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A Session on Effort	257
The Mail Box	285

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The Hubbard Dianetic Foundation, Inc.

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Note: Procedures set forth herein should not be applied until the auditor is familiar with the textbook SCIENCE OF SURVIVAL; Simplified, Faster Dianetic Techniques, and ADVANCED PROCEDURE AND AXIOMS.

WALDO T. BOYD
Editor

A Session On Effort

Manuscript prepared by
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This preclear felt in need of a run, although there was nothing in obvious restimulation. The auditor had processed him for one emergency session a few days before, for a severe headache somatic, and the headache had disappeared. The tone of the PC is good—around 3.5, and he runs well.

This recording was transcribed because it is a good example of use of the first four Acts, and Effort Processing. It is advisable to go through these Acts whenever possible before proceeding with a case, but due to the emergency nature of the previous session the first four Acts were not adequately covered at that time.

AUDITOR: "How do you feel, Jimmy?"

PRECLEAR: "Well, pretty good, with certain reservations. Just not quite tops."

AUD: "Any somatics?"

PC: "Yesterday and this morning—I don't feel it now, but yesterday morning when I was walking from my car to here I got a catch in my right hip, and it's been with me ever since. I only feel it when I'm walking."

AUD: "There's' no pain attached to it then?"

PC: "Only when I walk, as though there might be a granule or something in the ball and socket joint."

AUD: "Does this seem like a restimulation of something?"

PC: "No."

AUD: "Have you ever had this before?"

PC: "I have, but just when I don't know."

AUD: "Ok then Jimmy, we're going to continue if it's ok with you, and go through some of these acts. With that in mind, do I remind you of anybody you have seen?"

PC: "Only in name. I know a boy in Bridgeport, whose name is Wayne Dunbar."

AUD: "Oh, you do? The very same name. Isn't that interesting?"

PC: "Uh huh."

AUD: "How long have you know him?"

PC: "We worked at the same factory, in the same part of the building, and I talked to him quite a bit."

AUD: "How did you get along with him?"

PC: "Fairly well. He's much more quiet than you are."

AUD: "Do you think of him whenever you think of my name?"

PC: "Yes, I do. Often. He was better known to me, of course, than you are."

AUD: "Does any confusion arise from this?"

PC: "No, not as a rule. At a time like this, for instance, there's no confusion. It's simply when the name is said out of a clear sky, so to speak."

AUD: "It's just the name; is that right?"

PC: "Yes."

AUD: "Would you consider that there is no difficulty in me auditing you?"

PC: "None."

AUD: "Well, now, Jimmy, if you had your choice of two auditors whom you considered to be equally proficient, one a man and one a woman, which would you choose?"

PC: "I think it's just about even—fifty-fifty."

AUD: "Do you think there would be anything about talking to one that would be more pleasant than talking to the other?"

PC: "Not for the goal of the auditing session, no."

AUD: "Do you think there is anything that you would be more willing to tell to a man or a woman?"

PC: "No. I can't think of anything."

AUD: "Now would you say you have any postulate, for example like 'not to change'."

PC: "Yes."

AUD: "What would this postulate be?"

PC: "Always be of good cheer . . . always be cheerful."

AUD: "Do you think you have any postulates that would interfere with your changing in an auditing session?"

PC: "No. I don't believe that postulate would have any effect on me, in session."

AUD: "Do you think that being an HDA makes you a better preclear?"

PC: "It might possibly make me a little less easy to run, so far as the auditor is concerned."

AUD: "But so far as your own work is concerned, do you feel that it will interfere?"

PC: "Do you mean myself as a case?"

AUD: "Yes."

PC: "I can see no reason why it should interfere, except that I make a special effort, you might say, to put outside of the auditing room anything I know about auditing."

AUD: "But now, even though you are doing this consciously, and possibly subconsciously if we can express it that way, does it in your opinion interfere with your auditing?"

PC: "I don't think so."

AUD: "Do you have any postulate about refusing to tell things?"

PC: "Yes."

AUD: "Do you think this could in any way interfere with auditing?"

PC: "Not if I call that postulate to naught at this time. It has happened to me a few times in session that I've had to bring up that postulate in order to examine its aberrative quality."

AUD: "Do you think that this postulate might, or should be, run out?"

PC: "Not now."

AUD: "Do you think that now that it has been called to mind it will have any force in this session?"

PC: "It will be of no force."

AUD: "Do you have any attitude toward a professional person that might interfere—say toward doctors?"

PC: "I respect some and hold in somewhat less esteem, others."

AUD: "Does this seem like a doctor-patient relationship to you?"

PC: "No."

AUD: "Does it seem at all like, say, a psychoanalyst-patient relationship?"

PC: "No! I'd probably psych' the psychoanalyst!"
(laughter)

AUD: "I'd like to have a flash on this: Is there any reason why this auditing should fail?" (snap!)

PC: "No."

AUD: "Is there any manic reason why it should succeed?"
(snap!)

PC: "No."

AUD: "Is there any aberrated reason of any kind why it should succeed?" (snap!)

PC: "No."

(This concludes work on Act Two. Act One, of course, concerns the auditor. He had postulated before the session that he desired the preclear to gain as much as possible from the session).

AUD: "Does this room, Jimmy, remind you of any particular room?"

PC: "There is a vague resemblance to something I . . .

I don't . . . it comes to mind a cell; once when a shipmate of mine had gone psycho and they put him in a cell—but there's no real resemblance. It also reminds me of a closet at home that I used to go into when I was a boy, with batteries to make them spark."

AUD: "Does the fact that you're in this room have any emotional effect upon you?"

PC: "Not that I know of."

AUD: "Now this cell of which you spoke; does this remind you enough of that cell that when you come in here you remember that?"

PC: "No, I didn't think of that until you asked the question about what it might remind me of."

AUD: "Have you ever had any feeling of claustrophobia?"

PC: "I have had . . . I don't know when . . . young age . . . I was in definite danger at the time, though. It was of momentary occurrence. A cave, in California, an old mine shaft. I started in to explore, saw how rotten the timbers were, and had a feeling that I'd better get out of here."

AUD: "Do you have a feeling that you should get out of this room?"

PC: "No."

AUD: "Would you say that you are nervous because of this session, in any way?"

PC: "On the contrary. I'm a bit more relaxed."

AUD: "Could we say, then, that as far as this auditing is concerned, everything is ok?"

PC: "Yes."

AUD: "There is another question here. Is there anything in present time that is particularly in the foreground?"

PC: "Well, no more than ordinary. My marital relations are not good. So far as I see at the moment the situa-

tion is irresolvable without some pretty solid auditing of the wife and myself."

AUD: "Is the problem susceptible to resolution at this time?"

PC: "It is not, at the moment."

AUD: "Has this problem restimulated in you any postulates?"

PC: "Sometimes it does. Today, for instance, I haven't given it any particular thought."

AUD: "Should we discuss this problem, or would it be better to go on?"

PC: "Let's go on. Other things will bear more fruit. Outside things must be done before the problem *can* be resolved. So any talking I do on it will probably be a waste of time."

AUD: "I see."

PC: "It is resolving, as processing goes forward."

AUD: "Would you mind, please, giving me an age flash?" (snap!)

PC: "Ten."

AUD: "Ten what?" (snap!)

PC: "Years!"

AUD: "What happened at ten years?"

PC: "A horse was killed in the street. My brother was hit by a swing that knocked him out, and he carried the dimple-scar the rest of his life. Father got drunk and beat mother. This was the year that, after living nine years in the same town we moved to another city. My grades in the new school were somewhat lower than I was used to. I had been used to getting top grades and now they are only average. (long pause)

AUD: "Have you run this before?"

PC: "No, I haven't."

AUD: "Go on."

PC: "It is the first time I learn that a female horse has teats like a cow. She was hit by a car and thrown down in the street, and the milk was squirting out of her teats. She must have had a foal somewhere. I had a deep feeling of sympathy for her. I wanted to do something and didn't know what to do."

AUD: "Can you go through the incident now, pick it up at the beginning, and recapture this feeling of sympathy and whatever else is in the incident?"

PC: "I could go through it, but I can't feel sympathy for the horse now. I've got what used to be called, I guess, an emotional shut-off. I have difficulty in displaying emotion except cheerfulness—might call it a manic cheerfulness."

AUD: "On this manic cheerfulness situation . . . do you know when you made this postulate?"

PC: "I can remember a time when I reaffirmed it."

AUD: "When was that?"

PC: "When I read the book, THINK AND GROW RICH."

AUD: "Yes?"

PC: "Also when I read a book HOW TO WIN FRIENDS AND INFLUENCE PEOPLE."

AUD: "Which book did you read first?"

PC: "THINK AND GROW RICH."

AUD: "And this was a re-affirmation? Does the original thought about it come from some such book or from . . . ?"

PC: "From childhood."

AUD: "Do you mean from teaching you received as a child?"

PC: "Actual experience. I was what the boys would call a sissy, I guess, because I wouldn't fight; I tried to

keep peace among my friends and myself, by ARC. It was forced on me at times . . . that is, I put forth a face of cheerfulness when I didn't really feel it, and it always succeeded in keeping me out of fights. I was afraid to fight. I guess I actually feared physical damage, but I didn't want to hit anyone else, either, I think the postulate grew out of such experience. And it might possibly be negation, since my father was just the opposite."

AUD: "Your father used to get into fights, you mean?"

PC: "No, father was very un-cheerful. I always tried to do what . . . anything he did I would feel like doing the opposite."

AUD: "Do you use this in present time?"

PC: "I never let others—except in an auditing session—know when I'm feeling bad. No one else wants to hear about someone else's troubles. There are exceptions, but they are very few."

AUD: "From what you have said now, if this were discovered to be quite aberrative, quite reactive, and it were to be contacted, would you like to have it run?"

PC: "Sure."

AUD: "In other words you have no particular reservations about any material that we run into?"

PC: "We can run anything we can find—anything that will run."

AUD: "Would you say, Jim, that your memory is bad, or good?"

PC: "Good."

AUD: "It's a good memory?"

PC: "That's on a comparative basis."

AUD: "With other people?"

PC: "Yes. I can recall things when I want them. Sometimes it takes a length of time to get what I want—

names, places and dates. It isn't always on tap, but it comes within a few hours."

AUD: "Would you say the more you want it the more likely you are to get it? Is that correct?"

PC: "I wouldn't say that. I would say the least likely; that is, immediately."

AUD: "Would you say now, Jim, that you have any future problems that we should pick up at this time?"

PC: "Future Problems. I don't see any *problems* in the future."

AUD: "Would you mind briefly outlining your goals in the future?"

PC: "To own my own home, to earn my living through writing, to have an amateur radio station set up in this home, to have a number of gadgets that I have in mind such as an automatic door opener in the garage, my own heating system. I want to learn Spanish prolifically, German fluently; I want to learn to play the organ. I play a number of instruments, but the organ is the main instrument to me."

AUD: "What kind of organ would you like?"

PC: "Wurlitzer electric."

AUD: "One of those big jobs?"

PC: "Yes; run about \$4,000."

AUD: "Now in relation to these goals—would you say that you have any fears?"

PC: "None whatever. I'm certain that I can accomplish them when I get ready."

AUD: "Would you say that you live in the past, present, or the future?"

PC: "Mostly in the future."

AUD: "In this matter of goals, I intended to ask, does Dia-

netics fit in a large way? You didn't mention it specifically."

PC: "Dianetics is a means of assisting others to arrive at their goals, and it is not necessarily something I will follow as a life work, but since I know it, it will never be outside my ken. From now on, when I see someone ill, I can give them straight-wire; I won't be giving them sympathy. They'll be better for it. Dianetics is valuable for the difference it makes in the daily life."

AUD: "Now, specifically, what would you say your goals are in Dianetics?"

PC: "In Dianetics—I want to recover to such an extent that when I so desire, any matter in my past will be there, not as a goal itself, but when that time comes I will have no more need of returning back there. The real, main goal, for me, personally, is *clear*."

AUD: "All right. Now that includes a sound body . . ."

PC: "I have that already."

AUD: "How would you say that you get along with yourself?"

PC: "Very well. Except when I vacillate, and don't reach toward a goal as hard as I think I should, I sort of castigate myself."

AUD: "I see."

PC: ". . . like, 'Damn you, you know you could have done better than that!'"

AUD: "Do you think you ever feel sorry for yourself?"

PC: "No, because I am the cause of anything that has ever happened to me. I don't feel sorry for myself."

AUD: "Is this a comparatively new concept?"

PC: "No, I've had this for about fifteen years, I'd say."

AUD: "Would you consider that you are more of an extrovert than introvert?"

PC: "An extrovert, by a long way, except that I have become an introvert since Dianetics, in that I go after my past for a purpose. Before, the past wasn't interesting; too dry."

AUD: "Would you say that you adjust to your environment and people around you?"

PC: "As a rule I don't except when someone is antagonistic I often get on his tone level and vent my pseudo-antagonism on some other character so as to blunt his antagonism against me. It always works."

AUD: "Do you make an effort to bring him up on the tone scale?"

PC: "Since Dianetics I try to raise him up. Before Dianetics I used it but didn't know what it was."

AUD: "Would you say, Jim, that you are always successful in what you attempt?"

PC: "When I want to do something, and then set about to do it—that is, put the thought into action, I never fail."

AUD: "Now do you have any situations in which you are unhappy about how they worked out?"

PC: "My marriage."

AUD: "Now, without attempting to go into all the details of the marriage, unless you want to have this the principle work of this session, how would you say you adjust yourself to the unsatisfactory part of the relationship?"

PC: "I don't adjust very well. That probably is as much the cause of the overt difficulties in my marriage as anything else. I avoid sexual relations, and try to be someplace else more than I would if things were

well between us."

AUD: "Do you think this makes things work very well?"

PC: "Makes it worse."

AUD: "Do you think this drives her down in tone, or what?"

PC: "Makes her go down lower, but if I don't, it drives me down. It's one or the other."

AUD: "Now . . ."

PC: "I can get her up for a while . . . a few days in a month. She can become really cheerful, but along comes a day, and it's gone."

AUD: "How much processing do you think would be required, of auditing of a pretty good quality, with the new techniques, to raise her tone . . .?"

PC: "I postulate 72 hours."

AUD: "And you are hoping to have this done?"

PC: "Yes. I have made the step in that I arranged to get the processing for her."

(This is the end of Act Four. More work could have been done on them, but time for this session was limited. Thirty-five minutes have elapsed since the start of the session.)

From here on the auditor is trying to find and run that which is ready. This is a single session with no arrangement for other auditing in the immediate future, so the desire is to do as much good for the preclear as possible in this one session).

AUD: "I wonder if you would mind telling me what you consider the most traumatic experience you ever had?"

PC: "Two or three dozen things flashed across my vision here as you asked that . . . I'd say the appendix operation, second to birth, that is."

AUD: "How are you feeling now?"

PC: "Tense in my neck."
AUD: "Can you turn that tenseness on, and feel it more strongly?"
PC: "Yes."
AUD: "Is this an effort that you are making?"
PC: "An effort to increase it, yes."
AUD: "Now the tenseness itself—would you call it an effort?"
PC: "Usually when I get tense, I lie down and relax my muscles one by one, and take a fifteen minute 'cat nap.' But of late the tenseness remains in my neck."
AUD: "Let's contact this tenseness, shall we please? Is there a tenseness anywhere else in your body?"
PC: "Lower back. Last few vertebrae. Forearms. Also slight dizziness. Waves of light and dark across field of vision. Increases with the tension." (five minute silent time lapse here). "Like a fever on the outside of my skin."
AUD: "Do all these manifestations relate to some specific incident?" (snap!)
PC: "Birth!"
AUD: "Should we run birth now?" (snap!)
PC: "No. I might add, 'damn it!'"
AUD: "Do these manifestations also tie onto some other incident?" (snap!)
PC: "Appendix! Oh!! A shot of pain where my appendix was."
AUD: "Should we run the appendix operation now?" (snap!)
PC: "No answer."
AUD: "Do these manifestations that you have described refer to some other incident before birth?" (snap!)

PC: "Yes."
AUD: "Should we go into that incident now?" (snap!)
PC: (moment's silence) "Had a feeling of trying to answer, but the answer was cancelled. Two answers. 'Yes and no.'"
AUD: "Let's go back. I'd like for you to get into the earliest incident on this chain. Is that ok?" (snap!)
PC: "Yes."
AUD: "Ok. One, two, three, four, five—(snap!) Tell me what happens, please."
PC: "Tension increased in my back."
AUD: "Age flash!" (snap!)
PC: "Seven."
AUD: "Seven what?" (snap!)
PC: "Days."
AUD: "Continue, please. Contact it as closely as you can."
PC: "Pressure in my head. Forehead."
AUD: "Now is this just pressure or is there pain too?"
PC: "I wouldn't call it pain—it's discomfort."
AUD: "Are you moving through an incident?"
PC: "No."
AUD: "Can we move to the beginning of this incident please? Contact the effort in this incident and move through it?" (snap!)
PC: "No incident."
AUD: "What is this?" (snap!)
PC: "Just an effort."
AUD: "A general effort?" (snap!)
PC: "Yes."
AUD: "Is this general effort in prenatal?" (snap!)

PC: "Yes."

AUD: "Let's continue to contact this effort in prenatal, if you please."

PC: "Back is more relaxed . . . just a trace . . . of tension . . . there . . . the field of light is changing, moving."

AUD: "Is this light symbolism?" (snap!)

PC: "No . . . (yawn) . . . feel relaxed all over . . . ten-seness gone out of my muscles, just a warmth left . . . slight feeling of tension in my right forearm . . . almost a pain level in my elbow . . . right arm feels much larger than the left . . . (sigh) . . . present time."

AUD: "Flash. Can we go back to the prenatal area and contact the general effort?" (snap!)

PC: "I felt general effort as the answer to that. No yes or no. Not the words, just the feeling."

AUD: "Ok. I'll count from one to five, with your eyes closed, please; move back to the first of general effort . . . back to the beginning of general effort. Contact it solidly . . . I'll count from one to five; please contact it. One, two, three, four, five." (snap!)

PC: ". . . warmth."

AUD: "Does this seem pleasant?"

PC: "Yes. It's very shortly after conception . . . I'm still round . . . no arms and legs. I feel like a blob. It's warm on the outside . . ."

AUD: "Are we moving forward in time?"

PC: "Yes."

AUD: "Continue please."

PC: ". . . (yawn) . . . warm . . ." (some minutes elapse, silence).

AUD: "Would you care to name or describe this present effort?"

PC: "The effort to grow."

AUD: "Where do you feel this effort to grow?"

PC: "All over. Especially my arms and legs, especially my head and neck. It's all over—these are accentuated points. I'd almost have to change the word 'effort' to 'desire.' I feel I want to grow. Pain in my *left* side about the same position as the appendix was on my *right*. I've felt this pain many times in my life, especially when running too far or too fast."

AUD: "Are you running too fast now?"

PC: "No . . . There's more of a pressure at that point . . . (yawn) . . ."

AUD: "Is this effort or desire to grow still moving through the prenatal?" (snap!)

PC: "Yes . . . very slowly."

AUD: "Could this be speeded up?"

PC: "It can be skipped."

AUD: "If it were skipped, what should we do next?"

PC: "Come to the point where I have legs, and a neck, and arms."

AUD: "Shall we do that now, please?" (snap!) (a minute passes in silence)

PC: "The effort is to stretch. Feel very warm. Just a bit tired of lying in the same position . . . feel all folded up . . . (yawn) . . . seven months . . ."

AUD: "Seven months? Have we passed over any traumatic experiences?" (snap!)

PC: "Yes."

AUD: "Should we go back and reach these traumatic ex-

periences? What would the first traumatic experience be?" (snap!)

PC: "Three. Three . . ."

AUD: "Three what?" (snap!)

PC: ". . . just three . . . three experiences . . ." (laughter)

AUD: "Go back to the first traumatic experience, please."

PC: "It's birth."

AUD: "Are there now available any experiences before birth that should be contacted?" (snap!)

PC: "No. Not at this time. Grief."

AUD: "Is this grief before birth?"

PC: "No—birth."

AUD: "Are we able to contact this?"

PC: "Not this grief."

AUD: "Should we at this time move up to birth?" (snap!)

PC: "I passed it. I'm in present time."

AUD: "How are you feeling?"

PC: "Neck relaxed. That's progress in itself."

AUD: "I'd like you to move back to the beginning of general effort once more, if you please. Go back and contact this general effort—the earliest time of this general effort. Contact it solidly."

PC: "Turned right on."

AUD: "Is there some other effort here?"

PC: "Yes."

AUD: "What is the effort?"

PC: "I don't know how to describe it. Like counter-efforts."

AUD: "Can you contact this solidly, until it is about the same strength as the other effort?"

PC: "I don't have any influence on that effort. Only my own . . . I'm growing in spite of it."

AUD: "Will you go on through, contacting both of these efforts as we move, please?"

PC: "Tense again . . . (yawn) . . . the words 'I'm tired'."

AUD: "Repeat the words, please."

PC: "I'm tired."

AUD: "Again."

PC: "I'm tired."

AUD: "How do you feel when you say these words?"

PC: "Just that." (voice sounds extremely tired, listless)

AUD: "Try the words five times, will you please?"

PC: "I'm tired. I'm tired . . . I'm tired (tiredness in voice becoming more pronounced) I'm tired, I'm tired."

AUD: "Are there any other words here that are effective?" (snap!)

PC: "Not that are effective."

AUD: "Who says 'I'm tired'?" (snap!)

PC: "Mother!"

AUD: "Ok. Are you continuing to move?"

PC: "Yes. (long yawns) I'm up to jumping point."

AUD: "What do you jump over?" (snap!)

PC: "Time."

AUD: "You jump over time. When do you start jumping over time?"

PC: "I don't know how to express it. At the end of this pleasant time I'm about to enter painful experience. Very early."

AUD: "Can we contact this place that is not pleasant?"
(snap!)

PC: "No. Otherwise I would."

AUD: "What is there in it?" (snap!)

PC: "Don't know."

AUD: "Does it seem like it might be pain?"

PC: "Yes, there is undoubtedly pain there . . . fear . . . everything. I'm not afraid of it. I just skip over it. (yawn) I just stop there and start someplace else."

AUD: "Have you run into this period in other sessions?"

PC: "No."

AUD: "What age is it?" (snap!)

PC: "Three weeks."

AUD: "After conception?"

PC: "Yes."

AUD: "Three weeks after conception. Now in this incident, how much time do you consume?" (snap!)

PC: "Twenty days. Mother's sick."

AUD: "Could we at this time contact the effort in this incident?"

PC: "No. (yawn) I say no, and the answer really comes 'birth, birth, birth.' So actually to give a yes or no answer I interpret."

AUD: "Is something holding us out of birth now?"

PC: "No."

AUD: "If we move forward from this time would we be able to continue running birth?" (snap!)

PC: "No answer—no reaction."

AUD: "All right. Now in this incident that lasts twenty days in the prenatal; is there something we should

do before we run this?" (snap!)

PC: "It's not keyed in present time."

AUD: "It's not keyed in—I see. Ok, then, right at this time there is no reason to run it?" (snap!)

PC: "No."

AUD: "Ok. Now have you jumped over this incident and are you moving on again?"

PC: "Yes. While we've been talking. I have the feeling that my mouth is working for the first time. My jaws working for the first time. Before I was born. There's that pain again."

AUD: "Appendix?"

PC: "No. The other side. Something pushing in, not so painful this time but there is a depression there. It's as though there was a deep, steady pressure from outside. As though mother had her hands on her hips with her thumb pressing. Or the doctor. Or somebody. It's as though I had muscles in my belly where the intestines are. My eyes burn . . . I've got two sections at once . . . two sections of birth . . ."

AUD: "Oh, you're in birth now, are you?"

PC: "At least there's something burning my eyes. I've got . . . this side hurts . . . occurs at two different times but both running now at same time . . . have the feeling of not breathing . . . neck is very tense now . . . the dark and light visio is starting to float around . . . (laughter) . . . the fact is, mother's having a bowel movement. My neck's a little tense now."

AUD: "Moving through the incident?"

PC: "Yes. About twice regular speed."

AUD: "Where are you in the incident?" (snap!)

PC: "Near birth . . . I've stopped someplace now."

AUD: "What's holding? What's stopping?" (snap!)

PC: "Nothing."
AUD: "Can we start again?"
PC: "Yes." (laughter)
AUD: "Is this another BM?"
PC: "No. This is why you need an auditor. I stopped because there was pain there."
AUD: "Oh, I see. All right, let's move through it again. Moving now?"
PC: "Yes. Pressing into the stomach now. It's not really painful, just uncomfortable . . . I put forth a definite effort to repel this pressure . . . the effort is reflected in my neck . . . that is, I brace myself by my neck. I push with my head . . . I'm all curled up with my knees in my belly . . . I don't suppose that makes sense but that's the way it feels . . ."
AUD: "If you push too hard with your knees, you'll push your knees into your own belly, is that it?"
PC: "Yes. So I just push with my head . . . I didn't know I was that smart (laughter) . . . there's a dull pain back of my eyes now . . . head feels like it's soft . . . (laughter) . . . mother used to say this . . . (laughter) . . . I just had a flash from another portion of the time track—the reason why I can recall . . . somehow or other I can recall putting my hands to my head and feeling the soft spot and feeling the heartbeat there . . . later, after birth . . ."
AUD: "You are still in the incident at birth, though, are you?"
PC: "Oh, yes."
AUD: "Continue."
PC: ". . . This is the end of it."
AUD: "Are you through birth?"
PC: "No."

AUD: "This particular portion of birth, is that it?"
PC: "Yes . . . up to appendicitis."
AUD: "Oh. Can we get back to birth again?" (snap!)
PC: "I'm stuck."
AUD: "What's sticking?" (snap!)
PC: "Appendix."
AUD: "Do we have to run this appendix first?" (snap!)
PC: "Yes. That's why I can't get birth."
AUD: "All right, let's move to the appendix operation, and go through it. Shall we do this on the effort level?" (snap!)
PC: "Yes."

(This is the beginning of the Effort Processing part of the run. The auditor was allowing the PC to run free, on the incident-perceptive level, in order to see his reality and contact improve. At this time it seems possible to run the appendix operation, then return and run birth in this session.

Note the instructions of the auditor to PC in the following paragraph. Besides asking PC to run through the operation he is asked to continue to a time when he is out of it and feeling good. This is past relief and on into the higher tone level following the operation.

PC had been given sodium amytal approximately one half hour before being taken to the operating room and a spinal anaesthetic just before the operation. He was in a state of partial drugged unconsciousness, during which the sense of time was much expanded. Speech was continuous but when PC heard others in similar drugged state talking, he realized that he must have talked very slow and almost incoherently.

During the operation he watched all proceedings with eyes open up until the moment of injection in the arm. Three incisions had been made at the time of final injection. Total unconsciousness followed the arm injection.

This PC contacts and runs effort well, although he reports.

that in a recent session he was unable to really feel the effort of a similar incident.)

AUD: "Let's contact it as closely as possible on the effort level and proceed from beginning to end until the time when you are through with the appendix operation and feeling good. Is this ok?" (snap!)

PC: "Yes."

AUD: "I'll give the starting signal . . ."

PC: "I'm in it."

AUD: "Ok. Continue please."

PC: "There's apathy in this one . . . especially there where they cut me . . . pressure there on my stomach; somebody's pushing there, their hand on my stomach . . . I'm trying to push the hand away . . . it's heavy . . . ouch! . . ."

AUD: "Is this the knife that you felt?"

PC: "It's when they cut the appendix off . . . I ran this before on a verbal level; got a lot more this time . . . I see it much more clearly this time . . . I have a feeling of apathy . . . I gave my control centers to those doctors . . . oh boy that hurts . . . this is the one I didn't feel consciously . . . I felt pain in the muscles where they cut me, then they knocked me out . . . I feel it now . . . got my right arm strapped to a board . . . that's when they knock me out."

AUD: "They gave you a hypodermic injection?"

PC: "Yes. A needle big enough for a horse . . . that's when I think of the horse . . ."

AUD: "The horse that was killed?"

PC: "Yes. I think of it during the operation . . ."

AUD: "Do you think of this while you are unconscious?"

PC: "Yes . . . I see a change in the visio . . . they are

casting a shadow on my face, I think . . . my eyes are closed . . ."

AUD: "Is this the same light and shadow you saw in birth?"

PC: "The same . . . it's similar . . . a lot of similarity between this and birth . . . my arm hurts worse than the cut . . . I think it's the effort to get free. They strapped my arm to a board with adhesive plaster and strapped the board to the operating table . . . at an unnatural angle . . . that's where the pain comes from . . . there's a terrific feeling of effort on this arm . . . feels like it's about to double backwards . . . I think the needle must have stuck in the bone, in the gristle of my elbow . . ."

AUD: "Can you feel it now?"

PC: "Yes . . ."

AUD: "Moving through the incident?"

PC: "I hope so. This is too uncomfortable to stay in. (PC breaths very deeply, suddenly, with long, quick breaths at this point) . . . oxygen mask . . ."

AUD: "Did you breath the oxygen very deeply?"

PC: "Yes. I needed it . . . damn it I wish they'd release that arm . . . there is a strange feeling of efforts here now . . . it's as though you see the shadows of people walking instead of the people. This is not visio . . . I'm trying to express a feeling . . . it is the efforts involved at that time . . . I'm up to the point where they use clamps."

AUD: "They use clamps to . . ."

PC: "To close the outside layer. I don't know what they did to the two inside layers . . . just a feeling of them being closed, like . . . I've still got my arm taped."

AUD: "Is this resistance an effort that you made?"

PC: "Yes. I've got prickles in my hand. I think I can move it now, but the elbow's too stiff . . ."

AUD: "Are the prickles in your hand from the loss of blood?"

PC: "... Wow! (laughter, sigh. Voice changed from low, introverted tone to present-time quality.) What an experience! I'm through the effort part."

AUD: "Ok. Can we continue on through now up to the time when you're feeling good about it? Through the period when you leave and up to the point where you're feeling good following the operation?"

PC: "I can continue on but there's no particular effort there."

AUD: "Ok. Let's go back and go through this again, if you please . . ."

PC: "Oh, can't you relax? Pain . . . just like it was that morning!"

AUD: "Would you like to take a break for a minute or two here to go to the toilet?"

PC: "Better continue while I'm ready."

AUD: "All right. Are you ready to go through it now? Think you can take it?"

PC: "I'm morally ready." (laughter) "I'm bored with it."

AUD: "Let's go through it again on the effort level . . ."

PC: "Start me at the beginning . . ."

AUD: "Ok. Start at the beginning of the incident, and move clear through from beginning to end, smoothly from beginning to end. One, two, three, four, five—please start!" (snap!)

PC: (laughter) "I think 'What prudes they are here.' It's funny, my arm feels all right at the moment. Oh! (exclamation of pain) He's cutting on me."

AUD: "What happened?"

PC: "First cut."

AUD: "They've already given the anaesthetic, and have

now made the first cut. Is that right?"

PC: "Uh huh. The anaesthetic was in my spine . . . my neck is tense again . . . get that roaring in my ears and a high-pitched whistle . . . stretching the first layer of muscle . . . funny, I had to tell them to do whatever needed to be done, and yet whatever they do I am opposing it. And yet as I was consciously concerned at the time, I'd given my control centers . . . control . . . centers . . . control . . . I can't talk because I've got Sodium Amytal in me . . . I'm trying to talk again . . . trying to tell them this anaes . . . anaesth . . . anaesthetic won't last . . . he doesn't believe . . . me . . . I think, 'You bastard, you're just like all the rest.' After all he's a little god around here . . . scalpel feels hot as it cuts . . . might make a note here I went back again and started over . . ."

AUD: "I see. I wondered what happened. You started over again. Are you moving through it now from this point clear on through?"

PC: "He takes the second cut . . . it excites the pain in my left side . . . on the third cut the anaesthetic is all over, thrown off by my body, and I tell them the feeling is coming back to my legs—the pain of pins and needles is here just like it was on the table—this is where they tape my arm, wrap it to this damn-splint . . . they're very quick doing this . . . I've got an oxygen mask on . . . 'breath deep . . . breath deep' . . . I breath fast" (does so)

AUD: "Someone telling you to do this?"

PC: "Yes, the anaesthetist. (has trouble pronouncing the word) They plunge the needle in, but all I feel at this moment is trying to avoid that needle point . . . this is hung up on a maybe . . . the needle represents survival and it also represents non-survival . . ."

AUD: "At one and the same time?"

PC: "Yes. They have my arm at an uncomfortable angle. Doctor sticks his hand or something . . . feels like

his whole damned head . . . in my . . . in the hole he made . . . I just feel like I'm pressing down on the table with my elbow at the same time I'm trying to pull up with my other elbow . . . I feel a strange movement not quite aware . . . my intestine is out of place at the moment . . . I'm all tense . . . if they had left me conscious I wouldn't be tense . . . my right arm gets to tingling . . . especially the thumb . . . they've closed up the wound . . . seems strange to be aware of his clamping . . . they unfasten my arm . . . feel like a wreck . . . they wheel me out . . . (sigh) . . ."

AUD: "They take you to your room, do they?"

PC: "Not a room—a dormitory. (yawn) Only minor efforts involved from here on out . . . as I think of the efforts I get this feeling here of mending."

AUD: "Is this the repair following the operation?"

(By this is meant the repair made by the body—the healing process.)

PC: "Yes. The repair began immediately . . . especially after I woke up. I might say that while I'm going through this on the effort level, there's no real awareness of being unconscious."

AUD: "There's no awareness of being unconscious—that's interesting."

PC: "It's all one continuous session. On an incident level I couldn't contact the unconsciousness. (sigh). My neck is relaxed. My back."

AUD: "Relaxed all over?"

PC: "Yes."

AUD: "Ok. Are you ready to go through it again, or do you want to rest a minute here?"

PC: "I think we can contact it again after we rest."
(Auditor and PC takes a five-minute break at this time).

(to be concluded in April Issue)

The Mail Box

The concensus of opinion concerning a name for the letters department indicates an overwhelming majority in favor of retaining the name now in use.

Skyland, N. C.

May 20, 1952.

Editor, BULLETIN

Dear Sir:

Since Paul Metcalf and I are seemingly the first to introduce Professional Dianetics in these parts we are starting from scratch. Here are some of the non-serious scratches we make, from which the vaccinations seem to take:

In a social group we approach some dominant person in somewhat this manner:

"Mr. Jester, are you connected with the theatre?"

"Who me? No-o-o. (pleased laugh) Why do you ask that?"

"You've been acting so gracious about refilling everyone's glass."

"Oh, well, I always try to act polite in company."

"How do you act in your office?"

"Sorta dignified, a little cool to salesman, curt when I'm asked for a raise." (laughs).

"How do you act at church?"

"Well, when and if they get me there I try to act interested; maybe a little solemn."

"How do you act with your children?"

"I try to get interested in their school and social life, and in their problems, though I must say most of the time they have me baffled."

"How do you act at a banquet?"

"Jolly, usually. I tell a story or two. Then I try to be interested in the speaker."

(Everyone in the group is usually interested by now, and are politely eavesdropping.)

"How do you act at the country club?"

"Oh, I smile when I miss a two-foot putt, and keep a sober face when I win the match."

"How do you act at a funeral?"

"Naturally I act sympathetic, sober—oh, like everyone else, I guess."

"When are you not ACTING? When are you yourself?"

"Hardly ever, it seems."

"What do you do in a serious situation when you don't know HOW TO ACT?"

"Get drunk, I guess." (laughingly).

(Group usually participates at this point, answering for themselves.)

"I usually get ulcers." (ha-ha)

"I get a headache."

"Me, I get a good breakdown. Had three already."

"I take a trip and let things settle themselves."

"I must admit that I fight with everybody."

(Then the Dianeticist comes up with an observation.)

"You see, when we are acting learned roles we are not being ourselves. Mr. Jester, how do you feel about a person who is perfectly natural, regardless of social position, education, or even intelligence?"

"Oh, I like people who are natural. I feel comfortable with them."

"You see, a person who is natural is not acting; He's BEING. He's BEING HIMSELF. He's working on all cylinders. Let's take a twelve-cylinder motor, each cylinder acting-up differently—the power is going to a lot less than if all cylinders were pulling together. You know with most of us the steering wheel of our car (let's call it the mind) works fine, but the motor, the cylinders, (which let's call the emotions) are all fouled up. We're acting this way here, and that way there, while the poor old body of our car is getting considerably battered up. It's suffering from DIS-EASE, especially when we don't know how to ACT. We need to learn how to be more natural; how to be at ease with ourselves with all cylinders pulling together. We need overhauling."

"Are you a psychologist?"

"I'm interested in this new Science called Dianetics."

"What's that? I never heard of it."

(At this point you're on your own.)

We are all attached to the BULLETIN, so carry on.

Sincerely,
Alberta Elliott

*Thank you, Alberta, for passing along your "vaccine."
We'll be looking for lots of good case histories from Skyland.*

724 Sixth Ave., S.E.,
Rochester, Minnesota
May 26, 1952.

Editor, BULLETIN

Dear Sir:

. . . Had an interesting PC yesterday. She became concerned about her eyes when a visit to an optometrist recently indicated that she needed stronger lenses again. She had heard that Dianetics might help her eyes, and came in for two hours of auditing. Grief lifted in a couple of incidents, and a decision was made to face her problems instead of being *blinded* to them. Results: One confused eye specialist and one happy PC . . .

William L. Burrows

Mr. Burrows is standing a lone siege in Rochester, which city, if you recall, is the home of the famous Mayo Clinic.

Nice bit of work, Bill, and thanks for letting us know about it.

NOTICE

Foundation Members

Associate Members

Regardless of what might have been published in the past concerning the beginning date of Associate Memberships, this date is officially July 1st of each year. Since BULLETINS run concurrently with Associate Memberships, BULLETIN mailings on new Associate Memberships begin with the July 1st issue in each year.

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Released at the June, 1952, Conference, THE AUDITOR'S MANUAL is available to Foundation and Associate Members at 35% discount. This book, staff written, is the A-B-C of processing, 1952. \$5.00

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When ordering books and other materials from the Foundation, it would be very helpful to the bookkeeper if you would deduct your 10% Associate Membership discount, or your 35% Foundation Member discount, before writing your check.

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