammered him about it, it would disturb his own concept of reality. So leave it alone.

However, if I buy this thing it means that there is something like reincarnation of the human soul. And I am trying, in Dianetics, to keep these things from being wished off on us.

Firstly birth got wished off on us, and then prenatals and conception together with the sperm and ovum sequences, and now, please don't give us transmigration of the human soul! That would be too much.

But in view of the fact that these things are not aberrative back of this short time prior to conception, don't worry about them. You might amuse yourself sometime if somebody can go back into it, to sit there very interestedly, keeping the Auditor's Code, and sending him back down the track. You will probably get him back into the early days of the Roman Republic. I have gotten a couple of patients back that far.

I ran one person back and he was having a dreadful time because he was tongue-tied, he just couldn't seem to manage words in the area. At first I couldn't understand what was wrong with him until all of a sudden it occurred to me that his own language wasn't coming through and he was out of contact with this one. He was trying to describe very haltingly where he was and we finally figured out that he was somewhere in the middle of Carthage! Research will have to be done on this.

The other thing is to shoot a person forward a few years into the future. He won't like that.

Usually the person will try to be very noncommittal about it. You will find him eating by himself, and walking by himself, and he doesn't know anything and he won't tell you anything. But, once in a while you will find somebody who is quite lucid on the subject. When you do, take down the data.

When you are dealing with human thought, you have to take into consideration that clairvoyance, clairaudience, mysticism, Australian magic crystal healing, Aesculapian convulsions, astrology, and so on, are all inside the field of human thought. Each one may have some tiny scrap of purchase on reality for which they depend for their grip upon the human mind and human customs. For instance, there may be ten billion facts in the field of astrology and there may be one little datum there which is true.

The Department of Agriculture issued a fantastic bulletin on the subject of the moon's influence upon crops, which stated that if crops were planted at various phases of the moon they had a better chance than when planted at other phases. They had no explanation for it, but here would be a little datum on which you could say immediately, "Well then, man's whole destiny is affected by the condition and conjunction of the stars." Whether or not that is true is one of these things that is unprovable.

So, keep an open mind on man's thoughts and activities. He has thought enough loopy thoughts to fill up many thousands of square miles of library, but he has also somewhere in those thousands of square miles of library observed things which aren't in the common ken. There is a lot of information. One could not suddenly say, "We have discovered that matter is connected with human aberrations, therefore there is no human soul," because the two things won't equate, they are not related facts. In the first place we haven't discovered that matter was, we have discovered perhaps that life energy subdivides into thought and matter and that life energy through thought makes the matter sentient and the sentience of matter can form up chemicals and materials.

There is no good explanation for this. We are dealing with fundamentals. What is life energy? What is thought? We aren't even clear on whether or not everybody thinks the same thoughts. We suddenly sail off into the realm of metaphysics, or over into mysticism and we are clear out into the blue again.

What we have done is to collect a flock of white chips which we know go together, and by using these white chips we have a science.

That is what all sciences are. They are white chips which have been assembled out of the pink, blue and orange chips, and there are plenty of pink, blue and orange chips all around the horizon in Dianetics. But we have got a lot of white chips, and we can do a lot of good with these white chips. We can cure psychosomatic illnesses and wipe out human aberration and bring man up to a higher optimum. That's enough white chips for a little while, but not for very long.

Right now I am really tugging at the leash on life energy and chemistry. I want to see a nice program get forward on these things so we can find out more. I don't say that in five years we will be able to shake God by his right hand, but I do say that in five years we ought to have at least a 5 hour clear.

I hope to have a 25 hour, or a 50 hour clear within a year. We ran a series of three experiments recently which proved that the engram can be nailed down by drugs and can be made instantaneously accessible so that a person can go right to it and run off the content of any engram, but it doesn't lift.

This drug not only makes it accessible but it glues down the pain and unconsciousness so that it won't come off. You can go into such an incident, even basic-basic, and go over and over and over it, but there are no yawns, no deintensification, nothing. It glues the whole thing down.

Then a chemical was found that would selectively affect an engram as different from the rest of the memory system, which was not affected. If anything, IQ rose slightly and demon circuits were kicked up (which could be expected if one kicked up IQ because that is all part of the analyzer), but the engram was nailed down. This puts chemical assistance just a very short time off.

But don't sit around and count on it, just get in there and run engrams. Running Dianetics with some degree of sentience is quite easy. I have never found an unbreakable case. People have told me about very difficult cases, but these cases will break, and they do break rather easily.

THE PART PLAYED BY THE ANALYTICAL MIND

A lecture given on
19 July 1950

An Analogy

This lecture concerns the analytical mind, not engrams. The analytical mind is not the name of an entity but the name of a part in a three part analogy. We have the analogy of the analytical mind, the reactive mind and the somatic mind. Never confuse an analogy with a reality.

We can't lay our hands on one part of the physical organism and say, "This is the analytical mind." No more can we say, "This is the reactive mind." We are speaking in terms of function. In the days when no one could define an electron we still had mathematical formulae about electricity and we could measure current flow although we did not know what was flowing.

In the same way in Dianetics we have a functional analogy, and by understanding this we can arrive at answers and achieve results which have not hitherto been attained. This analogy, of course, is always subject to modification at such time as we discover the actual structural parts.

Those parts are not known to neurology or psychology or any other "ology" today. Nothing is known about structure save perhaps functions in biology. It's quite remarkable that we can classify various things in biology without being able to describe, in many instances, their precise function.

The analytical mind in this analogy is postulated as part of the brain or nervous system or body, since it may be the whole body, and it may be the prefrontal lobes, and it may be the spinal column, and the Greeks once upon a time said it was the stomach.

The analytical mind contains certain potentialities and functions which are easily recognized in anyone studying this subject. The analytical mind thinks. It poses and resolves problems relating to the organism to enhance the survival of the organism.

The reactive mind is distinguished by the fact that although it thinks, it thinks wholly in identities. The analytical mind thinks in differences. For instance, to the reactive mind under certain conditions there would be no difference between a microphone and a table.

The analytical mind not only sees the difference between a microphone and another microphone, but it sees the difference between a table and all the other tables. It is able to differentiate. When that differentiation begins to break down, we get identification, and then misidentification of objects with objects which are not actually the same objects at all.

At the highest end of sanity is complete differentiation, and the analytical mind's measurement of the differences in terms of minuteness of difference. A cigarette to the analytical mind is similar to, but is not, another cigarette. Although these two cigarettes look exactly alike, the analytical mind in its highest functions would not confuse them even though they seemed to an observer to be identical in appearance. They occupy, for one thing, two different pieces of space, so they can't be the same cigarette.

The reactive mind does not conceive such differences and it does not think. It is simply one cigarette to the reactive mind. Tobacco might mean Mlrginia which of course immediately means King George, which means political history, and because this has a great deal to do with religion, tobacco then equals cigarettes equals religion to such a mind, which would follow with great ease this chain of bad logic—identification.

The analytical mind can achieve the resolution of problems in terms of differences. As long as it recognizes differences it can think, and it can make computations to arrive at new conclusions. When it ceases to make these differentiations, of course it makes errors.

It might be possible by a chemical to join up all of the hook-ups in this analytical mind, and so thoroughly short-circuit it that every datum in it equals every other datum, and you would of course have a madman. Somebody could then say to this madman, "Go down and get in your car," and this might be easily interpreted to mean that he should cut his throat. He would see no difference.

As a clue to this, one of the prime aberrative phrases in the society is "It doesn't make any difference." This gets into the engram bank and things get very bad. "Everything is the same," in the engram bank, impinges itself upon the analytical mind and also gives this jammed up association.

Such commands as "There is no time," "I have no time," "You have no time," take the time difference out of the mind and so in terms of time jam everything together and again we have insanity.

This demonstrates that there is a distinct difference between the analytical mind and the reactive mind. The reactive mind is a collection of recordings. The analytical mind is a collection of computers which reaches back into its own standard bank, selects out data, computes on this data, resolves its problems and puts those resolutions into effect.

That is the function of the analytical mind. Sitting over the top of the analytical mind is "I," the awareness of awareness. "I," let us say, is composed of a thousand attention units. So, at the optimum we would have the computations going off perfectly in the analytical mind and all the loops computing correctly.

A little less optimum, we would have loops which require inspection. The data might not be quite right, and one might not be able to trust it fully, causing him to start inspecting these computations.

Furthermore, there seems to be more danger in the environment than he can rightly take care of just by paying attention to it all. So he sets up attention units to care for various dangers which might be in the surrounding area. This condition would then continue when some of the environment mistakenly gets into the organism.

The environment moves into the organism and is stored in what we call the reactive bank. Now, that is the outside world moved inside. But the analytical mind is receiving things through perceptic circuits. Therefore, whether it looks outside or whether it looks inside, an attention unit might see much the same thing.

So, we have an engram go into restimulation. A few of the attention units are immediately attracted to this engram because it is a source of pain and danger. They can sight such a thing and then put into action the command of the engram. The more excitement this engram receives, the more restimulation, the more attention units become devoted to it and the more the command would be carried forth until at last you have the psychotic, where one thousand attention units are watching two or three engrams and the outside world has no bearing on the situation. The person is inside an engram, 100 percent, or two or three engrams in a bundle, perceiving nothing but the engram. He hasn't even got an "I" anymore; "I" has sunk out of sight.

If we postulate "I" as a thousand attention units, you can see that in the normal course of computation, even on an optimum mind, there would probably not be more than five or six hundred of these units serving immediately to observe the particular thing on which a person was concentrated. Many of the other units would be off getting material out of the banks, remembering, and doing this and that.

So, when engrams enter and start using 50 units to each engram, to observe it, to act upon its commands, we are getting into a situation where "I" is getting a bit thin.

In view of the fact that the normal person on this computation probably doesn't have more than 50 or 60 attention units composing his "I," we see that the narrow margin there between normal and psychotic is really quite dangerous. However, because of a person's command of the situation and the actual great strength of the mind in resisting danger, we get a condition where it is actually very seldom that the mind goes quite psychotic, unless we have an engram kicked in so hard and so suddenly that the rest of the attention units vanish from sight.

The problem in the rehabilitation of a psychotic is restoring attention units to "I," and the problem in clearing an individual is restoring attention units to "I." The line of thought which will achieve the greatest amount of advance for Dianetics would be that line of thought which most rapidly seeks to find methods to free attention units for "I."

This can be noticed taking place during clearing. It is unmistakable. More and more attention units are freed up so that toward the end of the case, terrors, psychosomatic illnesses and so on can be easily reached and erased with one recounting.

Others, particularly the locks, require just a glance to go away. Marked recoveries can occur on straight line memory technique by simply pulling into view and pulling back to "I" the attention units which are held up in locks in the case.

You can actually turn off Parkinson's disease in about three cases out of five in 15 or 20 minutes with this technique. That sounds incredible, but a doctor is currently using it in New York. He is an expert on Parkinson's disease. All he knows about Dianetics is this straight memory technique, and he is getting results.

He is freeing enough attention units out of the late locks in a person's life to actually fortify the mind to a point where it can automatically reject aberration and psychosomatic illness.

So, we could postulate the analytical mind as a series of computing loops. Some people say it works on Boolean algebra. Certainly I can run enough mathematics to demonstrate that answers can be achieved on data by the use of Boolean algebra.

Boolean algebra may be complex in its long equations but it is very simple to explain. It solves all of its problems on this order: Yes greater than No, or Yes less than No.

There is no Maybe in this. It sums up whether or not the data Yes is greater than No. Then we add up Yes, Yes, Yes; No, No, No; Yes, Yes, and we get the answer to the problem: how many Yeses and how many Noes.

The evaluation of a datum is an important step in Boolean algebra, and this is what these analytical loops are supposedly computing on. Now, on this simple method of computation, we get over on the one side right and survival, and over on the other side we have dead and wrong.

It gives a graduate mathematician hours of headaches to figure this thing out but it's very simple. In the center is neither right nor wrong. Anything right goes one way and anything wrong the other way. We could call such a contraption the front board in the mind, and "I," the awareness of awareness, inspects this board in the mind. But this board is fed by several thousand such computational boards, for analogy, which "I" doesn't inspect but which it would have to put a unit on if the mind was aberrated.

So here we have a problem: The hunter comes in, he is very hungry and his wife has quite a temper. As he lays the gun down in his room, it occurs to him that the gun is still loaded. So, to lay it down like that is a couple of units wrong. But at this moment he hears his everloving

wife's not quite melodious voice again calling him to dinner in no uncertain terms. She has waited some time, so now he postulates the problem, "Have I got time to unload this gun?" The problem is laying the gun down loaded. Should it be unloaded? Now we are going to get a right-wrong answer on should the gun be unloaded. Well, it's wrong to lay it down loaded, so the gun should be unloaded. Therefore he should unload it. But just then he hears his wife and her voice is worth four units, and he is very hungry which is worth two more units. So it is wrong to stop there and unload that gun. But all of a sudden he hears his little boy down the hall and the datum feeds through—mischief: "He got into my fishing tackle and stuck himself with a fish hook last August," and it's immediately "To hell with the wife," and he unloads the gun. He is doing problems on the basis of weighting, with little weights of "Is it right to do this? Is it wrong? How?"

If anybody was 100 percent right, he would hit the incredible absolute which would postulate the metaphysical principle that everybody would become immortal and the universe would last forever. Nobody could be 100 percent right on any problem.

There are no absolutes. If we follow Aristotle we have to say, "There is right and there is wrong." If we follow current engineering logic, we would say, "There is right and there is wrong and there is maybe, which hangs between them." This is multi-valued logic.

There is also mono-valued logic which is just one line, "Anything that happens, don't think about it. That's the will of God, He said so, so here we are."

With the multi-valued system of logic you have an infinity of right and almost an infinity of wrong.

A fellow loses his job so he decides to take his last 500 dollars and buy some oil stock, which makes his wife leave him, which makes him take to drink, so nobody will hire him. He starts to get hungry but he is too proud to solve this problem, although he's a drunkard, and so he starves to death! That would be a long-term computation on this individual.

He could go in the opposite direction, of course, and by doing things right, end up surviving very well.

Now, keeping this board in mind, let's substitute pain and pleasure. As we deal with an organism, unless it avoids sources of pain and reaches toward sources of pleasure, it is not going to survive well. If too much pain enters, it's wrong, it's dead.

Actually, social mores to the contrary, there really couldn't be too much pleasure. There could be immoral pleasure, which means that the pleasure was such that it brought pain to the organism. For instance, it may be lots of fun to get drunk but it's certainly rough on the stomach. Any act which is immoral today has at one time or another brought pain to the society in which that act was performed and thus become immoral. By social aberration some of these acts have come forward to us today in the form of blue laws and so on, but at one time they were actually harmful.

So, we take an organism and we find out that the analytical mind is doing a beautiful computation on the subject of how many data right, how many data wrong. It can do the most intricate computations on this subject. The analytical mind can outcompute any electronic brain that anybody will build for a long while to come.

It can compute enormously complex problems. For instance, to build a robot which would drive a car two blocks through traffic would probably require a moving van of parts. But look at the number of people that can drive a car two blocks without wrecking it!

So, here we have an analytical mind doing these computations, making adjustments, observations and so forth, and summing them up into muscular reactions, after which it directs the actions and files them down in the somatic mind as a learned training pattern.

You drive a car two blocks without getting into an accident, and after a while you can drive a car without any number of attention units up at "I." One attention unit can sit down in the somatic mind and keep that thing going. It is now an automatic response.

The somatic mind is a stimulus-response mind, but it is set up on a highly analytical basis. Think of the number of actions which it requires to stop the automobile at a precise place and then watch the traffic lights—the light goes off, the reaction goes into effect, gears are changed, and so on forward again. It is a pretty complex learned training pattern.

Over in the reactive mind the engram says, "I'm dead, I'm dead, I'm dead." That can also feed into the somatic mind and back into the muscular system and cause psychosomatic illnesses. Or it can feed up into the analytical mind as a record that says, "I'm dead, I'm dead, I'm dead."

It has two choices. If it can't turn on the circuit, it turns on pain. It is one of these simple switching systems. A person either does what an engram says or it hurts. There is no further argument about it. There is no thought connected with this.

Supposing the engram says, "I've got to go to the store but I don't know whether I've got to go to the store or not; I guess I won't go to the store," one is liable to get a chronic psychosomatic illness out of it because it is impossible to do what it says. The person's reactive mind after a while will settle for a vacillating decision on the thing and the pain sort of dissolves. But if the reactive mind says, "Run!" and the person stands still, then he starts to get keyed in, and pretty soon he has got to run because this command is going into the endocrine system, the muscles and everything else.

Take a monocyte. It only has one vector and that is toward survival. When it loses on a definite vector it is dead.

So, on a pain surge, it moves one way, and if it is attracted by pleasure it moves in another direction. If it fails it dies. That is its sole computation; it doesn't figure any further than that.

The analytical mind goes a long way further than this. This is identical thinking. Anything that is pain is death, anything that is pleasure is immortality to a group of cells. It goes so far on this identity basis that cell A has a memory to this effect, "Whatever white comes into my environment is pain, therefore I must avoid whatever's white." That is the way it thinks.

By taking a colony of mobile cells and blowing smoke at them, and repeating the experiment in various ways, one will get them moving away from the nicotine. Now put something in there that resembles the same smoke and they will move away from it. Culture them one generation and what do we find? We find that the next generation moves away from steam, which is not painful. They never forget. They never unlearn anything. It only takes one lesson to teach them.

On a cellular level where life is very perilous indeed, this is probably very necessary, but it raises the devil with the analytical mind in the upper strata.

The analytical mind is obviously no fool, since in the course of many thousands of years it went back and, with the thoughts of various men down through the ages on up to present time, suddenly turned around on these cells and reversed the whole process and solved it. It can run the organism.

On a structural level, though, cell A contains the same memory as A' from whom it subdivided. Then there is A'', which still has the same memory. As far as A'' is concerned, it is this cell. There is complete identification.

Any "memory" (which is to say any lesson taught by pain) that is in A' is also in cell A'' and cell A''', and continues until it is broken by the death of the organism.

So, throughout a man's body this condition obtains during his lifetime. But when he has children, his analytical memory does not go through into the children. A genetic pattern passes to the children but that is all on the cellular level only.

The analytical mind does a differentiative computation, the reactive mind does an identity computation, and when the analytical mind starts to do an identification along the line, it starts to fall hand in glove with the reactive mind, and do nothing but react.

So, we have the analytical mind which is an able mind. It can compute and do lots of things. The way a baby learns is by mimicry. Mimicry is the most important training mechanism that the analytical mind has.

How does one learn? He learns through mimicry. Apes mimic to some slight degree. Men are wonderful mimics. As long as a man is mimicking and knows he is mimicking, that's all right. The moment he begins to mimic and doesn't know he is mimicking, that's not quite so good. And when he mimics to the extent of being Grandpa all his life, and Grandpa is dead, then he is crazy to that degree and we get into the subject of valences.

How does a man learn to shoot a bow and arrow? He looks at a picture of a man shooting a bow and arrow. He could also read how to do that, but he has learned to read by observation. Then he translates it, and he takes the bow and arrow.

Or, somebody is shooting a bow and arrow. He watches him, putting his feet in the same position, and actually if you say to him, "Shift into the valence of that man who is firing the bow and arrow," he can do it a lot easier if he is loose in his valences and he can flick through. Actors do this continually.

Valences are handy things to have until they become reactive mind stet valences. At that moment a person becomes somebody else willy-nilly as far as his actions and mannerisms are concerned, and has a hard time being himself because he is unable to differentiate between himself and the other person, so he is the other person. That is psychosis. That is somebody being Napoleon or bearing a similarity to Grandpop in that he likes his coffee hot and he has this funny limp that nobody has been able to trace. But we find out that Grandpa had a limp because he was shot in the Spanish-American War.

Then we get over to the natural function of the analytical mind which is completely differentiative. The analytical mind can bob in and out of valences and become more and more able as a mimic.

It can mimic most anybody and it can still very solidly remain itself while it is mimicking. That is an optimum condition. That means that you could watch somebody step onto a tractor and start pushing and pulling on the levers for a few minutes, then merely, without even observing very closely, shift into a tractor driver's valence and drive the tractor.

That is the way man is constructed to learn. So, we have mimicry as one of the abilities of the analytical mind. Understand that the reactive mind has no ability to mimic. It merely says, "Mimic!" and after that the person has to. But it is the analytical mind that does the mimicking.

Then there is a problem in demon circuits. The analytical mind can set up demons very easily. The person says, "Well, let's see, I'm awfully bored, what am I going to tell this fellow?" and he sets up a synthetic demon circuit to do the talking. It consists of a couple of his own computational loops, but it will carry on a very able conversation without the person himself having to pay any further attention to it. I have met people who do this a great deal of the time and I have often suspected "I" wasn't present. But demon circuitry can be of definite use.

For instance, any time one says to one of these computers, “Now let’s see, how on earth do I do this billiard shot? Well, I’ll think about it for a while,” he sets himself up automatically a couple of loop computer circuits which go ahead and figure out how he should do the billiard shot. The next day at three o’clock while he is drinking coffee, all of a sudden his mind is blank for a moment, and into it springs the idea—”Why, of course! You give it a five bank....”

That is circuitry. It is done by the analytical mind and is one of the ways the analytical mind operates.

But now let’s take some of the abilities of a separate and individual analytical mind. This analytical mind, let us say, has a potential IQ of 199. It is quite clever along the line of architecture. It has the talent and it has the dynamics, and working in its optimum state the person can go out and build beautiful buildings.

Then an engram enters which says, “You can build the most beautiful buildings in the world,” and it is like playing an organ with a stuck stop. You can’t push the stop out of sight anymore.

This engram in the reactive bank throws back the circuit and holds the ability to build buildings in a stuck position, and this poor man now has an obsession on the subject of building buildings. He has to build buildings, build buildings, build buildings.

The only trouble is that this thing has pain along with it and the answer to this engram “I can build the most beautiful buildings in the world” is “You cannot, you’re just a drunken bum.” So, he has got a manic on the subject of building buildings.

Then, one day somebody shifts his valence on the engram, and he says, “After all, I’m just a drunken bum,” and he knocks back and forth in this engram, and the more it is restimulated, the less analytical mind there is present to build buildings.

Remove this engram and let it play along on the organ keyboard the way it should, and we find that he can build beautiful buildings when he wants to, he likes to build beautiful buildings, he enjoys it. But he also likes to sail yachts. He also likes beautiful women and he has a very good time reading Rabelais. In other words, he has got a full keyboard he can work on now. He can do any one of these things, and because he happens to have a talent for building buildings, he goes on and builds them.

Let’s say he has a basic purpose to build buildings, together with a great ability to do so, but has an engram which tells him that he has to be the world’s greatest polo player! He happens to be rather short in the legs, he’s short of breath and his athletic coordination runs on the order of one half of a second reaction time.

So this poor individual is now the world’s greatest failure at polo. But it’s all he can do. So, life is filled with a chain of broken polo mallets and bored polo ponies. If we take that engram out, he will no longer have to play polo.

One flattens out this whole thing and lets the analytical mind take care of it, and figure it out, and a person goes off happy as a clam and becomes a great success. It is important to note, however, that it was not the reactive mind doing any thinking that made this man become a bridge builder.

Now, four dynamics can be postulated in laying out the analytical mind. Firstly there is his personal dynamic. Let’s say that is natively fairly strong. Natively his second dynamic is also pretty good as well as the third dynamic. His fourth dynamic is very good.

However, this person has an engram that says, “I’ve got a secret. It’s a very valuable secret and it will save the world.” This can be heard with great frequency in institutions where

somebody has got this secret that the United States Government is after him and somebody else is after him. This would be a paranoid reaction in which the poor man has got his fourth dynamic completely exaggerated.

Or we get the religious zealot who says, "I have a message, my name is Ali Pasha and I am the prophet. And we've got to have a good, solid jihad here, boys, and Christianity has to disappear off the face of the earth because there's only one God." As far as he is concerned, he's stuck on the third dynamic. He is for his group but he is going to save the world for Allah.

It's a type of zealotism that is simply the reactive mind pushing one of these dynamics out of line and exaggerating it. Because of the rest of the engrams, it caves in all other abilities of the mind and we have a paranoid.

When only dynamic one is in shape we have somebody who is selfish. When the second dynamic is pushed out of shape we have somebody who is a nymphomaniac, or a satyr, or something else. When the third dynamic gets pushed out of shape, this is somebody who has got to carry the "word" to some mission in the Congo, and to devote his whole life's work to it even if he gets thrown into a stew pot the next day. Then there is the fourth dynamic misaligned to the point where the person has a secret that he thinks everybody is trying to extract from him, whereby he has got to save mankind from some awful menace.

But these are all analytical mind stops. The only ability there is the analytical mind ability. The reactive mind has nothing in it but a record.

Let's take a juke box as a crude example. It has some records inside, together with the needle and the arm and the motor and so on, and it just keeps getting fed records. That's all it does, and all it's supposed to do, but it takes a lot of equipment to get that music out of that record.

Of course the analytical mind can do a lot more than just play the record. It can play and compose and reform and store its own records. It's like a whole manufacturing plant with one juke box sitting in the center.

Now let's turn the whole machine over to a juke box which plays a single record. The record has nothing on it but bumps on wax. It can't think, it can't play. You can take this record and hold it in your hand and wait for a long time without hearing anything coming out of that record. That's an engram.

The basic strata of the analytical mind composes an identity which is strictly a cellular level mind known as the somatic mind. That mind goes toward food, it goes away from pressure, it tries to procreate. It is basically a stimulus-response mind. Then there is the reactive mind, the analytical mind itself and "I." The analytical mind goes out during unconsciousness. The perceptics start recording, and these recordings are stored in the reactive mind.

If someone is knocked in the head and told, "I hate Stalin, Stalin is going to kill me," it is stored in the reactive mind. It may lie in there completely inactive, nothing but a voice and pain together with various perceptics. But after a while, using the juke box analogy, something fetches it out of the bank of records, and that something is a similar experience observed on the level of the analytical mind.

People are fond of asking, "Can you give engrams to clears?" The answer is that you could give an engram to a clear but you would have a hard time restimulating it for the following good reason: The analytical mind as it exists in an uncleared state, possessed of engrams, is never completely awake or alert. So, if there are a thousand engrams in the bank with all their attendant locks, some of those are very mildly in restimulation, therefore there would never be a moment when one had 100 percent optimum alertness of the analytical mind.

The reason why is that any engram which is keyed into the analytical mind has a little tab on it which says, "Analytical mind, unconscious." Now maybe that only takes down the power of the analytical mind as an organ or as an entity a very slight amount, but it is still not optimum.

Now, maybe there are two engrams keyed in, but usually there are fifty or sixty or a hundred that are mildly kicked in.

The person doesn't have to be slightly unconscious to have an engram restimulated, though usually he is slightly unconscious. But it will most often restimulate if he is worn out. All of a sudden he walks into the office one morning and everybody looks sour, and he goes into the boss's office. The boss says, "You're fired, here's your pay. I'm giving you a dishonorable recommendation. I'm going to make sure that you never get a job again anywhere."

The person doesn't know what he has done. He goes into a state of confusion. The boss says, "I'll tell you what you've done. You've bungled up everything, you bungler! "That's a lock. But the engram has now been keyed in, and after that it sits up in the front of the juke box like a record on ready, restimulatable at any time. Now, it doesn't need a new tough experience to key it in.

Let's say the thing carried with it a headache together with the phrase "I can't get a job anyway, I'm a failure, I'm no good, I bungle everything." So, now when the person starts to do something, he bumbles it.

Somebody gets angry with him and because they have heard him say this, they say it back to him and key it in harder. After this, every time anything happens whereby he fails, even slightly, he gets a headache and becomes sad and apathetic.

He has got an engram in charge. The engram is keyed in, it is functioning, and it destimulates and restimulates alternately from there on out, once it has been keyed in, because it is always on ready. One single perceptic in the person's environment, such as somebody breaking a plate, and all of a sudden the person thinks analytically, "I am a bungler."

Maybe it also had a train whistle. So when he hears a train whistle, that means he's a bungler. Why? Because every time a perceptic in this engram restimulates it reels off the rest of its record, and the only way to get this juke box running is to drop one perceptic contained in it and thereby get the whole record.

In this case the whole record had to do with the train whistle, the breaking plate, Mama screaming, Papa saying something, and so on. Restimulate any one of these things, and just like the nickel in the slot, this record goes on and plays its tune, only it's playing its tune simply because the analytical mind exists.

In neurosurgery one can take some sections of the mind, which may be switchboards or the analytical mind itself, and cut them up in such a way that the engrams no longer have any way to play the record. That would be like taking a juke box, and because it had a bad record in it, tearing out the speaker, breaking up the motor, short-circuiting the line and blowing all the fuses in the system. After that, of course, that record isn't going to be heard anymore. And that is precisely what happens. If you investigate the prefrontal lobotomy case you will find out that the person can't be restimulated anymore along certain lines. Of course, the insidious part of it is that they don't know which circuit to cut, so they may cut it in such a way that what repressed the restimulation and fought against it is now gone as well, so the person now has all records playing in the juke box simultaneously. It is a shotgun technique.

To show you how one of these engrams works, let's take a fellow by the name of Bill, and let's say he is the analytical mind. Then let's say that the reactive mind is on the other side of a door and it has a phonograph record. And let's say Bill has got an office staff of attention units. Suddenly he hears the rattle of a cup which sounds like a dish breaking. This

restimulates the record behind the door, and it starts playing. Bill says to one of his attention units, "Go on over there and see what that is. I've got a message here that says some cells are in pain."

So his assistant goes over and opens the door and this record says out loud, "You're a bungler." The assistant turns around and says to Bill, "It says you're a bungler." About that time Bill starts to say, "The hell I'm a bungler," when a gadget nearby shoots out a little bit of sleeping gas, so Bill can't think quite so well and the attention unit stands there and keeps looking at this thing.

And pretty soon Bill says groggily, "Must be a lot of trouble over there." Unconsciousness starts coming in because this thing has got an unconscious perceptic that knocks out the organism and its feed supply.

So, he sends over a couple more attention units. Now, if Bill really wants to get psychotic, he not only sends all of his assistants down there but he goes down there himself! The closer he gets to this thing, the more gas he gets. And finally everybody is standing around listening, and it says, "You're a bungler, you're a bungler, you're a bungler."

"Who's that?"

"You're a bungler."

And we get the situation whereby the attention units are tracking back to the engram. But now supposing this engram wasn't saying, "You're a bungler"; supposing it was saying, "Wachatabe, wachatabe, wachatabe." Nobody in the attention unit bank knows anything about Japanese, so they simply slam the door again and report to Bill, "Some fool down there is saying, 'Wachatabe,'" and that is the end of it.

Or the attention unit opens the door and the engram command says, "I'm very tired."

So the analytical mind attention unit reports back to Bill, "You know, it's a funny thing but he says he's very tired."

And Bill says, "I don't feel tired at all! " At that moment this thing turns on some more sleeping gas, so Bill says, "Yes, I do feel tired," and then he's more comfortable. He has got to agree, because the original person in the engram was trying to get some form of agreement.

Now that is simply aberration. It is just a statement of condition.

We are not very concerned with aberrative phrases. They may be very terrible, they may have somebody climbing the lamppost to find out why the green lizard on top keeps spitting at them, but that is just an aberration. It is not important in an engram.

But the next thing that occurs is that Bill's assistant goes over to the door, opens it, and something says, "Get out!" The assistant backs off and says, "It says, 'Get out.'" He goes back over to it again and it doesn't say anything until he gets close to it and then it says, "Get out!"

So he gets out. And in this way one attention unit can keep on idling off a restimulated engram.

Or an attention unit opens the door and it says, "Stay here," and drags

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m ln.

So, action phrases such as bouncers, deniers, misdirectors and holders cause attention units to idle back and forth. Last of these action phrases are groupers which furnish the data to other computational loops and so forth.

The next thing that ties up and agitates a lot of attention units is valences.

“I” would normally give the commands, do the observing, and say to a series of loops something like, “Be like Oscar while you’re driving a tractor.” So the whole organism, not just the analytical mind, is like Oscar when driving a tractor. It is an automatic setup mechanism, but only the action part of him is Oscar; his own mind is floating free. Maybe there are only three or four attention units devoted to being Oscar, but there is also a carbon copy setup.

Now supposing one is doing just plain mimicry. Let’s take a hunter up in the north woods who wants to make a moose call. So, he goes into the valence of a moose and does it. You may have heard a hunter say, “The best way to hunt moose is to think of yourself as a moose and then you do what they do, and you wind up with a moose.”

So, there are valences. But now what happens in the engram circuit (using the analytical mind and attention units analogy) when all of a sudden something restimulates the engram bank, the attention unit walks over and opens the door, and a record says, “You’re just like Oscar,” and another one says, “Stay here,” and another one says, “Come back”? There’s nothing for this analytical mind to do but set up an Oscar valence 100 percent because obviously to survive he has got to be like Oscar.

There is the mechanical idea that every engram has three or four valences. There are three or four people by a switch-over: “You’re just like your mother,” or, “You can go elsewhere to find it,” or, “You can go elsewhere for all of me,” which was an actual engramic phrase. Then there is “If that had been you, you would have been killed,” or “If that had been me, I would have been killed,” or something similar. So we get this computational problem which has to set up a valence which isn’t in any valence, because every valence is you or me. Naturally we could only then get a synthetic valence.

It’s the exterior world getting interior. So the analytical mind would set up a valence, meaning a full-dress mimicry of one of the valences in engrams.

The next one is demon circuits. Let’s take the most villainous demon of all. In the outside world we have something that tells the person he has got to control himself. Maybe he is injured and in pain. But there are some wild animals close to hand and his yelling would bring the wild animals down on his fellow huntsmen. So they say, “Control yourself, be quiet.”

“I” receives this command. It is not particularly engramic, even if he is slightly wounded, if he doesn’t have something really engramic for it to sit on. That’s a perfectly reasonable remark. Someone might even say, “You’ve got to control yourself now, there are wild animals around,” and the person would lie quietly until the wild animals left—it is a survival mechanism.

But let this outside world get inside and the attention units are attracted to the door. They open it and this thing says, “You’ve got to control yourself. I’m going to tell you what to do and after this you’d better do it!”

They come back and they tell Bill, “Hey, there’s somebody else aboard!”

So, the analytical mind sets up a circuit. It puts another “I” into the computer.

Sometimes there is a sonic circuit, but it isn’t saying, “You’ve got to control yourself,” it may be telling the person how to control himself and dictating his every action. It may even make

him feel that unless he does control himself he is going to be in bad shape all the time, and that he is liable to explode any minute if he doesn't control himself, all depending on the commands with which it is set up.

In addition to this, you ask the person to get rid of a "control yourself" mechanism, and because it is so obvious in the society that a person has to control himself, he thinks that picking up the "control yourself" mechanism would be picking up and erasing "I's" ability to control the organism. Whereas this thing is a parasite. It is not "I" controlling the organism. It is a false "I" erected in the circuits, and it actually can get sonic.

There was one, "You will remember all this in present time, come up to present time." A hypnotist had evidently installed a circuit, and he had put it in artfully on a sympathetic basis so that there was an engram sitting there constantly which had a full circuit set up telling the person what to do, because of course present time is progressive, so the engram came right on along with it.

That is a demon set up on the thought plane and the only thing that makes it possible for this to go into action is the ability of the analytical mind, even though the perceptics kick the record in and the record starts playing on a cellular level.

There is the fact that the analytical mind, using conscious and unconscious circuits, isn't paying any attention to but can regulate at need such conditions as heartbeat, rhythm, fluid flows in the body, and voluntary and involuntary muscles. The thing is all rigged up to regulate the body.

But all this is postulated and is discovered to be under analytical control since you can take an individual and reach those controls and interfere with them simply by talking to them specifically on command. It is a very strange thing that you can practically stop a man's heart just by talking to him. But you have to do it on a clear with his consent and after he has practiced until he can do it.

For instance, have you ever seen a child learn how to wiggle his ears? It takes a while to find the right muscles. The same thing with the analytical mind and fluid flow. One can reach into the mind and say, "Your heart will now beat slowly," to a person in a hypnotized amnesia trance, for example, "Your heart will now beat slowly, your heart will beat slower and slower. Your heart is beating slower and slower," and by doing so kick down his heartbeat rate a degree. Furthermore, you can stroke his arm and say, "All the blood is flowing out of your arm now," and finally get a person whose hand is white, bloodless and cold.

The limiting of blood flow in various parts of the body is not an unusual experiment. It is very well known to hypnotists. The Hindu fakir can slit a vein in his wrist and make it bleed. He has got autocontrol over it. He simply says, "Bleed," and it bleeds; "Don't bleed," and it stops bleeding.

About 1928 when this principle was not known in the United States there were a couple of Hindu fakirs who went to Johns Hopkins and practically drove everybody crazy there. Then a few American hypnotists said, "Whoa, well now, wait a minute. I should be able to do that to myself," so they did.

The analytical mind can control fluid flow. It has to learn how, as in childhood it has to learn vocabulary, it has to learn all sorts of things; but we are treating it now as a mind which has observed and learned (like a child learning how to wiggle its ears) in order to control something like the thyroid or the pituitary.

But it should be able to, because a hypnotist working on a subject by handling solely the lower strata of the analytical mind can do tricks with the glandular system.

Of course, he does it in rather weird ways. He says, "It's very hot in here," or, "You feel very energetic. You're getting very energetic." I don't know how he is kicking in the thyroid or what the circuits would be to do so, but the person can then feel very energetic.

Or the hypnotist says, "Now you're very sleepy, very tired," and other regulator mechanisms go in in terms of cellular control. It would actually make a Wurlitzer look simple. There are a great many cellular controls, growth controls and so on in the analytical mind, if one thinks of the number of parts of the pituitary and the number of glands.

As a crude example of this, you can take a person who is hypnotized and say, "Your nose will now begin to run, and it will run a great deal for half an hour. But at 10:31 it will cease to run." You wake the person up and his nose starts running, not with a slight dampness, it will run a torrent. He will fill up handkerchief after handkerchief with nasal mucus. Not a very lovely thought but it is interesting to watch.

But at exactly 10:31 it stops just like that!

The engram has a high priority. The cells say, "Ah, this is survival itself. Yes, sir! We've really got a mechanism here that works splendidly! It had always worked, so there is no reason why it won't keep right on working. After all, we've always been Republicans, why not just go on being Republicans," that being the general gist of its logic.

If it has got a phrase in the engram which says, "Your nose is running. It keeps on running all the time. Why don't you hold it?" this poor man will go around for 30 years with his nose running—that's chronic sinusitis.

But it wouldn't have any pain content with it unless it matched up with an engram which had as one of its pain perceptics irritation of the mucus membrane of the nose.

Such an engram would lie dormant just so long. One day it gets kicked in. Perhaps its verbal content has to do with the husband leaving the wife. He already has one holder in chronic restimulation since childhood, "Your nose runs all the time, hold it."

Then, the mucus membrane, irritated in this engram, restimulates some other engram. So now there are two engrams acting on the nose, after which, let's say, there's another phrase in an engram, "It is running, therefore it must be infected," and this person will have started to get in bad shape.

A few bacteria come in. The way the reactive mind has got to set this thing up now is to keep that bacteria alive, because this approximates the conditions of "survival."

The way to "survive" in this case is to have a running, irritated nose which is infected—a combination of three engrams. That is a psychosomatic illness in its mildest form.

In a somewhat worse form, there was a beautiful young lady who had been on crutches ever since she was a very small child, about 3 years of age, and got polio. Papa was an ally. But Papa's standard phrase was "I can't stand it, I can't stand it, I can't stand it. The tension is a great deal, I can't stand it." From one month up to the moment she left home he said this continually. Everything Papa said was law, so now she is on crutches.

The polio, of course, also latched on to the engram in the bank which contained actual leg injury prenatally. The fetus is very easy to injure in the legs. A blow in the abdomen, like running into a table or something of the sort, will cause a fetus's legs to cave in. After all, the fetus's knees are clear up under the chin, and sometimes they can poke it so hard that the knees of the fetus will go through or break the fetus's jaw. There are a lot of repair facilities which fix it up, but the engram is there.

Then at two and a half years of age something gets restimulated, there are some bugs in the neighborhood and these things latch on, and suddenly she has got some kind of an infection. Then somebody says, "Well, she'll probably be crippled, she'll never be able to walk again, even if she does pull through this."

She is sent to an isolation home, and there hears the words "Poor thing, she's trapped," a nice holder. And then Papa's first remark when she comes home half-starved with malnutrition is "Look, her legs are like pipe stems. I can't stand it," which immediately keys in everything else on the track, and we have chronic poliomyelitis.

This is on the somatic level, because there is the reverse side to an engram. If the analytical mind and the body obey the commands of the engram, that engram won't inflict the pain which is tied in with it. The body is supposed to obey one way or the other.

But supposing these commands are very contradictory and one says, "I can't stand it." Alone, that is a very hard command to obey, it also contains pain in the legs, but now Mama replies in the engram, "You've got to stand it."

There is a contradictory proposition. So, whichever way she turned she got the pain. "I can't stand it. Got to stand it," the circuit said. She had to go one way or the other, so she got pain.

Some positive experiments have been done on animals. They take a cat and ring a bell and hit the cat. Now they hit the cat and ring the bell, and hit the cat and ring the bell, hit the cat and ring the bell, hit the cat and ring the bell.

Then they let the cat go and ring the bell and the cat takes off! They bring the cat back and hit him and ring the bell, and hit him and ring the bell, and hit him and ring the bell, and then they let him go, and the cat takes off again.

Now they bring him back and don't let him eat for a couple of days. Then they set out a great big plate of sardines. That's survival—pleasure. The cat is hungry and he gets a nice big whiff of the sardines and then they ring the bell.

The cat is now confused! He is hung up on maybe. He is not right, he's not wrong, he's maybe. But he's right on one and wrong on the other, what is he going to do? So he eats the sardines but he doesn't enjoy them very much, and that is what is known as anxiety.

This is basically the way all engrams work.

An auditor has to be able to derive the mechanics of engrams. The engram can't spell, it can't think, so one has to set up a circuit which outrageously puns and thinks literally on everything. If the record playing says, "He rode a horse," it isn't spelled. The attention unit from the analytical mind would just as soon interpret this on the basis of "He rowed a horse," because that's what it says!

To the pilot, the phrase "He's no earthly good" doesn't mean "I don't think he'll really succeed in anything," which is what it was supposed to mean. It says he can't do anything on the ground, "He's no earthly good."

When it gets to crutches and walking and so forth, the engram computes "I can't stand it" to mean "I can't stand up," or "My legs are tired," or something of the sort. It doesn't mean "I'm unable to bear this." In such a way all these engrams command.

The English language has at best very poor communication symbols. They have never been worked out. Similarly, the French and German languages say one thing and mean another.

In Germany, for instance, if we wonder how someone like Hitler could suddenly take the nation over, it is very simple. All one would have to do is fix it up so that everybody would

obey authority. In Germany when one says, “He’s a good boy,” one is actually saying, “He’s an obedient boy.” The tone says, “We approve of you,” but the literal meaning of the word says, “You’re an obedient boy.” So approval means obedience, obedience means approval. That’s pleasure, that’s survival. So it is built in on a tough, rock-bottom proposition, into the national culture of Germany.

In France, a headache, *mal de tete*, literally translated becomes “I have an evil in my head.” The word “evil,” *mal* is very homonymic. Now, we wonder why the French sometimes worry about religion. A language which says one thing and means literally quite another is a very unsafe language to have around.

A bad offender on this is Japanese. Japanese is very homonymic. Two Japanese talking to each other on the street would probably have a very rough time of it unless they could watch each other’s mannerisms and gestures. As long as they can see these things they are perfectly confident of what the other is saying. Because they leave off their articles and pronouns and are generally undifferentiative, the language can be thoroughly misinterpreted.

When talking Japanese, you have to make yourself very clear on the subject of your mannerisms and your gestures. Worse than that, their written language is Chinese! It has been borrowed over, renamed, and then in order to explain how to pronounce it in Japanese they have little symbols up in the corner. One of the reasons they have bad eyesight is probably these microscopic characters which have many lines and strokes to them.

In order to differentiate, they have thousands and thousands of characters which they use because their own language won’t differentiate. We wonder why they went mad and bombed Pearl Harbor when they knew they couldn’t win. That would be a reason. Language has been unsafe in this world for an enormous amount of people who are now pushing up daisies in the various forgotten battlefields of this planet.

If one computed on the basis of “What does this mean?” when handling engrams, one is going to miss bouncers, deniers and other action phrases. The important thing is what does it mean literally?

Take, for example, the phrase “beat it.” One looks in vain for a bouncer, or for the attention unit to bounce when it reaches the words “beat it,” because “beat it” means to hit it. A bounce might be caused by the word “scram,” perhaps, but not “beat it.”

Actually, “beat it,” which is normally understood to mean “go away,” could actually act as a holder, and I have found it as such.

As an auditor runs across various engrams in the bank and listens to them parade in front of him, he will see very readily what is meant by literal translation.

One of the key phrases that one preclear had was “It’s too horrible to be borne.” This didn’t mean that it was too much to carry. It meant that it—which was interpreted by the fetus in the bank as itself—was too horrible to be born.

Later, his mother would say to him, “Why were you ever born?” which gave him the idea after a while that he was too horrible, and he went around in a small squirrel cage on this subject. That is the viciousness of engramic puns.

Don’t make a mistake either of believing, when you are going up against demons, that you are going to find something draped in a sheet. It is a piece of the analytical mind. Don’t wonder about it when somebody is explaining to you, on and on and on, why you should never go back into the prenatal area with him until he has cleared up the painful emotion on his case. It is a demon circuit which is running on this single type of computation, “You must do what I tell you. We’ve got to solve the emotional situation,” and then, of course, the

person adds right after that something like, “You’re too emotional and you mustn’t show your emotions.”

So this engram says that the person has got too much emotion, which means he is about ready to explode but he can’t let it explode, and that he has got to control himself in general, but also that he has got to control you, the auditor.

This whole situation can get very complex with some preclears That is why you must never listen to a preclear’s computation. If he tells you what is wrong with him, you agree with him wholeheartedly and send him someplace else! We have Standard Procedure now which, if followed, produces results. When you know your tools and follow what you are supposed to do when you are supposed to do it, you will get results. It may take you quite a while on some people, but you will still get results.

It may be of interest to those interested in General Semantics that the first time these phrases get interpreted in the bank is the one which is liable to be used by the reactive mind.

This is of no great importance to therapy beyond just an observation of how language works. The child is told that something is a nasty word that he must not say. This nasty word is actually contained in an engram which now colors the engram.

Don’t think for a moment that life is lived on a reactive level. The analytical mind is actually quite an emotional organism. The whole being is rather emotional. If he were not, he would not be able to enjoy anything. And if you look around you, you will realize that a great many people are incapable of enjoying what they are doing. They feel the unreality of the existence about them. That is strictly mechanical on the basis of lost attention units, of distraction and so on. But the analytical mind, which is riding along on its own computation, in a cleared state, is very emotional.

Engrams cause the mind to freeze up. It may have engrams in it which say, “You have to be emotional, you have to be happy. Don’t go around being sad. You’ve got to be cheerful. You have got to be well and stay well. You can’t be sick.” Now, we try to send such people down the track. They are not happy and cheerful, they are still sick but they say firmly, “I don’t need any treatment.” There is also the difficulty of colloquialisms in language. Furthermore, there’s the difficulty of time. In the society we have a current Language, a colloquial change which goes along. I think the society does that to save its own sanity, particularly this society which is young. It really manhandles its language. Then when we get through with slangisms they get exported to England and when they get through with them they send them to Australia. During the war we had Language in Australia which was of the 1925-26 vintage.

A preclear I was auditing hit a bouncer, around 1908—it was birth—so I started trying to get the bouncer. He couldn’t think of one. Of course, all the time I was testing the thing I was pulling the person down on the engram with phrases adjacent to this bouncer. He would come into the engram which was “a cute little thing,” and then bounce. And I finally hit it. It was the words “twenty-three skidoo.” That was the nurse giving backchat to the doctor.

So, from generation to generation the colloquialisms get into the engram and then you will find the engrams themselves becoming contagious by dramatization.

MANIFESTATIONS WHICH ASSIST THE AUDITOR

A lecture given on
21 July 1950

Somatic Strip and File Clerk at Work

It may surprise you to learn that there are mechanisms and manifestations within and without the human being which assist the auditor.

According to an occasional sad letter I get out of Podunk or somewhere, John Jones in auditing Richard Row has found Richard Row stuck in present time.

The publisher left some quotation marks out of the Handbook. The words should have read: stuck in "present time." It is impossible to get stuck in present time. A person could be stuck in an engram which had the words "present time" in it, he could be stuck somewhere on the track, but he could never be stuck in present time.

Sometimes you will find a person stuck in an engram which has a bouncer telling him to go forward, get away as far as he can get and stay there and keep on going, and it will give the manifestation of being "stuck in present time."

Some of these people have even moved into the future some distance on this. The person is actually 22. You give him an age flash and he says "49."

If you ask the person, "Well, what's going on?" and get him to close his eyes, sometimes he gets an illusion of the future or his actual vision of the future.

In one place they were going to move down by the sea shore and there was going to be a certain kind of tree there. But he was merely there in the future reporting that he lived by the sea shore with a certain kind of tree growing, and that they had a child that was 4 months of age, and so on.

He also said that a certain thing had happened with regard to a business and that such-and-such a thing had happened with regard to a car, all the time protesting, "This isn't true, I'm not trying to tell you anything."

I merely said, "Well, all right. Let's go through it again," and simply jotted things down. And in their wide generalities these things came true! When you are dealing with the mind, you have to be open-minded.

In Dianetics there is a very good motto for anyone to follow: Be surprised at nothing. That happens to be the motto of an old southern family, which shows this big bold rook sitting on top of a tiny castle, and the scroll underneath it in old English says, "Be surprised at nothing." That could very well be adapted for Dianetics.

There are several things that you, as an auditor, can expect in a preclear. These things exist in everybody, but in various ways become occluded or go on strike. The first one is what we are calling, in Dianetics, the somatic strip.

The idea of the somatic strip came, in the early days of Dianetics, from motor strip. But when we used the words motor strip we got the person into too many automobile accidents. It is a restimulative word; somatic is not.

What connection this has with the switchboards or the little men who, according to neurology texts, hang by their heels on either side of the brain, I'm not prepared to say. But we postulate

that these switchboards contain the motor mechanisms which register various parts of the time track.

All we mean when we say “somatic strip” is that portion of the organism or that appendage to the organism, interior, exterior or wherever, which locates moments in time for the individual. This means strictly that it is under the orders of the auditor ordinarily, and that under such orders it can relocate incidents.

It is a time traveling mechanism, and in addition to that will pick up pains and synthesize other perceptics.

In a man, the tongue and hands are very exaggerated, and one can find this diagram in books on neurology.

However, that is structure. We are not interested in structure. I’m passing by it as a datum which is about as important as the number of whales killed off the coast of Newfoundland in the year 1802. But the genesis of its name was the thought that the muscular strip had a contact with time. So we call it the somatic strip. It will move in time under the command of the auditor. Everybody has got one of these unless it has been cut out of him by accident and even then he might have one. You should always expect to find one.

This thing happens to work whether the person consents to have it work or not. As an auditor, you can tell it to go somewhere and it will go, and then the preclear is quite surprised to find himself at the age of 4 with Mama pulling his hair out by the roots or something of the sort.

It will go in terms of time. If the auditor says, “The somatic strip will now go to February the 16th, 1914,” and the somatic strip is working well, under the auditor’s complete control, it will wind up on that date. Sometimes, due to the inability of people to contact reality, it misses. Often it won’t move. Sometimes it gets mixed up with a holder or a bouncer and every time it tries to move in on the engram it holds or bounces.

We can see this much more clearly by postulating the fact that the bulk of the attention units of “I” come under the direction of the auditor. When an engram is restimulated, the somatic strip has hooked in some sort of muscular activity into the moment of the engram.

It is a multiple pointer, when it’s working at its optimum it will only go to one place at one time. We differentiate this very sharply. If we tell a patient to go somewhere and address him directly and say, “You will now go to such-and-such,” there is something of a confusion there.

The patient is trying to go some place but stay on the couch, so we simply say, “The somatic strip will now go . . .” and we get better results. And because he will wind up in these places, he suddenly perceives, if he is working well, that the somatic strip is under the auditor’s control, which is a matter of surprise to a great many people. It’s as though he himself had nothing to do with it.

In fact on an uncleared “I,” the somatic strip just wanders according to restimulation of this and that. It goes up and down the time track. It isn’t stable. But in the hands of an auditor it should go exactly where it is supposed to go. Once it goes there and starts to sweep through an engram, it is equally insentient and irrational.

The somatic strip is something which you guide and order and treat as though you were driving a car. You drive the car down the street, and after you have leaned on the wheel of the car to turn a corner, if you don’t straighten the wheel out, the car keeps right on going in a circle. It’s the same way with a somatic strip. You start it through something and it will keep right on going.

A somatic strip which is really working well can be started at the beginning of one year and can sweep right on through the days of that year just on a single order and wind up at New Year's Day of the next year without recognition of any single moment by the preclear

Similarly, a somatic strip can be started through one end of birth and can be requested to go right on through birth, which it will proceed to do. But it will do so best if you count the time for it. It will go right on through birth and all the somatics will turn on and off and do everything they are supposed to do.

If the person perceives no part of the perceptic of birth beyond the fact that its various somatics are turning on, he won't get stuck in the incident.

You want to be very cautious as you do this. Don't keep calling the preclear's attention to things in the incident. Don't try to pick up any of these somatics. You can send the person through a tonsillectomy, or through any operation. You can send him through late life moments of unconsciousness that he has no contact with whatsoever. His somatic strip will go right straight on through and he will get the moment that the knife went into the appendix, the somatics, the movements, kinesthesia, and so on. The somatic strip will just swing right on through.

This goes through minute by minute and will even happen in a person who normally has everything shut off, who doesn't believe anything is happening in his case and who thinks himself incapable of experiencing any strange phenomena.

Tell the person to close his eyes and then tell the somatic strip to go to the beginning of his last operation at the moment they are putting the mask over his face. Then say, "Now, it is 1 minute after the mask is over the face, 2 minutes, 3 minutes, 4 minutes, 5 minutes," and you will see him start breathing heavily and going through all the muscular reactions. Then he feels the first stab of something and the straps holding him down as you sweep him on through.

But don't stop that somatic strip or suddenly neglect it once you have started the somatic strip going through this person's operation. He is getting somatics on it, and you can even time how long the operation takes.

A surgeon who is not schooled in Dianetics can stand by and he will become so fascinated in watching this patient that he will run off the time to himself and give you comments afterwards about what kind of an operation it must have been and the skill of the person operating.

So you run the somatic strip right on through, remembering to bring the preclear to the moment he woke up out of the operation and then up to the time when he was happy and cheerful, and then bring it back up to present time.

Like the automobile that turns when the wheel is turned, it will just keep on going. The moment that you let go the controls of it, it will do what it has been doing. The patient himself can't grab control of this somatic strip until it is thrown up someplace in the vicinity of present time. Then of course it will move right on as it is intended to move with present time, diving as things become restimulated. That is the action of the somatic strip.

You ought to experiment with it sometime. You will see some very interesting manifestations. Take a patient whose operation you have never been able to reach and run him through the operation. Of course, if he is very seriously frozen up on the track, the somatic strip is not working well. But if he is even slightly free, this sort of thing will take place and it is quite startling to him.

This is the actual power of the auditor. Many people, when they are auditing, just halfway believe what's happening, so they don't think it makes any difference what they say, or what they do, "because it isn't going to work anyway."

Go out through the land and start looking over patients who are being branded failures or very tough cases and you will find an auditor who "didn't think it happened," and who says, "The somatic strip will go" someplace or other and then says, "We are not getting anyplace," and starts talking to the preclear about the time he had a birthday when he was 5.

Of course, the somatic strip has gone sweeping down, and now without telling it to do anything, without guiding it, all of a sudden one starts the person into something else. Maybe he says, "Well, what happened to you when you were 5?" and the fellow tries to tell him and he says, "Oh, that's nothing very important, let's try for some prenats. All right, let's go to the first time...." Now maybe the somatic strip is back under his control again and maybe it isn't. He is not controlling anything particularly because he doesn't think he has any control.

Actually, his ability to control the patient analytically is very slight. But the ability to control the mechanisms which handle engrams is very great. If he neglects his own power and neglects to know the extent of his own power when auditing, he is going to get bad cases.

Now, that is the somatic strip. If you want to make a test on this, go right ahead. It's a good test to find out how solidly frozen the somatic strip can be in a patient.

The somatic strip can go through and through and through and through an incident and it won't erase. It is "I" contacting the perceptics, it is the pain being re-experienced, it is the whole thing that erases the engram.

Actually, if you just tell the person to start repeating something, the somatic strip will start following down anyway. Of course, if you are telling him to repeat something, you are throwing in the whole mechanism, you are not just telling the somatic strip to go.

That's why using repeater technique from present time is something you have to do rather gingerly. You start using repeater technique on holders and you are liable to stir up five or six holders in the bank, whereas he was only in one to begin with.

If you run through a pleasure incident that is really thoroughly contacted all at once, it will very often shuck off the somatic.

The somatic strip then is under your orders. You send it where you want it to go. A somatic strip is normally not under an outsider's orders. It is under the orders of that portion of basic personality which is designated the file clerk. This is the second mechanism which assists the auditor.

The file clerk is a strange phenomenon that aids us a great deal. It is not a thinking thing, but it is an answering thing so long as the data is present. Don't ask the file clerk to predict, but you can ask the file clerk to count and you can ask the file clerk for yes/no answers and normally you will get them.

If you ask the file clerk, "How many times do we have to go through this engram again to erase it?" he may say eight or nine, but he's guessing, because you are asking him something he has to think about and he is not a thinking mechanism. He does very well but he doesn't know his Dianetics. You can ask him, "How many engrams of this type are earlier than this in the bank?" and the flash is five. That file clerk is working well this time. But after all, he can count them: one, two, three, four, five. That's fine.

You can actually give him a flash on this order—"A yes or no will flash into your mind when I ask you this question: Is basic-basic out (snap.1)?" and there will be a flash response. The file clerk is the author of flash responses. Actually, it is his business in the thinking apparatus

to forward through the answers to computations which are being run on the hidden circuits, and there are plenty of hidden circuits in the mind. They are hidden as far as "I" is concerned, not from the fact that they have to hide, they are simply massive circuits.

When you stop and think of the number of computers which are busily going in the mind, and how many computations are being formed, it becomes an astonishing picture. The file clerk forwards the data to "I." His smooth operation is to tell "I" the answers. He does not tell "I" the answers vocally, but merely forwards up the data and the conclusions.

He can work on multiple circuits and with many computers. You might better consider him a file clerk who is chief of the file clerks, because there are a lot of information furnishers. They use their communication systems.

They are actual attention units which are down next to the standard banks. That's the easiest way to understand them. And the master attention unit of them all, unless the mind is all clouded up with circuitry, will shoot through the information, and he will shoot through accurate information.

A good navigator takes his sight, he does all of his computations and is very careful with the whole thing. He adds it all up, and just before he finishes adding it, he knows whether that computation is right or wrong. And he knows more or less down the columns when it goes wrong. If he cannot do that, he is actually a liability to the ship he's navigating. That principle has been well established in navigation since the days of Columbus that there is an instinctive yea or nay coming up there.

It works this way in many things. We have what is known as intuition. It is immediately presumed when someone is talking about intuition that he is reading minds or going into the future or getting some sort of a telepathic answer. Perhaps telepathy may be some part of the computation. But to name any one of these as the whole process would be a mistake.

Actually, when one begins to check up on the mind and find out how many things it observes, how many data have been assembled on any one subject at any one moment, one finds out that an enormous amount of observation has taken place.

So the file clerk, running off the computers, has usually already received conclusions on various things. And one suddenly knows intuitively that something is amiss. It is a conclusion which has come forward. The best and most reliable of these is when a person has asked a question of existence which can be answered in terms of yes and no. "Will number 36, Hot Biscuits, win?" And you sometimes get a feeble "Well, maybe," but no data to amount to anything. Once in a while somebody gets what he calls a hunch. A great big yes will come through on some question of that sort and he will put his money on it and sometimes he will win.

This sort of thing is what drives gamblers crazy because they start to listen to voices after a while. They don't realize that they have data on what they are doing.

One day I was down in Tijuana, and my wife was telling me to bet on number so-and-so on a roulette wheel. Every time I did, one of those numbers would come up. I thought, "This is peculiar. What have we got here, a seer? All right, I'll keep betting."

It was only a dime roulette wheel and yet suddenly we had stacked up about fifty dollars in chips. At that moment everybody else, noticing this luck, started to ride the numbers with me, and I started looking at the wheel wondering why it was doing this.

My wife had done some sort of a computation along in this order: The wheel was out of balance. The ball was being thrown in the same way each time. She had watched it for about five or six spins and had noticed that it would tip and throw the ball onto three numbers on

one side, and then it would go to the matching three numbers over on the other side. The wheel was warped, and without knowing why it was happening she was getting “hunches.”

But, this shows the complexity of computation which the mind will do.

The mind has been very grossly maligned. One is taught arithmetic in school and he is taught that he does it all on the front board. Education is most magnificent in its consistent belief that everything is done on the front board, or if one stores the memory banks sufficiently full, that one can then think.

Neither one of these beliefs is true.

Computation is done in milliseconds. There are all kinds of conclusions going on, and when a person is taught to distrust his own conclusions with regard to things then he really starts to make big mistakes. The mind is pretty well designed to run on automatic.

There is a mechanism which forwards data. This is a very simple mechanism you can postulate as an analogy. It comes up from standard banks, it comes up from conclusions and the engrams that are available to the file clerk.

If you can get down against the standard banks with a person who is in amnesia trance, you will find he has full somatics, full sonic, he is full on. Of course you can't get him there if you are just dropping him into an operation. He simply goes unconscious.

But if he is fluid on the track and you can get him into present time and then drop him back down into amnesia trance, you will find that he has got everything available. It is very hard to get a person into that position, however. You have to use drugs and other things in order to bring the person into this situation, and the amount of therapy which this will deliver is very, very small.

The attention units down against the standard banks are quite able to contact all these things anyway, but what they are not able to do is get through to “I” with them. So naturally, with amnesia trance, you are just working back of “I,” and you are not getting anything that is therapeutic.

You can run engrams, but it has the added disadvantage that these units are very few and although they are probably the same units as in any other part of the mind, they are weak. In short, they don't push well into the early parts of the bank, they don't undo computations well, the person doesn't think well, and the chances of restimulation are enormous. When restimulated in this fashion, an engram does not die out in three days.

Also, when you do this kind of work, you have to do it perfectly every time and that's impossible. As a consequence it sounds fine to say there is a part of the mind which has full sonic, full somatics and so on, but “I” is out of contact then.

You can run a person in amnesia trance and then run him wide awake back down to the same incident and it will be loosened up so that you can run it off. It sounds easy to locate incidents that way, but it isn't. They come up in the order they are supposed to come up, but they run off very slowly. You go through one engram where Mama is a monologist, for instance, and it takes you two hours to get through it once. But the actual time of the engram was five minutes. This is very common in hypnotism. The slowness of recounting is peculiar to the early part of the prenatal area. The earlier you go, the slower it gets, usually.

Time moves very, very slowly for the embryo and it moves quite swiftly for the man of 70.

“I” of the standard banks, basic personality, has likes, dislikes, ambitions and so on. Sometimes a person has so many engrams that the file clerk units are overloaded. You can still get down there, and you can still ask him questions, but don't ask him to do any

predicting, because he has got too few units to do much computing, and he doesn't have enough concourse with circuits because you have shut off all the circuits above him. Although he can't do any thinking, he can do a lot of personalizing. That is to say, he can tell you what he likes, what his ambitions are and so on. That is one of the ways you find basic purpose.

All this data is from research. We not only frown on but stamp on the idea of hypnotizing people for therapy for the excellent reason that any time you enter the bank this way and go on down the time track, you have smothered a lot of material.

The file clerk flashes data through to "I," wherever "I" happens to be on the time track.

In addition to everything in the standard banks, the file clerk has potentially under his control every engram in the bank. But the only engrams he can reach in the bank are those which are uppermost.

Now, as the file clerk looks at the bank, he sees that thing which was principally blocking him from obtaining material. And he will look it over and see this higgledy-piggledy pile of something or other and he will pull something off the top of it or off the bottom of it that is ready to go.

He can get this one separate, so he will look it over and throw it forward in time. He is quite smart about selection and delivery of answers. Nothing keeps him from selecting the engram, but the only thing which can keep him from operating is being frozen at an age level, with all its information coming forward out of this engram.

A conclusion that the person has on file says something requires thought and computation. He starts to forward this thing through, but it goes into a circuit and when it gets over to "I" it is somewhat modified. No thought has occurred on it but there has been a great deal of reaction.

The flash that you get through from the file clerk when he gives you a yes or a no should come through on a straight flash wherever a person is in the bank. The concentration of attention units carries this flash forward.

A lot of things can interrupt this in the way of circuitry, such as, "I can't tell you. I am afraid to tell you." But this isn't the file clerk going on strike, this is the file clerk forwarding the data as asked for and then going up against the occlusion demon. The data doesn't come through even though he is trying to put it through.

Now, it can be postulated that the file clerk will stop working with an auditor. If the auditor breaks the Auditor's Code, the file clerk can cease working with him.

But if you work the patient for a short time in straight line memory, the file clerk gets more or less reassured about the fact that he is perfectly willing to put out the data and he will start working again. I have never seen one stop permanently although I have seen one sag in his activities.

The reason I bring this up is because you are going to see it sometimes when you get a patient that somebody has worked for many, many hours, where the file clerk has quit. It is up to you to reassure this patient and work with him until at last you have the confidence of the file clerk.

The patient may appear to you to have every confidence in the world in you, but the file clerk has quit. If you go over it you will find out something like someone got the file clerk into birth once and never got him out!

So, the file clerk functions to assist the auditor. The auditor must not let him down. The file clerk gives the auditor an engram, he gives it to him in the confidence that the thing is going to be treated in some fashion. Sometimes he has to be reassured of the fact that the thing is going to be treated.

So you run the patient through the time he cut his finger a few times and soon he will give you the time he practically cut his hand off. And then he gives you the time he practically cut his arm off. Then he will give you the time he practically died.

We have led up to this. The file clerk, however, doesn't know this about Dianetics. He thinks Dianetics is wonderful. He tracks right along with it. As a matter of fact, the principles of Dianetics have been built as a parallel to the behavior of the file clerk and the behavior of the somatic strip and the filing system.

So, of course they agree with it, because that is the system they use all the time. We are not using anything very strange or something that we have just invented. We are using something that works all the time.

If the file clerk and the somatic strip won't work—we will take the usual case where they are stuck on the time track—it's as if the file clerk had already offered up an engram to be recalled or something to be done about it and then nothing was done. It is as if in the absence of an auditor something was flung forward.

Quite often such an incident is there so thoroughly that it has sonic on the moment of the holder in it. Or it has a sense of smell of the moment of the holder in the engram. The engram is right there ready to be run, or it is the top of a series of engrams and you have to get the first one in order to run all of them.

But they are all being handed to you. Sometimes you are handed a whole chain of engrams, sometimes just one engram. You tell the file clerk what you want, he has got an idea of what you are doing. You have run through some pleasure moments and given the patient some practice.

The file clerk all of a sudden says, "Here we go. At last we get this thing out of here," and he can be channeled through and really starts to work. "I" may be in such a highly aberrated state through circuitry and so on that he hardly knows what is going on. And yet the file clerk knows what is going on and will work with you.

Something that spooks people occasionally if they stop to think about it is that they are working with the file clerk, and they say, "Now let us have the next moment of pain or discomfort required to resolve this case," and the file clerk will give them the precise moment that is required. He will select the one which has the greatest aberrative value as far as the case is concerned at that moment.

He will start to clear out the engram bank for the auditor and the auditor can just let him go on pitching engrams out as long as he will sit there and do so.

It so happens that as he throws these engrams out, the auditor's role is to make sure that the somatic strip does what it is supposed to do, and make the somatic strip go to the front part of the engram, go through and reduce it. The file clerk sometimes has various problems, such as five engrams all latched up on one somatic, and will offer the whole bundle. He can't do anything else. He wants to be unchained and the auditor is supposed to run out those things.

The only real trouble an auditor gets into is when he ignores the file clerk's offer. Then he starts to get in trouble from two sources: material which gets restimulated so it will freeze up the track, and the fact that the file clerk is liable to quit. That is the danger of repeater technique.

The file clerk doesn't know that you have to get the first engram. He will keep on offering you late engrams as long as you ask for late engrams. And as long as you make no criticism he will just keep trying to unburden anything after the age of 4, 5, 10.

It's as though a lot of the prenatal material is buried from sight. As soon as he becomes aware of the fact that it's there, he will get started all over again, pitching that material out. If you just use the phrase "Go earlier" or "the earliest moment now available," coaxing him early, you will eventually turn up with the earliest material he can give you.

He is quite well aware of material down to postspeech. Evidently the nervous system or the contacts before speech are not too good, and they are seldom used on the circuit which he uses.

It is all back on the early part of the track in the prenatal engram bank that goes up to speech, and contains birth and so forth. The file clerk is below the level of attention units which he uses ordinarily. He is trying, but he is sitting over on one side with things misfiled. His attention has to be called more or less to the existence of prenatal

Society as a whole is practicing tacit consent. But you coax him, and eventually he will start in and you find the sperm sequence. "I's" usual reaction is "Holy smoke!" The file clerk's reaction is "Oh, so that's what it was!"

This is an analogy, and the sperm sequence is not necessarily the bottom of the time track. It never has been as far as I am concerned because when I was researching, a long time ago, I was contacting material well before conception.

The file clerk will give you the engram if the engram is sitting right there. But if you suddenly start to run this thing and say, "Now, what are the words that occur to you?" the person is liable to start into the middle of the engram. Or he will start into the tail end of the engram, and you don't want him in there before you get to the beginning of it.

So the optimum is, you ask the file clerk to furnish you with the engram. You ask the somatic strip to go to the first part of the engram, and it will go to the part of the engram it can reach. There might be more engram earlier than the somatic strip can get and because of the depth of unconsciousness which exists at the first part of an engram or at the center of an engram, the somatic strip gets lost and its attention units fall to pieces. So you send the somatic strip to the first part of the engram, get a flash phrase, make the preclear repeat it two or three times, and in a case that is running normally, the somatic will start to turn on. Part of "I" can get held in an engram. "I" is the pure unadulterated personality plus demon circuits, valences, aberrative commands and psychosomatic illnesses. So when a person gets cleared, you are actually seeing "I" reinforced, minus all of this excess baggage, and you get a very strong, marked personality. But the way it changes in the individual is ordinarily not instantly perceivable. I have seen some basic personalities that were tough, mean characters just on their own hooks, people that had a fairly tough attitude toward life.

"I" is as well the product of education, viewpoint and environment. You can't take somebody who was raised over on the docks at West Avenue in New York and expect that person's educational background will mellow him down to a point where he will have a great appreciation for, for instance, somebody who won't stand up and fight. You could erase all the engrams out of his bank and he would still have very strong decided opinions on it. There are several factors involved here, such as genetic personality and other personalities.

"I" wants to be clear, solidly and unmistakably. Never make the mistake of thinking that he doesn't.

If you work with any patient long enough, no matter how recalcitrant he is, you will find out that as basic personality starts to strengthen up, more and more units free up until he is clear

and his concourse between the bank and the front part of his mind is straight, positive and quick.

It is the duty of the units up against the standard bank to forward information and conclusions to "I," and if they can't get them through, to try to get them through in some other fashion.

They sometimes strike engrams or go into demon circuits, but they are trying to get through with information. They are also trying to get cleared.

The "I" is aware of being aware, and wants to be cleared and to have free concourse, so he will do a great deal. He will use almost anything possible in order to get cleared. He will even use engrams to get cleared. After all he has got his hands on all earlier data.

When there is one auditor around who has more skill than other auditors, "I" will start toughening up for every other auditor in the place except this one, and waiting until this one will run him. It is no great problem, you just let other people run him until someone persuades "I" to have confidence in him, and then the person will run for him and will drop this other computation.

But if you as an auditor kick the patient out of therapy for some reason or other because this aberrated "I" was so mean and so vicious that it was a great strain on you to run him, there will be trouble! This person has pleaded and begged, "Now, please stop this therapy because, you know, I don't want to get rid of this thing. After all, I'm happy as I am. I'm sane after all. I'm perfectly cheerful. I get along fine in life, you understand? I'm calm, and I don't want to have any more therapy." And you say, "All right. You win," and let it go a few days.

The next thing that happens is that "I" is liable to go around the neighborhood saying, "You know, the last time he had me on the couch he tried to...."

So eventually you will get hold of this patient and say, "What's the idea?"

And the patient will say, "Well, I don't know what's going on."

You say, "Well, do you want to come back into therapy again?"

"Yes. I get kind of mad when you don't work on me."

So you take him back in and straight out of the Handbook, practically, the patient will sit right down and be just as vicious, just as mean, just as ornery as before.

But, basic personality suddenly picked up the circuitry and wound it forward and made the auditor go to work. "I" will do this, and is obviously the source of it, because it has such great sentience. The engram tries extremely hard to protect itself, if you can consider the engram as having any personality.

"I" is trying to kick engrams out, but he will choose some weird and peculiar ways to do so sometimes, as though a computation had been done on this level.

If the auditor is auditing well and all of a sudden the case bogs down, the engram bank has suddenly gotten something into restimulation which says, "No more therapy." A demon circuit has started talking about, "If I get rid of it I'll lose my mind. This treatment doesn't work, I know it doesn't work. I'll just go crazy if you take it away from me."

The auditor is kicking something into view. If you watch the case over a period of time, you will find out that whereas the person may not have been in therapy, he was keeping a very close reach on the auditor.

If the auditor had moved out of town, that patient would have been on the phone making sure he knew exactly where the auditor was going. And the auditor might find out a short time later that the patient had gotten a job in the new town.

That happened to me with two cases where patients worked sporadically. They would work fine for three or four days, then they would suddenly say, "Well, no more therapy," and I wouldn't touch them for a week or so and they would wander in kind of sore because I hadn't called them. Basic personality gets very unhappy if the auditor doesn't move through to kick out those objections. He is not a vicious character in terms of his four dynamics. He will not try to destroy this or destroy that unless, let us say, he is from Bongo Bongo, and has been educated to believe that everything outside the world of Bongo Bongo is a savage monster.

His four dynamics will come forward. But remember that although there are people in the world who think that the world ends at the end of the plain, the instant you show them a wider horizon they will accept it. Don't expect that the process of clearing is a process of re-educating. It is a refiling of existing education, and you have to have a new education if you are going to change a clear's viewpoint.

A communist will probably still be a communist but I don't know how he would conduct communism. He would probably conduct it in a very different fashion and he certainly wouldn't indulge in atom bombs, unless he figured out that the end of the world would occur if he didn't. There could still be an aberrated set of data taking place in the standard banks.

Realize that in working a case you have somebody working with you. Don't ever feel lonely, even when you are working with a raving maniac. There is somebody else present.

The file clerk and the somatic strip will obey you. The file clerk will work with you. It's up to you to keep the somatic strip mobile so it can continue to obey you, and to keep the file clerk happy with you. Neglect those two points and you are going to miss out on some therapy on somebody.

If you aren't aware of the fact that those two factors are in existence, the case is going to stall down on you and you are not going to get anyplace.

There are other things which assist the auditor. Once in a while you get an accidental engramic phrase which assists you. One time I ran across a very long engram which had on its end, "All right. Go through it again."

The person was running down to the end of the engram and wasn't running this last piece of it, but was going back through it again and again.

I found a fight engram one time which did the same thing, and the preclear would start at the exact beginning of it and run through it, over and over. It didn't require any effort on my part whatsoever.

You will have one which will occasionally say, "I've got to get rid of it, I've got to get rid of it, I'll lose my mind if I don't," or something like that. And when that runs as the basic computation on the case, the case will run like wildfire!

After you knock that out you might think that the person won't keep on working with you, but that isn't the case. Then he really works fast.

So, there are various computations which work with you, but that is no reason to preserve any of them. The case works better when such computations are out, but they will assist you as long as they are in. The engram accidently is headed your way, and the file clerk will push it forward, feed it through and it will keep right on rolling out.

But never mistake this next one for the engramic assist computation. You needn't pay much attention to auditor assists out of engrams, but you had better pay attention to the case that is helping you too much.

Get wary of it if he is being very anxious about what is going on and trying to give you this and that and writing you lengthy notes. One case that we were treating twice a week was walking in with sheaves of notes. He was doing nothing all day at the office but write notes. He had a stenographer and she would occasionally type them, and the auditor would have this enormous amount of data continually presented to him.

At any moment that the auditor became sufficiently dimwitted to pick up and use any part of that information, he was at that moment being guilty of an auditor ineptitude. Don't use conscious level information the preclear gives you. One time in a hundred it will be correct, but you can't tell which is the one time in a hundred. So you are going to make ninety-nine mistakes.

This means specifically that basic personality is not satisfied with the computation the auditor has gotten on the case. The moment the proper computation on this case is entered, these notes will stop. The patient will cease to be anxious about his therapy and will go along with you easily, quietly, efficiently.

That is something for you to know and remember. It's very important. An example would be a case where the somatic strip and the file clerk had both stalled. By a great deal of persuasion with the auditor working hard against demon circuits, the preclear could be persuaded to go into an engram.

But actually what one was doing was battering right into the teeth of an engram to get anything out of the case. You will have to do that some time to break circuitry, but it isn't very easy going. It means that there are a flock of demon circuits interrupting your address to the case. For instance, there was a case with conception prior to marriage. In the most aberrative area, the basic area, were a number of family get-togethers and pronunciamientos, and "Oh dear, this poor girl, what is she going to do?"

This was a very confusing case. Everybody was loopy in the case, the whole family. And they all talked in negatives. Instead of saying, "You can be sure," they would say, "Well, you can't be sure," in a sarcastic tone of voice. Everything was reversed all the way up through the case, which makes backwards engrams because the sarcasm is missed.

Later in the prenatal area there is a very nasty accident of Mama slamming into the table. By this time she had made up her mind the child was going to be born and there was nothing she could do about it, and was feeling very sad about the whole thing.

Later there was birth, then there was a dental operation (nitrous oxide) at the age of about 3 years. The child was stuck in the nitrous oxide and had gone on being stuck in it from there on out. Here he was at 45 years of age still stuck in the nitrous oxide. He had lost all of his teeth and so forth, they had more or less rotted out as a consequence, but the mouth somatics continued.

This was an experimental case and the nitrous oxide engram was eventually broken with Charcot mirrors.

Charcot mirrors consist of four lady's handbag mirrors mounted on a phonograph record with a candle stuck in the side of a portable phonograph. A piece of cardboard is placed behind the candle. Then, as the patient sits there, he isn't seeing the light of the candle but the candle reflected in these four mirrors in the form of a four-sided plane as the phonograph record spins. The record is at different slants, so the effect is a crude approximation of that of a Koenig photometers

Don't make any great practice of using it because it is very hard on the auditor who is there listening to information with this flashing light going all around the room. Actually, somebody should build a little rig that has got two filaments in the form of a covered mask which goes over the ears and lights which flash intermittently; that would do the same thing.

The case above watched these mirrors, and all of a sudden began to shriek. When a patient is caught badly on the track and he is quite close to a psychotic break, if you start penetrating the engram in which he is held, you will sometimes get some remarkable pyrotechnics. And he will dredge up a phrase or two each time he does. It's just as though this thing is pulling him in. He will come out with another phrase, and finally he will desensitize the engram.

So, that was the first engram in which he was held. When that engram was released, we went immediately to birth, because he was also latched up in birth to some degree. We started birth at the beginning and ran it through to the end, beginning to end. Nothing much happened in birth, but we had to free it.

Then a prenatal appeared of Mama running into the table. He went into this, ran it out and it erased because it was floating clear of the rest of the bank. (You will occasionally find an engram doing this.) It erased clean. Unconsciousness came off it and so on.

Obviously, however, it was a very late prenatal because Mama was complaining that she might have hurt or even killed the baby. She was quite upset and alarmed. Once this was erased, birth erased in the case and then the nitrous oxide incident erased.

This case wasn't very usual. But you will find a case where occasionally the file clerk has got three engrams sitting more or less tied on to each other, floating free of the rest of the engram bank. Don't be too amazed if in every few patients you run into one of these floating engrams. Run it. Sometimes it erases. Don't ever make the very foolish error of supposing that there isn't anything ahead of it, because you will find the main bank ahead of it, earlier.

We erased the birth out of a lady recently. The incident was floating off the bank. It wasn't latched on to anything earlier, and had no cross connections.

We got a false four line charge² off the nitrous oxide case all the way up and down. The patient laughed his sides sore for about seven hours. Everything was funny. He had been living with all this terror all of his life and here we had eased the terror.

After this happens the case will run fairly well and you are not liable to get a psychotic break. It's actually as good as a grief discharge.

This particular case would never be psychotic again, but in trying to run down the bank and run off the rest of the engrams, we started into real trouble. Now we were running into the main bank, and it was just like having the enemy's skirmishing forces suddenly wiped out in front of you. Just about the time you are congratulating yourself that you have won the action, suddenly the main command, the right wing, and the left wing all show up. Only they have got howitzers, and there you are sitting with a broken tommygun. That was about the way it looked on this case because this case was really tough.

Here was a nitrous oxide lasting about five hours, including a total exodontistry at one sitting. What butcher did this I don't know because his name was not in the bank. The case eventually came up to a release.

But that was a gruesome operation, full of talk, with everybody standing around talking about politics, the maternity ward, how nasty children are, about the various automobiles in the street, whether they like them or not, have they been to the movies lately, and so on.

The dentist had a vicious temper and the whole temper valence out of this incident was the temper valence this person was manifesting afterwards. It was a tough engram and this was the one that was holding him.

I could occasionally erase an engram off this case, but the case continued to write me endless notes full of all kinds of computations. "The reason I think this is happening is because.... And after all, my little brother was awfully mean to me and my family did punish me. But I think it was the swimming accident I had. I'm not sure but I think I was drowned. Why don't we go into the swimming accident where I was drowned. Maybe birth didn't erase after all. Let's go back and check birth. I'm sure it's in the prenatal area. Now let's go after some painful emotion late."

I didn't yet know about the existence of the nitrous oxide incident as an aberrative engram. But this engram had to be stripped, phrase by phrase for five hours' worth, all the way through. It took two months.

We would pick up the first phrase out of this exodontistry and go over it two or three times. Then we would run the phrase back down early to get it into the early part of the bank, wind up in the basic area, erase the phrase in the basic area, come back up to the top and run over the phrase again as we came up. It wouldn't erase but it did reduce.

Now we would go to the next phrase and do exactly the same thing with it. This is known as stripping an engram of phrases. To do this, you do not run the engram all the way through at one sitting. You shoot it full of holes if you have to, to get holders out of it.

In this case, right in the engram was "Control yourself, you've got to control yourself. You've got to get a grip on yourself. Now get hold of yourself. "

Three teeth came out with each one of these self-control phrases. So we had demon circuitry all over the case out of this. Fortunately it stripped after two months and all of a sudden with the circuitry out, we went back down into the basic area and erased something there as well as knocking some painful emotion off the case.

The process of stripping an engram is one which you will very rarely have to employ. But it is a last resort and usually left for nitrous oxide exodontistry.

If you have got a late nitrous oxide exodontistry, and the case absolutely refuses to resolve in any way you can think of, you will have to start in at the beginning of it and start stripping it. Sometimes you can deintensify some part of that engram. You may not have to go through that much trouble, but it is something that you learn by judgment.

The peculiarity of the above case was: Here he was writing notes, writing notes, writing notes, worrying, walking around continually trying to run his own engrams, and the only time he stopped was the first time that I said, "Let's go to the beginning of your total exodontistry."

At that moment BP said, "Well, at last." The person became comfortable, calm, perfectly willing to go through sessions and be worked on in spite of the fact he had something closer in restimulation.

Basic personality was so pleased, and in such agreement with the whole thing, it was willing to settle down. Up to that time it was raising hell, saying, "I want out and you haven't got the right computation on the case." As soon as you get the right computation on the case, that manifestation will settle down.

So, when the case starts giving you advice and wasting time, do your very best by direct memory to find out what has really happened with this case with a minimum waste of time.

Don't let a patient keep running off a long dissertation on all the things that have happened to him in his life, because it's not going to do anybody a bit of good.

Once in a while running off a grief engram, you will find the patient will try to give you the concept of it, and you had better let him give you the concept. Don't interrupt him. But if he starts to say, "Well, this was the reason why I felt so awfully bad when my dog Bosco died," and he starts to drift off in some other direction, get him right back on the beam again.

Sometimes they will run through a grief engram once and tell you why they felt so desperately about it in just a few words, which extends maybe to five minutes, crying and talking to you about it. You had better let them, because those are the conclusions coming out, evidently made at that time.

But normally, when the patient starts to go on and on and on, and tell you what's wrong with him, and what's latched up, and starts to use his own repeater technique, off with his head as far as that is concerned. You have to get in there and run it.

The patient that will pick up these repeaters and start repeating them himself is invariably running on control circuitry. Now, that is not an assist to the auditor. The notes which the patient writes you are an assist only to this degree: They show that you have not hit upon the right computation. The amount of detecting which you can do by watching what a patient writes in his stories, watching phrases used in letters, or even watching illustrations he gives somebody else of an engram, is of very little use.

If you have a number of letters from this person, and if you wish to save some of this material, you may want to use it at the end of the case to check whether or not you have got this material clean. When you are clearing him, it may save you a little searching, but it is of no great value.

These are the things then that are assisting you, and fragmentarily the ways those things get blocked.

On a higher philosophic level on engrams, you could say that engrams are aberrative because they are communication blockers. Free communication with existence seems to be one of the prime requisites of man— perception and communication. The outside world communicates with "I" through the channels of perception, and "I" communicates with the outside world through the channels of communication.

Those cases seem to be most seriously aberrated who have had their communication interrupted. In working with children, using Child Dianetics, you will find out that simply by knocking out what they can't communicate about, you will produce a very marked alleviation in the anxiety of the child.

Those engrams which say, "I can't see, can't feel, can't hear," are bad enough in themselves but they are also blocks between the exterior world and "I." Those engrams which inhibit communication to the exterior world are very aberrative.

But remember that the exterior world and the interior world run on the same process. It is just as though, when you are in the engram bank, the exterior world has become interior in the head, and that attention units look to the engram bank instead of the exterior world sometimes and fuse the two.

The reaction of the individual to the exterior world and the reaction of the attention units to the engram are the same thing. They both act in the same way. This is peculiarly evident in the behavior of the file clerk. Here is the standard bank again, the file clerk, and here is various circuitry.

“I” is out of communication. This is the basis of the Freudian concept that full recall equals full sanity. Freud never said that but we will give him credit for it.

He might have been better off had he said, “Full communication equals full sanity.” “I” has to be able to communicate back into the standard banks to pick up what he wants out of the standard banks. The units of “I” which are trapped are not aware of being aware, they are merely aware.

These units and the awareness of awareness units have to be fully in communication for a person to be fully sane. This is what you are establishing. As you clear the patient, you remove more and more of these blocks to communication; and the more engrams you pick up, the more file clerk there is and the stronger and more accurate the person’s response.

By this time the file clerk is so strong that he overrides the rest of the engram bank. That is what is happening when at first it takes nine recountings to erase an engram, then it takes five, then it takes two, and then you do it in one. And then the person starts blowing out when you look at him.

These units get so strong that they ride over the engram bank. There is a point in clearing where the person appears to be clear, because nothing is in restimulation.

People bounce worse when they are in other valences, although a psychotic in a charged valence where “I” is completely out of communication doesn’t bounce at all.

The file clerk, as clearing progresses, is more and more in communication with “I,” and becomes stronger and stronger and has more and more units, more and more power, until at last it’s just like playing a phonograph record with the volume turned all the way up.

I have seen sonic come on with the person still out of valence, with sonic shut off. The sonic may not be very clear and it may click off occasionally, but it’s still on. It’s not that the computation is constantly shutting off sonic around the case, and it’s not that the person is completely in his own valence all the time, it’s just blasting through by the strength of basic personality, and the file clerk.

Therefore, in starting a case we can say that we are trying to free all possible attention units as fast as possible. Direct circuit memory will sometimes free up attention units just by blowing out locks.

After the patient feels better, he has more attention units available and he is better able to move on the track. After a while, you may not have freed him, actually, from the engram in which he is latched up, but you will have given him enough attention units so that he has some part of “I” which can move. And, having that, he can now start contacting engrams.

You start by moving him through pleasure moments. Pleasure has very high survival value. The mind is trying to obtain pleasure, trying to escape from pain. This demonstrates to him that there is pleasure in the past. Therefore attention units are willing to go back along the track; there’s pleasure back there.

More and more of them will go back until finally you may get the person’s perceptics turned on by that alone. Demonstrate to him that life wasn’t too horrible and the attention units will start picking up and “I” will

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Crease In power.

At first in a case, the file clerk may be pretty weak. The things which are mainly holding him up are communications circuitry and control circuitry. The first thing you have to hit, because

Dianetics is Dianetics and you have to have an auditor, is control circuitry, because "I" is trying to get data from the file clerk but there is a demon circuit in operation which has a balked file clerk in it. "I am going to tell you what to do. You are going to listen to me. I am the boss around here. I wear the pants." That kind of statement in an engram walls off a piece of analyzer. Data starts in on a flash answer, "I'm going to tell you what to do," and it acts like a ghost that has taken over control.

That's the first thing to work on, and if you can knock that out of the case at the beginning, aberrated entity is no longer resisting you because you have taken the control mechanisms out of the engram bank.

A person wide awake with his analyzer on can be told to control himself and he will, but if he has got demon circuitry to take control of himself, it goes into restimulation and this may throw him into a screaming fit as part of the act of controlling himself.

The demon circuit is an interposition between the file clerk and "I." Now you start to get communication shut-offs. That is an identity shut-off. Of course it's actually true that a person is seeking his own identity as one of the first things he wants to do in therapy.

Then there are curtain demons, such as, "You never pay any attention to me," or "You never pay any attention to anything that's said."

In the absence of valences, you can still get the answers through it, faint, uncertain, sometimes derailed, but nevertheless there. These occlusion circuits interrupt communication. They are always thinner down toward the bottom of the bank, and as a result you can get through at these points.

One of the things you have got to do is establish communication between the file clerk and "I." You are also trying to establish communication between "I" and his own identity so that "I" becomes his own identity and is no longer out of valence.

You could do those two things, deleting of course any further entities that have set themselves up in the bank on a control mechanism. If you have free communication in this case, the case will start to roll in such a way that you can work it along the following lines:

"The file clerk will now give us the earliest engram we have to have to resolve the case. The somatic strip will go to the beginning of this engram." You don't question that it's there. You know it's there.

Don't invalidate the person's somatic strip. Don't invalidate his file clerk. Don't invalidate the data. Don't invalidate him. You assume that it's there, so you say, "When I count from one to five, the first phrase is going to flash into your mind. One-two-three-four-five (snaps)."

Even in a sonic case, because of the occlusion of unconsciousness and pain, those first phrases are not liable to come through unless you give this booster to the file clerk. On a sonic case, sound on the phrase will come through and then we can run it because the person is fixed in the incident.

That is optimum procedure. That is the way you want a case to run. You open up, you start into a case with a diagnosis, you find out if he has any painful emotion. You try to get that off. If you can't get any right away, test whether or not he is moving on the track.

Tune up his perceptics a little bit. Start working with this file clerk and somatic strip. If they work, keep right on working with them. When they stop working, go into more diagnosis trying to knock out circuitry and occlusions.

You assume they are working until it is very obvious to you that they are not working, and you try not to tell the file clerk what he's got in his bank any more than you would try to give advice to somebody on the subject of his engrams.

Treat the file clerk as an entity. Don't invalidate him. He will give you data. Cases that were very simple at first in therapy have sometimes bogged down just because the auditor does not have confidence in the file clerk, and his lack of confidence has a tendency to invalidate the file clerk's data, snarl up the circuitry, give it more power and slow the case down enormously.

If you are going to work with the file clerk, you have got to work with him, and if you are going to work with him, trust him. He is still there. Even if he might be just banging up against all sorts of demon circuits, you are trying to get him through these. You can even talk him through to you sometimes. You can ask the preclear not to pay any attention to what you say by telling him, "I'm going to talk to your file clerk," then by saying to the file clerk, "Now you can come through. You can tell me what this is all about. I want you to give me flash answers. When I snap my fingers I want you to shoot the flash answer through and maybe we can get this thing resolved." Pay no attention to the preclear as "I." It sometimes baffles him, because the next moment after you have asked the file clerk for something, it rides through at express train speed and gives you the data.

You want the case to become a pianola. As long as it is working perfectly, don't fool with it. Don't go in after special aberrations or get weird ideas about what you are doing. Don't evaluate for the file clerk to the degree of telling him what he has to give you next. Don't drag up a computation out of thin air and say, "I wonder if this is wrong with this person. It must be his tonsillectomy. The file clerk will now give us the tonsillectomy."

Once in a great while you will note a person bouncing in and out of birth. Birth may be ready to run. Maybe the file clerk is not working too well in the case. Maybe there is a tough engram that you can spot. But that is only if the file clerk isn't working. Now and only now can you use your computation. But your computations are not as good as those of the file clerk.

One thing the file clerk doesn't know is how early you can get. He also doesn't understand that as you get to the basic end of the case and start running it, you will get erasures.

The preclear will be as happy as a clam when he finds this out. He will feed you data, data, data. He will go right on up the scale and give you everything you need.

At that moment you start telling him to give you the next earliest moment, the next earliest incident, the next earliest incident, next earliest incident, and so on. I've run out 30 engrams an hour on a person on the road to clear just on that basis, working very closely with the file clerk but insisting he give me the next earliest moment. Otherwise he is liable to get too happy about the whole thing and give something later in the bank, which if deintensified would make the preclear feel much better, but you don't want to slam it that fast.

I have for three years been playing tag from time to time with some kind of an early memory. I could slug cases into clearing. Sonic would turn on and the person would feel a lot better than he had ever felt in his life before. But we are trying to make it work smoother and faster, and in research we are having an interesting time running out preconception engrams.

We have a series that is being set up to find out how far it will go. If this thing improves cases and shortens the length of time it takes to run a case, it will turn on somatics that have never been turned on before and will become part of Standard Procedure.

RUNNING FORMER LIVES

A lecture given on
22 July 1950

Investigation

I like to give people a taste of what is happening on research, not so much that they get dizzy, but enough to keep them interested in how far this thing can go.

I took a hard-boiled, hardheaded, sonic shut-off, somatic shut-off, reality shut-off case and had him pretend he was dead, in the hope that he would swing into the dead person in whose valence he was, and then he could tell us all about the funeral.

So I said, "Go to the time when you were dead." So he obligingly went to 1797 in Sicily, when he was in a farmhouse dying. He died with full somatics.

I thought this was very interesting, so I brought him up to present time and thought about it a little more, and took another case.

This one was a very rough case, and I said, "Let's go back to the last time you died," and he landed up around the 14th or 15th century and started to run off a death with a head somatic. But it wouldn't reduce.

So I said, "The file clerk will now give us the death necessary to resolve this case." And he did! He gave us another death later, and we ran it several times. It had a head somatic, only it was in a slightly different position. And the two somatics were latched on to each other. We ran it out, it reduced and evidently made the earlier one ready.

So, it was effective in doing something about the case. These incidents were more valid to both of these people than any of the data they had run so far in Dianetics. But, I have been working with phenomena never before observed by human eyes long enough now, so that my hair has lost all its starch, it doesn't stand up on end anymore.

If somebody is willing to run walking up the steps with a knife in his back saying, "Et tu, Brute?" let him run it!

In checking over standard bank material early in my own therapy I went back into several of these incidents. I had sonic and somatic shut-off. I guess I didn't even have any confidence in whether or not I was alive. I went back and went through some of this material. I had brilliant color, threedimensional visio and so forth. On an imagination level, I had never had this before.

I wrote most of my stories and motion pictures by watching a black frame on the wall. I would project the black frame on the wall as an imagination visio. But it was flat—obviously imagination.

I went back into this material and it was really full-bodied. And then the data got invalidated on me, but not for long. I said, "Well, one of these days, Ronnie, you will just have to go back and find out what did happen at Shiloh."

Standard bank material was also present in these other cases. There was an incident of someone signing the ship's log, the last party before sailing, kissing the barmaid, and the long-stemmed clay pipe, as well as the olfactory on the tobacco smoke and so on.

We have a piece of phenomena. We have to investigate it. This is not standard technique, and it won't be standard technique until it has been very thoroughly processed and tested.

That is the status of it in present time. When we observe phenomena not before observed, it is perfectly valid to investigate it and find out what it is, and what is happening, and in that way we learn. By interpreting it properly, by finding something else, we are cutting the time of clearing shorter and shorter, to the point where one of these super turned off, super dub-in cases will resolve without slugging in and tearing yourself to pieces trying to get at one life when you can clear him by hitting another one.

Nobody knows anything about how memory is transmitted, or what the time span is, or what time is. One of the reasons I started back on this is that it is impossible to store memory as it is reputed to be stored. There is too much of it. By computing it out carefully, one discovers one has enough memory to last three months.

I conducted some tests on this in 1932 in the George Washington University physics lab. Dr. William Alanson White was quite interested in this, and said, "Your figures have just invalidated neurology."

They have since had five or six theories and still don't come close to those figures, because there is no way to store memory in the quantity that memory exists, unless you postulate something else outside the nervous system, or are working with some form of bio-electronics of which we are not even faintly aware. If this time span proposition turns out, we will have a better idea.

But if one can reach these incidents, and if these are aberrated, then it means that one could go back to actual basic-basic. And if that actual basic-basic is two thousand years ago, the thing ought to lift, and if you come up to the next lifetime and run the engrams out of that, they ought to lift as well and continue on up to present time engrams.

There isn't anything very harmful about the phenomenon of death and former lives. For a long time there have been theories on transmigration of the soul and reincarnation. Our statement is "We have found phenomena for which we have no adequate explanation."

The objective reality of this material has not been tested. However, the subjective reality of it is very great and it even works on people who start out by saying, "Oh, no, nothing like this ever happened to me."

"All right, let's go back to the last time you died."

"What are you talking about?"

"Well, let's go back to the last time you died. What do you think happened?"

Immediately the person gets peculiarly interested. I have done this quite a few times with people, in the process of erasing the case. I have told them to go back to the earliest moment of pain or unconsciousness. And each time this has happened, I have chalked it up in my little book and said to myself, "One of these days I'm really going to have to get down and investigate this."

Sometimes a person would say, "Well, here I am standing in the road and I'll be a son of a gun, that must be a coach!" And he stands there and all of a sudden gets run over.

Before that, when I ran someone back to anything like this, I would say, "It's a wonderful thing what you can do with a person's mind," and bring the person close into the prenatal bank and continue the erasure. Erasure proceeded very nicely and it didn't seem necessary to get anything else.

Then once in a while I would hit one of these tough ringtail snorter cases. So naturally I am looking for additional phenomena that might occasionally explain a very tough case.

Going through on the research level telling people, "Let's go early," it was inevitable that we would run into this phenomenon if it was there, and it is there and I have run into it.

Because it startles people, I wasn't ready to investigate it completely, but there certainly is enough investigation on it now to find out that you get somatics and unconsciousness off, and cases very often feel very much better for having run such incidents.

You have to handle these things like engrams. If you hit an engram along the line, run it. And if it won't reduce, go to the earlier one that is necessary to reduce it and find another death or something of the sort and reduce that. You get yawns off it. It reduces. Then you can go back and get the other one and it will reduce. The somatics lie across each other in chains.

The society works on the proposition that somewhere back along the line an amoeba originated out of the sea and it developed gradually and came on up to present time and then through some necromancy, without any prompting, the sperm and ovum got together and started developing. Then the soul develops at the age of 3 months after conception and the embryo brain suddenly joins up with the regular brain; around birth myelin sheathing appears and the person becomes slightly analytical. At the age of 2/2 they suddenly and miraculously start to think.

This is the social aberration today. You can't call it scientific fact because it is based on tenets, such as the theory of evolution, which are full of holes, and which look like somebody worked them over with a shotgun once a mathematician goes to work on them.

There is no reason to accept any of these tenets, even the one we are working with, which is the possibility that there is a continuous time span recorded. The time span goes back. But does it go back one lifetime or fifty lifetimes? And would it be the same individual running on the time span? There is no reason why that theory isn't just as good as the theory of evolution.

We are discovering incidents back there. I never investigated them before, although I probably should have. We don't currently know much about them except that people feel better when they are run. This is not part of the standard technique of Dianetics at present although I have known this material was there for some time.

Don't blame me for the fact that there is this sort of thing in life. People have a tendency to do this. I come up with something that I have observed, and I immediately say, "You know, I was out there the other day and I was standing on the edge of the frontier, I looked over that way and I saw a funny orange light."

And somebody says, "What the heck did you put it there for?"

Or I come along and say, "I have taken patients back of conception and very often discovered that they had some material in there and I'm going to investigate it someday."

And someone says, "You shouldn't investigate that, because after all it's incredible and Dianetics would become incredible."

A young lady told me that today. I replied, "What's more incredible than complete memory at conception?" That is incredible because you are postulating that a sperm, which is microscopic, can retain memory recordings.

Perhaps as a person goes back, there may be a much better electronic explanation of memory storage. If there is, I hope very much to lay my hands on it.

DIAGNOSIS DATA

A lecture given on
24 July 1950

Using the Dramatization as a Key

In view of the fact that the preclear will be answering to a large degree on hearsay evidence, the data which he gives the auditor is a long way from the final word. I have run a case that responded somewhat in this order: "Did your father beat you?"

"Oh, yes. I was beaten all the time."

"Now, let's remember one specific beating."

"Oh, I can remember lots of them, I'm sure."

"Just remember one specific one."

The preclear gave it a lot of thought, but no specific beating turned up. And a check of the case finally, as it was brought in toward release, demonstrated that exactly no beatings ever took place. A lot of threats of beatings took place and the threat added up to the fact as far as the child was concerned.

On the other hand, one can go through the same routine, with a person saying, "Lots of beatings, lots of beatings," but he can't remember one. You go halfway through the case and you at length become convinced that this person was not punished by his father. Then you suddenly crack a large beating of Mama by Papa in the prenatal area which was occluding the whole chain. And suddenly there leap into view 150 engrams of punishment by Papa.

It can also happen in reverse, "No, my father never laid a hand on me, he never touched me. He was a sweet man, he was always good to me." And we get back into the case, we get to thrash around in it for a while and suddenly discover that Papa made a nightly habit of beating the tar out of this preclear. Then, of course, we have the case which says, "Papa never laid a hand on me, he was very nice and sweet to me." And Papa was. What this means is that at the beginning of the case when you are just asking for information and before you have gotten the person's straightwire recall in good working order, don't trust the information too much.

If he has told you that Mama says that it was a very bad birth and so forth, although he may have talked in terms of fire, there is at least a little smoke. Conversely, she might have talked in terms of smoke but in reality there was a blazing conflagration. Mama's evidence is never very good, and neither is Papa's.

After all, you are listening to evidence which itself is given by a person who is to a large degree occluded and aberrated. You run into it in case after case. You work people where the individual tries to get his evidence validated. He says to his father, "Papa, did we do so-and-so?"

And Papa says, "No, that was when you were 2 years of age."

The first couple of times I heard this I was rather inclined to trust the parents. However, I got a couple of mothers in therapy whose grown children I was treating. And the check back from one to the other showed some astonishing holes in the mother's memories.

I got a reaction somewhat on this order: I picked up an actual engram out of the child, and then I placed Mama in reverie, and just reached back into the notebook and said, "Well, now

let's go over the phrase so-and-so and so-and-so," trying to get her into the lock, and then into her own engram on this subject. But all of this was very occluded.

People are apt to remember complimentary things about their own conduct on behalf of their children, and rather prone to forget the other things they have done to their children. The child, unfortunately, has a tendency to remember the unpleasant things, so it is an unbalanced picture both ways.

Parents are very seldom demons and ogres. They are also very seldom equipped with an excellent, clear recall on everything that happens. Life has a habit of being rather tough on people occasionally, and parents go through many vicissitudes. This is peculiarly true of early married life where things are economically unstable and unsettled, and where their own parents may not yet have fully consented to the state of things, or are actively trying to disrupt them.

You are likely to get a different aspect of life entirely around the childhood of your preclear than there is around his adulthood as regards his parents. There may even be two or three periods of wide change in the patient's life. The prenatal bank may add up to and close off a certain period of quarrels and activities on the part of the parents that don't thereafter reappear.

It is very interesting to note that a woman who is pregnant has a tendency to dramatize her own prenatals if she is in her mother's valence. You will sometimes discover that in the first pregnancy on the part of a woman she gets along fine, no trouble whatsoever, no morning sickness, it all carries along very beautifully, nice birth, the child is very happy, and everything's fine.

Child number two, all of a sudden Mama has done a shift in valence through this period. Something has happened to unsettle her. She goes through the second birth with terrific morning sickness, all kinds of upset, she is quarrelsome, ornery, mean. What could have happened is that Mama could have gone all the way through life without any of this being keyed in. And at the time she gave birth to the first child something happened in her own delivery engram which keyed in her own line. Thereafter she is a changed person. She has got a whole array of engrams keyed in that were not there before. Perhaps her own birth engram keys in and on a dwindling spiral the rest of it keys in.

This follows a general law that when an engram is keyed in it can thereafter restimulate and in the process of restimulating lower the general tone of the individual.

The next step, because of that lowered tone, is to receive restimulation or key-in of a second engram, which of course lowers the tone of the individual slightly more. This makes it more possible to key in engrams, so we get a third keyed in, which lowers the tone again, and then a fourth, fifth, and sixth key in, and then all the engrams from ten to a hundred and fifty severe ones key in with their chains and locks and engramic locks. This is the old dwindling spiral at work, and down we go to tone zero.

Because of the natural resilience of life, most people settle down in about the second to third band. Band zero is apathy. Next up the line is anger, starting in with the person barely able to show any resentment, which is called covert hostility.

The person comes up finally, crosses over the line from being angry into the line of merely being bored. A person who starts out way up above the line in childhood can gradually shift these things and start down the line.

When he is down at the bottom, because of the logarithmic deterioration curve, he is pretty hard to pick up, but the reverse process is to try to pick him back on up again, and if you release quite a few attention units you will do so.

It is always possible that a change may take place in the life of the preclear's parents. For instance, Papa is getting along just fine early in the child's life, with no business reverses, everything going along smoothly. But when the child is 5 years of age, Papa loses his position and an investment simultaneously. After that it gets a little bit tougher. Or, we may find Papa in the late bank as a sour old grouch dramatizing, being mean and ornery, but when we go back into the early period prior to 5 years of age, we find him a very nice guy.

And the reverse can happen. An engram could be keyed out by some tremendous personal triumph, causing a resurgence in life. Or we may find Papa as a young man who is shaky financially, he has gotten married and he doesn't like it. Up to that time he has been free as a bird, but suddenly he is burdened with all the cares of the world, and most apt at that moment to go into his own father's valence. It doesn't mean that he will. He may go into his mother's valence.

The manifestations then of the human being from period to period during his life are not constant, but the dramatization of engrams is a constant.

If Mama dramatizes an engram during the prenatal period, some part of that engram will display itself postnatally. It is true that she may dramatize one half of it prenatally and the other half postnatally, but she is dramatizing the engram more or less. She is dramatizing Mama's half of it when she is pregnant and then she goes over into Papa's valence and dramatizes his half of it after she is a mother.

Shifts of valence account for changes in dramatization. But if an aberree will dramatize something once, you can count on it being dramatized again. The general tone of an individual may be high or low, but the dramatizations are constant.

In the good periods, the person will dramatize slightly and in the bad periods he dramatizes a great deal. And on a descending spiral there will most likely be a rage dramatization.

But if these dramatizations are broken, if people will not permit him to dramatize, he then starts to drop into the apathy bracket. He will still dramatize, but in a very much milder tone, usually with another valence.

So, it is the same set of engrams at work, but with different valences being dramatized in different intensities.

The great bulk of patients will be found in the apathy band. Close to zero is insanity. That is the catatonic schizophrenic, the person with fear paralysis. Near this range is the person who looks out of the corner of his eye with his lip curled as if he would like to tear one's guts out, meanwhile being so "nice," even servile.

He is extremely dangerous because he can't dramatize directly, so he dramatizes circuitously. And as long as one is talking to this person, he is completely unable to dramatize it all the way because the presence of another human being has maybe tended to lower his tone. His tone will come up just a little bit when he is off by himself, and he will think, "How do I get even with him?" although he is not quite sure why he has to get even, but perhaps some fancied statement gives him an idea there is something wrong.

This is the phenomena of covert hostility. It is easily broken as an engram, but it's broken on the tone scale.

That covers the subject of tone and its importance as a prelude to diagnosis. It would be very nice, when you found the patient down around tone zero, still able to communicate, if you had a method of bringing up his tone rapidly so that he was easier to work.

The principal way of doing this is by deintensifying locks. What an aberree does once he may continue to do in the way of dramatizations. An engram early on the time track will gather

locks. The key-in may happen from the time he is zero years of age, and stay keyed in right on up to the time he is 70. Or the engram may slumber for many years with no restimulation. Then one fine day he hits a situation which is similar. Of course, he already has engrams in restimulation, so he is already slightly analytically reduced.

On that day he may be tired, although he doesn't have to be if the circumstances are very sharp and very similar. But if he is very tired and they are only vaguely similar, the engram will key in. For instance, let's say there is a lock when the preclear was 12 years of age and his grandfather suddenly walked in and kicked him out of the house. His grandfather had, much earlier, told his mother that if she didn't straighten up and mind herself as a good wife, he would see to it that she got kicked out.

His grandfather's standard dramatization was "I'm going to kick you out of the house." Going back through this person's life, the auditor says, "Now let's see, did you like your grandfather?"

"No, I hated my grandfather."

The auditor then finds out that his grandfather took great care of him. Furthermore he finds this person manifesting certain tokens of his grandfather, such as wearing a hat in the house, or using a certain vocabulary.

The auditor knows that when the preclear is using someone's tokens he is obviously in that person's valence. He could most easily go into an ally valence, and yet here we have an engram restimulated somehow. This engram is liable to be out of sight unless some pressure is used to get ahold of it.

The 12 year old incident is merely a lock. But he will attribute all of his woes to that moment.

The lock contains no physical pain. (An engramic lock contains physical pain and unconsciousness on its own behalf but is so similar to one earlier that it is just part of a long chain and in order to get at any part of that chain one would have to get the first engram in the chain.) This, according to him, was when everything went wrong. There are attention units on it.

The auditor wants to release attention units. The more attention units he releases on the case the easier it is going to work. He can well afford to spend quite a bit of time releasing attention units on a case which is down in the apathy range.

By close questioning we discover this incident in straight line memory. We don't go back and run it out, we force him to remember it, and at the moment the preclear remembers it, it keys out.

It doesn't kick out very thoroughly, but it kicks out enough to release attention units out of it so that the person stops worrying about it. And the most astonishing changes will take place in people just by keying out a lock.

Therefore, diagnosis has some very important aspects. The first part of diagnosis consists of filling out the diagnosis sheet. That's for the auditor's record, but it also gets the person thinking about his own life when he answers the questions on this sheet. He has to think about himself.

The auditor's next step—if he is using straight line diagnosis—is to find out whether or not the person is in his own valence, what circuitry he has, who invalidated his information, and to rehabilitate his reality. All of these things can be done on diagnosis.

If I am tackling a new patient, I generally run some straight line diagnosis on him just to find out what I am working with. But you don't have to. You can put him down on the couch immediately and start going in for engrams. Your time is sometimes saved by doing this.

But make that initial test and you may find yourself with a pianola case on your hands—it plays itself; the somatic strip is very obedient, the file clerk gives exactly what you want, you are getting engrams and you can discharge grief off the case. The case is working rapidly and well.

So, just as a matter of saving time, you can do this to a patient, but the number of patients who will do this at first glance are not many—certainly not more than 30 percent.

If you want to make that test, you will save time. If you discover anything wrong with that case, what I'm telling you here is of vast importance to you. I am entering here upon the field of diagnosis, valences, circuitry.

The preclear's recognition of the exact mechanics is not important. You can work people who are quite ignorant of any of the mechanics of life, much less the mechanics of Dianetics, who know nothing about identification, differentiation, semantics. If we just pick some boy up in the backwoods who barely knows how to read and start shooting these things at him, we will get exactly the same reaction.

I was quite pleased with our results in Savannah, picking up people there who were carried through on what the South considered an adequate education for a Negro. By the time he got through a Negro high school he was about as well educated as a third grader! And they wondered sometimes why they were a little bit backward. If they had paid attention to that educational quota they would have seen that country advance.

But these people were not responding on an educated basis at all. I would try to explain to them, sometimes without calling it Dianetics, how the mechanism worked.

"Yes, yes," they would reply very politely, "you're an awful smart man, Mr. Hubbard. Yes, sir. Yes, doctor."

"I'm not a doctor."

"Yes, doctor." That was the sort of reaction I received. And yet I would ask them to give me flash answers, and I would take them down the track, breaking a couple of locks, and getting these blow-offs and smiles, with the person feeling very cheerful and happy about it. And I would ask them, "What are you laughing about, why are you so cheerful?"

"I don't know, doctor. It just seemed funny. Ain't it supposed to be funny?" And yet when they got to thinking over it, they were laughing about their mother's death or something. In other words, the technique was working on them.

You may have somebody who lucklessly was born of one set of parents and was from that moment forward raised by another. Where these things get restimulated, when they do, you have a very tangled situation. Your straight line isn't going to do you a bit of good.

Now let's suppose that the person's foster parents never told him that he was an adopted child. Let's suppose that he was adopted from a family who spoke a foreign language which he has never heard since. The chances of this person having sonic turn on are excellent, and you depend on that for your one saving grace. He runs off strange syllables throughout the case, and this case will progress rather rapidly.

But, supposing his foster parents were not particularly good to him and managed to get everything into restimulation one way or the other; they bullied him, punished him, twisted him around and gave him a fine sonic shut-off. Now we are trying to run a case that we don't

even know is solid Slovenian all the way through the prenatal area. That is a very interesting case. I have had one, and I don't want to fight through another one.

His foster mother was so terrifically aberrated that every time the child became a little ill—the child had had a very abused prenatal life with his own parents—Mother would hang over him telling him the most engramic things imaginable.

She would wait until the baby's temperature went up to about 103 and then say, "Oh, he's going to die, I just know he's going to die, I feel it in my bones. He's going to die." This person had a lot of trouble with his bones. Mother would cry and plead and fling herself dramatically on the bed and so on. None of this early data compared with the prenatal data but it was severe enough in itself to cause engrams.

So I had to work this case just as though he had two separate time tracks.

Fortunately, most bilinguals know that they are bilingual and in such a way it's not so difficult.

Now, let us say that Grandma lived up to the eighth month of the child's gestation. And she is solid in the bank from the basic area right on up. Maybe she hated Papa, and all through the bank she's busy saying, "Oh, he's just like his father. He's just like his father. I detested him."

Then around the eighth month, she steps off a streetcar backwards, or has a heart attack or a stroke and dies. Now we have got a big grief charge at that moment. The person has been around constantly, but the preclear has never set eyes on her, and that is the source of the valence shift. We can't reach this valence shift on straight line memory. The preclear says, "I don't know of anybody who said, 'You're just like your father.' Nobody said it, throughout the whole bank." This becomes a mysterious case. However, when you get down into it and start running these engrams off, you find out that here was an ally of the child's that died.

Let's say she was always telling Mama to be careful of herself and not bump into things and not fall off things and eat just so and, "You have to be careful of the baby," and so on. So we have got an ally all the way down the bank, and that can be a massive case that won't solve very easily.

That is sometimes saved by the fact that Mama dramatizes Grandma's engrams and we sometimes find the dramatization in Mama's mouth. Mama, after Grandma died, was more or less in Grandma's valence solidly and is dramatizing very heavily things that Grandma said, although up to that time she was perhaps in Grandpa's valence.

These are some of the traps that are laid for you. All is not sweetness and light on diagnosis, and this is one of the reasons why this technique only works a certain percentage of the time.

The optimum working of a case would be this: "Close your eyes. The file clerk will now give us the engram necessary to resolve the case. The somatic strip will go to the beginning of the engram. When I count from one to five and snap my fingers the first word of the engram will appear in your mind. One-two-three-four-five (snap 1) ."

He says, "I can't tell."

"I can't tell" is repeated over and over. He gets solidly into the engram and then in running the rest of the engram off it reduces. One must just keep it rolling, and tell him, "Now let's go to your grandfather's death."

And he says, "Okay, somebody's giving me the news. I don't know where I am at the present moment."

“Well, which room are you in?”

“Oh, I’m not in a room, I’m in the office.”

“What part of the office are you in?”

“I’m standing by the water cooler, somebody calls me to the phone, and they say, ‘Your grandfather’s dead.’”

Maybe we have a little trouble there for a moment, but then if we can’t get the grief off right away we go back early when Grandpa was being very nice, when he was playing with him, amusing him, and so on. He gets very interested in Grandpa and then all of a sudden we bring him straight into the death again and we get a grief discharge. That is the standard technique.

When you get a grief discharge off the case you can again run engrams out of it, and it will run right on through to clear, unless somebody invalidates his data or beats him over the head or does something with him to upset him.

If, however, the case doesn’t do this, you start asking him questions and blowing out locks. You are simultaneously accomplishing the freeing of attention units and picking up data out of the dramatizations of the people around him, and out of his own dramatizations which of course will be the wording of the engrams he has in him.

You are picking up the reasons why he is out of valence, and you will know all these reasons, and then by picking up those exact words you can with repeater technique now take him back down the line or just send him down the line to the moments these engrams were implanted in him, in the earliest part of the bank.

By repeating them down, you get maybe an engram here and an engram there which won’t reduce. Every time you get one that won’t reduce, you take him earlier on the same line until you finally get the line where it will reduce. And then you reduce the whole engram in which you find it. It is very simple.

But a person has to be on the qui vive with this. He operates on the general law that that thing which a person thinks about himself which is derogatory or suppressive in any way is something which has been said to him and which is contained in his engram bank.

He also goes on the knowledge that by remembering a specific incident when this happened, which will be a lock on the engram, he can free for the preclear’s use attention units now contained in that lock. That is the whole theory behind this.

Here is an example:

A gentleman called me from Mississippi. He had been detained in a hospital because he had tried to commit suicide. They had picked him up and pumped out his stomach, and he had thought it over for a while. But he said, “I tried to commit suicide. I’m very worried about myself and you must do something to help me. I’ve read your book, but I can’t get anybody around here to believe me. Nobody here will audit me or even try. I’m desperate, now what can you do for me, please?” He was scared. Here was a person who was about twelve hundred miles away with no auditor anywhere in sight.

This is a moment when you use the 15-minute technique by phone! And you fix him up so that he won’t blow his brains out or do something else to himself. You free enough attention units, and take enough tension off his grief so it won’t spin on him.

This is the way I did it.

I said, “What has happened to you recently?”

“My wife left me about a month ago. We have a little daughter, 2 years of age. Honestly, it’s the child I’m worried about.”

“Anybody in your family ever separated?”

“No.”

“Anybody in your family ever commit suicide, or try to commit suicide?”

“No.”

“Were your parents separated?” “No, never were.”

“How long is it since you’ve been married?”—taking his mind off it for a moment.

“Four years, something like that.”

“All right, how many times did your parents separate?”

“Twice. “

(There is this jog of his memory. He actually couldn’t remember it the first time, but if you can take him off the subject, the subject pops back in again.)

So I continued, “All right. How old were you when the first one occurred?”

“Five or six.”

“Which is it?”

“Five or six.”

“Which is it?”

“Five.”

“Where were you?”

“I was just a little boy of 5. I remember sitting in the lawyer’s office.”

All of a sudden he says, “Yah, I was sitting in the lawyer’s office. I remember my mother very clearly. She said, ‘He’s led me a dog’s life.’”

“What did your wife say to you when she left you a month ago?”

“Oh, she said I was a drunkard, a dope addict and so on. My mother had gotten hold of her behind my back and had told her a lot of things about me that weren’t true.”

Then he started to tell me all his woes, but that doesn’t take any tension off the case. What one wants is to knock out a lock. So, I said, “What did your mother tell your father about himself?”

“Heh-heh, dog’s life,” and he started to laugh. It was the same scene, but that, of course, didn’t last but a moment.

Then I said, “Well now, who worried about the child?”

Having staked out the initial data that's important there, I put him at a certain dramatization when his wife left him by asking him, "Who worried about the child when you were being separated?"

"Ha-ha, my father."

"What did he say about the child?"

"To stay together."

"Who said you were like your father?"

"We have the same name."

"Who said you were like your father?"

"Almost everybody."

"Well, remember a specific incident when somebody said you were like your father."

"Oh, my Aunt Isabel, ha-ha-ha-ha." A little more laughter. Here are attention units surfacing with the person coming up to present time on it. "Well, now is there any similarity between your mother's and father's parting and the parting you've just gone through?"

"Ha-ha-ha, yes." He said, "I crawled on my knees, I begged her not to leave me. I said we shouldn't think about leaving each other. We don't have to live together as husband and wife but think about the child, think about the child."

"Did you ever see your father do that?"

"Ha-ha-ha—yes! Gee! I feel a lot better."

He felt a lot better because he had keyed out some of these engrams. He won't blow out his brains now for two reasons: There was somebody interested in his case, me. But more importantly, he had gotten attention units back, he had gotten the similarity of computation. I gave him as homework to remember every person who had ever said he was like his father, and to remember the moment it happened. So I kept his mind busy.

Every time he remembers one of those he will get a chuckle out of it and he will probably go on wondering why he is laughing. The reason he is laughing is because being squeezed over into that valence is practically murder as far as he is concerned. The natural mechanism is to go to the winning valence.

But by engrams a person can be crowded into a secondary valence and Papa was the losing valence in this case, a very weak, soft, wishy-washy character. And Mama was very dominant, very piercing and so on. Mama, of course, had ruined his married life on some computation of her own running along in the same line. "Every wife," I guess, "leads a dog's life at the hands of her husband."

The above demonstration was using straight line memory. Going over the words in an engram when you are not on the site of the engram, or going over the locks without remembering them on straight line memory, but just repeating them in present time, will of course result in no more therapy than a replay. It won't release.

But by repeating these words which suddenly turn up as in the engram, a person could actually suck himself down into it, get it into artificial restimulation and then it won't release. That's what the trouble is with auto and control circuits.

A person thinks he can control himself but he isn't controlling himself. What he has got in there is the computation of a pseudo-auditor inside his head that says, "You've got to do this yourself, you've got to control yourself." It isn't "I." And the person will chase up and down the time track and restimulate himself. But anybody could pick up something he knows that he says chronically, and just start repeating it. One of two things will happen: He will either fortuitously land up in some point that will release, sometimes with a bit of a chuckle, or he will suck himself down into an engram which won't release. He will get the top one in the bank, his analyzer will flip off and he will stop repeating. He will put that top engram on the chain into restimulation, but he has got to get to the bottom of the chain in order for that engram to release.

That is why you have to have an auditor.

The only time you want a person to restimulate himself is when you are clearing him, when you are driving your own brains out trying to find the last of his engrams.

And here is this preclear feeling beautifully sane. He doesn't know why he has to have any more therapy, yet the auditor is saying, "Well now, there may still be some engrams. Let's try."

"All right, I'll try."

"Let's go to this engram. All right. Now let's run it through. What are you doing?"

"I'm sitting here eating a turkey dinner."

"Let's go to an engram!"

"I'm having too good a time."

"I" has gotten so much in control of himself that people talking to him don't influence him. He becomes a real altitude problem at that time.

This is to show that you can sit in present time and remember the things that have happened to you in spite of the social aberration that unpleasant things are best forgotten.

You can set yourself the project of remembering the things that have happened to you on this basis: If you have found yourself thinking something that you didn't like about yourself, think back to a time when somebody told you that and you will blow the locks.

The specific difference is that instead of just thinking generally about how wronged one has been in life, which is simply restimulative, a person sets himself up and says to himself sharply, "Who used to be sorry that they didn't say something to somebody when they had a chance? Ha-ha, my father." And out goes the dramatization.

It is a good mechanism, and if a person can do this, he can start clipping off his own dramatizations.

If he can find himself dramatizing, and if he has got enough attention units left to pull himself into a recollection of the dramatization—"Who used to dramatize like that?"—he can do self-therapy. And that is the only way I know that self-therapy can be done. It is not done by repeater technique or by going over engrams one thinks he has himself, which won't work, because the moment he gets into the engram, that engram contains as part of it unconsciousness, with the net result that he will go unconscious. This is the mechanism: Every time the mind has gone back to try to remember an incident, it gets close to the engram which has this miasma of foggy unconsciousness around it and the attention units blank out. They go right into the engram and the person will take the next two or three days to drift groggily out of it.

Anybody who keeps telling you, "I can run this out myself, why don't you let me run this out myself?" or, "I can handle this myself," has a circuit. And you have gotten the words of the circuit right there, which if you take the person back down the track near the prenatal bank you can track down to the earliest time it is uttered in the case and reduce an engram. Then he won't have that circuit any longer and the case will work a lot better.

The first action on a case is to try to find out whose valence the person is in, because valences are very bad in shutting off cases.

Try to find out who said he was like who, by asking, "Did anybody ever say you were like anybody else?" If you draw a blank on it, it was too general.

The next question is "What is your chronic psychosomatic?"

And if the reply is "Well, I have this dermatitis," ask him, "Who died of cancer?"

"I think my grandmother did."

"Who used to say you were like your grandmother?"

"Nobody. Oh, yes, they did. My mother used to say it. Yes, she used to say I took after my grandmother and that I was just like her."

"Let's remember a specific incident."

We have, with this approach to the problem, started knocking out the locks on the valence shift commands and we have started at that moment to knock out dermatitis in the case.

So, the first thing you try to get is circuitry or valence shifters, and if you can't work a person very well on valence shifts, work circuitry, and vice versa.

Ask the preclear who used to tell him to control himself. If he comes up with "Nobody," you can say, "Well, who was the most self-controlled person in your family?"

"Oh, Grandmother." This means that if Grandma was self-controlled, Grandma had self-control engrams and she would dramatize them. Grandma is an ally. That means her words are very potent, and we have got to find a specific incident when Grandma says, "You've got to control yourself."

The auditor knows the answers as to how the bank goes together and what it does, so he must ask the leading questions which pry it all apart; he must ask them properly, ask them cleverly and the whole case will fall down like a house of cards right in front of him. He will get the circuitry, he will get the valence shifters and the general condition, thus causing the bank to open up. He can get a person actually remembering right straight back to birth if he really tries.

Suppose the person keeps saying, "I can't remember that. I just can't remember it."

"Who used to tell you that you couldn't remember it?"

"Nobody."

"Who had a bad memory in your family?"

"My mother. She used to lose things all the time." "Oh, what did she used to say?"

"Well, 'I can't remember where I put things. I can't do this, I can't do that. I can't remember,' and so on."

“Let’s remember a specific moment when she was saying it.”

The person is liable to suddenly come up with something like this: “You can’t remember a damn thing. You’re the awfulest boy alive.” This demon circuit was dramatized toward the preclear and as a result he got it full blast as a new demon circuit.

Grandpa, let’s say, is a very bombastic character. He is always snorting about the tax situation. He has a dramatization which he will hire as a justification of his right to blow off. (Actually it will be the engram which causes him to blow off.) So he is liable to have uttered it some time down the line, such as, “A man’s got a perfect right to speak his mind. I’ve got a right to say what I please. I’m a free American citizen.” That engram you will find in the child. It may have gone in postpartum, or it may have gone in via Mama or Papa.

By following the channel of contagion expertly the auditor will recover the engrams and blow out the locks. This requires some cleverness on his part. He has got to be able to add up on the equation: What the aberree does is because he has engrams which make him do it. What the aberree says about himself has been told to him. A man does not believe bad things about himself unless he has been told those bad things. Whatever is wrong with this man has been poked into him and told to him.

It is not taken to the extent of finding the burglar, and because he has dramatized the robbing of a bank, deciding that somebody told him he had to rob banks. That would not be what the engram would be. The engram would probably be something like, “You’ve got to take it. You’ve got a perfect right to it. Why should I work all my life for nothing. I have a right to some of the good things of this society. Nobody’s going to stop me. Actually I hate people.”

I saw a criminal series of engrams once start out on a very innocent line: AAs with 16 statements of “Take that and that and that and that,” which became kleptomaniac.

In addition to the demon circuit that told him to take it, he had another set of circuitry that told him he didn’t dare spend any money and some other circuits that told him to steal, but these were milder. It was this AA that brought him right off the couch, after which he stopped kleptomaniacking.

So, the problem of circuitry is firstly the problem of diagnosis, to free attention units; and secondly to discover the dramatizations of the people who surrounded the life of the individual, and the dramatizations of the individual himself.

The next thing to do after you have discovered and freed some attention units is to run the patient back into a dramatization—a lock. Run it as if it is an engram and you will get the whole content of the engram. This is the only time you start using repeater on a case. I got a letter recently that made my hair stand on end. It said, “Everybody around here has been getting excellent results in Dianetics except my brother and myself. At the beginning of our cases we both thought we had good sonic and good visio. But now we have no sonic or visio in spite of the fact that we have used repeater technique on each other ever since we started, and we still don’t get any engrams.”

Oh! Some poor auditor has got to take those two poor cases apart, all in 100 percent restimulation! Perhaps if they are left for 10 days, they may settle out. But they won’t settle out to the point where they were before because they have brought engrams into restimulation which were out of sight heretofore.

One uses repeater technique when one has something specific that one knows is in the bank.

We can get these in very cunning ways. In one case I got ahold of the preclear’s wife and ran his dramatizations out of her! I took them down word for word and by the time I finished I practically had a record of his engram bank. Then I figured out what the dramatizations would be and started shooting holes in his case, and that case gave up the ghost fast. It

couldn't help it. Before that, he could not be forced into repeating anybody's dramatizations because one of his key dramatizations was "I don't dare tell anybody, they would be so ashamed of me and you've got to keep quiet too."

He would tell this to his wife at the least provocation. But he had married her when she was 21. The person who had that dramatization around him had handed it to him when he was in the first month of gestation. As a consequence, it wasn't aberrative enough with his wife to make an occlusion, but it had been aberrative enough with him to make a complete occlusion.

In another case, a husband and wife team had started misapplying the materials on each other and got themselves badly snarled up.

I stepped in. They were playing patty-cake (tacit consent), using nothing but repeater technique, and getting halfway into an engram, then deciding it was too cruel on the other one to go through it, so they would draw off it and leave it restimulated. And both of them had secrecy circuits galore.

But they had a 3 year old child. And one day the child was out on the porch, so I left the pair of them sitting inside the office and I went out and gave the kid a lollipop, and within 15 minutes I had a nice list of engramic phrases.

I asked him, "Do your parents ever fight?" The child looked at me solemnly and said nothing. So I continued, "Well, that's all right. You can tell me. It isn't like telling everybody. Okay." His engrams weren't keyed in enough to really do a block-out on him. So he could tell me about Papa throwing the piano stool at Mama, and a lot of things that probably, socially, would have been better left unsaid, but Dianetically had better be known quickly! The whole secrecy engram was in there. They had spanked him and spanked him and he still kept telling people things. He hadn't been broken yet. So there are ways to get information on the worst of cases! If they really block you down, start being surreptitious about the whole thing and you will get the data, not necessarily from the horse's mouth but perhaps from the wife or child.

When I can get engrams out of dogs, I will really be able to tell what engrams are in their masters. Dogs accumulate quite a few engrams.

In tackling any case, what you do first and foremost is to:

1. Get the grief off the case.
2. Get basic area unconsciousness off the case, and get basic-basic out if possible.

Grief is very important, but point 2 is even more important in the long run. People who say, "Dianetics is wonderful; I haven't played around with prenatals though," are way offside. They are not going to get any results out of Dianetics. They may key out somebody's ulcers by simply getting the locks off, but they will have to break hundreds of locks, and when they try to run off these postpartum locks, they have got the same content down in the prenatal

Sometimes a person starts to recount a lock four or five times and all of a sudden he starts to get a tough somatic. You say, "How old are you?" And he keeps trying to tell you that he's 5 years of age but this is not so, he has slid down the bank.

He is still trying to keep abreast of this lock, but you have pulled the engram and the lock close together and you are actually running a patient in the underlying engram. The thing to do then is to try to scale on down the line and get the bottom of the chain. This really requires picking and choosing. It is this step of Dianetics, trying to knock these engrams out, that has broken the heart of many an auditor. But it not only can be done, it is relatively easy to do, although it requires persistence, patience and good sense.

An element of luck enters in here. You may run into an engram which has its basic further up the track. For instance, basic on the chain was actually Uncle Oscar who sailed into the scene and made his pernicious influence felt at the age of 7 months after conception. He is a vast ally of the child postpartum, and one of his principle statements is "You've got to do it yourself if you want to be a man. You've got to learn to stand up to life, that's what." And he has told the child this constantly.

Only it's in the bank prenatally where he was telling it to Papa when Papa was boohooing about a business failure. And after birth people kept saying, "You know, he's just like his Uncle Oscar. He isn't like anybody else in the family. He's mean, just like Uncle Oscar."

In searching for basic on this chain, the auditor would be remiss not to have discovered that it was Uncle Oscar he was shooting for. Of course Mama is always in the basic area but it's not true that Papa is always there. I have found Papa at 3 months just then marrying the girl, and not the father of the child. Perhaps Papa has been away on a trip for four or five months and he was supposed to marry his bride when he came home, and now she's pregnant.

That really complicates things because now we have strangers down in the basic area. We don't know what their dramatizations were because Mama was old enough at the time they showed up not to receive a very hard transplantation of engrams. So she isn't dramatizing in the basic area and we have got a lost set of engrams down there.

In that way, by using other mechanisms such as running a fight, where the person himself was fighting, you pick up the emotion in the patient and see if you can get that turned on. Then skip him down to the first fight you can find in the bank by having him go straight to it.

You may turn up with personnel you never suspected were there. An example of doing a diagnosis to get data would be as follows:

LRH: Who used to wear glasses in your family?

PC: I don't remember.

LRH: Who had an awfully bad memory in your childhood?

PC: Well, my brother has. My mother used to say he had a built-in forgetter.

LRH: Let's remember a specific moment when she said that to him. (pause) Is your brother older or younger?

PC: Younger.

LRH: Who told you you had to take care of your brother when you were a little kid?

PC: I can't recall it but I know that it must have occurred.

LRH: Okay. Are you like your father?

PC: Not particularly.

LRH: Who used to say you were like him?

PC: Nobody ever actually said I was like him.

LRH: Who said you were like your mother?

PC: Some relatives have mentioned it.

LRH: They say so? (pause) When has your mother said you were different than she?

PC: Well, she never did, but it's very obvious.

LRH: Who said it was very obvious?

PC: Well, that's one of her phrases that I can remember her saying.

LRH: What's one of her phrases?

PC: It's very obvious. My mother also said that my father never says anything.

LRH: When did your mother say that your father never said anything?

PC: Well, that he never says anything, except when he's disturbed.

LRH: She says this?

PC: Yes.

LRH: Do you remember a specific moment?

PC: Not right away.

LRH: All right. You can remember that as homework. Remember a specific moment when your mother said your father never said anything except when he was disturbed. Thank you.

By doing this, you have asked the person to remember a specific incident when something happened. Remember that a preclear's file drawers can be sticky. They haven't been used for a long time and they get sealed up. This is an interesting datum. For instance, if you examine a student on a subject he has not had for some time on Monday, and then examine him again on Wednesday or Thursday, he will usually get a much better grade on Wednesday or Thursday, because he got the file drawers out. One gets the thing restimulated a little bit and the next time it is easier to reach.

This is a very definite mechanism of the mind. So, if your straight memory technique doesn't work too well on a person today, keep asking him questions, keep hammering at what you want, keep crowding the preclear's memory down on the standard banks. Don't be afraid to ask him the same question tomorrow, because tomorrow you may get the answer. If he doesn't answer tomorrow, ask him the next day and you may get the answer there.

If you let a week go by however, the file drawer has gotten stuck all over again, because this works on a three to four day period, maximum. On the fourth day, the file drawer starts to get stuck up again, and on the fifth day is about right back where it was unless the thing has been actively remembered on straight line. Then there is a record of it and it is in sight.

You can break the occlusions in a bank with great thoroughness if you keep this up with the patient. One of our auditors was working nothing but straight line memory on a psychotic recently, and this psychotic didn't remember whether it was raining or Tuesday. Finally, just on straight line technique, after six hours of therapy over a three day period, the preclear was remembering all kinds of things clear on back to his early childhood. On the third day his memory had picked up remarkably.

One young lady recovered the moment when she was rocking a cradle weeping, "My child is dead, my cradle is empty, my lap is empty." She was at some town in Pennsylvania in the 17th century!

She started to spill painful emotion and her auditor, who had been waiting for a late life incident, shot her right ahead into this lifetime and knocked off a painful emotion incident there and he got it for the first time.

It is interesting that one can disturb a patient about his material fairly easily in this lifetime. For instance, he's running through this scene when his father died. It was all in the newspapers and completely validated and one says, "Well, you know very well your father didn't die that day."

And he thinks it over for a moment and says, "Well, probably he didn't, I guess I don't know." Then one takes him back to one of these former deaths and he says, "There I am lying there. And this guy has just put four feet of rapier through me," and so on.

If one then said, "Well, you know that isn't true," the person would say, "Who do you think you're talking to? What's the idea?" and he would probably get up off the couch and look at the auditor with the four feet of rapier through him and explain how it was that way. There are all sorts of incidents on the past track. A gentleman recently was having trouble with his leg, and he had to go back to the Revolutionary War to clear up his somatic.

Another datum on this is that a person had a double eye somatic all the way through the prenatal bank and had been having trouble with this. His auditor got him back down the track and evidently picked up an incident where he was having his eyes burned out and that handled it.

So, don't argue with people about it. It won't do you any good. People get much better perceptics back in that period than they get up in the current life.

THE IMPORTANCE OF GETTING ENGRAMS

A lecture given on
2 August 1950

Get Engrams!

Standard Procedure is covered in the first bulletin on the subject which went to the printers today. However, that bulletin does not include the most important step of Standard Procedure, and that is: Get engrams! That should be there in great big capital letters, the kind a person would use to announce a war. GET ENGRAMS!

Actually, Standard Procedure merely tells you the mechanisms which present you from getting engrams. The end goal of therapy is to contact, reduce, or—better—erase engrams.

The point is not to shadowbox and ask somebody suddenly, “How old are you?” and then smile and say, “Who used to wear glasses in your family?” then smile again and say, “Well, close your eyes,” and pick up the book to page something or other and say, “The cancelers will now be installed,” and then put the book down very carefully.

To install a canceler you simply say to the person, “Anything I say to you in therapy will be canceled when I say the word canceled. Now do you understand that?”

The person says yes and off you go. The end product of all of this effort is the reduction and erasure of an engram.

The business of attacking engrams will go forward, Standard Procedure or no Standard Procedure. You just keep asking for something long enough and you are going to get it. That is the way Dianetics used to be done. You simply asked for engrams in the basic area and you kept on asking for engrams in the basic area. Or you got the preclear into the case up the line where you could reach engrams and then you took him into engrams in the basic area. You used his imagination, you talked with him about controlling himself and a lot of other things. You “undirected” him, and finally you had him try to contact more engrams in the basic area.

I never had a case go more than about 18 hours before I contacted engrams in the basic area, and that’s by being tough. That’s not by playing anything soft. One can be sympathetic, but work adroitly. Solid force alone is not going to get anyone anyplace. Just keep charging the patient down against the bank. “Go early, go early, go early. Repeat this phrase.” If repeater doesn’t work on it, “Let’s go to a time when you bawled out somebody,” and the preclear starts bawling out somebody. Then say, “Let’s contact that first part of your bank.”

Keep trying for engrams using things that he can remember were done to him and how he reacted, putting him in that situation. Restimulate him emotionally and then try to get him early in the bank. Work at it constantly. How fast one thinks and how adroitly one tries to do it has a lot to do with it, but it works out on a pure case of “slug.” You just get in and hammer away, telling the preclear to go, and finally he goes. The engram can only hold out just so long.

Lots of cases open very discouragingly. You seemingly work and work and work and get nowhere on the case. The preclear’s sense of reality is very poor, he doesn’t know whether he is contacting anything or not and he doubts that Dianetics works, and what is the use? If he does get well, he will just die anyway; it says so right in the engram. But keep working at this and sooner or later the somatic strip will get itself parked someplace in the bank, somatics will turn on and something will happen. And you keep going down on that line.

Now that's crude. You will lose time if you are going over obstacles which you don't immediately recognize, such as a "control yourself" type of engram which causes the patient never to be under the auditor's control.

You would be surprised at the versatility you can demonstrate as an auditor. One of the ways you can do this is to have someone run around the block 20 times—all four streets of the block—then bring him back in, sit him down and say, "Go to basic-basic." He very often does. You have gotten him exhausted. The person goes into a slightly analytically attenuated state and there is a general collapse of his own resistance mechanism. It takes the demon circuits down at the same time. Don't overdo it, or what would normally have been a light engram could become a convulsion, although you can still get him out.

It is a natural law that the less reason one applies, the more force one has to apply. Force and reason are two sides of an action. You can apply force, you can apply reason. The less reason the object of your attack has, the more force you should apparently apply. But every little bit more reason that you apply against an insentient object, the less actual force you will have to apply. If we are building a dam, the tough way to do it would be to take a bucketful of sand and start building in from the sides of the river banks, because the sand would get washed away and we would keep on trying and trying and trying. We might sooner or later get the river dammed up, but it's a lot smarter to go at it with engineering technology and move the river, and then play the dirty trick on it of making it run our hoists by putting in a little hydroelectric plant before the dam is built. Finally, if it is worked out right, the river practically dams itself up. One can actually hydraulically shift the banks out of a river with the river itself, so that the bank will cave in and the river will dam up! But the less brute force is used, the more reason has got to be applied.

It works that way with engrams too. Engrams are pretty insentient, but it so happens that the analytical mind is sentient, and that demon circuitry—being usurped portions of the analytical mind—can still fight back at you and can make it pretty hard for you. So one of the ways to do it is to simply tire the preclear out, or work him sometime when he is tired out, or keep him working until two or three o'clock in the morning, after he has been working in the office or digging ditches all day. If he doesn't contact an engram that day, let him work all through the next work day and keep him up most of the next night and work him late that night. Sooner or later he will collapse and give you an engram. Such a person could go into a momentary psychotic fit, which is alarming, but he will also come out of it. Such a case would probably have been an incipient psychotic to begin with, but that is taking it out the hard way.

Standard Procedure gives you a method of threading through the various obstacles on the track and getting an engram. If you do it very well and if you have good luck, you will wind up knocking out engrams in the basic area, and that is what you should do because this will work easily. It makes minimal force necessary. You will find engrams in people that you would otherwise find very tough cases, but it doesn't knock out the technique of slug when necessary.

You can give the preclear the idea that he is going somewhere by giving him a push on the shoulder and then saying, "Go to basic-basic." This gives him the idea he has been shoved someplace. It sometimes takes the person quite by surprise, and he finds himself moving on the time track when he wasn't able to before. It acts like a transfer of energy.

Another way of handling a case who is stuck on the track is to mount four lady's handbag mirrors on a phonograph record and then make the phonograph record turn on the turntable on which there is a small masked candle. The person can't see the candle but he can see the flicking in the mirrors. Very soon he feels like screaming or jumping out of the window and you get up an engram. He doesn't get hypnotized, but the impulse going back against the engram has been to bring the whole thing up to the surface. It is a very interesting technique. An invalid technique right in company with that is narcosynthesis. Hypnosis is not bad.

Narcosynthesis is plain murder. If you contact something in narcosynthesis, you throw it into permanent restimulation. Don't, as an auditor, make that horrible error.

One can't lay down a blanket rule and say don't use narcosynthesis, but let me give you this very definite precaution in using it. Don't touch any late moments of physical pain and unconsciousness in the case. Leave them alone. Don't even try to go in toward them because you can put them into restimulation, and when they have been restimulated by the auditor with the patient in narcosynthesis, the engram is in full restimulation when the drug wears off.

If you restimulate an engram on a patient when you are using straight reverie, you can expect that engram to die out in about three to four days.

For instance, if you have restimulated a person's birth, it should be that three or four days later that birth will have again recessed to the point where it was.

This will work the other way too. If you attack an engram which isn't ready to come up, and then wait three days, you will find out it is right back where it was before you started slugging it. The mind is maintaining equilibrium on that reactive bank. Try to push it out and three days later it will be back in again. It is simply going into recession.

I'm referring now to a super-supported moment of unconsciousness. It is something late on a chain. If you hit it in narcosynthesis and apparently erase it, even then three days later it will come up again. However, if it was touched in narcosynthesis it will now be keyed in hard.

The mechanism of key-in isn't very hard to understand. An individual has an engram down the track. Further up the track he has got a lot of engrams in restimulation, so he has a little analytical shut-down, and then some similar circumstance to the earlier engram happens. That is a key-in—a lock.

The engram was dormant until its lock kicked in. Now, supposing he is very tired at this moment of key-in, it will key in a little tougher, together with some pain. Now let's say that he is exhausted, it becomes a little bit tougher. Now let's say that he is drugged, it's just as though the engram moves right up the track so that it is not only earlier on the track, it's also later.

Narcosynthesis can effect a major key-in of an engram. Furthermore, narcosynthesis cuts off somatics. It's an anesthetic.

All the hypnotics are anesthetics, and the anesthetics are hypnotics. It's a wonderful demon at work. For instance, the anesthetic nitrous oxide is not an anesthetic, but it works very well as a hypnotic because it doesn't close down the body's cells. Take the hypnotic, scopolamine, administer that and you get the reverse effect. You get an anesthetic.

Chloroform is not supposed to be good because it is too critical, there has to be too much of it, and the margin between life and death in chloroform is too narrow. Nevertheless, chloroform engrams are easier to get out than any other in the group. Ether compares with chloroform, nitrous oxide is very bad. Chloroform evidently has a definite anesthetic effect besides the fact that it knocks out the analyzer. Knocking the cells out is one thing, knocking out the analyzer is something else.

In narcosynthesis, the cells are knocked out. But what is needed, if anything, is to knock the analyzer out. So drugs could fall into two rough categories:

1. The drugs which knock out the analyzer.
2. The drugs which knock out the whole cellular structure.

I hope that some biochemist will find a gas that won't be a bad thing to have around with which one could work psychotics. Try and work a psychotic under sedation sometime, however, and you will find out that you have slowed down the psychotic's recovery markedly.

Working psychotics without any sedation at all, letting them scream, apparently working them when they are insentient, when they won't pay any attention to you and are utterly closed as far as you are concerned, you still get further than when you work them under sedation. They look so quiet, and they are apparently so accessible when they are in narcosynthesis that one falls very readily into the error of assuming that the analyzer has been closed down to some degree. The analyzer has not been closed down by the drug; the cells have been rather uniformly drugged throughout the body so that everything is closed down, but that everything includes the reactive mind.

What is needed is a gas, for instance, that does nothing but close down the analyzer.

Patients hallucinate after a few whiffs of nitrous oxide. The reason it is called laughing gas is probably because a person who is caught on the time track starts to go unconscious when he starts into the engram, and his method of rejection is a titter.

Take a patient who is caught on the time track, hypnotize him, push him into nitrous oxide, start to render him unconscious and he goes straight into the engram. He will get into it a short distance, and if given very much more gas, he will simply run into the unconsciousness of the engram and become unconscious.

If given a little less, he may be kept at an optimum level instead of unconscious or wide awake; however, when it kicks back in, he giggles uncontrollably.

The person who giggles every time you try to give him an order is going back into an engram. The hebephrenic (after Hebe, the cup bearer of the gods, who evidently giggled a lot) is chronically on the verge of tipping into the engram bank.

You could also work in amnesia trance and accomplish practically nothing. It's the most astonishing thing in the world to put the patient in amnesia trance. He gets stronger and stronger and tougher and tougher, and he works better every time we put him down the track, but every time we wake him up he says, "I just feel terrible, I'm getting no place. I'm almost going crazy...." Clearing someone using amnesia trance takes about twice as long.

When he gets up the line to where he starts to recount very quickly, aberrated personality hangs out until the last ditch, and as far as "I" is concerned, all these engrams are present. "Yup, I'm still allergic to soap chips. That's all there is to it. Obviously in the past I have failed miserably at everything. Therefore I shall continue to fail miserably at everything."

Of course, whenever he saw anybody go into a tantrum, he used to become very nervous and shaky. Now he watches this person going into a tantrum and he says calmly, "I'm very nervous and shaky," and he is convinced that he is still nervous and shaky until you get this last layer out, and then "I" starts looking over the track and whole sections start leaping into view simultaneously as big chunks of life start coming out of occlusion.

"I" doesn't manifest any surprise; of course he knew it all the time.

Running a patient back down the track in reverie, we find out that he can collide with basic-basic very easily. "I" has the collective, directional force to effectively lift his attention from engrams to that engram. But in amnesia trance, one is working with a collective bunch of attention units without any collective directional force. They depend for their directional force upon the "I" of the auditor. The auditor is now "I" complete, and you have cut your equation down this much. The "I" of the preclear plus the "I" of the auditor, when added into a single attacking force, is greater than the ability of the engram to resist. In amnesia trance

we have only the “I” of the auditor, which alone is not great enough to send the person all the way back down the track into the basic-basic area in most cases. Probably sooner or later somebody will be able to get all the way back down the track in amnesia trance, but it will be a rarity.

“I” says, “This is easy. I don’t have to suffer,” and deteriorates in his responsibility toward engrams, and you get the phenomena that Bernheim spoke of back in 1884—dependence. He said that hypnotic therapy was of questionable value because it created a situation of dependence of the subject upon the operator. That is the situation. All of that dependence blows out as time goes on, but “I” gets more and more complacent about the auditor going in after the engram. He becomes more and more easily directed up to the point when you actually get the last one out, and “I” sees at last that he can face it all, at which point he can’t be hypnotized anymore.

If one hypnotizes a person on Tuesday and says, “You cannot tell anybody anything,” and then hypnotizes him on Thursday and says, “You can tell everybody anything you want to,” giving it the same weight in both cases, and then lets him awaken, one will find out that the person can’t tell anybody anything. There is a time priority in progress. Or, if one tells him, “You can tell everybody anything you want to,” on Tuesday, and on Thursday says, “It’s all a secret, you can’t tell anybody anything,” he would go on talking, and telling everybody everything.

That experiment can only be made if these commands are not falling squarely on early engrams, because there may be “can’t tells” in these early engrams.

The auditor has to do a lot of broken field running to get there in most cases. Of course there are pianola cases that run out engrams automatically and hardly require an auditor.

Establishing a dependency of “I” upon the auditor is establishing a false rapport.

A person who has been hypnotized will take anything as a break in the Code, his dependence has been intensified to such a degree. The auditor has entered the individual “I” in on top of his bank to such a degree by this that if he now says, “I’m tired tonight, I don’t feel like auditing your” the preclear will burst into tears.

That situation of rapport is something which makes it dangerous. The other one is that a hypnotic suggestion is only another engram, and if you have ever seen anybody with an engram which would run out other engrams, you let me know!

It does no good to sit on somebody’s chest, hurt him, install a canceler and expect the pain to come up. But the following will work: You can take a person who has a badly cut hand, hypnotize him, and tell him, “In the future when I say the word abracadabra, what I’m going to say to you now will be canceled. It is impossible for your hand to hurt. Your hand will not hurt. Your hand cannot hurt now. You will feel no pain. I can do whatever I like with this hand and it will not hurt. Now you can forget what I am saying. When I count from one to three and snap my fingers, you will awaken.” Do that and the person wakes up and his hand doesn’t hurt. Then you do whatever has to be done to it. Set the bones in it, sew it up and so on, and then when you have finished this process, let it ride for an hour or two and then suddenly say, “Abracadabra,” and the pain will turn on.

But you can’t run a person unconscious and then hurt him and then put in a canceler for what you said when you hurt him. To give him the canceler knocks out the rest. Because hypnosis is only a shadow of an engram, it is a counterfeit engram, but it has some of the cooperation of “I” in the computer. The engram will lie on a much deeper level than hypnosis will ordinarily.

Don’t attack any doctor on the grounds that he is practicing anesthetic hypnosis. Anesthetic hypnosis is perfectly valid. If it can be done, it’s fine. But it ought to be done by a doctor for

a certain purpose and it ought to have a canceler with it. Then after everything is finished, you ought to run out the whole thing, because if you go back afterwards you will find that this person's finger will hurt every time you say the word abracadabra as it is now a restimulator for that pain. Run it out and you will be astonished to find your own words coming out of the pain.

Hypnosis is cursed by me when it is used as a parlor trick. It is about as safe to have in the parlor as a black panther. People also use hypnosis as a tool of perversion. The number of perversion hypnoses that I have run out of people is astounding. It is a common sight. Hypnosis is very easily done. It is amazingly simple. A lot of people don't believe in it, but that is like not believing in whether the sun is shining. Hypnosis does work, and it works in a very good percentage of cases.

Evidently the person who is stuck on the time track gets the least response. I have freed a person on the time track and then hypnotized him, but couldn't hypnotize him unstuck.

I have had to do a lot of research work to get to this information. The western methods of hypnosis, while they are not as thoroughly effective as others that have been developed, are still pretty deadly. They are as good as anesthesia. You can take a woman in childbirth, before any labor pains have started, and hypnotize her, if she belongs to the 25-45 percent of people who can be hypnotized. Be careful that the child is not in pain, or crowded or uncomfortable. Ensure that Mama has been lying down for a couple of hours, so the child hasn't been jossled any; now you hypnotize her quietly in the absence of noise and tell her that during childbirth she will be able to cooperate with the doctor fully, she will not feel any pain of any kind, will be able to eject the child as naturally necessary, will not be frightened, and that she will be very calm about the whole thing. Give her a forgetter mechanism by telling her to forget it as you talk to her, then give her a canceler and tell her to wake up. She will then go through childbirth like a little tin soldier, unless she has a terrifically powerful birth engram herself at which moment this whole house of cards will collapse. Nevertheless it is a useful technique and it shouldn't be discouraged in the field of anesthesia.

But, you may find somebody who is thinking, "Oh boy, I can hypnotize people and I'm going to show you how to do it. Now, Mrs. Jones, you just sit down on the chair, I'll hypnotize you so that everybody can see. Mrs. Jones, you are now a seal. Bark." I have seen this and run it olt ad nauseum. Hypnosis is not hard to run out, but I was astounded that it was as common in the society as it was. I started checking around, asking people at random, "Have you every hypnotized anybody?"

And someone would say, "No, but I did used to have people look at candles when I was in college and they would start to look sleepy."

Or I would say, "Did you ever hypnotize anybody?"

And the person would reply, "No. Don't believe it can be done."

"Why do you think it can't be done?"

"Well, it's been tried on me about six times." That there is this much hypnosis floating around in the society is astonishing.

Returning to the subject of engrams, realize that they can be reached with continual asking. Never give up, because the engram will eventually give up.

Standard Procedure has as its end the running and erasure of engrams.

Somebody sitting in an office with people coming in hour after hour hasn't got time to clear everybody he sees. He can use straight memory technique as a therapy, and it will operate

often enough as a therapy to warrant the use of it, because it will only take him 10 or 15 minutes.

He could work it maybe for four or five days, the patient coming in for just a few minutes each time. He asks him a few questions, gives him some homework, tells him what to remember, and has him come back the next day. Not less than 20 and not more than 50 percent of the cases he handles this way will experience a full relief of their deepest concern and trouble. So it is not to be neglected as a therapy.

You can use that technique and you will find out that a lot of people will relieve suddenly, and that if you are really working at it, you can get all sorts of things to turn off.

Asthma, unless it was keyed in prespeech, could kick out on this. As you run it, you are trying to find data. But if you, while trying to find data, find that you can relieve the patient of a concern, know that you can also furnish more attention units to "I" and he will be a less aberrated "I."

When you are working this straight memory technique, don't go too deep. The moment the preclear feels fine and cheerful, leave him alone. Don't try to carry this case through to a good release of the psychosomatic illness via the erasure of engrams or the reduction of grief engrams particularly; because if you pursue this very far, you will just key it right back in again.

Here is an example. A person has been feeling terrible for about six months and he doesn't know what it's all about. He complains, "I just keep having this pain all the time, doctor, and it doubles me up."

"Well, how long has it been that way?"

"Oh, gee, a long time. Last October it started in just mildly, but it has gotten worse all the time. It just doubles me up."

Of course, you could put that person right down the track, probably, and find the engram which says, "It just doubles me up."

This is assuming that we don't want to work with this patient more than 15 minutes; he has come in doubled up, and all we want to do is give him some relief. We can give him relief by giving him phenobarbital, or telling him that he should lead a calmer life, or to take it easy, or we could actually try to figure out what this bizarre pain is. We know it is probably not his liver like he says it is. It probably has nothing to do with gallstones. It's just a pain. On the authority of the Chief of Medicine of Bethesda Naval Hospital, these pains and psychosomatic illnesses in general are said to comprise about 70 percent of man's ills, so a doctor with these people coming in is going to get a lot of traffic in this sort of thing.

What you want to do is knock out a lock. The fastest way that you can do it is to start searching around to find out what happened to him six months ago. He says, "Six months ago nothing happened to me, just nothing."

And you say, "Well, six months ago what was the date? Where were you? Were you still working at your job?" and so on.

"Yes, same job."

"Who died?"

"Nobody."

"Well, who left you?"

“Oh, my wife.”

And then you say, “Was it a permanent separation?”

“Well, I’ve been hoping to get her back. I do want her to come back.”

And you say, “Were your parents ever separated?”

“Actually, yes.”

Now you start in on the conversation he had with his wife before she left. This is all on straight memory, and you suddenly find out that he was redramatizing the parents when they separated and you get him unidentified with this one scene which takes place down the bank.

That was the key-in, but it is probably sitting on prenatal. If we can find the first key-in when Papa and Mama really separated, we can use straight memory to find the later dramatization of their separation. If we can get him to remember that, we can stop him identifying, because he suddenly recognizes that what he says is the same as Papa.

Quite often you will get, “Ha-ha, very funny.” And he will start to straighten up. Maybe he also recognizes that he was to some degree dramatizing his mother. You don’t tell him this. You just make it obvious to him and he laughs about it.

You say, “How’s the pain in your side?”

“What pain?”

If you are lucky it will stay gone from there on out. Actually the pain may have been such a thing as an AA, “If you don’t get rid of this baby I’m going to leave you. I’m going to bust this whole thing up. We don’t get along.” (“We don’t get along” is a holder.) “Why don’t you leave?”

“All right, I’m going to leave.” Bounce, hold, bounce, hold, with a key-in much later.

Knock out this key-in with straight memory and we haven’t disturbed the earlier engram that’s still lying there. But out goes the bizarre pain.

This looks like magic. It is miraculous when people see one of these things work. They say, “Faith healing is nothing compared to this. Just ask a person a few questions, and all of a sudden his pain goes away.”

Of course, potentially, a person has hundreds of these pains in the bank. You can expect this person back again. He won’t have the same pain the next time perhaps, but he may be complaining, “My head keeps hurting and I just don’t know what to do.”

And you say, “Well, what happened to you?”

“Nothing.”

“Come on, something must have happened to you lately.”

“Nothing has happened to me lately. Nothing at all.”

“Has there been any change in your life in any way?”

“Well, I lost my job, I got fired last week.”

So we find this big proposition here when Papa got fired off a job and came home and said, "Oh, my head aches so, I'm going all to pieces. This life is done," and so on. Except this lay on the time Mama bumped into the table while the unborn baby was upside down and hit the back of the baby's head! Knock out the key-in, but don't disturb the underlying engram.

That's why we don't put the patient in reverie if we're going to do one of these things, because if we did, we would undo our own work. The moment we go back and fail to reduce that engram, we may just restimulate it. We can try to knock it out by key-out, but that may put the engram into tougher restimulation, so there is a point where you stop.

I found this out the hard way. I wondered why this was taking place. Somebody would walk in and say, "You know, my ulcers are just killing me today."

And I would say, "Well, has anything happened to you lately?" Or, "What have you been worrying about?" Or, "Who's dead?" or something like that, and the person would tell me. I would knock that out and the person would feel better.

He would go out and eat shrimp and pickles and drink a glass of milk, and feel swell. At that point an auditor is likely to say to himself, "Well, that's pretty wonderful to be able to do a thing like that."

The preclear comes back the next day and the auditor thinks, "I bet I could fix him up, get him to take his glasses off," so he says, "Close your eyes, let's go back to that," and all of a sudden the preclear grimaces, so the auditor says, "What's the matter?"

"It's my ulcers."

The auditor immediately concludes, "Oh, I've failed utterly," or, "It just happens that every time I stick my head up somebody knocks it off. I can't ever win," and other engramic dramatizations.

That is what we are up against.

So you have got to make up your mind about straight memory. If you are going to treat a patient using straight memory, do so.

You have to decide right then whether or not you want to put this person into a release status, or are you going to be willing to carry this patient along. Because, when you put him back down the track in reverie, that headache that you just turned off so beautifully may come straight back. That doesn't say it is going to happen every time, but it happens so often that it may disturb you.

I cured a toothache in California recently. I phoned someone who said, "I just can't seem to hold my head up today. I'm sorry, I feel terrible."

I said, "What's the matter?"

"I have a toothache," he replied.

So I said, "Well now, do you remember something very pleasant that you did recently?"

"Yes."

"What were you doing?"

"I was down in Santa Monica, I had had a nice drive down to Santa Monica with a couple of friends of mine and I was talking to them about Dianetics."

“Were you making a good impression on them?”

“Yes, made a swell impression on them.”

“How did the ocean look?”

“Beautiful, just gorgeous.” (His voice was picking up.)

I said, “How’s your toothache?”

“What toothache? Oh, it’s gone!” 3,000 mile dentistry cure!

You can kick a person out of a light key-in by boosting him up to present time.

Sometimes you merely say, “Come up to present time,” and out goes the headache.

Very often you can take the person back to a pleasure moment and tune it in and the somatic will drop out. On a chronic somatic, you can take this straight memory technique and get results in not less than 20 and not more than 50 percent of cases.

This is a limited technique. It will get surprising things done for you, but it’s not a cure, merely an alleviation.

As soon as you enter this person into real honest to goodness processing, you are going to kick in more bizarre aches or pains momentarily than he has ever felt before in his life. And if you are entering into a case, unless it is a particularly out of valence case that has to be untangled, you are going to have to carry him or see that he is carried for some little distance.

There is a very sharp division line at the moment when you come off straight memory therapy and go into processing. Further, if you think you can make this patient feel more comfortable and therefore work better, it is perfectly all right to do straight memory work in a patient you are going to put into full processing.

For instance, if the patient continually says, “My auditor works me all the time, but all I can think of is ‘I’m no good anyway and I ought to commit suicide,’” you can key it out this way and it might remain keyed out. I knew a case where I could key out suicide every time it keyed in. It was a little game we played. I said, “Any time you feel like killing yourself, why, call me up on the phone.”

She would, and we would play this game for five minutes, and then she would laugh and go to the movies. Finally we reached the suicide chain of engrams and blew it.

This therapy technique is very old. Dianetics is spectacular in its full parade, and as a result something like this has a tendency to get lost by the wayside. But I have talked to several doctors that I have acquainted with this procedure, and to several other people who have applied it. I had omitted the datum that a doctor’s time is very valuable. He has to see a lot of people. Your time as an auditor may become very valuable to you. So, if somebody wants some Dianetic therapy, that’s fine, give him Straightwire, and get him chuckling about it.

It is very good for a professional auditor to know. It will save him a lot of time.

A person can work straight memory on himself. It is quite different from saying to himself, “Let me see, what am I worried about? I am worried today. Oh, yes, I am worried, I’m worried, I’m worried, I’m worried. Okay. Well, come up to present time. Where is an auditor?” There is this division line ruling on auto that you have in straight therapy.

The person who does that as a compulsion is really luckless. The fellow who has as an engram, “I have to handle this myself, I have to do this myself. Nobody else can do it for me;

after all, only I know how to do it," who also has perhaps in his basic area something which says, "Come back," and "Get away," or "Get away from here, get all the way out; no, come back, I forgive you," is pulled up and down the time track continually.

I have seen a person who was literally all day long just going up the time track hitting engrams, then going down the time track hitting engrams. The person would come in for a session having restimulated himself all the way up and down the track.

For instance, the person's analytical mind is full on. He starts into an engram and the engram says, "I am so cold." He asks somebody and they say, "It's terribly hot today." He has found himself shivering, so he says to himself, "You know, I must have an engram that says, 'I'm so cold.' Ah, yes."

He doesn't say to himself, "Who used to be cold in my family?" He says, "I am so cold. Oh, yes, I am so cold, I am so cold, I am so cold, I am so cold. I am so cold. I am so cold." When he has said "I am so cold" the first few times, some of the analyzer starts to go out. Then he continues, "I am so cold, I am so cold, I am so cold, I--am--so--cold. I---am . . ." and off go the attention units completely.

Of course he hasn't got anything left of "I" at that moment to push it on through to say, "I'm cold." He will shut off on the mechanism and say, "I don't remember what I am doing." Do this sometime, watch what happens, and you will find out that you will be running a different phrase when you come out of it. You will have blanked out and all of a sudden thought of some other phrase such as, "Dogs are evil, dogs are evil, dogs are evil," after having started out saying, "I am so cold." Well, you will have hit the engram, restimulated it and now it too will be in restimulation.

Now you have got two engrams. The analytical mind is therefore further closed down and you will be using less judgment. So you say, "You know it's been worrying me lately about my feet. A lot of this stuff I can't stand. I can't stand it, I can't stand it, I can't stand it. I can't stand it, I can't stand it." Now you have restimulated yet another engram, and as a result you don't get anything up. You merely keep restimulating yourself.

Fortunately, this will key out in two or three days. But a person can have maybe a hundred engrams in simultaneous restimulation, and his attention units scattered all over the track. He's not comfortable. They are not keyed in very strongly, and they will key right out again. But he doesn't feel good about it and it is about the worst thing in the world that you can do to him.

Keep asking for them and you can expect to get engrams eventually in a case.

If you have any cases at the present time which have not succumbed gracefully and easily, just start into the bank, hard. You can even start in with a postpartum engram. But get him into a physically painful situation.

If you can't get him into one, get him into another. Work him to a point where he is no longer running away from pain, and keep with it until you do get an engram. Slug him down to the bottom.

The end product of Standard Procedure is to find engrams.

There are preclears who are in the valence of mother's lover, or in the valence of Grandma who might have died eight months after conception, but due to the parents' occlusion on it, as far as you are concerned, Grandma died ten years before the child was conceived. This is what he has been told.

The most aberrated area of the bank is, of course, the prenatal area. As a result, what you can do to get the person back into a good state is definitely limited with straight recall and by knocking out engrams postpartum.

When you are working with Standard Procedure, it is very necessary to recognize that the information which you seek may not be in view. You can key things out, but a great deal of material can be buried in that prenatal bank.

You can have a situation where Papa was a traveling man up to the time when baby was born, and then all of a sudden he got a job in the home office. It is all obscured information. We have got all kinds of talk about traveling in the prenatal bank which we don't suspect. We may have it in there so brutally that Mama may be very upset. "All you do is travel, travel, travel. You just go one place then another, and you never come home. I never see you. You are never here when I need you," and so on. This is one dramatization. But, of course, this disappears utterly as soon as Papa settles down and gets himself a job in the home office. Yet this might have gone on throughout the whole prenatal period. So you get a totally erroneous look at the case. That material back in the prenatal bank is different.

You can lay it down as a rule that when conditions have altered between a patient's postpartum life and his prenatal life, the amount of straight memory, valence shift material that you are going to pick up is going to be very scarce, and is not going to help you a great deal.

When you are dealing with a patient who will not respond on a basis of straight memory diagnosis, it is going to come down to a case of slug. You're just going to have to start picking rabbits out of the hat.

You are going to have to take a look at his manifestations. You perhaps notice that every time you come in the room and start talking to him, he stares at you intently watching you everywhere.

So you say, "Now let's run the engram 'You've got to watch everybody.'"

You haven't quite picked the phrase out of the blue because you have the data that you see him dramatizing something. Or you can ask him, "Who used to be suspicious of people?"

"Oh, I'm just drawing blanks, blanks, blanks."

You start running this. Or you could try the phrase "Look at me," something like that.

Try to run something that would fit the person's dramatizations. This should give you the law then that covers all the rest of the line, and that is that the only clues you will get from the prenatal bank will be in the dramatizations of the person himself.

He may not be in a violent valence. He may be locked up in an apathy valence. By automatic process he should try to seek the winning valence, but he can be commanded straight over into a valence where he will stick, and maybe Papa was the one who got angry and was quite emotional, and Mama was the patient one who said, "Oh, now, now, just control yourself, dear," and was a very mild valence, so you have got maybe two thirds of the prenatal bank missing out of therapy. Because Papa's engrams were being impinged upon Mama's valence continually, the preclear may be operating under a circumstance which is not visible.

Here he is, he seems to be very mild, and quite frightened. His mannerisms don't give any great clue, but you know something is going on. There is a missing character in the bank. You try to get a check on Papa, but Papa is terrifically occluded. You can get nothing about Papa. You continue to watch this patient and finally figure out more or less how to get him back there and what to do with him. You figure out eventually that he is in his mother's valence.

He won't return on the track as himself, because he isn't there as himself, so you make sure that he stays secure in Mama's valence. You tell him he's in Mama's valence and that Mama is going to go back and do something. And you can actually send him clear to the bottom of the track with Mama doing something. If there is a savage dramatization with affinity for Mama, by returning him as Mama, you are liable to run into the other half of the engram.

In other words, there are three valences present—Papa, Mama and himself. He isn't in his own valence because he isn't getting any perceptics; but he's going to get Mama's somatics, and he could even get a very bad Hobson-Jobsonl idea of Mama's perceptics.

It is very amusing when you return a patient down the track with the full recognition he is out of valence, because he very often has some perceptics. He will see things faintly, from an exteriorized view. So he may go down the track in Mama's or Papa's valence, but he won't go down the track in his own valence.

You can take him back to the time Mama was morning sick, if you really coax him, and I have even had patients jump off the bed and run for the bathroom. "Go back to the time as Mama when you were morning sick. Go back to the time when you were very morning sick." The patient will. It doesn't work every time, but it works often enough.

This valence situation can be solved by using a basic rule. In an engram we have bouncers, holders, deniers, call-backs and misdirectors. The same group is at work as related to valences.

A valence doesn't consist simply of "You're just like me," or "You're just like your grandfather," or "You're going to grow up just like your grandfather." That is one very specialized kind of valence shifter and is not the one which is guilty. If you reach that in straight memory, you can key out enough sometimes to put the patient back in his own valence, but very rarely.

The real valence shifters are phrases like: "Change yourself," "Things have got to be changed around here," "I'm going to change you," "If you're smart you will change yourself before I have to do it." The person feels compelled to change every time he recognizes where he is, and you get an oscillating valence.

These are the real valence shifters. If you work it on the basis of phrases such as, "You're just like your grandfather," you're playing pattycake.

So, somebody gives off the following command: "You're no different than anybody else. You're just the same as anybody else. You're going to take what anybody else gets, just like me," and we get the person in the valence of anyone he talks to. If he talks to them for a little while, he all of a sudden feels like them. If he talks to a fellow who scratches his ribs, suddenly he will be walking down the hall scratching his ribs. Then, if he thinks it over for a moment, or somebody asks him, "Who do you feel like right now?" he would say, "Oh, I feel like Jones." That would be the result. He goes into anybody's valence that he meets and talks to. He does continual mimicry. Those are the real valence shifters.

An oversight was made by one auditor who ran a patient for three hours through an incident where the preclear's elder brother, as a little kid, interrupted Mama and her boyfriend. This was during World War I, while Papa was not there. So Mama really read him the riot act. Mama was about five months pregnant which put it way up the chain, but this auditor didn't know what he was looking at.

Mama said to the child, "Now, you'll have to change. You'll just have to get better. You can't come snooping around here. You're too nosy. You put your nose into everybody's business. Who do you think you are? Well, you aren't anybody around here, that's what. And you'd better change, what's more."

It took three hours to reduce this engram, and it never occurred to this auditor why the sonics kept turning off and on through this engram, and sometimes the patient would bounce and sometimes he wouldn't.

Probably what he was doing wrong was running a later engram. If Mama had a dramatization like that and there was an older child around, undoubtedly Mama had told the older child this often before. As a consequence the dramatization went down earlier into the bank, and there are probably valence shifters in that case clear down to the basic area.

The later engram sometimes has to have some of the kick taken out of it by running it three or four times, whether the patient is vibrating or not, before you can find an earlier one. And then that one has to be run three or four times before you can find an even earlier one.

Obviously the engram goes all the way down the bank to the basic area. So your command is "Go earlier." You may ask the file clerk and get a demon answer, "There isn't anything earlier," or maybe the file clerk doesn't know.

The one thing the file clerk is remiss on is earlier material. He doesn't know how far back it goes.

So we have to run this three or four times in order to take the kick out of it. And then we can go earlier and run that one three or four times until it starts to reduce. Then we say, "Aha, we're three or four from the bottom of the stack, so let's go to this one and run it three or four times until it starts to reduce." Then we go lower and run that one out to reduction.

But where you are dealing with a valence shifter all the way down the track, that means you are coming into heavy weather, because Mama says, "You've got to change because you are everybody around here," and so on. Every time he hits one of these engrams, he goes out of valence. Perceptics go off and on, or something else happens. It's a tough one to run, but don't miss on it.

The reason you have to know about valences is that if you run across a command when you are running an engram out of somebody that would, by your computation, shift that person's valence, stop right there and handle that right away; because if you let him work on a couple of phrases later, he is going to slue out of valence on it, and all of a sudden the engram is going to peter out and then it isn't going to be there anymore.

That accounts for starting to run an engram and then suddenly it dives out of sight. You were probably running into a valence shifter and didn't recognize it. The moment that you hit a bouncer, a denier or any one of these things in a case, stop right there and run it. Go over it and over it and over it and over it until you are absolutely certain you have taken the kick out of it. Only then is it safe to go on.

Bouncers, holders, deniers, call-backs and so on apply to an engram. A person bounces, he gets called back, he gets held, he gets misdirected. Sometimes he gets a silly one that comes in sideways like, "I've got you dead to rights." The person gets over to the right side of the engram and he's dead! He stops right there. He can't move. Take the kick out of those things.

There is another one which you must be alert for in addition to those already mentioned. Valences have bouncers, deniers and other things in them. "You couldn't do the things I do. You're not in the least capable of it." That is a denier of a valence. A person not only can't go into that valence, but he very often (particularly if he's severely neurotic) doesn't pick up the words.

You have to recognize, by examining the dialogue, when you have got a missing segment of the engram, and that there are other personnel present in it. For instance, the person is running the incident, "I won't. I tell you I just won't do it. Well, you can talk all you please but I just won't do it."

A person who would run this engram as such will certainly never qualify at the American Institute of Newspaper Writing, because he isn't watching the fact that the preclear who says, "I'm not going to do it," pauses, says, "I'm not going to do it," again, "no matter how much you talk to me," obviously is talking to somebody else who is replying.

But it may be one of these bounced valences which the preclear is not picking up. So you just have to watch the engram and get its content and all of a sudden you are liable to find somebody there you didn't think was there before.

An engram can have a denyer that would be a sort of a bouncer/denyer, or one could have a denyer that says simply this: "You're different than me."

"Now, get out of my life and stay out of my life" is a bouncer out of a valence.

"This child is part of my body" is a call-in and a holder, and when you clip it, the patient goes into Mama's valence.

So, as you go up and down the track, you are not only looking for the things that make him do this sort of thing, but for material that makes him do this in a particular valence. You are working two dimensions in this mind now. Be on the lookout for it and you will get much faster therapy done.

When you send a person down the track in his own valence, you do the old timeworn mechanism in Dianetics of valence shift. You have already done one valence shift because you have sent the patient down the track as Mama. Now you run out Papa, then you run out Mama, you run out Papa, you run out Mama, and after a while the preclear will settle down and theoretically be himself in the incident. But don't expect the patient to go into his own valence until he can get there. Don't be eager.

I have heard auditors using this too much: "Get into your own valence." The person doesn't know what his own valence is. He has no feeling for his own valence. He has never been there. A better way to tell a person to get into his own valence is to say, "Let's see if we can feel a little moisture. Let's feel the tactile of moisture."

By saying, "Let's see if we can't contact what Papa is saying," we are already swinging him over a little bit.

So, when we get into this proposition of Papa and Mama and valences, or a grandparent's valence, we can run those valences separately and deintensify them. If the patient starts to cry as Mama and you suddenly tell him, "Get into your own valence," that patient is liable to get angry with you because there are tears on that valence which should be gotten off.

If one were to run a case 500 hours without trying to get that case into its own valence and without trying to pick the valences apart, one would get the case bogged all the way up and down the track. But when you run the patient down the track, expect him to run out Mama as Mama, Papa as Papa, Mama as Mama, Papa as Papa, and then self listening to Mama and Papa as an ordinary rule of thumb action. Take the tension off the valences before you try to do anything else.

He can't be himself in that engram until the tension is off those valences. But then don't neglect to make him run it out as himself, because ordinarily he can't get into it as himself and if he is unable to, he has got a valence shifter earlier.

You can get a person most easily into his own valence in the basic area because there are less valence shifters there. The unluckiest person in the world is one who has a basic-basic which contains solid lines of valence shifters locked in with several bouncers. Then he never gets down against the basic area.

Most people who can't enter prenatals are going against bouncers. It is nothing mysterious. The person is going down the track into the prenatal area and suddenly it says, "Get out!" so he does. He then says there's nothing in the prenatal area. He didn't contact anything. He didn't even begin to, because every time he started for it, it kicked him out.

The phrases of the non-coitus chain are peculiarly responsible for this. All due respect to religion, it is a scientific observation that the religious member of the family can most ordinarily be expected to be the guilty party of the non-coitus chain. The non-coitus chain keeps people out of the basic area more often than anything else. So we have the non-coitus chain: "Get out, get out, pull out. Leave me alone, don't come in me, get out. I don't feel well tonight. Don't touch me," and so on. "Oh, get away, move over. It's so disgusting, I just can't face it." Those types of engrams are solid bouncers, and they make up non-coitus chains.

So, when you find the person who doesn't go easily into the basic area, or you can't get him into prenatals, just use your wits and figure out, "Well, let's see, who is religious in this family?" Lots of very neurotic people gyrate very closely toward religion. Of course, it doesn't mean that a person has to be neurotic to enter religion, but it does mean that it renders a little suspicion on the case if Mama is adamant about going to Mass or if she is superactive in the religious field.

So if you say, "What about Mama?" and the preclear says, "Well, she's always dragging me to church and telling me to be a good boy or I won't go to heaven," have him repeat the phrase "Don't come in me," and you are liable to hit that non-coitus chain engram.

"Get away from me, don't touch me. Don't want anything to do with you. Move over"—all such phrases, anything that you can think of that a very inhibited person might say, come from one who is completely plugged on the second dynamic. That doesn't mean all religious people are plugged on the second dynamic, but this is a rough rule of thumb.

Religion is just one of many tests. This is merely a clue. There is another clue: "What would your father have done had he found you engaged in sexual play with another child?"

"Oh boy, he would have really been upset." Non-coitus chain.

Or you find Mama saying, "You little brat, get out of here. I don't want to see you. Now you just have to make yourself scarce. Your yelling just about drives me crazy. Get out of the house. Go out and play." You find that character in the bank—non-coitus chain.

Any block on the second dynamic renders a non-coitus chain suspect. Any time a person can't go down the bank into the basic area, very definitely suspect a non-coitus chain to be about 95 percent of the trouble.

You will find preclears running engram after engram without ever touching sex. Someone might conclude, "There must be some mysterious thing about sex. Sex must be superaberrative because I can't get this man into a sexual engram. He is also extremely inhibited sexually which means he is all blocked up on the second dynamic."

It does mean that, but it should mean something more to you. It should mean a non-coitus chain. If you can't get a person into an engram, it simply means that that chain of engrams or that particular engram has lots of bouncers in it. In one such case who was extremely inhibited sexually were the phrases "I can't give it to you. I can't give it to you, it hurts too much, get out of me, leave me alone."

"Oh, come on, let's do it."

"No, no, I can't, it hurts too much. Now go away, go away, don't touch me. Don't touch me, you'll drive me crazy."

That was basic-basic! How could one expect to get down to basic-basic against that? We are not talking about sex, nor are we talking about religion, or about the price of fish in Grossgarten. We are talking about bouncers, denyers, holders and so forth.

You can plot out for yourself situations which would contain lots of bouncers or denyers. For instance, Mama's lover is bad because it fills the case with denyers like, "I can't tell you. So-and-so would die if he found out." If that prenatal bank can't be entered and you don't necessarily find anybody sexually inhibited in the case, you have got to suspect a large amount of denyers, so you look for the things we are quiet about in this society. If we were working on Zulus it would be different. Maybe they are secretive when they kill lions out of season, and that is what you would suspect in the prenatal bank.

It isn't whether or not it's sex, or whether or not it's food. It is strictly on the wording and the type of words which you use in a particular language. It will work differently in other languages. The non-coitus chain in a language other than English might act solidly as a holder. You would have to plot it out on the basis of word content, not analytical computation. You are dealing with engrams. The reactive mind is there to make sure that the analytical mind literally obeys its commands.

Therefore you are looking for combinations of words that will do certain things in a case. But those words can throw people in and out of valences.

I hope in this lecture I have expanded your concept of valences.

Also belonging in Standard Procedure is the fact that if a person isn't moving well on the track, if you can't get him started, if you can't find out what he's into in the way of engrams, if you just can't seem to do very much with him, start running him on the track out of valence, knowing he is out of valence.

Test valences until you find one and go back to it. Don't expect him to know very much about it when he gets there. Take him back. Ease him into the case gradually and gently until he at last finds out that he can run on the track, and then test him for circuitry on this basis: Find out whether or not he can go back even two or three hours to a point where somebody was talking to him. Have him receive the words and tell them to you. Make that test. If that test won't come out, he has bad circuitry early in the prenatal bank and you should be able to blow some of it out.

It will work this way: If he can't receive the words straight from whomever he's talking to, then realize that as he goes to the engram and moves through time, he has a demon circuit that has to pick up from the standard bank, loop around, and fit the words into the person's mouth. He can dub those words for you, and he knows he's dubbing, but he can't parade through.

You will find that the preclear who is unable to do this has to have his circuitry pulled apart with a howitzer. But it is a simple test: He should be able to go through and experience a recent conversation word for word.

If he goes through the incident picking up impressions of words being said, he is not running the experience. All he is doing is remembering the experience, dubbing it in, and he has piles of circuitry working it out. It's a test which you should apply, and until you have applied it I don't think you will recognize how efficacious it is.

RELATION OF AFFINITY, COMMUNICATION AND REALITY

A lecture given on
4 August 1950

The General Direction of Auditing

Firstly, I want to talk about the co-relationship of three things which one would not ordinarily consider to be related: affinity, communication and reality. They may seem to be three different things. Actually, they are not. They are three entities which at least in some part of their existence are coexistent.

Once upon a time there was a school of philosophy originated in the world. I say "Once upon a time . . ." because it has been reoriginated time after time. There was a book published recently by Bertrand Russell on the same subject, "What is reality?"

This seems to have worried people for a long time and it will probably worry them for a long time to come. I'm not going to make any effort to tell you what reality is, but I will try to show you that it is not quite what you think it is.

Reality has a very interesting quality of being something one doesn't nail down. What is reality? When you start to bat along the line of philosophy on this, you come immediately to a log jam.

Very few philosophers ever run into this log jam without getting log jammed right there for the rest of their natural lives. There have probably been upwards of three or four hundred billion words spilled in philosophic texts concerning the question of what is reality, and not one of them answers it.

Few of them have gone to the extent of mentioning the fact that we are aware of reality. To metaphysics, reality is not absolute, but it transcends all human experience. In that way they simply put the subject on a side rail by saying, "If you want to know about reality, just look over on the side track and find that string of empty cars that says it is reality." That is about as far as they have gone.

Reality is not absolute. We perceive it. Bertrand Russell, in his last book, is quite interested in the fact that we perceive it. So was Descartes and others. However, it doesn't require a hundred thousand words to say that people perceive reality.

You know you perceive something, and I know I perceive something, and actually there is not much more to know about it. But there is a great deal to be known about the perception of reality.

So let's just walk around the log jam and go on down the stream. There is no reason to make a log jam out of it by saying that reality must be an absolute. To demonstrate what I mean by the unreality of reality or the "What is it?" of reality, take a table, for instance, which consists of space and energy. Probably if it was taken apart into its component units of energy, it could not be viewed by a very good microscope. This is a section of reality. It is space and energy.

The whole thing seems to be motion, but nobody knows quite what space is. There isn't any really good definition of space.

I figured out a geometry one time which was based upon eight dimensions in space. It was a very beautiful piece of work, it made sense, but there wasn't any use for it. It considered the fact that space went in all directions. And then there was three-dimensional time in space, and

the three-dimensional time coexisted in such a way that in each one of these dimensions of time there was another eight dimensions of space.

If you have ever looked at a package of Quaker Oats, you can see the person holding a package of Quaker Oats on which there is a person holding a package of Quaker Oats, and so on. That is a concept of mathematics.

But let's look at reality. Take an ashtray, for instance, which appears to be extremely solid and yet would reduce down to nothing as far as its actual mass of the energy units which compose it.

In fact, if reduced down, the whole universe could probably be stood upon the head of a pin as far as the actual mass is concerned, although nobody is likely to make the experiment.

Then there is space, and we say there is something in space called matter, if we don't look too hard.

Then comes time. We can explain time as a continuum of consecutive moments. But what are moments? They are units of time. Well, what is time?

You can go around in this way, and no matter how learned or scholastic your terms may be, it still boils down to the fact that time is a continuum of consecutive moments. And what are moments? They are units of time.

The antonym of reality is unreality and the antonym of unreality is of course reality, so that gets us nowhere. Then there is thought. Thought is no more an imponderable than time. We can see thought taking place.

So we have time, space, thought, and we have energy. I have already said that if you take all these energy units in the universe and reduce them down into one mass, that mass could sit on the head of a pin. Of course the pin would have to be part of the mass, so this is a difficult experiment!

So, when we get through with this nonsense, we see that we are not dealing with absolutes.

The energy itself evidently has, as one of its actions, motion. Motion requires time and space. What is motion?

Actually, most things are here because of particles of energy which are in motion. Theoretically one could set up a giant tuning fork in space, lean on one side of it, let go of it, and if it sent out the right wavelength, energy would occur.

The very scientific science of physics deals with entities which refuse in any way to be nailed down. Of course, if you set it up as an equation *reductio ad absurdum*, the science of physics doesn't exist, and we could say that you and I don't exist. But you know that I exist, and I know that you exist. So that must be through a medium of thought. This can become very confusing, and I was confused for some years on this subject until I decided that all of that consists of one log jam that is standing in the center of thought, and by bypassing the whole log jam we could take a look at what we get in front of it.

To exist there has to be time, and obviously there is no such thing as that, so not even a definition exists for it.

But you know that I exist and I know that you exist. We have a tacit consent around this whole thing. You and I agree that a wooden table is made of matter, that it is sitting in space, that it was manufactured or grown at a certain period in time and that it arrived in front of us, as reality. We also know that when we knock on it, we hear an impact which is carried, we both agree, by sound waves. And then we come down to why you and I agree about this. We

agree about it because our perceptions tell us—as far as we can discover—that it is the same story.

This table may actually look purple to some people and green to others but because they have had an object held up which somebody has said is brown, it is now recorded by these people to whom it's really purple, as brown. So purple is brown to some of these people and green to others, although they have all agreed that it is brown.

It doesn't mean that if we had a disagreement about the color, it would make it a different color.

For instance, there is a table which is occupying a certain space, and we have agreed that it is there and that it has certain characteristics, and we have also agreed that when we knock our knuckles on it we hear a sound, because we have agreed that there is such a thing as hearing.

That is tacit consent, but don't challenge it too strongly, because you can actually, philosophically, prove completely that there is no such thing as hearing.

The conversion units of the brain are structurally very complex. I have read several books on neurology and hearing systems and so forth. They explain a lot but they don't quite explain what converts electrical or mechanical energy to nerve energy.

But whatever that system is, it is still hearing. We can describe its function in some new fashion, we can listen to different sounds, but we still agree that that is hearing, and so long as a majority of us agree that we are hearing, we will continue to hear. No majority has ever said, "People can't hear," unless it was the kingdom of the people who couldn't hear, which we probably wouldn't know about.

Therefore there is such a thing as hearing, and if you put it on that basis, you are on a sound basis of reality.

Sound is transmitted. It hits an ear and is recorded.

I say the word alphabet. You may be recording it zings but you know that alphabet and zings mean the same thing, so you are in agreement with me and this is reality.

It is the same way with sight. For instance, a cat walks in and sits down. The majority say, "Cat." Someone in the corner says, "Dog," and everybody looks at him and says, "There's something wrong with him. Be careful of him." That is because he doesn't agree with the majority. To this degree majority rule is quite correct. But that is majority rule of perceptics.

A practical example would be a young sailor who is arrested and charged with being drunk and disorderly. He has just been picked up by the shore patrol. He was found fighting and mouthing foul language outside a bar, and when they tried to extricate him, he turned on the shore patrol, beat up the two of them, and went down the street screaming, "I am Genghis Khan." He is deposited aboard ship, and obviously to the shore patrol, the commandant of the naval district and all the civilians of that area, this man is crazy.

Now we take him to sea. He is the trainer on number one gun and during target practice or in action, every shell from number one gun goes straight through its intended target. Furthermore, every time the action gets very hot, you look around and find this person right in there pitching, cool, calm and collected and everybody during action agrees that this man is completely sane.

Now we pick up off the beach another young fellow. He is very nice, he wears his neckerchief just so, his records are in excellent condition, he has passed all his examinations with honors, he comes aboard ship and naturally because he is such a nicely dressed, well-drilled young man and he is so pleasant, polite and efficient, and very good, let us say, at

getting the mail off the ship, and he keeps his bunk neat, everybody on the beach including the commandant and the shore patrol are in total agreement that he is completely sane.

Then we put to sea and this young man's station is the pointer on gun one. We get into target practice, this gun goes boom just once and he screams faintly and shudders. We get into real action and we can't find him on the gunner seat, he's off the ledge entirely and hiding down in number one gun's magazine where all of the heavy ammunition is stored because he is afraid of getting blown up! And everybody on the ship says, "This guy's crazy." Well, who is right? Actually, if the environment changes, the majority opinion changes in that environment.

Americans are needed in Korea right now who will shoot up North Koreans. But we don't want somebody who will walk down the local boulevard and kill every civilian. There obviously has to be environmental observation which is definitely aligned with perceptics.

It is the majority opinion in the environment. And evidently man through that majority opinion has to some degree naturally selected himself up to have a fairly uniform perceptic system.

I have noticed that in packs of wolves, gray wolves will quite normally turn on and kill black wolves. They try to keep the sports out to some degree, because if they don't, the second stage breaks down, and so does the third stage.

The second stage is communication. If one member of a species cannot communicate to another member of the species, they aren't members of the same species to that degree, unless they are members of the same species and the communication is merely patterned by something.

So, in this society of ours today, we have all agreed on perceptics. There are 51 separate perceptics—26 actual perceptics and 25 imaginative perceptics. The missing imaginative perceptic is pain. One cannot imagine a pain, therefore pain is a reality perceptic instead of an imaginative perceptic. It is interesting that one cannot imagine that he has a pain when he has a pain. He either has a pain or he hasn't.

If you don't believe this, get somebody who you know has had a broken right arm, and say, "Well now, can you imagine that your left arm has been broken?"

"Sure I can."

"Now imagine you feel some pain in it."

"All right, I'm imagining I feel some pain."

"Okay. Now let's imagine that your right arm has been broken. Can you imagine that you have some pain in your right arm?"

"Well, yes."

"Now let's imagine that you can really feel this pain."

"Ouch!" He will actually pick up the pain out of that arm. The imaginary pain didn't turn on, but real pain is actually stored in the location of that arm.

So the reactive mind records one more thing than the analytical mind. The analytical mind records everything but pain, and the reactive mind records everything including pain.

Therefore, we have perceptics at work. We agree amongst us that these perceptics perceive things as they perceive things, and by tacit consent amongst us all we agree that we are perceiving what we are perceiving and this becomes reality.

For instance, you walk into a dark room you have never been in before and there is a chair sitting in the middle of it. You bark your shins on it, and it hurts abominably. A chair has just communicated to you. You have received a communication from reality that there is a chair there. Of course this is a rather violent way to receive the communication, so you turn on the light and get a visio on the subject of the chair.

Now supposing someone were fixed up so that when he walked across the room he would not perceive there was a chair there even though the lights were on in full, and if he bumped into it, he would not perceive the halt in the kinesthesia or the tactile of the contact, nor the pain. We would all eventually agree that he was crazy.

His communications system has been cut to the degree of interrupting his perception of a chair on pain, sight and tactile. Therefore, he has been put just that much out of contact with reality.

The reverse of this problem would be a person whose communication system and perceptics were fixed up in such a way that he would see light in the dark room, and although there was nothing in the center of the floor, his communications system was so arranged that he would know a chair was in the room. Then if he was sent walking directly across this room, when he got to the center of the room, he would side-step and if asked, "Why did you do that?" he would say, "Because I'd run into the chair of course!"

"What would happen if you ran into the chair?"

"It would hurt me."

Supposing that he had bumped into chairs before in his life and there was a real perceptic cached there in the imagination for the imagination to pick up. If he were finally forced to walk into this thing, he would feel the tactile, he would feel the pain and he would see the chair. That can be done to a person with narcosynthesis and amnesia trance. Either an erroneous communication can be substituted, or one can inhibit the receipt of a communication, and this is actually the heart and soul of aberration.

Aberration has as a part of its definition the interruption of, or substitution for, these things which we have all agreed to call reality. Someone receives too much communication or he receives too little communication. What we want him to receive is the optimum amount.

Note that people who receive too much communication or too little communication, or who think that what they do receive is something else, are removed from the society and put in a sanitarium someplace. In that way, we are right there separating from the society the fellow who doesn't agree with us. So, the gray wolves kill the black wolves.

Earlier, it was thought that people merely miscommunicated. They didn't know there was a reactive mind bank filled by a weird kind of experience below the ordinary perceptic level, causing dub-in communication. But the reactive mind does more than that, it deletes communication, and furthermore it installs things that misinterpret communication.

For instance, a cat walks in and everybody but one agrees it's a black cat. This person says, "It's a yellow cat, obviously." That is a misinterpretation of communication and so we have agreement that he is crazy.

When you throw a person out of communication, his affinity with existence is broken. Affinity is that cohesive force which they call love. Of course, love is a dual word; in this

interpretation affinity is a word which was brought out of the ancient days of magic—the affinity of existence.

In hypnosis when the operator hypnotizes a subject, they say a rapport is established. Actually they seem to dream it up as a special condition, but it is not a very special condition. It is something of affinity.

Affinity is that thing that keeps us all together. We have been very busy developing things that destroy atoms by knocking them apart in various directions, and we are very proud of ourselves. Science has really advanced to the forefront with this atom. But the interesting thing is what held it together in the first place? Why is it held together? Why does energy cohere? Why does a like atom cohere to a like atom?

It is a very tough problem which nobody has even really started to solve in the whole society, yet we are up against the exact problem when we are up against love amongst human beings for one's fellow man.

What holds this race together? I wish I knew. I wish I had some good, solid equation that after we put down $A+B=C^2$, we have got affinity, which we could then put on a scale and weigh. Then we would know and could say, "X units of affinity were found to be flowing on Tuesday last between John Jones and Bill Stubbs."

It was no misnomer that people used the word "love" in a dual sense of sexual affection and the brotherhood of man. Actually affinity covers both of those things easily.

If you didn't have affinity with the future which is to be, you wouldn't bother to create it. Almost anybody can be sent forward up the time track right past present time.

It's a nice trick keeping centered in present time, and most people do a pretty good job of it. The person who doesn't do too good a job of it is put into a sanitarium and his experience and genetic line are eliminated from the society. That is someone who is sure that he is living in the year 2500 A.D. or the fellow who is living consistently in the fetal position in 1913; they are not straight on their time tracks. By natural selection, we have brought this thing forward to a point where everybody is nicely balanced in present time, whatever that is, recording more or less simultaneously. Affinity does not depend upon this time factor evidently, but seems to go back into the past, and we have an affinity with the past just as we have an affinity for the future and an affinity for each other. When anybody interrupts communication, they interrupt affinity. And when anybody interrupts affinity, they interrupt communication.

For example, Doakes walks in and says, "You know, it's a funny thing, I was just down on the street and I saw a black panther."

You say, "For heaven's sake, there's no black panther down on the street."

He says, "Yes, there is!"

"No, there isn't. You know there isn't one."

He mutters, "Get me out of here."

The next time he sees a black panther, he has got just a little bit less communication with it, and he walks in again and says determinedly, "I saw this black panther again."

And you say, "You're crazy, you couldn't have seen a black panther, there is no black panther down on the street."

"I tell you there is."

“I know very well there isn’t and you know it too!”

So, he goes down and finds this black panther sitting right there, and says, “Delusion.”

Taking that below the analytical perceptic level, that person wanted to confide in someone and communicate about it. And if you say, “All communication is off,” you have taken the wires and thrown them back in his face. His affinity and communication have been interrupted and he will start to get a reverse action emotionally toward you.

He has been placed just a little bit out of the circle. This has gone on for a long time and we have a lot of individuals who are really a single unit in a large pack, considering themselves as one unit, and the rest of the pack as a unit, which is a wonderful aberration. I don’t think in this society today there is a single human being that does not consider himself in this great teeming mass of America as being one unit and the rest of the people as being various organisms or one big, solid organism.

You hear people talking grandly about the masses, but every one unit in those masses is also talking about the masses. Nobody has got this one pinned down. The masses consist of units.

So, each one becomes more and more insistent. This is not rugged individualism; it does not get created this way. This is the way misanthropy is created. This is the way the normal person is created. He draws back as a unit, he is unable to communicate on certain things because there are people within the group who will not back that communication and affinity.

For instance, one is trying to buy a sack of potatoes and one trustingly puts up one’s pittance and the fellow has added up the whole bill wrong, knowingly, and after that one doesn’t trust authority. So, affinity having been broken, communication then breaks down. One does not talk to people he doesn’t like because there is no affinity, or one talks roughly enough to further break the affinity. Affinity might be said to have a charge that reverses; it is a positive/negative affair.

You might consider somebody to have a completely repelling charge. There could be a human being who would simply repel everything in the line of communication. Of course his own communication lines would have to be in pretty bad shape before he could do that. But there is a definite parallel in these things.

The research department may take this up one of these days when they transcribe these records and figure it all out. I certainly hope so, because somewhere in this triad is a big answer.

So, you are dealing with several types of therapy every time you process a person in Dianetics. You are trying to rehabilitate his contact with reality. But to do that you have to repair his communications with reality and you have to demonstrate to him an affinity which really doesn’t take place very well until his sense of reality is rehabilitated. There is always that trio.

It is much more difficult to work on a person who has become inaccessible. He is out of communication. It is like trying to call a radio station parked on some desert island someplace, where the antenna is down and the power has been out for a long time and somebody shot the operator. It is pretty tough.

Your first job is to get the person in communication again. They usually go out of communication because of the breaking of affinity lines.

The greatest aberrative force of which I know is the breaking down of the closest of affinities, the ally relationship. When that breaks you get a grief charge.

The rehabilitation of any preclear then, involves working with these factors. The fellow who just sits and glowers, and will not say anything, he won't agree with you, he won't do anything, has been pressed so thoroughly out of communication with existence that you can't communicate with him enough to do anything for him right away. And if we only had the tool of sending him back to basic-basic and reducing it, we would be in pretty bad shape.

Fortunately, we also have the tool of affinity. Affinity is not something you can measure on a meter, but it is there. There is the old adage, you've got to like people to have them like you. Therefore, the more mechanically a person treats a case, the less chance he has of success.

You have to treat the case as a human being, not because it is the thing to do, but because there is actual thetal there, and an affinity line. Simply getting a human being into communication is in itself enormously therapeutic.

You have already broken down one point of the holdup, and although they will work against you as a trio, the moment that you can re-establish one of them, the rest will follow. So we have got three points of attack. We have affinity, and the auditor needs to form a certain affinity and demonstrate an interest in the preclear's affairs.

Sometimes affinity can be best transmitted by walking up and giving the person a hearty whack on the back and saying, "How are you, you son of a gun?" That is not sympathetic, but that is the way they used to do it out West. Tough people.

Next, we have reality, and then we have communication. You will find that on this triangle you can enter any one of the three points and you will improve the other two, just as any one of these three points, when interfered with, will aberrate the other two.

One can interfere with affinity. For instance, Mama says to the little baby, "I don't love you, go away. I don't know why I ever had a child anyway. Get out of here. " The child gets to be 3 or 4 years of age, and Mama tells him, "Go away. Get out of sight. I haven't the time to play with you."

Then Papa comes home and says, "I've had a hard day at the office, shut that kid up."

So, affinity goes by the boards. I am not inferring that affinity broken down all by itself will aberrate a person very badly. But it certainly adds an educational line.

If the child didn't have engrams up to that moment, he would be able to differentiate to the point of realizing that there was no affinity in that household, without extending it to the whole world.

Nevertheless, because he is in that household things could get pretty bad. But this child does have engrams, inevitably. So, when the child comes in and says, "Mama, I had an awful good time in school today, all the little boys and girls," and Mama says, "Go away," she is now breaking down communication and affinity.

Later, he comes in and says, "There's a big, beautiful flower out in the yard. It's that big."

And the grownup says, "Go away, don't bother me. Don't talk to me now. You're wrong. Flowers are never that big."

After this has been done a few thousand times, we arrive at a total breakdown of affinity, reality and communication.

A child has a right to be an accepted member of the household. He is entitled to his opinion, he is entitled to his idea about flowers that big, and entitled to be loved. Evidently the arrangement with Mama is constructed to be like this. But that can be interrupted.

For example, a child says excitedly that she went out for a ride in the neighbor's car, and she is informed very crossly that the people next door do not have a car so that they couldn't possibly have taken her riding that afternoon.

There will be an immediate reversal of polarity if a person is giving all out and then is suddenly blunted. It seems to develop more force and entanglement if the child is very excited and very enthused and he gets knocked back, or very loving and he gets cut. It seems to be a much bigger break of the communication line. In this one case, nobody had ever bothered to untangle it for this particular child. The child was about 10 when I picked her up, and rather uncommunicative, particularly on the subject of having been anywhere.

We found this one incident concerning the car. It turned up that she had blanked out on the fact that the neighbors did not have a car. What had actually happened was that they had bought one that afternoon and had taken her for a ride in it.

When you deal with pain, you will find out that painful sources are unfriendly sources. The source a person considers the most unfriendly of course is the source which is liable to give him the most pain. Of course, if it gives him a lot of pleasure along with some pain too, the thing is all deluded.

Pleasure is terrifically strong, unlike pain which is very weak and transient.

A person has a repulsion toward a source of actual physical pain. Pain is something one steers away from.

Aristotle was very interested in why people were so intrigued by ugly and horrible statues and works of art which were so unpleasant to look at. Apparently, in a person's attempt not to break down communication with a source of pain, he makes statues of it, and because it is not really a source of pain up there, he can keep an eye on it.

Don't break down communication with pain.

Take, for instance, the forgetter mechanism in an engram. Someone says, "It hurts."

"Well, forget about it. You'll forget about it in a little while." That says that one should break the communication source with pain, and of course it breaks the communication source with the engram.

So an engram can be very light, but if the person's communication to it is broken by a forgetter mechanism, it then develops the quality of being an unknown source of pain and can thereby extend itself all over. It becomes a much more valued type than it really is because one can't communicate with it. It is the unknown which terrifies.

Pain, then, is not the single break-off. As long as a person's analyzer is on full, he can differentiate.

He is thinking in terms of minute degrees of difference, and he is measuring the minuteness of the degree, something carefully called similarity, whereby although a person says, "Every cigarette is like every cigarette is like . . ." he is still differentiating cigarette from cigarette.

But if he says, "Every cigarette is every cigarette," he is not differentiating at all.

As long as his analyzer is on full, he can handle any problem he can see. How full does an analyzer have to be on? One engram will slightly attenuate the analyzer, because it carries as one of its commands the cut-down of analytical power. That was the way the analyzer was when the engram went in.

Supposing we have 5,000 engrams, or we have 2,000 or 3,000. When one keys in, it restimulates another 50, let's say, because the analyzer starts to shut down causing a chain reaction.

Due to the fact that the analyzer was off when the engram was first received, one of its perceptics was that fact, so when it restimulates, it turns on this perceptic as its own and the analyzer goes off to that degree. The body is trying to duplicate the engram situation, and this fact acts to some slight degree as a restimulator for the identical tabs which occur in other engrams.

So, engram 301 turns the analyzer off slightly, and because the analyzer is off slightly, it kicks back into the engram bank and turns on engrams 625 and 307.

These things in restimulation have paths of their own which say, "Analyzer is off just this much when we were received. Now kick it back through into the analyzer and shut it down that much more," and 12 engrams go into slight restimulation on the analytical level.

Each one of those 12 has a little tab on it that says, "The analyzer is off." They busily go to work and it shuts down further, causing a logarithmic effect. An analyzer will turn down fast in that fashion. One engram couldn't turn the analyzer off that way, because the analyzer is a pretty strong, tough organism, but if they all close in on it, it will go off. This is called the descending spiral.

For instance, a person gets a pain in his right foot. He also has an engram that has in it the command "I have a pain in my right foot," so this reinforces the pain he already has in his right foot. All this time the analyzer is turning on and off, and back and forth it goes.

For example, somebody comes in and says, "I have an awful headache."

Someone says to him, "Aw, don't give that to me."

The person has 62 engrams that say, "It's all in your imagination," but they haven't turned on very strongly yet, and he says, "But I really do have a headache."

"Oh, the hell you do, it's your imagination, you know it is."

"But I really do have one!" So he can be piled into a dramatization, and simply by insisting that he doesn't and by using the proper push-button words he can be sent down the dwindling spiral.

This situation is very deadly and inhibitive to survival. Any time this descending spiral can occur without being picked up again, a person is going to get in very bad shape.

So, something was built in called necessity level. When the analytical mind starts turning off, necessity level tries to turn it back on, and necessity level can fight right back as long as it is able to make a try. The catatonic schizophrenic is a person whose necessity level has gone all the way down to saturation point. It tried to make the upsurge, couldn't make it, and the spiral went down to the point where the necessity level couldn't build up any more, so there he is.

This can be explained by the fact that everybody agrees there is such a thing as reality. Necessity level can resurge against a downsurge, so there is something that automatically reports.

This fourth factor of necessity level lies behind all of the others. So, there is survival, then there is reality, communication and affinity, not necessarily in that order, and when a person's resurgence to survive goes out, he is practically as good as dead.

We have this quantity which stands in back of us as auditors, there is always the last ditch of turning a person's necessity level up. I told a psychotic once that his children were starving and nobody was caring for them, and that police were contesting his house. He got frantic. I was building necessity level and by the time he found that out he had been built back up the spiral again.

You can enter any case in an effort to rehabilitate these things. Homer Lane got the idea that he could cure people of psychosis. So he walked into the biggest institution in England and said, "Give me your most dangerous patient."

And the person said, "We couldn't possibly do that because he would tear you to bits."

"Well, give him to me anyway. After all, my blood isn't on your head."

"Well, I know, but you might injure the patient."

"Give me somebody that's really hopeless."

So, they gave him a rough, raw paranoid schiz, a huge man about six foot six, walking around naked in a padded cell. And Lane walked in the door and said, "I understand you can help me."

And the man replied, "How did you know?"

Lane had very signal successes throughout England. He was known as the miracle man, and he was actually cracking people out of institutions using reality, communication and affinity in that way.

Knowing that in the background of everybody is a relatively unreachable collection of things called engrams, we can see that reality, communication and affinity are being turned off artificially beyond a person's power to recall analytically. Not even the analyzer knows it's there. So you and the analytical mind have to team up. (He can't get it by himself.) And by doing this you will rehabilitate his sense of reality.

It is somewhat astonishing to know that the illusion of being in amnesia trance is mostly arbitrary—the illusion that the person dreams and anything that happens when he is asleep is imaginary. That makes a complete blackout. The conviction that things are imaginary will black them out, naturally. You step behind that blackout, and that's amnesia trance. Those are completely dislocated attention units. We have, then, rehabilitation of reality. "Who told you that was imaginary? Who said you couldn't remember things? Who said things weren't real?"

We can actually go into a case and with just a little bit of reverie start to heighten the person's sense of reality. You will find the surface reasons (not the engramic reasons, because the real reasons are in the engrams) for an interrupted sense of reality. For instance, the little boy has seen A do something that was very unsocial. Then the little boy tells B and, little boys being rather garrulous, probably tells C, D, E, F and G. And then the little boy is forced to eat his words. He is not only discredited with B, C, D, E and F, but he is made to admit that he lied when he knows it was true.

He puts the cap on it if at that moment he says, "Yes, I know I told the truth, but I will admit this just because...." He's done for. He begins moving out of that moment and his resistance against the fact is not there any more. He starts on up the line and becomes occluded entirely. A chunk of his reality is really gone.

Every time you can find one of those incidents in light reverie or straight memory, you turn on some reality. You can fish around and ask questions like, "Who said it was imaginary?" "Who told you that you lied?" and you will eventually pull material up into view and thereby give the person a greater sense of reality.

To enter a case, we try to rehabilitate reality. Or we can enter through the line of communication. The way we do that is very simple. We convince the person that the world of “reality” has communicated with him at a time in the past.

Most people would say that it has, and will agree because that’s the thing to do, although they really don’t think so.

You can do something about that by taking the person back and running him through a moment of pleasure, and if he can be run through one—and lots of cases can be—you would be absolutely amazed how a person will brighten up after something like that has happened to him. So, that is a useful technique. The other one is to have the person go back into his past with straight line memory and clean up the times when he was told that he hadn’t seen something or done something, and that he didn’t know.

You will find in some women the astonishing fact that they are living with husbands who have the standard dramatization, “No, you’re wrong. It wasn’t like that.”

Or you find men living with women who say, “No, it’s wrong, it wasn’t like that, you don’t understand, dear. That wasn’t what that man said, he said something else.” Start swamping these things up out of the case and communication will be rehabilitated sooner or later on this one fact that you are willing to work upon the person, to help him out, not in a do-gooder sense—it’s not the ladies’ aid sewing circle set of helping the poor people down the street—but in the fact that you consider him a live, breathing, living human being who doesn’t necessarily need a hand but he could sure use one.

I have had a patient working so thoroughly on this that he would occasionally make the remarkable error of saying something like, “Well, we’re standing right here and I see this automobile coming around the corner, what’s the license plate number? I can’t read it,” thinking I was inside his head looking too!

Or I would say, “Well, what kind of a dress has she got on?”

And he would say rather impatiently, “A red dress, of course, can’t you see?” I had been included on his time track.

Affinity is very important. Dianetics has a lot of bonuses in it. They are busily alleviating a small percentage of psychotics in some institutions by what they call group therapy, group education and so on. It’s very interesting because these people get together and start talking something over and they begin to work it out.

Group therapy works. Dianetics carries that as an automatic bonus. Did you ever have a group of people working in Dianetics, and there is a lot of data about engrams and they get very excited about the whole thing and then suddenly the morale plane starts going up? That occurs because they are working together toward a common goal.

That is the one action which has carried man as far as he has come. People are capable of working together toward a common goal. That’s why cats don’t rule the world. They don’t work together for a common goal.

Group therapy in this gregarious animal called man is actually just being built up. Actually, somebody out in Keokuk ought to be warned about the contagiousness of the science of Dianetics and in particular of group therapy and affinity, because it starts to swirl, and even hiding is no good. Once it starts to work, it begins to gather momentum and it brings people together so that they can communicate about a new and stronger reality.

There are many other bonuses. In fact, there are as many bonuses in Dianetics as there are in man’s activities.

There is Preventive Dianetics all by itself, completely aside from Dianetic therapy, and the fact that with it one tries to hold down the number of engrams which are created in society and attempts to keep the ones which do exist from being too restimulative.

The internal world and the external world are the same as far as the analytical mind is concerned, as long as that analytical mind is in an aberrated state and these engrams are hidden. There is an unknown factor telling somebody to do something. So, the analytical mind tries to react against the engram bank and says that it is the outside world and it reacts in the same way.

One of the ways to convince a person of the reality of what he is doing is to throw him back into the middle of birth and then bring him up to present time with a headache. Let him feel it, then take him back down again and run it out. There is a person who will now work with you. One time I ran somebody's somatic strip through a tonsillectomy. All the somatics turned on. The person was out of contact with the tonsillectomy, but he sure hurt!

Then I brought his somatic strip up to a moment when he was all well and then up to a later pleasant moment, and on up to present time. After that he ran engrams beautifully.

The toughest engram is always the first one. Some people will contact it right away, but the toughest end of the case is always the front end and that is going to discourage a lot of auditors.

You go into a case and you may work it for many hours without contacting anything. But, learn to think your way through a case and these three things can be used in derivation.

Every time I have examined the subject of being emotional and being reasonable, in relationship to each other, I have found the distinction that where one has the more pleasant emotions, reason had to exist through the area before they could be experienced, but that at the lower end of the tone scale the emotional levels were unreasonable. So we are evidently using one word to mean two or two thousand or two thousand to the tenth power different things. The word emotional is not easily definable and has caused a great deal of confusion.

The pleasure emotions are best expressed as affinity. If we make a spectrum we can arbitrarily cut halfway through it and say everything above the center is an assist to survival and everything below it is a detriment to survival and would sever communications on reality.

So, we could have A+ above the line and A—below it. Under A- would be such emotions as fear, rage, apathy, grief and so on, and under the A+ emotions we would include the emotion of pleasure and perhaps sex.

The emotion of pleasure has several different sides, but it is pretty much the same side and one is really dealing with affinity itself. It is the interconnector and the experience of that inter-connector amongst thee and me and they which has been erroneously called an emotion.

We talk about the emotion of pain, but pain is pain. I pinch my hand and I feel pain. There is a certain chemistry of pain and there is no doubt about what I felt.

If someone says, "Somebody has just run your car off the roadside out in Colorado," being fond of my car, I feel pain. But that's not physical pain. That's an emotion of loss which would actually be just plain grief.

When one starts up the survival scale he is increasing his survival potential. Going down the survival scale he is decreasing his survival potential and the more he goes down, the more disconnection occurs.

In general, when affinity has been badly mauled, the communication line is severed.

So a little boy tries to tell somebody that his dog has been lost, and they say, "Well, huhf, you're sure a sissy to cry about a dog," and the communication line is knocked out and he gets more and more inhibited. He can't express himself and let the discharge spill. Tears and grief are a very valid mechanism because they run together with affinity and reality. The loss is real.

Then somebody tries to diminish the fact that the loss is real or to knock the analyzer out of communication with that loss by saying, "Oh well, I'll get you another one, dear. It didn't matter," and that knocks out reality.

Or someone says, "What are you crying for? You're just a baby to cry." That knocks out communication, and then because they don't have any feeling for the person's feeling, that knocks out reality and gives an encysted charge which won't then recommunicate easily.

There may be a grief charge at the age of 10, but affinity, reality and communication having all been knocked out on the subject right up the line, by the time you get the person to the age of 10 the charge is firmly entrenched. Tears don't get spilled any more. If they could be spilled on the site, the incoming and the outgoing would balance up somehow. The English society is famous for being able to demonstrate that they don't care, so they just walk by, and they do a pretty good job of it.

But just because we are a tough race to begin with, there is no reason to say that it is because of that equation that we got tougher.

If we define affinity as love, a feeling of oneness with the universe, we find out that it has very little to do with emotion itself. But the trio actually has a lot to do with it.

You can't do anything to a person without hitting all three. You can't hit one without hitting the other two, in dealing with people.

There is an interesting case history of a family of seven where six of them were hopeless psychotics. They could do nothing. They all had the same background. One of those people was a little bit older and was thrown into the breach at the moment when everything went bad in the family and had to take care of the others. It is an interesting fact that continuous affinity has a great deal to do with longevity. Every one of that family is now dead except that one.

She was not crazy. She had to take care of the rest of them. She was very sensible. Her necessity level was riding way up high and she has outlived the whole family. But once the last one of them died, she started rapidly down the dwindling spiral herself.

For instance, an interesting fact that has impressed me several times when I have looked over the Florist's Guide is that the obituary column always carries little items like, "So-and-so died at Spring Lake or Floral Manor, of a fall down the hillside with a wheelbarrow at age 97." Or, "So-and-so died of some automobile accident, age 105."

Here are people who are growing things, and these people seem to live forever. I have seen some of these old people and they are quite remarkable.

The quickest way to make a person old is to put him where he is of no use. Take him away from new growth. For some reason or other, affinity goes in that direction. There is something to be known from this if one is looking it over to try to find out why.

On that person who becomes unnecessary, affinity breaks down. Check up a couple of years later on the man who goes to the old soldiers' home. One would think with all the rest and quiet that he would be in good shape, but this is not the case. He really looks old. But put such a person in charge of writing advice to the lovelorn in the county and this person would probably do very well, because that is real communication.

I had a couple of neurotic people step aboard a yacht of mine once, for a weekend party. Unfortunately a yacht has lines to be pulled and dishes to be washed and various things that have to be done. The kid who was usually my crew wasn't there. So these people really had to work, because we ran into a blow and it was a killer. The yacht stayed together, everything went along fine, we didn't go down anyplace, but after about 24 hours standing to a rain-lashed wheel and fighting canvas that took off one's fingernails, they were suddenly acquainted with reality.

Man who coops himself up in his hothouse cities tends to go far from reality, because reality is after all most intimately contained in knowingness. Communication with the solitude of the desert all by itself includes factors, not the least of them to do with reality.

The first thing you do if someone has a broken back is mend it. If you can't mend it, you make him as comfortable as you can. And if you can't do either of those two things, give him sympathy. Hold his hand, make him feel better. But sympathy is way down at the bottom of the scale.

I once saw a little boy at Bellevue Hospital who was trying to commit suicide. He was only 11 months of age and he was batting his head against the top of the crib and cutting it to ribbons.

They even tried to tie him down, but he would squirm out of wherever they had him and butt his head again. I found out that his mother was a prostitute. She had never given him any affection at all and he had found out that if he hurt himself he got affection. So the nurses who were trying to keep this child from bashing his brains in arranged a watch whereby they could run in and see and talk to him and that was all it took, but it shows that this is really built into the organism.

I hope that this data will help you to look at cases you work on and make them happier that you have worked on them.

