

The Dianetic Auditor's **BULLETIN**

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The Hubbard Dianetic Research Foundation, Inc.

The Foundation has been chartered in the State of New Jersey as a non-profit, scientific research, educational and charitable corporation. Its main object and purpose, as set forth in the charter, is "to study and conduct research in the field of the human mind and of human thought in action." Subordinate purposes include teaching and publication.

Trustees

L. RON HUBBARD

President and Coordinator of Research

SARA N. HUBBARD
JOHN WM. MALONEY

DONALD H. ROGERS
JAMES M. ELLIOTT

Headquarters

275 Morris Avenue, P. O. Box 502, Elizabeth, N. J.
Telephone ELizabeth 3-2951

Departments

NEW YORK—

55 East 82nd St., New York 28, N. Y.; Tel. TRafalgar 9-2030

ILLINOIS—

111 East Oak St., Chicago 11, Ill.; Tel. MIchigan 2-5240

WASHINGTON—

2025 Eye St., N.W., Washington 6, D. C.; Tel. Sterling 4924

HAWAII—

3132 Waialae Ave., P. O. Box 5261, Honolulu 14, T.H.; Tel. 6-6936

CALIFORNIA—

715 S. Parkview, Los Angeles, Calif.; Tel. Dunkirk 2-2260

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NOTE: Procedures set forth herein should not be applied until the auditor is familiar with "Dianetics: The Modern Science of Mental Health."

Editor

Jonathan Wade Koontz

Printed in U. S. A.

Editorial

Cooperation

The Foundation is attempting to cooperate whenever possible with all agencies which are interested in improving the welfare of the human race. We are well aware that, in the main, individual doctors and psychiatrists are sincerely concerned with the well-being of their patients, and every attempt is being made to work with the medical and psychiatric fields. In the long run, there is no question but that the techniques of dianetics will become an organized part of the social program for health and sanity. Dianetics, of course, has an even more important mission of raising the general level of intelligence of persons who are already normal or even above normal, but in the areas where the by-products of processing offer considerable assistance to the physician and the psychologist, the Foundation has no wish to do anything which would disrupt existing facilities. Indeed, it is our wish to make these facilities more efficient.

There has been a very fine response to this attitude in some quarters. In others, however, there have been evidences of definite defensive measures as though dianetics were attacking a particular person or a particular field. This unreasoning attack on the part of a few has resulted in bad publicity for dianetics. There is some reason to believe that the principles and techniques of dianetics are being used, in some part, by people who have been writing publicly against it.

Occasionally the result of such an individual investigation into dianetics will be seen acting behind the review given to the book in a particular magazine, or in a speech by a psychologist over the radio, or by a change in attitude toward the importance of prenatal influences by a surgeon. The recent trends in a number of fields have shown quite clearly that, although dianetics is not yet officially recognized in these fields, it has already wielded a strong influence on the thinking of individuals within the field. One of the first letters which Mr. Hubbard received after the printing of the *Handbook* was extremely accurate in its prophecy. The writer of this letter felt that dianetics would be "privately practiced by those who publicly condemn it."

Despite the wish of the Foundation to cooperate in every way possible, the increasing appearance of published statements by persons who had apparently not taken the trouble to investigate dianetics finally prompted Mr. Hubbard to authorize the following letter to the Menninger Clinic at Topeka, Kansas, the American Psychiatric Association, and the New York Psychiatric Advancement Committee.

"The Drs. Menninger and other vocal representatives of the psychiatric field have issued such unwarranted and unfounded statements against dianetics, having but scant knowledge of the subject, that the Hubbard Dianetic Research Foundation is compelled to submit the following for your earliest possible acceptance:

"If two impartial judges will select two neurotic persons, without advice from either psychiatrists or dianeticists, our Foundation will be happy to give them into the hands of psychiatrists for one week, with before and after psychometries of the most rigorous nature. Thereafter our Foundation will give them dianetic processing for one week, with comparative psychometries. If the resultant psychometries prove that dianetics has not done uniformly more for these persons than psychiatry, Mr. Hubbard will be perfectly willing to withdraw his book, 'Dianetics,' and admit that dianetics is not better than psychotherapy.

"This decisive test is offered in all sincerity by Mr. Hubbard and our Foundation."

One reply to the above letter has already been received. The writer of the reply letter managed to avoid the test completely. Although the proposed test was not meant to be a thorough investigation of dianetics or its claims, it was a statement which no person would have made unless he were sure of his own ability to deliver results. To my knowledge, no such test has ever been proposed before. Yet this test was neatly side-stepped by insisting that the proposal was not adequate from the viewpoint of scientific and biostatistical principles.

It is sincerely hoped by Mr. Hubbard that one of the other people to whom the letter was addressed will accept the challenge as offered since in doing so they will, in all probability, come to understand that there is indeed something new under the sun.

J. W. K.

Of interest to Associate Members is a recent announcement that, beginning with orders received after March 15, 1951, Associate Members will be given a 10% discount on all publications of the Foundation. Associate Members may receive the material at the discount rate simply by subtracting 10% from listed prices and stating on their order that they are an Associate Member of the Foundation.

The Foundation can assume no responsibility for the terminology used in the article by Mr. Dwight H. Bulkley in this issue. Terms like "sick," "patient," "therapy," have been deliberately avoided by the Foundation in the hope that the emphasis of processing would remain on enhancing the well-being and improving the function of normal people. The terms "pre-clear," "processing," etc., have been adopted by the Foundation in an effort to encourage processing for the average and above average person.

The Problem of Sedation

From a lecture by

L. RON HUBBARD

The first and most important thing which can be said about processing a person who is under sedation is: DON'T.

At first glance that seems to be an easy rule to follow, even though the reason for following it might not be so evident. Actually, however, a constant awareness of the possibility that your pre-clear might be taking light dosages of a sedative or a hypnotic is necessary if you wish to avoid the ill effects which might occur as a result of processing under sedation.

Processing should never be attempted until you have thoroughly checked with your pre-clear on the question of what drugs, if any, he has taken during the past week. The inquiry should not be general and routine. Many persons have become so accustomed to their daily dosage of sleeping pills or pain-killers that they do not consider their little pills as drugs.

Indeed, the prevalence of drugs in our present society is amazing to a person who has not become concerned with the problem. Luminal, nembutal, pheno-barbital, et al are often treated as though they were a panacea for all ills. Too often the attitude has been: "Well, if I can't find the cause of the pain, at least I'll deaden it." In the case of a mental ill, the sentence would have to read: "Well, if he can't be made rational, at least he can be made quiet." Unfortunately, it is not recognized that a person whose pain has been deadened by a sedative, has *himself* been deadened by the same drug, and is much nearer the ultimate pain of death. It should have been obvious, but apparently has not been so, that the quietest people in the world are dead.

Aside from checking verbally with your pre-clear or with people who have been associated with him, the easiest method of obtaining evidence of the use of drugs is by watching the action of your pre-clear's eyes. Any unusual dilation or contraction of the pupil is an indication that drugs may be in the pre-clear's system, and a thorough investigation should be made before any processing is begun.

The suggestion that you need to investigate further into the possibility of drugs even though your pre-clear gives a negative answer to direct questioning is meant not only to guard against the general tendency to falsify the facts about sedatives or hypnotics, but to point out that drugs are sometimes not considered drugs, and that in some cases the pre-clear will be taking a sedative or a hypnotic without realizing he is doing so. This is, of course, especially applicable when dealing with a person who has recently been institutionalized. Indeed, in dealing with such a person, or with one who is still under treatment, you will often find that he has been given so much sedative that only a little more would bring him to the point of trance which is used in narco-synthesis.

It has generally been forgotten that the trance state used in narco-synthesis can be induced by simply adding to some of the drugs commonly used in sedation. The trance of narco-synthesis and the drugged state of

sedation are not two different conditions, but merely two points on a spectrum. The administration of any sedative or hypnotic starts a person into this spectrum and breaks to some extent his communication with his environment. This trance, whether light or heavy, is a step away from the ultimate goal of alleviating the cause of the disorder. Not only does it render a person temporarily inaccessible for processing, but because anaten is present it also creates a secondary engram of varying intensity, depending on the amount of sedation given. This type of engram, created (as it often is) in the midst of the turmoil and confusion usually associated with conditions of such a nature that sedatives have to be given, can be very aberrative.

When To Begin Processing

For most sedatives or hypnotics, in average dosages, a three-day waiting period will be enough to bring the pre-clear back close enough to his current best state of awareness to begin processing. This is not true for all drugs. Demarol, for instance, seems to have some effect on processing for almost a month after the last dose is taken, if there has been a strong addiction to it.

If your pre-clear has been taking a sedative or a hypnotic, find out from his physician how long *any* effect from the drug would be noticeable, add two days to his answer, and then give your pre-clear a short run. If you contact material easily, but this material does not reduce or erase, wait a couple of days longer. When the reduction of engrams or locks seems to be normal for your pre-clear, begin processing. *Be sure to run as locks all sessions where reduction did not occur.*

What May Happen—An Analogy

The whole field of research in the effect of chemicals on processing has scarcely been scratched. It is a field that has enormous possibilities, and is one of the main roads that will lead eventually to a physiological understanding of what has been observed in dianetics. At the moment, however, our knowledge of this field is strictly limited, and it is possible to say only that the mind seems to work in a certain way. The analogy which best explains the observed action of sedatives and hypnotics is an electronic one.

Sedation seems to have the temporary effect of allowing the individual memories of a person to differentiate from each other. The analytical mind possesses some way of distinguishing between past events, and between abstractions made from these events—roses are red, a horse is a certain kind of animal, a church is a certain kind of building. Some type of insulation is present which keeps the charges containing the impulses which cause these ideas separated in the brain. Sedation seems to strengthen, temporarily, this insulation between the memories of different events in the mind.

A reactive mind is, of course, all the memories soldered together. If Mr. Jones thinks of a horse he will connect this horse with other horses, other events, other facts in his mind. If the horse memories are soldered into engrams which are connected with other engrams which have church memories in them, a horse will equal a church for Mr. Jones. If Jones

is an average person he will, when not anaten, merely have a vague feeling that somehow horses seem to belong with churches—old country church with horses hitched outside, etc. If he is near-psychotic, or if this chain of engrams is in violent restimulation, there will be a compulsion to think of horses and churches as being equal to each other, and he will resent any implication that this is not true. If poor Jones is psychotic, he might insist on stabling his horse in the church.

The action here is that the charge contained in the engrams was so great that the insulation which would normally exist between the ideas and the words “horse”, and “church”, has been blown through and burned out. What is an engram but a series of perceptics, shorted out and interconnected completely, soldered in by pain?

So we administer some drug or some herb which restores the effectiveness of the insulation in Mr. Jones' mind. All of a sudden the memories will stand apart a trifle and you then have a person who is able to differentiate (slightly) between a horse and a church. So far, this sounds like a good thing, but let's follow it further.

Now, since Mr. Jones is under the influence of the drug which acts as an insulator-stiffener, he gives the appearance of some amount of rationality. We can talk to him and he will agree, rationally, that roses are red. He responds very well to this. He can think about it. He's in good condition. But let the effect of this drug wear off for any reason.

A horse is a church as roses are red. A horse with red roses is a church. A rose church equals a red horse. A rose horse means a church is red, or read. A horse rose up in the church and read. Mr. Jones will swear to it. The engrams say so.

The same identifications are made *plus* all the factors encountered under sedation. Everything is undifferentiated again. And a new engram has been added to Mr. Jones' repertoire. And this is a permanent addition. The engram will not key out again until properly processed.

Ordinarily, if you restimulate an engram which refuses to reduce or erase, it will not stay in restimulation more than three to eight days. A late life engram may stay in pretty stiff restimulation for three to eight days, but at the end of this time it will key out again.

If you put a person under sedation, because you have added a drug factor to the whole thing, it does not key out in from three to eight days. It just goes on and on. Your pre-clear has another permanent, soldered-in computation in his mind.

Conclusion

A great deal of work needs to be done to determine the exact effect of chemicals on processing. Enough has been discovered, however, to warrant a reiteration of the warnings about sedation in the Handbook.

As for processing a person who is under sedation, one word pretty well sums up the advice which can be garnered from the research already done in this field: DON'T.

Bag of Tricks

Most auditors develop within the framework of standard procedure little points of technique which they have found useful. If one trick does not produce quick results, another may. With a full bag of tricks an auditor will be able to pull out the right technique for any occasion. Contributions will be gladly accepted.

Occasionally a single phrase in a prenatal engram will not lift even though the rest of the engram has already reduced well or erased. Sometimes such a phrase may be lifted by asking for the charge which is holding the phrase down. Frequently this can well lead to a late-life lock which contains painful emotion. Once this lock has been discharged, the prenatal phrase will lift easily.

Sometimes a pre-clear will insist that a somatic is not associated with the past event he is running but is a present time condition. "My head hurts all the time anyway. It hasn't got anything to do with birth!" In such a case, it may be helpful to say, "The auditor recommends that, for the purpose of research, this condition be treated as a somatic." One auditor reports very good results with this technique.

Pleasure moments should be observed carefully. Frequently the File Clerk will bring up a moment which begins as pleasure but ends with painful emotion. Such moments are golden opportunities for bringing your case along in the fastest possible manner. When grief arises unexpectedly, it is very easy to spill over.

One way of uncovering an ally computation is to ask for an antagonist. Frequently the running of locks in which the pre-clear was placed in some danger by an antagonist will uncover his ally.

If an auditor has had stenographic training, he may find it exceptionally useful to take very full notes the first two or three sessions. The pre-clear is especially free with tips, which are useful in later auditing, during his first two or three sessions. A study of these notes will usually lead the auditor to some basic computations on the case.

It is not always enough to ask for all of the perceptics of a situation. Especially in the running of grief engrams or of late-life locks, it is important to ask, "what were you thinking at this time?" The thought processes of a pre-clear at the time when an engram is being formed are not only important to the complete erasure of this incident but are usually clues to the content of the rest of the engram bank.

How To Recognize An Engram

by

JONATHAN W. KOONTZ

An engram is the record left on a person by an incident which causes pain or unconsciousness in the individual. There is always violence in an engram, either physical violence or emotional violence. There is something "too much" in an engram; too much of a perceptic for the person to be able to take in, too much of an emotional shock for the person to comprehend, too much pain for the analytical mind to be able to stand.

An engram is a time when the analytical mind is not functioning. When the analytical mind ceases to function, awareness ceases. But because awareness of a situation ceases does not mean that the incident itself stops. The situation continues and the perceptics present in the situation continue to impinge on the individual. Now, however, since the person is no longer aware of the situation, the perceptics are not recorded analytically, but reactively. A person then can *not* be conscious of his engrams, otherwise they would not be engrams. The record is made but it is not made in the analytical mind. How then can either the auditor or the pre-clear know when they have actually contacted an engram?

Of course, the situations surrounding late-life engrams are known and are recognizable to the analytical mind. If you can remember that you were wheeled into an operating room and, upon returning, can see again the nurse place the mask over your face, and can then hear the doctor talking during the operation and feel the physical impact of the instruments used in the operation, you have no difficulty in recognizing that you are in an engram. Many engrams occur, however, during periods of your life for which you have no conscious recollection. It is here that the problem exists. How can an auditor know that anything is happening to his pre-clear? How can he recognize an engram?

How The Incident Was Contacted.

Did you ask for an engram? If you did, the chances are that the incident you contacted was an engram. Did you say, "The somatic strip will now go to the incident necessary to resolve the case. The File Clerk will bring this material forward."? If you did, the chances are the somatic strip actually went to an incident of pain or unconsciousness.

One of the earliest things which a competent dianetic auditor has to discover before he can become an Active Member is that when an auditor asks the somatic strip to go to a particular point in a person's life, it will go there. This is a mechanical procedure and it works invariably. If an auditor has communication with his pre-clear, the somatic strip will go to any point in the pre-clear's life for which the auditor asks. There is no doubt whatsoever about this point. The auditor's job is to get the pre-clear's analytical mind in contact with the somatic strip, through reduction of the anaten contained in the engram.

What technique did you use for reaching the incident you *think* may be an engram? Were you working on a lock? Did your pre-clear suddenly change the phrases of the lock slightly, begin to have a great deal more tension in his voice and begin to show evidences of wanting to change his bodily position? If so, the chances are good that you have worked from a lock into the underlying engram. Was the force of your lock reducing only to suddenly take a new form and assume more force? You have dropped into the engram underneath.

Did you use repeater technique on a control phrase? Did you ask your pre-clear to go to the earliest moment in which he heard this control phrase? If you contacted an incident in this manner, you have probably contacted an engram.

Activity of the Pre-Clear.

These assurances that asking for an engram will get you one are substantiated only after observation of the pre-clear and the action of the material which has been uncovered. The quickest means of recognizing an engram is to learn to tell from the reaction of the pre-clear to the material he is recovering whether or not this material was received during a moment of unconsciousness.

An auditor never attempts to tell a pre-clear that he is contacting an engram. An auditor does not interpret material for a pre-clear nor does he pay any attention to the *meaning* which certain phrases might have for a pre-clear. You do NOT recognize an engram by computing that material of the type which the pre-clear is recovering at the moment would account for a specific aberration which you know the pre-clear has. This type of computing can be done only by the person who is in command of all of the data in the case; namely, the pre-clear. Any attempt by the auditor to interpret for the pre-clear is not only non-productive but may result in a much tougher case.

An auditor can read from the actions and reactions of a pre-clear where he is on the time track and what sort of an incident he is caught in. He can help the pre-clear to discover this incident. An auditor's computing is done about the incident, about the personnel of an incident, about possible action phrases within the incident, about possible valence shifts within the incident, about any possible means of contacting and reducing engrams but NOT about the effect of the engram on the pre-clear. After the reduction of the material, the effect which it has had on him will be evident to the pre-clear. If it is not, there are parts of the engram which have not been sufficiently reduced. Meaning *never* becomes evident through advice from outside, only through the release of tensions inside.

Mental Attitude of the Pre-Clear.

You can recognize an engram by a change in the mental attitude of your pre-clear as he begins to contact the material of a particular incident. There will oftentimes be evident agitation on the part of a pre-clear. There is often an increase in blood pressure and rate of heart beat. Any unusual irrationality of any kind is an evidence that you

have contacted an engram or that you are about to contact an engram. It is irrational, for instance, for a person to become agitated about repeating certain words. It is irrational for him to attempt in any way to avoid the repetition of words of a particular phrase under the circumstances prevalent in a dianetic session. If a person has had enough interest in dianetics to begin a session of processing, then any sudden desire to terminate the session is an indication that you are approaching an engram. Any unusual avoidance pattern is, under these circumstances, irrational and therefore an indication that an engram is being contacted.

Unusual emotions of any type mean that a pre-clear is approaching an area which has been occluded from him. Grief or terror or variants of these emotions are particularly indicative of material which has been acting engrammatically on the pre-clear.

Any evidence of anaten is evidence that an engram has been encountered. There is in every uncleared person a certain amount of anaten at all times but any unusual rise in anaten in a processing session is evidence that engramic material is being contacted. This is, of course, a relative matter and it is the *change* in any of these which is significant more than their existence in the pre-clear.

Sometimes the anaten level will approach the point of loss of consciousness in present time which we call a boil-off. This is an indication that a great deal of attention has been tied up in this particular incident and it is usually a sign that some of this attention can be easily loosened and will come up to present time after a session of processing. Any unusual analyzer shut-down is a definite indication that an engram is being encountered.

Physical Activity.

One definition of an engram is that it is a point of tension within the life of a person. In order to be effective on the person, this point of tension must be carried with him in some form or another. Recognizing an engram, then, is equal to recognizing points of tensions within your pre-clear and along his time track. This tension may manifest itself primarily in his mental attitudes but it also may be quite visible as a species of physical activity.

This may take the form of actual muscle tension. A person who is relaxed at the beginning of a session and, after having been asked to return to an engram suddenly becomes tense and rigid in all his muscles, has undoubtedly returned to an engram. This tension may be all over the body or it may be localized. It can be observed both as a constant tension and as a repetitive pattern.

The most easily recognizable signs of an engram are those which result in some kind of physical activity. Quite often some portion of the pre-clear's body will start to twitch in an involuntary manner. Sometimes this will be only a facial muscle. More often it will be a hand from the wrist down or a complete arm motion. When this first occurs, a pre-clear will often have an accompanying release of emotional tension

which will quite often take the form of an unusual amount of laughter, supposedly over the lack of control of the movements of the affected part of the body. Quite often, this type of movement is indicative of a close approach to an entire chain of engrams and many minutes of this activity may go on before actual contact with any one engram in the chain. Nevertheless, it is a definite sign that you are getting somewhere.

An experienced auditor can tell more from the manner in which a pre-clear is breathing than from almost any other type of activity in which he engages during reverie. A change in the breathing of a person is almost a sure indication that either an engram or a heavy lock is being approached. Incidents containing charges of fear and terror will almost invariably cause easily recognized changes in the breathing of the pre-clear. Sometimes, the change in breathing may only be an obvious tightening and tensing of the breathing muscles with a gradual relaxation as the engram is reduced. Sometimes the change is more drastic: audible sobbing, gasping for breath, or extremely rapid and shallow breathing. As an engram reaches a point of reduction where its effect is rapidly diminishing on the pre-clear, there is, almost invariably, a period of time in which breathing is both rapid and deep. This may have something to do with the physiological changes which occur during erasure. A deep sigh is almost always indicative of grief on the case although sometimes a deep sigh serves the same purpose as a yawn.

If a pre-clear is returning well, the changing patterns of blood pressure within the system are visible externally. Particularly in persons whose normal complexion is quite light, the effect of an engram can be observed by changes in skin color. One pre-clear's birth could be followed in detail by the very red color of his skin above a very white band which marked the point of his passage from the birth canal.

An engram may be recognized by a change in the voice tones of the pre-clear. This is a result, sometimes, of changes in the pre-clear's mental attitude, and any unusual emotional expression by means of voice tone is an indication that you are near an engram. Of special importance however, during the process of reducing an engram, is a peculiar relaxed quality which almost invariably comes into the voice of the pre-clear as the engram is being reduced. This usually results in a drop of voice pitch by three or four tones and is sometimes accompanied by an extremely low pitched tone which might result in coughing. A good many over-eager auditors have erroneously assumed that a cough on the part of a pre-clear always indicates a person who is coughing in the engram. This is only occasionally true. Voice quality changes drastically during processing and these changes can be very meaningful for an auditor.

Muscle Patterns.

One of the most startling changes which will occur when a pre-clear is well returned to an engram, is the assumption of the bodily position which he occupied at the time when the engram was received. This type of return is so exact that an obstetrician will be amazed upon watching a birth being run through in reverie. It is startling enough when a

pre-clear whose tonsils are being removed suddenly finds his jaw locked open in the same manner in which they were locked open during the operation. But one of the most effective proofs of dianetics occurs when a pre-clear is well returned into a prenatal and finds himself doubled up in the foetal position, capable at all times of breaking this position, but not capable of breaking the position unless he changes the muscle pattern which he has discovered upon returning to the incident.

The perceptics which connect most easily with pain and are most frequently the carriers of pain are also closely connected with muscle tensions and patterns. It is therefore very important that a pre-clear notice any purely involuntary muscle pattern which occurs during reverie. Running through such a pattern and closer contact with it almost invariably results in uncovering an important engram in the case. Since the reactive mind operates primarily through the involuntary, autonomic portions of the nervous system, the discovery of unrecognized training patterns in the involuntary system is practically equal to the discovery of an engram. If your pre-clear can successfully find these muscle patterns, it will not be long before you can recognize an engram with no trouble at all.

Action of the Engram Material.

An engram differs from casual speech or from imagined material in the manner in which this material changes and acts upon the pre-clear as it is run through. If action phrases (bouncers, deniers, holders, etc.) are in operation you may be certain that the pre-clear is in contact with an engram, although in this case the pre-clear will not be fully in his own valence. Ordinarily phrases change as contact with an engram deepens. This will not occur if the pre-clear is attempting to manufacture an engram. Certain phrases will have a great deal more effect on the pre-clear than other phrases if you are in contact with an engram. Sometimes, within one engram, there may be one phrase with terror attached and another with grief attached and several phrases which apparently have not been keyed in. Although this is not a common occurrence, it serves to illustrate that the amount of contact with an engram changes as you run through it.

There is also a very definite change as the result of reduction when the pre-clear has run through an engram several times. Words which at first were approached with terror will become practically meaningless and then a cause for laughter. Words which at first carried with them a violent physical reaction will gradually evoke no such response. It is quite difficult to counterfeit a reduction. Once observation has shown to an auditor the patterns of a reducing engram, he will without difficulty recognize any attempt to create an imaginary engram.

Engramic material should have congruity. In other words, the engram should tell a story in dialogue and this story should match the somatics which your pre-clear is having. Sometimes the running of an engram will be more like a play than a story-telling. The pre-clear will take several parts in the play before the engram can be run successfully as a story which he himself has experienced and is re-experiencing. In all of these things the engramic material can be distinguished from any

other type of material by the peculiar tensions which occur within the pre-clear as he re-experiences the event.

Erasure.

Nothing but an engram erases. All other memories are strengthened by repetition. Engrams are very difficult to re-play after having been erased. This may not be startling to the average person but to a psychologist the finding of any material which is not learned through repetition but is in effect unlearned, is indeed a strange phenomenon. This strange occurrence happens any time an engram is run by a person who has reached a point in his case in which erasures can be accomplished. The learning curve of an engram goes up slightly for the first few repetitions and then drops quickly almost to zero. Further repetition will result in a slightly flattened learning curve for this particular material. Engrams may be recognized as engrams whenever any material contained in them erases.

Several pre-clears have observed that erasures are often accompanied by an itching sensation, particularly around the nose, chin, ears and fingers. This is not an invariable sign of an erasure but may be an indication.

There seems to be some connection between the releasing of heat in the body and erasure. Several people have noted a definite increase in temperature at the back of the head after a good session with several erasures. This may or may not be a valid sign of erasure, but it is certainly an interesting observation.

A rise in tone scale invariably accompanies erasure. At least a momentary tone four is observable when an erasure occurs.

The Pre-Clear's Report.

The manner in which a pre-clear reports an incident indicates whether or not that incident was an engram. Ask a person to tell you a story and he will ordinarily do so without unusual halting or difficulty. Except in the most advanced cases, engrams are not run through so easily. There will be great difficulty in reporting the engram, and halts of several seconds between words and of minutes between sentences. This, of course, varies greatly from pre-clear to pre-clear, but a glib run-through of an engram ordinarily does not occur until after two or three recountings at the least.

Quite often in the midst of running an engram a pre-clear will answer questions by flash answer. This happens even among people who have not been indoctrinated at all into dianetics and who have never heard of flash answers. Quite often, the pre-clear will answer more quickly than he intended. Sometimes the answers which he gives to questions from the auditor will be surprising to the pre-clear himself. This, of course, seldom occurs in ordinary conversation.

Sometimes an incongruity in the report of a pre-clear in the material he is recovering will lead an auditor to recognize that his pre-clear

is not contacting the engram fully. An example of this is visio in prenatal incidents, which does not ordinarily occur. Prenatal visio does not necessarily indicate dub-in, but may be an attempt by the File Clerk to bring words through by a pictorial representation.

A pre-clear's own idea of what is happening to him is extremely important. Along with the purely physical perceptics of a given situation runs a concept of himself and his relationship to this situation. A pre-clear's thoughts *at the time of the event* are important. A clean erasure cannot occur until the pre-clear knows what has happened to him. Dianetic processing is, after all, the removal of material from the reactive mind to the analytical mind.

Signs and Symbols.

You will know an engram by the manner in which it was contacted, by changes in the mental and physical activity of the pre-clear, by the way in which the pre-clear reports the incident, and by the action and effect of the material within the incident as it is recounted to reduction or erasure.

Special things to look for:

1. Avoidance.
2. Emotional changes.
3. Changes in tone.
4. Agitation.
5. Anaten.
6. Physical tension.
7. Twitching.
8. Breathing.
9. Yawning.
10. Sighing.
11. Muscle patterns.
12. Action phrases.
13. Congruity of material.
14. Reduction.
15. Erasure and its signs.
16. Halting, stammering, speech resistance.
17. Change in voice (pitch, tone, production).
18. Flash answers.
19. Aptness of conceptual.

Any one of these occurrences is reason enough to suspect an engram. Any three or four make it certain that you have contacted an engram.

The most important of all of the ways to recognize an engram is to get to know a few of them—intimately. Your first one might possibly provide a little initial difficulty but your second will be much easier. Soon you will recognize engrams without difficulty and will begin to recognize the compulsive quality which is the mark of the engram even in ordinary speech. Once you have achieved an erasure, you will have identified, once and for all, man's chief enemy at this crucial point in his history: the engram.

The File Clerk

File Clerk questions come from readers of The Dianetic Auditor's Bulletin. Answers will be short and to the point. Questions of a technical nature are preferred. Contributions should be addressed to the Editor of the Bulletin.

If the File Clerk hands up an engram on which you know there are extensive locks should you reduce the locks before contacting the engram?

No. If the File Clerk hands up an engram, the chances are that you can successfully run and reduce that engram. A good reduction on an engram will cause all locks based on that engram to lose force and they will be very easily blown. If the chain of engrams underlying an extensive chain of locks is erased completely the locks will blow out automatically.

Is repeater technique obsolete?

No. Repeater technique (repeating a word or phase over and over again *in order to reach* an engram) is still a valuable tool. The use of words or phrases picked at random for repeater technique is no longer necessary and should be considered obsolete. There are always ways of obtaining meaningful phrases from the pre-clear to use in all instances where repeater technique will be found useful. It must be emphasized however that repeater technique is only one of many tools which you may utilize in reaching an engram.

How can you tell when a holder is operating?

When the pre-clear cannot move through an incident or cannot leave the incident, a holder is operating. A chronic somatic is absolute evidence of holders. A somatic "brought up to present time" indicates that there may be a holder in the engram you are running. Phrases like: "Hold on to me," "Squeeze me tight," are sometimes acted out by the pre-clear by holding on to his own arms or legs or by squeezing himself.

How long does restimulation last?

Restimulation from dianetic processing lasts from three to eight days at the most. Most people are chronically restimulated in one way or another and, if a restimulative person or thing exists in the environment, the restimulation can go on and on. Such restimulation normally will cause an immediate contact with the chain of engrams and locks which is causing the difficulty immediately upon entering reverie. Any contact with the engrammic cause of a chronic restimulation by the analyzer of the pre-clear weakens the base of the restimulation and therefore the hold it has on the pre-clear. In some cases, processing may remove psychological anaesthesia and the pre-clear may feel pain, which he has not felt for several years, for a considerable period of time. This is a simple reversal of the processes which brought about the psychological anaesthesia and, if processing is continued, the pain which has been uncovered will disappear completely with a consequent gaining of vitality in the affected part of the body.

How can you tell when a bouncer is operating?

By observation of the pre-clear. Any sudden shift of voice tone, any sudden break in the continuity of the conversation, any sudden shift away from strong emotion of any type, any unusual confusion in reaching the next phrase and especially any sudden lack of tension in the pre-clear are all reasons to suspect the existence of a bouncer. The sudden appearance of visio in prenatales is a possible indication that the pre-clear has bounced. If the File Clerk is operating well, an age flash is sometimes a reliable test.

How can I check my pre-clear's perceptics?

The two principal ways of checking perceptics are: 1. Congruity. 2. Check against a known perceptic situation. If one perceptic does not check well against another or seems out of place in a situation, there is cause to feel that perhaps the pre-clear's perceptics are not operating properly. If you need a clearer check, it is well to ask for an incident with which you are very familiar or to ask for an event about which you have been informed. Never, under any circumstances, let your pre-clear know if you find that his perceptics are not valid in any way. This will only increase the difficulty of the job. It is better if your pre-clear does not know that you are conducting a test but only thinks of it as the routine running of a pleasure moment.

Are yawns always an indication that anaten is being reduced?

Probably. The mechanism of the yawn is not well understood but probably has something to do with oxygenation and probably, even prior to dianetics, indicated a return to present time of attention which had been held in some problem on which the mind was working. Yawns upon waking up or upon going out into open air are easily connected to this hypothesis. Yawns late at night are probably an attempt to stay awake by removing attention from problems in which the analytical mind had been slightly held. Yawns in the middle of the day while lying on a cot after having been asked to return to a moment of pain or unconsciousness and having re-experienced certain perceptics are legitimate indications that the effect of engrams is being lessened.

Does it do any good to run an engram out of valence?

Yes, if processing continues to the point where the same engram may be run in the pre-clear's own valence. Sometimes it is essential in approaching an engram to go through it in another valence and, sometimes, the charge on an engram is too great for a pre-clear to go through the first time in his own valence. In a very badly occluded case, it may be impossible to achieve any amount of return in the pre-clear's own valence. Sometimes, he will return quite readily in his father's and his mother's valences. After an incident is contacted out of valence, be sure to reduce it sufficiently to be able to contact it in valence whenever this is possible. In general, persons badly out of valence usually need a great deal of work on ARC locks.

DIANETICS

A SCIENTIFIC RE-STATEMENT AND A SUMMARY OF LOGIC¹

by
DWIGHT H. BULKLEY²

INTRODUCTION.

In his book "DIANETICS: The Modern Science of Mental Health", published May 15, 1950 by Hermitage House, author L. Ron Hubbard presents a new system of mental therapy.

THE RESULTS which he claims for dianetic therapy are as follows:
Permanent cure for all mental and psychosomatic ills, providing brain tissue hasn't been destroyed.

The production of a fantastically superior form of human being, hardly comparable to modern "normals":

Completely rational, logical, always re-evaluating data.

Encyclopedic memory—everything ever learned.

Instantaneous thought. Super I.Q.

Dynamic, creative, happy, ambivert, humane, good.

Perfect health. Probable longevity.

Volitional selective control over "automatic" body functions such as endocrines, heart, smooth muscles, etc.

Much higher sensitivity, ten times normal awareness, amazing sensory capabilities.

THE IMPACT of his book (as of September 1950):

A runaway best-seller.

Over 250,000 persons in the U. S. undergoing therapy.

Five Dianetic research centers established.

One hospital where all of medical staff "required to be thoroughly grounded in dianetic therapy."
(press report).

Several mental institutions using therapy. Gradually increasing numbers of psychologists acknowledging and using dianetics.

Hundreds of supporters among scientists.

Almost universally negative book reviews. Called a "cult".

Attacked and villified by most doctors and psychiatrists.

A very controversial subject, to say the least.

THE PURPOSE OF THIS PAPER—

A Scientific Analysis of Dianetic Therapy

Hubbard's book was subjected to an exhaustive study.

It was dissected and analyzed piecemeal.

In the process, a sharp line was drawn between Hubbard's PRESENTATION (as much of his theoretical statements are questionable to a scientist) and the CLINICAL DATA given.

A critical analysis was made of the clinical data of dianetic therapy from the standpoints of cytology, embryology, comparative anatomy, physiology, psychology, social sciences, etc. . . .

SUMMARY CONCLUSION:

It is scientifically valid.

It does not reside in the category of "faith healing".

It appears to have revolutionary significance for mankind.

SOME PRELIMINARIES:

In the fully conscious normal adult brain, every experience or percept is automatically integrated with total experience by means of nerve axons and processes which link up the lower centers of the brain (which receive the sensations) with the association areas in the cerebral cortex.

It is for this reason that "everyone KNOWS" that human beings SHOULD be RATIONAL, LOGICAL AND INTELLIGENT.

When human beings behave IRRATIONALLY (phobias, complexes, etc., etc.) we ask WHY?

This is the basis of ALL mental thereapies (psychiatry, psycho-analysis, psychotherapy, psychological counselling).

We try to find the CAUSE, and remove it.

Sometimes we're successful, and sometimes we're not.

DIANETIC THERAPY PRODUCES RESULTS. IT CURES. It presents to the world a near-perfect human being, free of psychosomatic ills, mental aberrations, and completely rational, logical and good.

Or so Hubbard says.

THE QUESTIONS:

Is Dianetic therapy a new type of FAITH HEALING? or a CULT?

Is it a new MUMBO JUMBO without basis in fact?

Is Hubbard a "witch doctor" as one psychiatrist called him?

OR—

Can Dianetic THERAPY be actually VALID in FACT—

Can it be related to specific anatomical structures and physiological functions?

In other words: Are "ENGRAMS" real? Can they be pinpointed as to etiology, structure and function? And can the removal of their aberrative power be described anatomically and physiologically?

Or:

CAN A HUMAN ZYGOTE, EMBRYO OR FOETUS—RECORD PERMANENTLY such complex physical sensations as the sound vibrations represented in a group of WORDS and PHRASES?

Or:

DOES A CHILD, AT BIRTH—ALREADY have a long history of subconscious MEMORIES of various INCIDENTS or experiences involving feelings, sounds, conversations, emotions, etc.?

(For DATA on these BASIC QUESTIONS—see appendix)

WHAT FOLLOWS is a scientific RE-STATEMENT of Dianetics.

It differs considerably from Hubbard's theorizing.

It is a result of WORKING BACK from HIS CLINICAL DATA.

DIANETICS in a NUTSHELL:

(see Appendix on PRENATAL ENGRAMS)

Every human being has a host of subconscious MEMORIES (several hundred) containing SURVIVAL SIGNIFICANCE which have never been ANALYZED, or INTEGRATED with total experience (associated in cerebral CORTEX).

They are called ENGRAMS.

The reason they were never analyzed is:

(a) they were recorded PRENATALLY, BEFORE the CORTEX was formed,
or

(b) they were recorded POSTNATALLY, when the CORTEX was involuntarily SHUT OFF or suppressed (“unconsciousness”).

The Human organism, from beginning to end, is ALWAYS SENSITIVE, and ALWAYS RECORDING sensations (the same as all life).

DURING PRENATAL STAGE (zygote-embryo-foetus)—

Most recordings are meaningless and not important.

BUT—during PAIN—

ALL STIMULI (pain, sounds, words spoken) are recorded and identified together in terms of SURVIVAL (which was threatened) and remembered subconsciously (engrams).

Their SUBCONSCIOUS MEANING is:

Such and such sounds (usually words spoken) happen in connection with a THREAT to my SURVIVAL (pain).

I survived. Therefore I survived BECAUSE of these sounds.

Identified.

Because ENGRAMS relate to SURVIVAL, and were never INTEGRATED in total experience (cortex)—they have a COMMAND POWER of their own, to cause the person to RESPOND (if the engram is restimulated) in accordance with their own content (usually words).

The RESPONSE is identical with a conditioned reflex.

ENGRAMS are recorded by the embryo when mother knocks against a table, has constipation, uses douches, is kicked by father, is beaten, has morning sickness, has fevers, has relations with father, attempts to abort child, ties shoelaces, has accidents, etc. . . .

Their VARIETY in terms of resultant aberrated human behavior is as infinite as words and word meanings in language (when restimulated or triggered-in by one of the original stimuli).

AFTER BABY IS BORN—

Language is learned. The engram words take on MEANING (subconsciously).

Many engrams may never be restimulated, or “keyed-in”, and never exert effect on overt behavior.

BUT—when the proper stimulus (part of an engram) impinges on the person to a sufficient degree, the whole engram is RESTIMULATED, and its subconscious command power in terms of survival results in a RESPONSE (compulsive) which is generally IRRATIONAL, and, because of survival motivation, more powerful than cortex “reason”.

RESTIMULATED ENGRAMS RESULT IN MENTAL ABERRATIONS (irrational phobias, worries, fears, confusions, antipathies, conflicts, antagonisms, defeatism, psychosomatic illness, neuroses, psychoses, insanities).

ENGRAMS are ALSO RECORDED in POSTNATAL (and adult) life—WHENEVER the CORTEX is SHUT OFF, down or out.

EXAMPLES: “Knocked out” by accident, drugged, anaesthetized, severe exhaustion, electric shock, severe fright, severe illness, hypnotism, PAIN or severe emotional shock (which means a LOSS of something considered consciously or unconsciously as vital to SURVIVAL).

ALL OF THESE SITUATIONS are experienced by the organism as a SURVIVAL THREAT. The body is figuratively at death’s door. The lower centers of the brain CONTINUE TO RECORD SENSATIONS, words, sounds, and pain (proved—see appendix).

ALL OF THESE SITUATIONS are “engramic”, and the subconscious memory of these incidents are engrams.

It has been demonstrated (Crile) that **ALL SURVIVAL THREATS** (all these) act to SHUT DOWN the CORTEX by exhausting the Nissl granules of the pyramidal cells of the motor area of the cerebral cortex.

Thus, an **ENGRAM** might be further defined as either a conditional semantic reflex, or a Nissl granule exhaustion syndrome.

There are SEVERAL WAYS in which “keyed-in” **ENGRAMS** affect behavior:

- (1) If the **RESPONSE** remains in the subconscious level, the body may (still subconsciously) **CALVANIZE ITSELF** by means of the autonomic nervous system and/or endocrine glands to physiologically **PROTECTIVE REACTIONS**.

These **Autonomic and/or Endocrine RESPONSES** (either may act separately or augment the other) result in what is known in its overt phase as **EMOTION**.

When there is **NO VIOLENT ACTION** accompanying the physiological changes which are produced, structural and functional organic derangements result which are called **PSYCHOSOMATIC ILLNESSES** (see appendix).

These are all completely and irrevocably cured by dianetic therapy (he says). After removing the cause, the body rebalances and cures itself. Quickly!

- (2) If the **RESPONSE** wells up into conscious, overt behavior—it results in **MENTAL ABERRATION**, irrationalities, neuroses, psychoses, insanity.

In such cases, the person may usually realize that “he can’t help it”; his attitudes and actions are truly compulsive. He rationalizes. He finds good reasons.

In moments of emotional crisis, he compulsively dramatizes his engrams. He speaks out of his engramic content, and he takes on a “valence” of either the victor or the vanquished in the original incident.

If he dramatizes the successful valence, he is a bully or outwardly destructive.

If he dramatizes the losing valence, often himself, he is self-destructive—both in terms of defeatist attitudes and psychosomatic illnesses.

CONFLICT: Because there is ALSO SURVIVAL significance in social conditioning (folkways, mores, laws, etc.)—engramic compulsions are sometimes partially or wholly suppressed (when they contradict) by conscious motivations.

This results in constant dissipation of kinetic energy (the "clear" experiences a tremendous upsurge of vitality).

Two or more engrams may have **CONTRADICTORY** verbal commands, although equal survival significance subconsciously. If both are sufficiently restimulated, the person just goes nuts, because of the impossibility of resolving them.

ALL OF THE ABOVE—is the picture of universal **HUMAN BEHAVIOR** as reconstructed from the **CLINICAL DATA** of Hubbard's Dianetic therapy. **NONE** of the above is **ABSOLUTELY NEW** to the world. The pieces were there. As Hubbard has stated since the publication of his book—his contribution was one of **ORGANIZATION**.

WHAT does Dianetic therapy do about it?

DIANETIC THERAPY in a nutshell:

First of all—

Dianetic therapy is both an **EXTENSION** and a simplification of psychiatry, psychoanalysis, psychotherapy—insofar as its fundamental proposition is **IDENTICAL** with its forerunners,

NAMELY—

Analyzing (understanding, reasoning, facing, integrating, rationalizing) an early (painful, fearful, irrational) memory purges that memory of its harmful effects.³

ITS DIFFERENCE—

"Returning" the patient (by means of special new techniques which achieve full recall) to his **PRENATAL** stage of development and to later-life moments of "**UNCONSCIOUSNESS**" for a conscious analysis of painful memories heretofore largely unknown.

Dianetic therapy, in other words, **GETS TO THE ROOTS** which lie underneath the neuroses and psychoses of post-natal life which have been the target of mental therapies thus far. These later phenomena (most of them) were found by dianetic therapy to be **SUPERFICIAL**—or built up or based upon engram responses.

And that is the sole reason for its **FANTASTIC**, phenomenal, utopian, "cure-all" **RESULTS**.

Without attacking these **ROOT MEMORIES**, new channels and new modes of expression for engram responses may often result in relapses.

NO PREVIOUS THERAPY COULD GUARANTEE PERMANENT CURE.

According to Hubbard—there have been **NO RELAPSES** in any case thus far for any person whose entire set of aberrative memories have been presented to and analyzed by the higher, associative, cortical areas of the brain (—whose engrams have been "released" to the point of being a "clear").

THE THERAPY:

"Auditing" a patient in "reverie" (**NOT** hypnotism)

Telling him he will **REMEMBER** everything that happens during session.

Commanding him to "**RETURN**" to early moments of **PAIN** or discomfort.

Using **REPEATER PHRASES** to loosen up verbal blocks which (as part of an engram) **PREVENT** specific engramic memories from being **RECALLED** and **ANALYZED**.

Having the patient RECOUNT the experience over and over until the incident or engram is fully integrated in total experience.

In RETURNING to the experience, the patient, when the appropriate verbal inhibitors are removed, will have full sonic, somatic, and visual recall; he relives the experience, feeling the pain (in reduced form), reacting with emotion, and in the process consciously analyzes the original stimuli to the extent that they are no longer SIGNIFICANT in terms of SURVIVAL. Their command power is lost. They cease to aberrate. Permanently.

“RELEASING”, or consciously analyzing, some of the major engrams is sufficient to produce marked changes in the health and vitality of the patient. This is called a RELEASE. It may take 20 to 30 hours on the average, but in more difficult cases longer.

From a RELEASE to a “CLEAR” is a cut-and-dried process. CLEARING all of the engrams (several hundreds) may take 100 to 500 hours. Some hopelessly complex cases have taken over 1000 hours.

To date of publication of his book, Hubbard had (he says) taken an unselected stream of patients, covering many types of neuroses, psychoses, psychosomatic illnesses and insanities, and RELEASED EVERY SINGLE ONE WITHOUT FAILURE. Number: 270.

Of them, he carried 30 to CLEAR, maintaining that he could have carried ANY ONE of them on to clear.

(see appendix regarding attributes of a “CLEAR”)

EXAMPLES:

EMBRYO BABY, few weeks old, developing in mother's womb.

Argument, father kicks mother in stomach, leaves in huff. Slams door. Mother screams after him: “come back, come back”.

The embryo is squashed somewhat by the impact, records the PAIN, which to it means a THREAT TO SURVIVAL, and other sounds—the words “come back” and the sound of the slamming door—all as an integrated incident, but unanalyzed.

The embryo recovers. It survives. There is a MEMORY which remains subconscious, later to reside probably in the thalamus of the mid-brain.

Several times in early adult life, someone shouted “come back” and the patient experienced a slight semi-conscious twinge, nervousness, but nothing serious.

One day, age in twenties, the patient was very sick, exhausted, and the words “come back” rang out, together with the slamming of a door.

Our hero cracked up, went into a type of insanity in which he assumed the foetal position, curled up like a baby, remained there, oblivious of the world. He was eventually placed in an insane asylum. (In his subconscious, the command “come back” had been interpreted as returning to the foetal stage for survival).

For days, weeks, months—he lay there, a hopeless case, curled up like a baby.

Then came the dianetic auditor.

Because the patient's mind was not easily accessible, he was given a shot of sodium pentathol (not ordinarily given in therapy).

The auditor commanded the "baby" to repeat the words "come back" and ordered him to "return" to the moment of pain.

WITHIN A HALF HOUR the patient had successfully "returned", re-experienced the incident prenatally, recounted it over and over again, analyzed it himself, and—bingo—was a "normal" human being again. (actual case).

As soon as the **ENGRAM** had been hooked up with the **CORTEX**, each of the separate stimuli (pain, words, sounds) were integrated with **TOTAL EXPERIENCE**, and the fancied survival-validity of the stimuli vanished. All of the original stimuli remained, but no longer as a closed circuit with a meaning all of its own. They were integrated with the rest of experience, and immediately became insignificant. The patient was cured.

ENGRAMS are as varied as words, phrases and meanings in any language.

They are infinite. They obsolete much of previous attempts to classify human beings on the basis of a statistical average of aberrations.

A few more samples:

Doctor jabs abdomen, says: "It's hard to tell yet" (whether woman is pregnant). The restimulated engram causes irrational **CAUTION** in adult.

Father, in a rage, beats up wife, says: "Take that! Take that!" Offspring later becomes a kleptomaniac.

Mother discovers she's pregnant, when she didn't wish to be. Tries to abort, fails, moans: "I'm trapped". Offspring had claustrophobia.

Mother has painful accident, screams. Father says: "You're always so emotional". Child is highly emotional.

etc. etc. etc.

Millions of them, causing human foibles, stupidities, quirks; insanities.

APPENDIX A—ENGRAMS

A CRUX question:

CAN A HUMAN ZYGOTE, EMBRYO and FOETUS—RECORD PERMANENTLY such complex physical SENSATIONS as the myriad sound vibrations represented in a group of WORDS or PHRASES?

(or)

DOES the CHILD AT BIRTH—ALREADY have a long history of subconscious MEMORIES of various INCIDENTS or experiences involving feelings, sounds, conversations, emotions?

Where and how do we look for EVIDENCE on these questions?

1. Cytology. Structure and sensitivity of cells and protozoa.
2. Embryology. Development, differentiation. Brain. Polarity.
3. Comparative Anatomy. Evolution of Brain, centers. Functions.

4. Medicine, Psychology, Physiology.
5. History.
6. Evidence from Dianetic therapy (as reported by Hubbard).

1. CYTOLOGY

(Definition of MEMORY: Every impact of the environment which is recorded by a living organism (percept or sensation) results in a permanent modification within the organism which may be electro-chemical, or a modification of molecular structure within cells, or a modification in terms of neuron axons and processes in organisms with nervous differentiation.)

a. **COMPLEXITY:** The single cell is an extremely complex MICRO-COSM of structure and function. Some of its constituent parts, such as chondriosomes, etc., have a continuity of their own—as though the cell were already a COLONY of “living” parts.

b. **SENSITIVITY:** The single cell operates on the same S-I-R (Stimulus—Integration—Response) formula which applies throughout living organisms. It is sensitivity to all of the broad categories of environmental stimuli. It has MEMORY. It can “learn” or be “taught”, and

a single cell can be given a conditioned reflex. (The amoeba can be conditioned from photophobia to phototropic).

The white blood corpuscle will demonstrate memory in the laboratory.

“The nervous system and sense organs are therefore NOT NECESSARY for the reception of any particular classes of stimulations. (Jennings).

The HUMAN ZYGOTE at the time of conception is presumed to be AT LEAST as sensitive as a protozoa. It is unusually large and complex, and capable of differentiating into an adult human being.

The graduations in molecular sizes of the parts of the cell are enormous.

It would be more logical to presume that the HUMAN ZYGOTE, with its evolutionary history, its billions of atoms and molecules, and its potentialities—is MUCH MORE SENSITIVE—or—sensitive to a much WIDER RANGE of physical STIMULI, and more capable of recording such stimuli within its electro-chemical-structural framework.

2. EMBRYOLOGY:

There are two alternatives:

Either the ZYGOTE can record complex stimuli and remember them,
Or—Development must WAIT for structural differentiation of internal and external EAR and its proper nerve connections with sufficiently developed centers in the brain—before infant is capable of possessing “engrams”, or retaining memories of incidents and their attendant sounds.

Embryology contributes little, if anything, to the question of whether the ZYGOTE had such capabilities.

BUT—it DOES (especially experimental embryology) provide the DATA which helps us to visualize such a MEMORY being carried

along until it finally ends up in some center of the mid-brain, (if there were such memories).

- a. Consider the facts of physics regarding electrical, magnetic and electro-magnetic FIELDS.
- b. Every living cell has POLARITY (N-S electrical poles, like magnet)
- c. Every living organism has its characteristic ELECTRO-MAGNETIC FIELD. (Ask Yale University about its recent discoveries).
- d. ALL of the fascinating DATA concerning the development of the EMBRYO, its gradual cellular differentiation—fits in beautifully with the facts of electro-magnetic fields.
(Polarity, symmetry, induced dependent differentiation, axial gradients, the “organizer” or region of the dorsal lip of blastopore, the inducement of the organizing power of undifferentiated cells, neurobiotaxis, functional differentiation, etc.

THUS: Experimental embryology provides the theoretical basis for presuming that a CELLULAR RECORDING—IF TRUE—as molecular and therefore electro-chemical nature—would follow the axial or electrical gradient within the developing organism, retaining its position RELATIVE to the rest of the structure—to finally reside in the brain.

OR— These S-I-R MEMORIES are presumably carried along, as differentiation proceeds, remaining within those cells which eventually constitute some central, primitive area of the adult brain (probably the thalamus and/or hypothalamus).

OR— These “engrams” retain their molecular and functional configuration in accordance with the POLARITIES of constituent parts in relationship with the TOTAL FIELD of the organism.

Re CORTEX: Embryology shows how, in the development of the cerebral CORTEX, the peripheral MIGRATION of cortical cells does not start until late in embryonic development, and is not completed until some weeks after birth. This would be reason enough for explaining why it is that ENGRAMS (if true) remain UNINTEGRATED with the total experience we attach to the association areas of the cortex.

3. COMPARATIVE ANATOMY:

A knowledge of the evolution of the BRAIN—and especially of the structural and functional history of such features as the THALAMUS, HYPOTHALAMUS and CEREBRAL CORTEX—is vital to any attempt to relate dianetic therapy with anatomy and physiology.

As a minuscule summary:

The MID-BRAIN (thalamus, hypothalamus, etc.) WAS the CARDINAL CONTROL in lower vertebrates and probably STILL IS in man.

The cerebral CORTEX was a later elaboration in which some of the cells of the mid-brain MIGRATED or pushed out (consider the FIELD) to the periphery, mushrooming, to become superimposed over the mid-brain.

ALL SENSORY nerves STILL go first to the THALAMUS (over 2 dozen centers).

RELAYS connect the THALAMUS with the rest of the brain.

The THALAMUS appears to have the function of REFLEX CORRELATION for environmental stimuli.

The HYPOTHALAMUS seems to correlate reflexes with visceral, internal stimuli, being the cranial center for the Autonomic nervous system.

The CORTEX, with all of the vast association areas, serves to SLOW DOWN the S-I-R reflexes, to make sure that the RESPONSES have a validity in terms of TOTAL EXPERIENCE. It elaborates on the INTEGRATION.

THUS: Our "normal" aberrated human behavior stems from ENGRAMS lying in the MID-BRAIN, dissociated from the CORTEX, and corresponds to the SURVIVAL BEHAVIOR of FISHES—

BUT—our distraught CORTEX tries desperately to RATIONALIZE this irrational behavior by compromising with a set of "good reasons".

4. PSYCHOLOGY, MEDICINE, PHYSIOLOGY:

The BRAIN is a perfect machine.

Its structure and function is an elaboration of the SAME protoplasmic sensitivities found in the amoeba or paramecium.

It RECORDS ALL PERCEPTS which it is sensorily capable of receiving, and CONTINUES TO RECORD THEM DURING "UNCONSCIOUSNESS".
(see Section 6, Dianetic Therapy, for proof)

The percepts are recorded, and associated or integrated with basic needs and experience (plus or minus the cortex) to result in a response which assists the organism to SURVIVE.

THUS—the S-I-R (stimulus—integration—response) formula of psychology holds throughout, from protozoa to man.

The INTEGRATION in higher organisms consists of automatic hook-ups (experientially associated or identified)—by means of nerve processes which link (via synapses) nerve to nerve, process to process, and circuit to circuit.

Just HOW the INTEGRATION works in a single cell is unknown.

But that it DOES take place, is not questioned.

Logically, one must assume that ENGRAMS are ALSO INTEGRATED with previous experience, And—MINUS THE CORTEX—what OTHER total experience is there with which a new engram could be integrated? Previous engrams!

THUS—it is interesting to note that Hubbard describes engrams as "lifting" in CHAINS, that previous engrams hold later engrams in place, that clearing the FIRST ENGRAM (or "basic-basic") springs the whole case and makes subsequent engrams much easier to contact and release.

The foetal heart-beat will SPEED UP in response to a loud, unexpected noise. This is characteristic of the physiology of emotion, a protective response to an apparent survival threat.

The Fels Institute in Pennsylvania has been studying prenatal influence. For some years now, they have been following the emotional histories of pregnant mothers, measuring the kicks, squirms and heart beats of foetuses, and correlating early childhood patterns with prenatal histories.

Freud's original lectures had much to do with PRENATAL memories, but apparently this part was sloughed off during the decades that it took for psychoanalysis to become a part of accepted psychology.

Korzybski, the founder of the science of General Semantics, came very CLOSE to discovering the ENGRAM. He recognized the significance of WORD MEANINGS (semantics) in human aberrations. His answer for what he called the "semantic reaction" was the use of a complicated apparatus (a "structural differential") to emphasize a new "non-Aristotelian" way of thinking which DENIED IDENTITIES.

In other words, he attacked the engram by a process of dissociation. With it he cured schizophrenia and certain psychosomatic diseases. But he was slightly off the track, and his method too difficult.

The METABOLISM of BRAIN cells and GERM cells is DIFFERENT from that of the other cells of the body.

While the rest of the body cells build up and break down their own protein structure, the brain and germ cells apparently use ONLY oxygen and sugar (glucose, etc.)—

THUS preserving a very special CONTINUITY of MOLECULAR STRUCTURE.

All they need is energy. They are elite.

This is one more reason why prenatal engrams COULD BE.

SENSITIVITY (afferent nerve action) is KNOWN to be PASSIVE or AUTOMATIC. It is illogical to suppose that when a person is "unconscious", he no longer SENSES his environment.

His entire nervous system is still "alive", and his nerve endings are still what they were before the state of "unconsciousness".

Their inherent nature is to pass on to the brain the changes of environment as they impinge on the organism.

Where does the impulse go? It MUST go to the brain, and specifically to the THALAMUS, etc. That electro-chemical flash which travels to the brain MUST result in some cellular or molecular change on its arrival. It is illogical to suppose that it stops, neutral, or bounces back. The receiving cell is still where it was before the state of "unconsciousness", and still alive.

The reception and recording of the stimulus MUST *also be* automatic.

RESTIMULATION TIME: Hubbard makes the interesting statement that it takes three or four days for a dormant engram to "key-in" (result in overt response such as psychosomatic pain or aberrated behavior) when it is restimulated.

A straight conditioned reflex response is immediate.

The answer may therefore be in the time it takes for a nerve axon to grow a distance of about two inches in the brain (between the thalamus and cortex) (?)

5. HISTORY:

IF—Human aberrations result from ENGRAMS most of which contain WORDS—

THEN—it would seem that a child would be born largely clear of engrams if: (1) its prenatal history was relatively painless, and/or (2) without word content. (silence during pain).

In several thousand years of recorded history, wouldn't there have been some ACCIDENTAL "clear" persons or societies?

Look up the ESSENES of Palestine during the Roman era.

They had a religious taboo against speech until the rising sun. They were noted for their longevity, health, yogic powers; calm, serene, were consulted as prophets and seers; laughed at pain, had no fear. Etc. Etc.

One should be obligated to record, merely as a DATUM—

That throughout recorded history, people have believed in PRENATAL INFLUENCE.

Dianetically speaking, it would not be what mother SAW, but what she and others SAID, and the embryo heard and recorded.

"Old wives" have been passing the tales along.

6. DIANETIC THERAPY:

By use of dianetic therapy, any person can be returned to PRENATAL, and will describe in great detail a host of incidents involving pain and discomfort, quoting monologues, dialogues, etc. of father, mother and others.

Are these recollections just bits of fancy?

First of all, finding them, and allowing the patient to consciously analyze them through recounting—RESULTS IN CURES.

But is this just auto-suggestion? Or suggestion given by the auditor? Is it therefore just imagination, and therefore a system of faith-healing?

ONE: The rules of auditing emphasize NOT giving suggestion. The auditor uses a stock set of commands and questions. He definitely does NOT induce these complex incidents by suggestion. He facilitates the patient to recall them (if true) himself.

TWO: Hubbard says: Insofar as many engrams (both pain, words, etc.) are SHARED at the time by BOTH the MOTHER and the EMBRYO—AUDIT first one, and then the other, as he has—and—Recover the IDENTICAL complex stories with IDENTICAL words and phrases, where neither had any conscious memory of the incident, or, if the mother had, she had never communicated it to her child.

THREE: Hubbard jolted several doctors (he says) with this experiment.

He left them alone with a patient.

They dragged the man to the point where they were completely satisfied that he was thoroughly "unconscious".

Hubbard later recovered the entire incident by auditing the patient, getting the verbatim conversation of the doctors and their actions (as could be heard or felt by the patient) during the time that he was "unconscious".

APPENDIX B—THE PHYSIOLOGY-OF PSYCHOSOMATISM

EMOTION (which evolved through the history of life) IS a **RESPONSE** which **CALVANIZES** the organism for violent **ACTION** to insure its **SURVIVAL**.

It is triggered-in by the sensations of **SIGHT & SOUND** (distance ceptors) and **PAIN**.

It may be either conscious or subconscious, and in either case its physiological attributes are the same.

EMOTION demands **ACTION**, to utilize or “burn up” its physico-chemical changes.

If there is **NO ACTION**, the organism suffers **DAMAGE**, as per below:

(Laughter and crying are explosive types of activity which help “burn” it.)

(Fear, worry, disappointed love—are non-action types, which are organically destructive.)

THIS IS WHAT HAPPENS—

to cause PSYCHOSOMATIC illnesses:

PROLONGED EMOTION

(without action) RESULTS in the following changes:

HEART speeded up; **CIRCULATION** accelerated; **METABOLISM** increased.

—strain on heart, myocarditis and heart degeneration.

—production of waste products at a minimum, strain on kidneys.

—rise in blood pH, increased acidosis.

BLOOD transferred from stomach, intestines, genitals—to heart, lungs, central nervous system, skeletal muscles.

—inhibits digestion, digestive secretions, intestinal peristalsis.

—indigestion, putrefaction and autotoxication, and more strain on organ of elimination.

—saliva changes (teeth decay?), blood coagulation time reduced, (calcium imbalance?)

ENDOCRINE secretions

—adrenin—arteriosclerosis and cardiovascular diseases.

—excessive thyroid, intensifying emotions—skin soft and moist, eyes brilliant, staring, protruding; limbs trembling, heart pounding, respiration rapid, mounting, temperature and metabolism.

—excess glycogen released by liver.

NEURO-MUSCULAR activity stimulated and sensitized.

—extremities tingle, tremble. Summation of stimuli—lowered threshold—hyper-sensitivity—brain cell deterioration—neurasthenia—increase in “low efficiency” cells of brain—less driving power—less organic activity.

contraction of smooth muscles of skin—raising blood pressure, skin moist from excessive perspiration, impaired circulation

AND MUCH MORE.

This above is just a key-hole peep.

The selective control and modification of functions of the various parts of the body is well demonstrated by HYPNOTISM (which “removes” the CORTEX and presents a perfect “engramic” state).

HYPNOTISM shows: unconscious calculations of time, that actions may be carried out without an awareness of the source of impulse, that both voluntary and involuntary muscles can be paralyzed or given tonic contraction, that special senses can be rendered more acute, that pain and feeling can be “abolished” or masked, that positive and negative hallucinations can be created and manipulated.

How about GERM DISEASES? Any psychosomatism there?

The germs are real, and the toxins are real, but whether you let the germ take over—that’s psychosomatic.

Most people have T.B. germs inside them. But all don’t get T.B. Or take the common COLD.

Baby spends nine months at perfect body temperature. Then, suddenly, three things happen at the same time: Sudden PAIN, sudden CHILL, sudden naso-pharyngeal-bronchial HYPERTENSION—gaspings and struggling for his first breath, with a shift of blood circulation from placenta to lungs, capillaries bursting

All three experiences are ASSOCIATED in an engram.

Later, the child gets a CHILL, the subconscious memory sets the autonomic nervous system into function in exactly the same way, and a “cold” sets in. Take anti-histamine pills and the nervous mechanism is countered.

(Suggested proof or disproof: Deliver the child at body temperature surroundings; maintain that warmth until after breathing reflexes are fully established, and—he should never get a “cold”.)

Put all the above together, and you get a good picture of HOW the body can be thoroughly deranged by what it sees, hears, remembers (consciously or unconsciously).

CLEAR a person of all his “ENGRAMS” and he becomes so healthy (Hubbard says) that it’s enough to make doctors and druggists start looking for a secondary occupation.

DIANETICS asks a VITAL QUESTION: What IS disease, without the mental equation? How much would be left?

APPENDIX C—THE LOGIC OF A “CLEAR”

QUESTION: ON WHAT BASIS should a person NOT SCOFF at the attributes which Hubbard claims are those of a “clear”?

1. Reasonably GOOD HEALTH and SANITY are the first and easiest deductions.

a. The facts of PSYCHOSOMATISM make it plain that a large majority of the illnesses of mankind are integrally related to his state of mind.

b. The facts of Psychiatry, Psychoanalysis, Psychotherapy demonstrate how subconscious mental states (worry, fear, sadness, frustrations . . .) can and do aberrate thinking and behavior to produce psychoneuroses, psychoses, and insanities.

Such therapies have, with considerable time, effort, probing, searching of memories, analysis of dreams, etc., succeeded in producing “cures” of a sort (in terms of “normal” behavior).

2. IF—the curing of psychosomatic illnesses, and curing of insanities were the **ONLY CLAIMS** of dianetic therapy—it would be a valuable contribution (if it worked) but by no means revolutionary except for the quicker, surer manner in which it was achieved. **BUT**—Dianetics claims, by its therapy, to invariably produce a fantastically **SUPERIOR** type of human being, hardly comparable to any “normal” living person.

THE ATTRIBUTES OF A “CLEAR”**

(according to Hubbard—and he is describing the person he has produced—)

Full memory of a lifetime experience. Can perceive all he has ever sensed in full motion, color, sound, tone, etc.

Optimum computational ability. Incapable of error—modified by observation, education, viewpoint. But automatically correcting errors of own thinking. Always re-evaluating in terms of new percepts.

Health. Tremendous vitality. Hard to get sick. No psychosomatic ills. Birth in a cleared mother a very mild affair, no anaesthetics.

Probable longevity.

Instantaneous thought. Does not think vocally, but spontaneously, and without tongue movements. (?) High I.Q.

Vigorously repelled by evil, and yet gains enormous strength. Dynamic. Creative. Marked characteristics: Ambiversion. (Not into-extro-vert)

Ten times ordinary awareness. Amazing sensory capabilities.

Has full control, selectivity, of the body—endocrine glands, heart, muscles, blood flow, urine, excreta, both voluntary and involuntary muscles.

Operates according to the “Equation of the Optimum Solution”: A problem has been well resolved which portends the maximum **GOOD** for the maximum number of “Dynamics” (Survival of Individual, Group, Mankind).

CAN THIS BE POSSIBLE?? or LOGICAL??

Let’s look at these supposed attributes, section by section, and try to recall some of the universally accepted data—and—other data not so universally accepted, yet often described, and tossed off as “strange”, “queer” or “interesting” but not integrated into the picture of what the human being **COULD BE**.

1. **MEMORY**: Psychological textbooks will tell you that **MEMORY** varies person to person, depending on:
 the degree to which it sensed, nervous sensitivity, intent.
 the interest taken in it.
 the degree to which it is correlated in the mind with experience, etc. (given full sensitivity, interest, correlation—by removing inhibiting aberrations—you should have full memory.)
 Much can be said to prove that the **BRAIN** records everything and never forgets. The recordings are there, as changes in the cellular and configurational structure. Techniques of word-association, etc. in psychotherapy is based on this fact,—to try to get back and recall what’s there.

Thousands of stories can be found of phenomenal memories. Take the case of the ignorant servant girl, in coma, talking Greek. Doctor took it down, investigated, found that she had worked many years previously for a Minister who was fond of reading passages of Greek aloud. He was contacted, and the word-for-word found.

Neurology shows that of the some 14,000,000,000 cells in the brain, a large proportion are relatively undeveloped.

2. **PERFECT LOGIC:** Philosophers, social scientists, etc., have had little trouble in distinguishing logical from non-logical thought.

Logical thought was well analyzed by the Greeks.

The assumption throughout, was that the Brain was logical—otherwise WHY try to figure out the conscious or subconscious “rationalizations”?

For the irrational thought, the first reaction is always: WHAT incident, desire, emotion, etc.—is the CAUSE?

Pareto built up an entire sociological system on what he called “residues” and “derivations” or the non-logical sub-strata of human thinking.

For irrational thought or behavior, you ask: What’s wrong? You know it’s not right. And you try to guess the “real” reasons.

And how often do you realize that you ARE being UNREASONABLE, but that you CAN’T HELP IT?

3. **HEALTH:** Already dealt with.

4. **LONGEVITY:** This should follow naturally from perfect health. If some can live to 120 or 150 years, why not all?

What culture does not have myths, legends, folklore—of people living several hundreds of years?

Because for several thousand years, now, people rarely live over 100—the modern world has pooh-poohed these legends.

Where did they come from?

5. **INSTANTANEOUS THOUGHT:** It is common experience that thoughts “flash” into mind.

People faced with death have many times later described how the panorama of their life had flashed by.

Lengthy and complicated dreams have flashed by during the brief moment between falling from the bed and hitting the floor.

Although the neuro-musculature of the TONGUE is considered by physiological psychologists to be part and parcel of “thinking”—it might be questioned whether tongue movements are involved in such “flash” thoughts and dreams.

Furthermore, embryology shows that the tongue muscles have their origin in the “hypomeres”, that they are “visceral” muscles—the same type of muscles that are under control of the Autonomic nervous system—under control of the mid-brain.

Do apes, with all of the cerebral “thought”, “think” with their tongues, as we generally do? Or is it a bad habit which resulted from the use of language?

6. **A GOOD MAN, etc.:** In the simplest sense, there HAVE been persons who have been supremely “good”, dynamic, creative, etc.

Why not all? What prevents such abundant living? The finest electron microscope could not distinguish between the zygotes which

developed into any one of the two billion persons alive, other than noting a few genes accounting for insignificant superficial traits. The rest of body and brain cells are IDENTICAL.

Dynamism, creativity—is best seen in the child. Why does all of that fine energy, curiosity and interest fade away until as a “normal” adult he “dies back to his brain-stem”?

All “evil” behavior—crime, sadism, terrorism, greed, selfishness, brutality, etc.—is considered IRRATIONAL, and western society looks continually for their cure. They are not accepted generally as natural and proper.

7. **SENSORY AWARENESS:** Consider the sensitiveness of EVERYONE which can be demonstrated under Hypnotic suggestion, such as: Hearing a pin drop at 50 feet, seeing objects clearly in an almost totally dark room, feeling the minutest temperature changes, etc. Hubbard says the “clear” has the night-vision of a cat. Why not the hearing of a wolf, the smell of a bloodhound?

Our sensory organs have the same nerves.

Consider the sensitivities developed by the BLIND, or the even more amazing sensitivities demonstrated in scientific experiments with starvation.

Consider the electrical phenomena of the brain, and the electromagnetic waves which can be recorded. Extend that to FIELD PHYSICS and the variation in a FIELD—and then reconsider the controversial subject of ESP and PK. (too much to be said to be feasible here).

8. **BODY CONTROLS:** Demonstrated by hypnosis, and practiced by yogis.

Under hypnosis, a person can ignore PAIN completely. Why not by conscious control?

Under hypnosis a person’s muscles can be ordered rigid, with severe stresses, and without fatigue. Why not consciously?

Why shouldn’t a person, therefore, be able to scoff at pain and fatigue, have tremendous endurance and terrific muscular power comparable to an animal? Dianetics says you can.

9. **OPTIMUM SOLUTION:** Related to the rest.

Man’s affinity to man an electro-magnetic field phenomena?

Ultimately a sense of affinity with all life.

- HISTORY IN A NUTSHELL:** MAN has been a prisoner to LANGUAGE for 6000-odd years.

There has been a slow but accelerating vicious spiral: The more language, the more engrams, the more irrational compulsive behavior, the more repressions, the more engramic reactions against repressions, the more dictatorial and terroristic the repressions, the more insanity, the more human slaughter.

Anthropologists will tell you that the earliest societies were “organic”, without city walls, and without weapons of human warfare.

- OBVIOUS CONCLUSION:** Audit and be audited. Clear and be cleared.

And when atomic fission cuts loose—if it does—

You’ll have ten times the chance for SURVIVAL, to help build a better world.

Or so the facts seem to say.

1. *Although The Hubbard Dianetic Research Foundation, Inc. can accept no responsibility for statements contained in this article, it does agree in principle with Mr. Bulkley's position. Mr. Bulkley is not employed by the Foundation and his contribution was unsolicited. If there is sufficient demand for this article it will be reprinted as a small booklet and distributed by The Hubbard Dianetic Research Foundation, P. O. Box 502, Elizabeth, N. J.*

2. *Mr. Bulkley is, at present, a resident of Claremont, California. He stated that he would like to make additions and changes to this re-statement of dianetics but that it was impossible for him to find time to make these changes at the moment.*

A biographical sketch submitted on request from the Foundation gives the following information:

Born in Bangkok, Siam in 1919 of medical missionary parents.

Schooled 6½ years in south India, 3 years in Claremont HS.

B.A. from Pomona College, 1941, as a Pre-Medic. Senior thesis was on Psychosomatism.

Army service: Classification Specialist; Military Government School; 2 years in Washington and Ceylon as Intelligence Expert on Siam for the Office of Strategic Services.

Vice Consul and Political Expert in American Embassy, Bangkok, Siam, 1946-1949.

Presently free lance writing.

3. *The Foundation cannot agree with this statement of the fundamental proposition of dianetics. According to our findings it is not the conscious analysis of an early memory which purges that memory of its harmful effects. Of the words describing analysis listed here by Mr. Bulkley only facing applies to the conscious activity of a pre-clear. Analysis, understanding, reasoning and integration all take place automatically at a level of consciousness below that of awareness. Rationalization does not take place at all. Facing does partly describe the conscious activity. The fundamental dianetic technique of going through an early (painful, fearful, irrational) memory enough times to cause it to lose force becomes so important at this point that it needs to be included in any statement of dianetic's fundamental proposition.*

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An Active Membership in the Foundation is granted only on successful completion of the Indoctrination Period of the Foundation. An Active Member is a Hubbard Dianetic Auditor, and is entitled to one vote at any annual or special meeting of the Foundation in addition to the usual privileges of a Hubbard Dianetic Auditor. Arrangements for beginning the Indoctrination Period may be made by contacting Foundation Headquarters or any Department. The Fee to cover the Indoctrination Period and the first year of Active Membership is \$500.00. The annual fee for the renewal of Active Membership is \$50.00.

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The Foundation acts as a coordinating center for all dianetic activity. It seeks to acquaint all members and all interested persons with the theory and technique of dianetics. For those who do not wish to undergo a full Indoctrination Period it arranges shorter periods of lectures and demonstrations. Full cooperation with all agencies or persons desiring to test or use the tenets of dianetics is the basic desire of the Foundation.

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