

The Dianetic Auditor's BULLETIN

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Official Publication



DIANETICS

The Hubbard Dianetic Foundation, Inc.

The Foundation has been chartered in the State of Kansas with these grants: "To study and conduct research in the field of the human mind and of human thought in action; and the application of the principles discovered therein for the relief and cure of all human ills which may be found to originate in the mind of man; and in connection therewith to further study, explore, develop and do research in the science of Dianetics, as discovered and founded by L. Ron Hubbard; and in furtherance and not in limitation thereof to teach, educate, demonstrate, explain, show, publish and declare, by any means, the facts, findings, results, principles and axioms ascertained in dianetic research of the human mind for the cure, relief, and release from all human ills and ailments which are derivative from engrams and psychosomatic control and command of the human mind and body. To have and exercise all powers conferred upon a corporation by the laws of the State of Kansas."

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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 THE AUDITOR'S MANUAL.

WALDO T. BOYD
Editor

Responsibility and Self-Honesty

Often you hear the question, "How can I accept Full Responsibility?" Analytically one recognizes that the acceptance of Full Responsibility has a lot to do with the resolving or clearing of our own as well as our preclear's case. In attempting to carry out Full Responsibility we sometimes find ourselves bogged down, and in many ways not even knowing how to apply the concept within the realm of feasibility.

Some insist that to be fully responsible one must feel that responsibility for the world or for anything that may happen in the world at any time. Viewed from this level of understanding, the concept becomes too abstract for application.

How can one be responsible for a stranger on a strange road in a strange land? This can be fully understood in the light of optimum development in harmony with the eight dynamics.

The eight dynamics are one with the principle dynamic *Survive*. The principle dynamic *Survive* can be viewed or measured when we relate it in terms of a gradient scale; the further we come up the scale of optimum survival the more attention and action we are giving to the other seven dynamics that are inherent in the principle dynamic. The object of the principle urge of the organism, represented by the eight dynamics, is the propelling of the individual toward optimum survival, oneness with the universe, or oneness with God. call it what you may.

As to the stranger on the strange road, in a strange land, it is not feasible that each of us could have been there to guide or help him, but it is feasible that our influence, the influence we might have had with optimum *action*, could have been there to lend him help or information. To the extent you were not optimum is the extent you failed in your responsibility.

Our responsibility, out of necessity, starts with ourselves. Optimum, we would carry out our responsibilities in a spontaneous action resulting from first being honest in recognizing the basic clues to action that our inner self—the dynamics—manifest to us through feelings, or the “inner desire to do right.”

When we rationalize away these inner feelings or *hide* them from ourselves, we are not being honest with ourselves and in turn not accepting Full Responsibility.

—R. L. W.

A Physician Discusses Dianetics

from a lecture by PAUL BEAVER, M.D.

Introduction

Dr. Beaver is a general practitioner with an M.D. degree, and has been located in Leetonia, Ohio, a small town of approximately 2,500 people, for thirty years. He is a graduate of the Western Reserve University School of Medicine in Cleveland.

About twenty-two years ago a number of physicians with whom he met and practiced agreed to take certain interest in certain of the specialities, so that in a small community they might serve their patients better. Dr. Beaver picked the special interest of proctology. He subsequently became an Associate Fellow of the American Proctologic Society. He has been president of the County Medical Society, and has been president of the seven-city one-hundred bed hospital, with a staff of approximately thirty doctors.

In the spring of 1950 he made a trip to California to be present at his son's graduation from U.C.L.A. While there Paul Beaver, Jr., presented him with the book DIANETICS: The Modern Science of Mental Health, and asked his father to read the book and give him an honest appraisal.

"If I hadn't been completely open-minded," Dr. Beaver said, shortly after completing the reading, "I think I would have done what a lot of people did—throw it in the ash can. Certainly the text was not conducive to winning the support of the medical profession."

However, he continued to give the book a searching analysis, and finally felt that somehow Dianetics might be the answer to the psychosomatic problem. He later investigated Dianetics, and had as many as five auditors working in the vicinity. He kept a watchful eye on the results. Many of the physicians in the vicinity have become interested in Dianetics and have referred cases of psychogenic disease. They have come to accept the position—at least many of them have—that Dianetics is simply another tool in the treatment of the ill patient.

—Ed.

Investigation

When Dianetics first came to my attention in the Spring of 1950, I was well aware of the psychogenic problem my patients experienced. I could readily agree with the statements of some of my colleagues to the effect that at least seventy percent of the patients who visit the physician's office have afflictions which may be traced to psychogenic cause. For thirty years I have searched for an answer to this problem.

Among the psychosomatic diseases is the one of anxiety neurosis. Every practitioner of medicine has had many of these patients who have gone from physician to physician and from doctor to doctor, from one "fringe" profession to another, complaining of illnesses which he cannot well define. Such a patient is really a sick patient. He may be treated with suggestive therapy or with different types of medication, but to put it mildly, these patients are really problems. Sometimes, though, the patient has so much faith in his doctor that he may be cured by faith alone. The old family-doctor tradition in particular is of interest, for he was the counselor and father-confessor, and most of us have had to do a certain amount of this type of therapy.

There was a day, not so far behind us, when a doctor travelled by horse and buggy, and oftentimes it would be three days after he would receive a call until he could arrive at the patient's home. The patient's anxiety was relieved the moment he walked into the room, and he began to be better at once. Seriously, the emotional, or "faith" part of the healing was right there.

Unfortunately, thanks to the hustle and bustle of modern living, through the "scientific" approach, the family doctor is pretty much a man of the past. People now demand that the doctor be their servant. He is to come when they call, and if he doesn't drop everything the moment the telephone rings, they are very much upset. Times change. Values change. And medicine changes.

I read the dianetic book, and despite my misgivings about it during that summer, I discussed it with my friends and other physicians, and with my family. In the Fall, I had the opportunity to go to New York, stopping quite by accident in Elizabeth, New Jersey. Remembering that the Foundation was there, I decided to investigate Dianetics' activities there. My wife and son accompanied me. Some of you reading this informal article were at that old Foundation; I hope you won't take offense at what I say here, but if you ever saw a bunch of starry-eyed individuals running around in a frenzy, this was it! Just a glimpse of them would frighten away almost anybody the moment they walked in the door. But somehow we went on in and became acquainted.

The next morning, at the request of the Foundation and Mr. Maloney, we attended a lecture, and were very favorably impressed by the sincerity of the lecturer, Mr. Paul Koontz. He did not make exorbitant claims for Dianetics, but said he thought we were on the track of a new science which would be of great benefit to people.

It was decided following this visit, that my son, who was a graduate of U.C.L.A. in Music and Psychology, and who in addition to this had twenty-six hours of Advanced Math, and some thirty-two hours of Electronics and Physics and who I thought was particularly trained to make an appraisal, should return to the Foundation as a "guinea pig" and be intensively audited. Paul did go to Elizabeth, enrolled in the professional course at the Foundation, and while there decided that his mother should come and take the course.

She had had arthritis of the hands, and we had so far found nothing which had given her very much relief. She went there for an intensive run, and then decided to stay and take the course leading to H.D.A. Her hands were greatly improved and certainly there was much validation in what my son and Mrs. Beaver told me.

At about this time I decided that I, too, should go down and see what attraction the Foundation held for the other two members of my family. Accordingly with another physician who was interested and a patient of mine who had a severe case of acute eczema, I did go to the Elizabeth Foundation and had an intensive run, as did the physician accompanying me.

The patient whom I had taken along was a young man who had become progressively worse for a period of two years. Some two weeks prior to our trip to the Foundation, he had an automobile accident and following this his eczema flared up with great acuteness. His face would swell, itch and burn, and run serum which he would catch with a towel. Following the serum exudate crusts would form, and he would exudate the crust like a snowstorm. In addition to this his forearms and arms were involved as well as his thighs and legs. He had been to a number of excellent skin specialists prior to this at my request, but had had no improvement. He was the father of two children, paying for a home, and had to borrow enough money for this trip. With some sort of brash courage that I don't ordinarily have, I had convinced this patient that Dianetics might help him. He had thirty-six hours of auditing from a student auditor.

One day, near the end of his intensive run, his auditor told me that he felt he had hit the cause of his eczema and that he had seen the skin change during session. This patient did not know anything about Dianetics, nor about biology. It was one of his first trips away from home. He returned home immediately following the intensive run and I did not have the chance to see him for another week.

I was truly amazed. His skin was as clear as mine, and now, two years later, he has never had a recurrence and his skin has remained totally clear. He has had no more auditing, and he has felt excellent and has done a fine job at his work, since that time. Naturally, being relieved of this distressing disability would raise his tone, and it did. Since then he has had his son audited and his wife has had dianetic "first aid," that is, a "medical assist," for a severe electric shock.

Having seen these results, I arranged to have auditors come to Leetonia and work with me in our community. Dave Diamond was our first auditor, and has been with me off and on ever since. A number of other auditors have since come and gone, and I have truly seen Dianetics develop from the horse-and-buggy stage right down to the present time, in my own locality, and can vouch for its present state of usefulness. I think there is much yet to be learned, but I am also sure that much *will* be learned.

Laura Hamilton, a graduate of the Wichita Foundation, and a product of our own locality, is now with us. Laura has a B.S. degree from Western Reserve University in Administrative Nursing. In addition to this she had a year's training at the Menninger Clinic in Kansas, and has done some work toward her Master's degree, and was Assistant Superintendent of Nurses at the Massillon State Hospital for Insane. Nearly two years ago she heard me talk to the alumni association of nurses in Salem, Ohio, and about two months later came to me and asked if I thought Dianetics might help her. For several years she had had an increasingly serious disability in the form of cardiospasm, which in common terms means a pain in the chest caused by spasm at the lower end of the esophagus, or at the cardiac end of the stomach.

This pain would come on most unexpectedly and often required an opiate to relieve it. On this account she became very distressed, fearing that she might eventually become an addict. She had been to the Cleveland Clinic, and they had diagnosed a hiatal hernia, but said that even though she were operated they would not guarantee that this would remove her cardiospasm.

I told Laura we would be glad to assign her an auditor, but that we made no promises to anybody. She was audited by Adrienne Elliott, who was in Leetonia at that time. After forty-four hours of auditing, since that time she has not had a recurrence of the cardiospasm. That was in October, 1951. In January, Miss Hamilton went to the Wichita Foundation and became an auditor, and has been doing excellent work ever since.

In addition, we have sent Miss Lois Switzer of our group to Wichita, and she too is a graduate of the Wichita Foundation, and is one of our regular auditors. Another member of the group we audited here was a pharmacist from another town who had had a probable coronary heart disease some three years before the time he came to us. He had a cardiac irregularity with a drop beat, missing about one in four. He quit taking any medication when he came here, and on the second day of auditing he turned on a normal cardiac mechanism and has never taken any drug since, nor has he since

had any irregularity. He, too, graduated from the Wichita Foundation.

Over a period of time we have treated more than 110 cases, and are in the process of preparing case histories on many of these, which we will eventually publish, probably through the Wichita Foundation. One thing I wish to make clear: we will recount all cases without any padding and will try to analyze the cases as best we can, and include comments. We want to make this as scientific as possible. We realize we have not had one hundred percent results, but neither has anyone else, using any other type of therapy. I do know that our batting average is much above any other type of therapy for the treatment of psychogenic disease about which I know. We understand that some people have aberrations which make them leave before they can really get down to work, or when we get close to the root of the trouble. Of course, we have neither the means nor the desire to make them stay against their will.

Some Interesting Cases

One of the very interesting cases we had was in the very early days of Dianetics. This patient was a young man who, following severe football injuries, began to exhibit some personality change, and had difficulty in school. Finally, after the Christmas holidays, he quit his job and after much indecision, joined the army.

It was during the early days following his enlistment, when he was in training, that he began to have very severe headaches. His father became very alarmed about the boy and asked me to write his commanding officer and tell him of the football injuries; which I did. I feared that he might have a brain lesion from one of these injuries—that is, a subdural hematoma. I do not know how much examination he had but after observing him in the hospital for a period of time he was given a medical discharge. The medical department of the army felt there was nothing they could do for him.

When he returned home, I suggested to the boy's father that we treat him with dianetic auditing, and he agreed to this. However, we first sent the boy to a recognized neurologist and had an electroencephalogram done. He gave me a re-

port that there was no sign of brain injury, and so we proceeded to the auditing. He was assigned to C. C. Street, who was with us at that time, and was audited for two hours one day and three hours the next. Mr. Street then told me he didn't think the boy would need any more auditing. I was dumbfounded.

"Do you mean to tell me that you think you have straightened up this boy in five hours—a job that the army medical personnel didn't do?"

"Well," he said, "I don't think we should take any more of his money until we see."

That sounded very honest to me, so I decided to await results. The crux of it is this: he has never since had a headache. He has gone back to school, is getting excellent grades, and his family is very happy about his personality change which has returned to his happy and healthful state of mind. There can certainly be no doubt but that we can thank Diagnostics for his present state of health and well-being.

Cases such as that of the boy just mentioned are the type we would like to talk about all the time, but on the other hand let's get a little of the bitter with the sweet.

We had another patient, an elderly woman who came to us of her own volition to be audited. She had had a great deal of illness, and had a great deal of pain and discomfort in her left side, considerable trouble with her bowels and constipation. After a few days of auditing, this woman had a normal bowel function, good appetite, had gained weight and felt very well as all her pains had disappeared. I thought she was doing excellently. But her auditor told me one evening as we discussed her case that this woman would probably die within a year.

"Reactively," the auditor said, "she doesn't wish to get well."

She had had some twenty-six deaths in her immediate family and close friends in the last thirteen years. The auditor further remarked that if she goes back into her old environment he felt sure that she would have a relapse. We advised the patient to change her method of living and her environment, but she had an aberration which compelled her to return to the old home. After only a few weeks she reappeared, re-

questing more auditing. She had slipped back to almost the place where she was when we first saw her.

I was so anxious about her that I hospitalized her, and did a complete X-ray study so that we could rule out possibility of cancer of the bowel. Nothing was found. She was audited again at her request and came up the tone scale. Her somatics turned off and she improved. She went home again.

After this had happened three times, she became discouraged and went to another physician, who gave her sedation. She rapidly became worse, and finally died in a nursing home some six months later. I understand there was no autopsy done, but I certainly believe that she died of her own volition. I do believe that one's thoughts can kill one.

Now let's go to the other side of the ledger.

One night recently I had a telephone call from the physician who had accompanied me to the Foundation.

He said, "I think you'll have a telephone call tonight from a patient of mine. I have referred her to you, provided the family is agreeable to having her audited, and I am giving her the choice of being dianetically audited or going to the mental receiving hospital."

He gave me a brief history of her past, saying that she had had an intermittent diarrhea for some two years and that the last time she had it she had had fifteen to twenty bowel movements a day for the period of some nine months. She had failed to respond to any medical treatment although she had been in the hospital two times for check-ups.

On Wednesday night prior to the time I recall, she had become blind, didn't eat, kept the family awake at night, was completely out of present time, and was in a paranoid-manic state. The situation had become very desperate.

About an hour later her husband called me and made arrangements to have her audited.

On the following morning Miss Hamilton went down, and by noon the woman sat up, and although prior to this she had been on a diet, she drank four cups of coffee and ate four pieces of pie, and then resumed her auditing, continuing to discharge emotion.

By evening the patient was doing very well, and that

night ate a normal meal and slept all night without medication.

The next morning she had four more hours of auditing—all that Miss Hamilton could give her at this particular time. That evening the husband telephoned me, saying that his wife was in excellent mental condition, and that the whole thing was beyond his belief, but that she was still “pretty mad at the auditor.” I explained to him that we expected this and was delighted to hear about it. Actually, I didn’t see the patient myself, as I had trusted the judgment of the physician who had referred her, having great confidence in his ability.

A week later this woman came to my office. She was entirely in present time.

She said, “I just had to come up to meet you, doctor, and thank you for what you’ve done for us. I’ve thrown away all my medicines, and I’m having two normal bowel movements a day, and I haven’t felt like this in years. I found out what I was running away from. It was a phobia.”

I have personally kept track of this case since that time, and am glad to report to you that she has been perfectly well ever since. In fact, she has gone through rather distressing episodes in her daily life which might have thrown a much more able woman.

These are the cases we like to tell about.

Professional Suggestions

In my regular office practice, handling patients at the rate of ten to fifteen-minute appointment times, the explanation of Dianetics has had to be a rather rapid process. Usually, we ask the patient to come back to the office in the evening to hear more, if they are interested. In this way we have continued to educate people and, we hope, to contribute something to the advancement of dianetic education. I do not charge my patients for these evening talks, nor for the supervision of the case during auditing, although we do make a charge for the full medical examination prior to auditing, if one is needed. I consider this work a part of the research in Dianetics.

It is my contention that an auditor is a technician and a professional person. He should make his own fees and should

arrange for the collection of the fees from the patient. In addition, the auditor should be a highly ethical person, who conforms, perhaps, to the aberrations of society to the extent that he looks like a professional person. He should remember that the patient has been brought up in an aberrated world and is himself a part of that pattern. If he is going to help him he will have to conform to a certain extent, even if he does it with his tongue in his cheek.

Many auditors, unfortunately, have become so engrossed in what they are doing that apparently nothing much else matters. And that is not optimum conduct. When dealing with the public, one should present as neat and orderly an appearance as possible. If you are working and collecting fees for your work there is no excuse whatever for failing to make a presentable appearance. As a doctor I hear many of the little whispers which have gone around about Dianetics. The public has reacted unfavorably to the slovenliness of many individuals who claim to be the essence of self-determinism. If you are to gain a case opening you must develop first an affinity, and for this there must be a basis of reality for the patient. One of the most important starting points may be personal appearance.

Public Appeal

Dianetics is really easy to explain. However, one of the things Hubbard included in his first book is difficult for many people to assimilate—namely, that one can remember things before his own birth. I quite agree with the public in this, because there is a great deal of difference between standard memory of the analytic mind and the survival-reactive recordings of the reactive mind. Nearly everyone in Dianetics at first confuses these two things.

Never make the mistake when explaining Dianetics of presenting other than a very clear picture of the difference between these two states of mind. When speaking of the analytical mind, use the word “memory,” and be sure to notate that memory doesn’t begin until the person is perhaps six months of age, and that it is that part of the mind which is used to store data which may be used for analytical computations. On the other hand, in the reactive mind, which is the

primitive mechanism of the lower animal, data is stored as a total experience. And that only during periods of pain, grief, unconsciousness or when survival is threatened, will recordings be made. It is also important to notate that the individual uses the same receptors—that is, eyes, ears, tactile sensations, etc.,—to gather the data for either mind, but during moments of pain, grief, unconsciousness and fear the analytical recording is shut off and the data is shunted to the reactive mind as a protective mechanism to warn the person when he gets into a later contra-survival situation.

Give your listener an example of the paramecium, a tiny one-celled organism which is motile, and is found in pools of open water. It has been shown to have a primitive, reactive mind. It is easy to demonstrate this by making the experiment or ringing a bell, flashing a light, and stimulating the organism with a small electric spark. After two or three times of such injuries, it is only necessary to flash the light or ring the bell, and the organism responds as though the spark were once again applied. Thus does a one-celled organism develop an aberration. It has now accepted light as being contra-survival even though it is quite evident that light is necessary to its survival. It also considers certain sounds as a danger symptom, and has buried these experiences in its reactive mind. When a foetus experiences something which happens while it is in the womb, it experiences the event *in toto*. What happens has absolutely no value to the analytic mind. The reactive mind which contains the experience-recalls cannot take apart the memory of the incident, set up a hypothetical question and come out with an answer as does the analytic mind.

As soon as you remove the idea of memory of prenatal incidents, you have broken down the mental block which has made it difficult for individuals to have reality on prenatal recording. If it is explained that all this is locked-in memory, that the patient is not actually conscious of it, he will not be antagonistic. His mind's door is then open. One might also introduce the subject by asking people if they know what life is:

“Have you ever thought what a magnificent piece of work it is, that the human ovum after fertilization comes into

being as a one-celled organism, and from that cell comes every cell in your body?"

Induce the individual to think. Very few people have thought about these things. As soon as he realizes the importance of these questions, he will be ready to listen.

Recently I talked to a mother's club. I told all kinds of stories about Dianetics, and explained the basic theory very carefully; reactive-survival recordings *vs.* memory. I don't think there was one woman in the audience who didn't come up and shake my hand and tell me how glad she was to hear about this. They had heard about Dianetics, but had been very much confused. They said that now, for the first time, they understood the meaning of this behavior mechanism. I feel that it was the manner of presentation which helped them to understand.

There has been too much confusion, too much mysticism, but remember: what is mystical today is the known fact of tomorrow. Maintaining, or better yet, initiating interest is simply a matter of remaining within the framework of your listener's reality.

One of the best examples I can think of at the moment, that you can give a new listener is that which appeared in the first dianetic book under the heading of Reactive Mind. It is the story about the fish that swam in brackish water. Read that story over again, and learn to tell it well, in your own words. It is the kind of reality your listener understands. It makes the reactive mind simple, and understandable, and suddenly an understanding of psychosomatic disease is born.

I had a personal experience with one of the most illustrative examples of the reactive mind at work in a patient, just after reading the first dianetic book. A young boy of high school age was playing touch-football during his noon-hour and was running with the ball in the course of the game. He suddenly fell over, unconscious.

When he regained consciousness he had a very severe pain in his right hip and could not move it. In addition, he had a very severe headache, and a severe pain and soreness in his right shoulder.

A local physician was called. He examined the boy and feared he might have a severe injury to the hip, although it was hard to understand considering that he had had no vio-

lent bodily contact. He gave the boy a sedative and sent him to the hospital for X-ray, and then referred him to me as he was my patient.

I saw the boy about four o'clock in the afternoon. He was sitting up in bed trying to convince the staff he was well and wanted to go home.

When I came in he said, "Doctor, there's nothing wrong with me. I'd like to go home. I'm all right."

Suddenly, something I had read in Dianetics flashed into my awareness, and I wondered if this could be a "key-in." I said to the boy, "By the way, when did you have a similar experience to this?"

He studied a moment and said, "Why, last year, Doctor. I really was conked on the head in a game of football, and was knocked unconscious."

"Tell me what happened," I invited.

"When I came to I had a terrible pain in my right hip. My shoulder hurt me, and I had a terrible headache. I fell in the lime, and it had gotten in my mouth, and my throat, in my nose, and it tasted terrible."

"Anything else?"

"No."

I said, "By the way, did you taste anything this time?"

He said, "Doctor, I didn't tell you before, but I coughed up some of that lime I swallowed last year."

If you have ever experienced a clearer validation of the reactive mind, dramatizing a past painful experience, I would like to hear about it.

An Aside

Personally, I do not do any formal auditing, except for a little straight-wiring, which every physician has been doing since the beginning of time. Some of the best results we have had in the relief of psychosomatic disease has been in allowing the patient to sit down and tell you his story. The only trouble with physicians today is that with a busy practice, even though a large percentage is of psychogenic cases, we do not have the time to listen.

Some Speculations

Recently we became interested in what is called Tono-Therapy, developed by Jack Beaver, an electronic engineer from Pittsburgh, Pennsylvania. I believe that this awareness technique will grow in usage and altitude with auditors. Actually, it deals basically with body-awareness.

We have long realized that the cells of the body must have communication, or inter-communication. When a multi-cellular organism became a reality there had to be some sort of integrating mechanism set up whereby every cell in the body could be cognizant of the activities of all the other cells of the body. This is one of the most impressive examples of democracy at work that you can imagine, and if you would know how democracy should work, look within yourself. You have the answer there.

Beaver didn't say too much about communication in his little book, except that by scanning the body for awareness he found that one could turn on some type of awareness. It might appear as tingling, or as a pulsation of the blood through the arterials, and that there might appear to be parts of the body which had been "shut off," out of communication with the awareness, that is.

This, of course, leads us to a very fertile field, that of mechanism. It would seem at first that we are getting just a bit far afield from Dianetics, but I think you should think of the existence of this aspect. We find that as persons scan their bodies they sometimes realize that there are areas of themselves that are occluded to them. Then, by simply concentrating on this particular part of the portion of the body—or even by the "laying-on of hands," by another individual—they might turn on awareness in the area that has been occluded and in so doing bring up an old injury to the memory. At this point the incident may be run several times, as in Standard Procedure.

A patient came to my office one day who, several times before, had had severe cramps and pains in the lower extremities. I had sent him to an orthopedist, but with no positive results. There appeared to be no pathology that we could demonstrate. This fall he appeared in my office on the day of the first snowfall of the winter. It suddenly dawned on me

that this might be a restimulation and I asked him if he could remember how long he had had this trouble.

He said, "Doctor, my feet have never been warm since I froze them in Germany, during the war."

"Would you like to try an experiment?" I asked him. He replied in the affirmative.

So I had him lie down to enable him to concentrate a little better, and asked him to close his eyes and be aware of his thumbs. He said he was aware of them.

"Well, what do you feel?"

"They're tingling," he answered.

Then I asked him to move his awareness down to his knees. This he was able to do, and then we continued on down. When he got to his ankles he could have no sensation of awareness below the ankle bone. His feet were just not there as far as he was concerned.

I told him that he didn't need a physician, but that a psychologist might be able to help him. He was sent to Mr. Diamond, who spent two hours with him. Within twenty minutes of auditing on awareness, wriggling his toes and using other little tricks to get him to concentrate, his feet began to get cold. He related the incident during which his feet were frozen, and as the charge came off his feet began to get warm, and got so hot that he could hardly stand it. A few times over the incident, and in two hours he had once more established communication with his lower extremities. He has had no further trouble with his feet or legs since that time.

I have a pet theory about the mechanism of this tonal impulse. I think that it is generated someplace in the body and is distributed probably by the sympathetic nervous system, and is constantly being emitted and influencing the cells of the body. I feel it is a very intricate mechanism, and we'll just accept it as that for the moment. These impulses are constantly directing the activity of the cells in the biochemical processes so that they may function in proper timing and reaction. It is a reality to me—you need not accept it because I say so—that in the brain or analytical mind, when pain occurs you analytically try not to feel that pain. Apparently, the analytical mind abhors pain, grief and unconsciousness, terror. When you strive not to feel pain you may "pull out

the switch," and when you do you may forget to turn it on again. This may also shut off some of these tonal impulses that are necessary to the health of the individual cells of the body.

I suppose that most of you have read the paper *Mechanisms of Life*, by Dwight Bulkley. It certainly is a provocative piece of writing in my opinion. However, I have thought of this a great deal and am now prepared to go a bit further than Mr. Bulkley does in his thesis. I believe that all material in this world is electro-chemical-physical. With all material motion there is a resultant electronic radiation emitting a wave-length that is much too short to measure by any method we have at the present time. It may be that man has learned to respond to the frequencies from within his environment which are beneficial. Other frequencies may be detrimental if they are in too strong a concentration.

What is the "light" which sometimes occurs to patients in auditing? It is within—you may call it your aura if you wish. You may call it the influence of God, or anything else which seems to fit your reality. I believe Buddha had it—he was known as "The Enlightened One." I think the word "enlightened" is not symbolic, but real. I think the Quakers had it when they spoke of The Inner Light. I think Jesus had it. I think any person living has that potential provided he can become the aesthetic man.

We have had patients who have turned on this "light" in auditing and who have experienced a tremendous sense of ecstasy. Their awareness increased tremendously, as did their ability to use all of their sense perceptics. The most fascinating thing about this "light" is this: that when a patient resonates in this band, the auditor may also see light in the room, and I am sure that what they see is a radiation of a frequency such as I have described, to which they, too, have resonated. The ability which some seem to have, to get into this electro-chemical state in which they can resonate with the beneficial wave lengths in the universe, has really helped these individuals. I feel that when someone "lays their hands on" (to heal) others and performs "miracles," that they may actually affect the cells in proximity to their hands, because they may be radiating a wave that is definitely beneficial to the cells of that part of the patient's body. I further think

this provides an explanation for what we see in mob-psychology, when the whole mob begins to resonate on a certain anger-band, anger being a certain wave-band.

Apathy is probably another wavelength. And so is joy, and once you have become cognizant of these wavelengths, and can be aware of them because you resonate with them, you can sense these emotions in others.

There is a very interesting "coincidence" within our anatomical structure. If you will look with a microscope at the Perkinjic cells in the brain, you will find that they have many tiny protrubances which project from the cell body like antennae. I feel that these perhaps are capable of picking up these wavelengths that are generated either within the brain or within the universe about us. It is interesting to think also that the axones of the neuron may be co-axial cables, and like the co-axial cable in telephony, may be capable of carrying many messages to the cells, simultaneously. If this is true, it is not all just a push-utton, with the solenoid reaction of the muscle on the other end.

If this should prove to be true this theory will open up tremendous fields of study. I believe it gives one new concepts with which to work, even in its present nebulous theoretical state. Understand, I do not wish to put the idea on a purely mechanistic basis. I'm still very much an agnostic—I just don't know. I certainly have come to believe, however, that the reactive mind is a summation of the emotions of the individual cells of the body, impinging their minute reactions on the awareness, and that the reactive mind is included in the entire cellular structure of the body. It is interesting to note that persons being audited turn on an awareness which leads to this conclusion, for we find that in Tono-Therapy, for instance, particularly when we are scanning the muscles of the throat and chest, oftentimes grief will turn on. This is suggestive that the emotional recording has been made in this area, and that when attention is directed to this area, one can recover the original incident.

Actually, now that we have discovered so many of these possibilities, as a surgeon I almost hesitate to cut out any organ of the body, unless it is considered in my opinion to be absolutely unavoidable, because I feel I may be removing some of the reactive mentality. I just don't know. We wonder

where the mind is located. We often think of it as residing in the head, but certainly as far as the reactive mind is concerned I feel that it is basic and primitive and is a summation of the energy of the entire body, *in toto*.

In Summation

There are two main ingredients of a good auditor: One is to have his own case as high as possible, so that restimulation does not lower analytical ability in the auditing room. The second is empathy. Further, and very important, an auditor must have that unknown quantity which we call "X" that I think is more or less intuitive. The better the auditor the more skilled his ability to decide which tool to use in auditing, at the proper time.

Perhaps I have said enough for this time. I again wish to bring you greetings from our Leetonia Group, and to tell you that we will eventually definitely publish our case histories. We are at the present time mailing mimeographed forms to each of our patients, for the patient himself to fill out, and also one for the family to fill out. You know, of course, that when someone is very ill, they are very anxious for help, and want to do everything they can for you in the way of case history material. But after they have gained their health and a new reality, it is hard for them to take the time to remember how they felt when they were ill, and put it down in words. But we are going to gather every bit of information we can.

In closing I will say I have become intensely interested in the progress of dianetic procedure, and I feel somewhat like an explorer as he investigates a new country. There may be hardship, there may be privation, but the reward of finding new Truth is well worth the effort, and we are very happy after three years, to have found a tool which is truly helpful in so many of our cases of psychogenic disease.

Thank you, and I wish you every success.

Bulletin Subscription

With this, the June, 1953 issue of THE DIANETIC AUDITOR'S BULLETIN we leave behind the strong thread of three year's monthly Bulletins, and apply our needle to the next stitch. From here on, the stitches will be further apart, but even more carefully and lovingly made—the BULLETIN is going Quarterly, available on a subscription basis for only \$5.00 per year, and may have a pleasant change of format.

The first issue will appear following the 1953 International Conference, and will be the annual Special International Conference Edition of the Bulletin. The Special issue alone will be worth the cost of a year's subscription, in content. It will sell, individually, for \$2.00 a copy.

While fresh in your mind, send in your subscription right away, using the enclosed self-addressed prepaid envelope if you so desire. If you wish to become an Associate Member of the newly formed Dianetic Research Foundation, Inc., about which you will be hearing more very soon, the minimum Membership Fee is \$10.00 Associate Membership is now separate from the Bulletin Subscription; therefore if both Membership and Bulletin are desired the total is, just as before, \$15.00.

Control Mechanisms in Interpersonal Relationships

By H. R. ANGELL

There seems to be a tendency in our society to try to maintain the conduct of the individual on a level. An individual who begins to show more than average ability or less than the norm is more or less automatically a source of concern to his friends, neighbors, and family.

An attractive widow, for instance, who moves into a neighborhood and starts having several gentlemen callers, is apt, in short order, to have a rather unsavory reputation, regardless of her actual conduct. The "respectable" women of the neighborhood (those who do not have an abundance of gentlemen callers) will very soon start a campaign to cut said widow down to size.

We are all familiar, I think, with the criticisms hurled at both the very rich and the very poor man. The former is a "bloodsucking capitalistic crook" to many people, and the poor man is "lazy shiftless." In other words, an individual must be so much, but no more, in order to have the approbation of, and be free from the attacks of, those in his environment.

Most people who undergo processing sooner or later run into this phenomenon, and rather painful is the collision in many cases. A preclear begins to abandon, change, or modify his conduct and fixed patterns, and there are usually plenty of people ready to take wild swings at him, in order to regain control of him, or keep him from displaying new or increased responsibilities, or for other "reasons."

It will help the auditor to study thoroughly the multitudinous control mechanisms in use in our society, (all, if not

approved, at least tolerated) which his preclears are apt to find used on them. It might be wise to indoctrinate his preclears in the recognition of these mechanisms, and inform him to watch for them. Many a preclear has been known to stop his processing, and to keep himself at a lower level than necessary or advisable, in order to avoid the pain of the misemotion of others and its consequences.

We are trying, in processing, to get our preclears to a point where they are able to view situations, persons, and things as sources of information and enjoyment, and no more, so that they can draw from them data, which when integrated into the overall operational plan will enable them to function with or around said people, situations, and things. The preclear, sooner or later, is going to realize this, IF he can be guided past his crises of "approval through conformance."

I have no particular objection to a person's having the approval of others, nor do I argue with the right of an individual to control others in his environment. Most of the accepted methods which are used, however, are nothing short of appalling. Until the preclear learns to recognize his own and other people's control mechanisms, he cannot operate at optimum.

The preclear will find himself at a cross-road. Here he must choose whether to be himself, or to be what other people want him to be. He is frequently going to find it difficult to divorce himself, emotionally, from everyone he has ever known, but this is necessary. Until he is able to stand all alone, utterly and absolutely and finally alone, he will continue to be a sub-optimum individual. Further, he will have to learn, as an adjunct to this, to handle the control mechanisms of others as data to be evaluated and integrated into his function, rather than as a threat to be resisted. These things will be painful to him, but they are the reasons why he is aberrated.

However, it is the responsibility of an individual to fit himself into the framework of the society in which he moves. The preclear's social compulsions will change to social responsibilities, involving nothing more than a change of ATTITUDE, and awareness. He'll still do things because they are socially acceptable, but he'll know what he's doing, and why. Believe me, there's a difference.

The preclear frequently holds back from becoming optimum for fear that he will be compelled to prove to someone that he is. When he becomes optimum, he no longer cares whether people think he is or not. When the preclear realizes fully that he has been identifying the approval of others with self-esteem, the rest is easy. From here on, he integrates his mind-body function rapidly, and is able to solve all his problems as they occur. The efforts of others to control him are recognized, evaluated, and either ignored or acted upon, according to his specific choice in each instance.

Detailed listing of all the non-optimum control mechanisms which people use on each other would make tedious reading. Professional auditors know what they are, or should. The auditor will make his job much easier, if he will bring his preclear to an early firm awareness of them, and an ability to handle them.

The Antiseptic Auditor

By ROBERT R. BUNTAIN

It was Wesley Scott who called my attention to the Inverse Square Law. This, as applied to Dianetics, states that the effectiveness of an auditor varies inversely as the square of the distance from Wichita!

Medicine wasn't very effective until Pasteur, Lister and a few others developed antiseptic surgery. The ineffectiveness of the remote auditor may be due to his failure to develop a dianetically antiseptic atmosphere. No such atmosphere exists naturally, with rare exceptions.

At Wichita, everyone is thinking, talking and living Dianetics. This produces a good "antiseptic" environment.

The further from the Foundation one goes, however, the scarcer dianeticists become, and the "dirtier" the conditions.

Take a *thoroughly* hypothetical HDA.

He lives in Pooh Bah, which would be about ten miles north of Valdosta, Georgia, if there were such a place. Pooh Bah has a population of 175, the same as the altitude, and Lawrence L. Lawrence, HDA, is City Clerk. Because of crowded conditions in the City Hall, he shares his office with the Collector of Taxes, who is the Mayor's brother-in-law and drinks too much.

The Mayor and the Tax Collector squabble continually over money, debts, drinking and the Mayor's wife. They do it, for the most part, across LLL's desk.

LLL (his middle name is Lucius) would have left Pooh Bah, long ago, but young Larry is right in the middle of the school year, and Mrs. Lawrence's mother is not at *all* well, what with her rheumatism and her arthritis and all. Mother won't have any truck with Dianetics. Lydia E. Pinkham's Vegetable Compound was good enough for her mother, and

it's good enough for her! Mrs. Lawrence is beginning to take a tablespoon of it, now and then, too.

LLL has had only one professional preclear since he got his HDA. He gave an intensive to a man from up near Albany, and LLL's tone rose more than the preclear's! They did their auditing at the tourist court, since it was so noisy at the house, with the new baby and all.

Lawrence is a member of all the civic groups and goes to the luncheons every week. He gave a talk on Dianetics, just after he got back from Wichita. This might have gone over a lot better if the local dry goods merchant hadn't made a *very* bad pun about dynamitetics, and how that was real explosive stuff, all right, all right, and Larry'd better look out or he'd blow a fuse.

Larry never tried again . . .

The above story is purely hypothetical, but all of us have had some similar experiences.

There remains the problem of establishing the antiseptic atmosphere. LLL's case seems almost hopeless, short of running away from his wife, which overt act would probably solve nothing.

However, even Lawrence Lucius Lawrence could make a start, something like this:

1. Get his office moved in with the coroner, who is an old sourpuss, but quiet about it.
2. Convert the feed room of the old barn into a private office and "auditorium." A few dollars worth of wall board, a little cold water paint and some cheap linoleum would work wonders.
3. Ask the dry goods merchant how old he is (Snap!).
4. Spend half an hour, *every* evening, running out the day, with particular emphasis on counter-emotion, contra-emotions,* counter-thought, etc.
5. Buy Mother a bottle of Peruna.

* I use the term "contra-emotion" to indicate violent emotion thrown around in the presence of, but not directed at, the subject. This may or may not be the generally accepted term.

Concept Processing

By DONALD H. ROGERS

Concept processing,* or processing by opposites, is a system for turning on and off a latent emotion rapidly, so that attention is drawn to it and the possessor becomes aware of his own feeling. The technique is useful in self-processing as well as in auditing others; it can be used casually and inconspicuously at convenience.

A trouble area which comes to attention can often be opened up quickly. For example, the preclear says he is in conflict about getting a new car. The auditor asks him to run a few concepts on it.

"Think of getting a new car."

"Okay," or a nod from the preclear. *Be sure to get his affirmation each time before moving on to the next concept.* Then throw them at him about as fast as he can handle them.

"Think of getting of a new car."

"Think of wanting a new car."

"Think of not wanting a new car."

"Think of being afraid to get a new car."

"Think of riding in a new car."

"Think of being sorry you got a new car."

"Think of being glad you got a new car."

"Sorry."

"Glad."

"Sorry."

* Credit for concept processing is hard to assign. The idea was first mentioned to me by Jack M. Campbell. I am indebted to Jack Horner especially, however, for personal instruction on his return from England late in 1952, when he had just finished pooling information with L. Ron Hubbard. The technique is also implicit, though not explicit, in black-and-white processing. It is probably the work of many minds, and I do not doubt that I may have modified, and I hope improved it in making it my own and presenting it here.

“Think of wrecking your new car.”
“Think of polishing your new car.”
“Think of scratching your new car.”
“Think of being proud of your new car.”
“Think of being ashamed of it.”
“Proud of it.”
“Ashamed of it.”

You are lucky if you can get this far without being interrupted: “You know, when I was a kid I was ashamed of our old crate, and boy, did I hate people who had new cars, particularly if they were proud or ostentatious about it.” So then the two of you run out the projected counter-emotion. By usual processing techniques clean up the area where he is afraid to put himself in the position of becoming the object of his own past emotion.

The technique here is to think of all possible attitudes toward the new car and then play them in pairs, whipsawing the ones which appear to hit closest to home.

A different instance might lend itself to a variant of the technique which goes around triangles, or brackets, as L. Ron Hubbard calls them. A typical occasion might go as follows:

“Think of hating somebody.”
“Think of somebody else hating somebody else.”
“Think of somebody else hating you.”
“Think of hating somebody else.”
“Think of somebody else hating somebody else.”
“Think of somebody else hating you.”

And again the preclear interrupts, “Boy, I sure did hate school teachers.” So you continue,

“Think of hating a school teacher.”
“Think of one school teacher hating another.”
“Think of a teacher hating you.”

After you have had him around this triangle a couple of times he will probably say something like, “You know, I think maybe I was afraid of the teachers I hated. I don’t think I hated them all, just the ones I was afraid of.” Again the pre-clear has become aware of his own emotion as the result of turning it on and off rapidly so that his attention is drawn to it. Processing then proceeds in your usual way.

Sometimes you will find that the preclear balks at a concept, "That one doesn't work. I can't even imagine liking onions." So then you have him intensify the opposite concept. "All right, think of not liking onions, and build it up as vividly as you can." And go around a few related attitudes, such as wanting to like onions, being afraid to like onions, being proud of not liking onions, before coming back to, "Think of liking onions." Intensifying the opposite concept seems to be the most helpful way of digging in to get the pay dirt you usually find in a rough spot. Any concept the preclear cannot or refuses to entertain is important; it is one of the keys to his case.

Each of the two systems outlined, running opposites and running triangles, has its place. Opposites work best when the topic is one involving the preclear in relation to his impersonal environment. Triangles work best when the topic is an interpersonal one, one involving primarily the preclear's relationship with other people. The rules are not firm; do what works best for you and for your preclear.

Some of the most useful attitudes to run are:

Wanting	Fearing
Having	Hoping
Needing	Caring
Liking	Enjoying

and, of course, their opposites. You can usually formulate the right ones on the spot from what you know of the case and its position on the effort scale.

Too much concept processing becomes tiring. Once or twice in a session, however, there are likely to arise conditions where running a few concepts is the right way to make a rapid advance. It has been reported that the technique may not be effective in a low-toned case which has too limited a capacity for wanting. Under such conditions there may be too many balks, and the preclear may be depressed by his own frustration. The practicing auditor will readily acquire a judgment of this.

The Editor Observes . . .

One of the reasons why group aberration is so effective in lowering group tone is the tendency of an individual to pick out the faults of another in his attempt to improve his own self-esteem. I have found in preclears a long chain of incidents, including a present-time computation, that to raise one's self one must push somebody else down.

True, when you consider it dispassionately, it works. If you can push your co-worker down in the eyes of the boss, you naturally become a tiny bit more "favored." But does it last? Remember the parable of the prodigal son—when the boss cools down and decides that the misdeed wasn't so bad after all, he is likely to cover-compensate in his effort to make up for the "false accusation." Where does that leave the accuser?

Part of becoming optimum is the "A" in the CEDA sequence: *Action* in present time. When one recognizes a personal non-survival activity he might become one step more optimum if he will substitute a rational survival action in its place. In this instance, the survival action would be: if a member of your group have ten faults and one virtue, neglect the faults and accent the virtue.

If the faults seem to increase in proportion, bring them up in a group auditing session. To discuss them with one or two other individuals is simply to magnify their importance. And the chances are better than average that these "faults" are simply restimulations of your own personal "rejection chain."

Two Efforts to Provoke Discussion

JAMES F. PINKHAM, HDA

In the Society in which we live, due to the general aberration which has come to be regarded as normal behaviour, the average person follows a moderately aberrated pattern of existence, and is considered to conform to the "Norm."

Insanity, per se, is a state of amplification of the intensity of aberrant behaviour upon the part of certain individuals. Every form of extreme behaviour labelled insane will be found to have its counter-part in moderation in so-called "normal" behaviour. It is the extremist nature of the insane pattern which makes it worthy of the attention of Society, as the average goes unnoticed in the milling daily efforts of Mankind.

There are two areas of extremes, separated by an area of moderation, which is "Normal" behaviour, which somewhat confusing situation tends to shed a false light upon the true nature of insanity. There is no basic difference excepting intensity, between the housewife who tells "little white lies" to her neighbors, friends and sometimes her husband, and the "criminal" who tells big and significant lies before a jury or Congressional investigating committee, though the former is considered "normal" and the latter is considered "criminal" and menacing to the welfare of Society.

The everyday slaughter of humans on the battlefield in a worthy cause is considered as the normal consequence of War to preserve the Standards of Liberty, while the murder of a grocery clerk in a holdup is classed as an insane and immeasurably tragic crime against Society.

The effort here is not to debate the justice or injustice, advantage or disadvantage, of War or Crime, as both are admittedly greatly sub-optimum behaviour, neither being more

“just,” but rather to demonstrate the similarities between normal and insane behaviour, based upon the acceptance of certain things “as a matter of course.”

One might also describe the two areas of extremes as: Extremely irrational and extremely rational behaviour, and in our Society we shall find cases of both types, in moderation, as the “norm”—It is a gradient scale. There are extreme and moderate “sinners” and moderate and extreme “Saints.”

There is one type of insane behaviour which, as a class in itself, relates primarily to the intensity involved: This class is called “fear” or Phobia. Antonymically there exists the class called “fanaticism.” Fear is extreme opposition; while fanaticism is extreme acceptance (or agreement.) One who fears *communism* may well become a *fanatical anti-communist*. Or a communist whose beliefs and realities have been disrupted or invalidated, may come to fear communism with an equivalent intensity or degree to the sometime acceptance which had been felt. An interesting type of fear may be called “dementia-phobia” or fear of becoming insane. The existence of insanity in our Society has been recognized as “normal,” or to be expected as a matter of course! Amplification of this normal state of existence, in fear of its occurrence, or fanatical opposition to its occurrence produces “Dementia-phobia.” The unique character of this malady, nonetheless, does not in any way make it uncommon, for fear of and repugnance for insanity is, in moderation, the average reaction of members of our society.

The common symptoms of extreme fear are dramatizations of considerable proportions upon mere mention of anything associated with the subject of the fear reaction. Acute fear in a dramatization can become Chronic Fear and hypertension, and as the individual becomes apathetic, the fear becomes general and encompasses all phases of everyday existence!

The hypertensive apathetic (psychotic) fear case will often reach a stage wherein it will be general reaction to fear suffocation, fear breathing; fear starvation, fear eating; fear death, fear life; and many other examples. Here fear has moved into the “undetermined” future; all probabilities

that might become future reality produce only fear. Hitherto the only path in some cases was brain surgery to remove the seat of the chronic future emotional tensions (prefrontal brain structure seems to be the seat of future) by disrupting an important part of the emotional system. Surgery of this type is by no means a suitable solution, as in most "successful" operations of this type the individual is left nearly emotionless, or at least partly "mindless."

The extreme of optimum rationality lies upon the other side of normalcy from extreme irrationality. There is no known path around; the only path lies through the area of moderate irrationality into the area of optimum behaviour.

The behaviour patterns of aberration in an individual have been the result of two orders of choice—Yes, choice! (1) Fear or opposition, or (2) Fanatical acceptance—To restate, agreement to disagree with a given pattern, or agreement to agree with such a pattern. Amplification produces the intensity of importance associated with an aberration. An aberration may become extreme after many years of moderation.

The path through this maze of irrationality, to and through "normalcy" and on to optimum behaviour is one of re-evaluation of one's choices or decisions concerning the importance of previously accepted patterns of behaviour, or previously opposed patterns, recognition that acceptance-agreement or opposition-agreement were voluntary, and acceptance of responsibility for these past and present choices. When the intensity of importance has diminished it remains to recognize that the somewhat "humorous" discovery that aberrant behaviour minus its intensity of importance is a "normal" pattern, leads to the fact that "normal" patterns are not necessarily optimum, and are in reality moderate aberrations accepted in a like manner by the individual.

It then follows for natural choice by the basic personality of the individual to determine what shall be optimum for the individual concerned! This is in itself a rediscovery of one's SELF-HONESTY, and determination of one's own future.

Children often exhibit what parents and educators consider as extreme aberrant patterns. In fact, often, the absence of such patterns of extreme in some children is con-

sidered a clue to later emotional difficulties. What Society has come to accept as maturity is the moderation to which still existent patterns of behaviour which were Childhood and adolescent extremes become subjected with "age" and experience. It would be folly to say that the above is not normal. But Normal is not Optimum by any means, for most individuals!

The Child, nearly always (the exceptions are the "problem children" who become "problem adults,") and the adolescent, less often, are performing laboratory experiments with their own lives as the "guinea pigs" to determine by trial and error the validity of that which "Society says IS SO!" There is a natural tendency in humans to dispute that which is pre-determined for them by others (this is not necessarily an aberrant trait, but rather an effort to achieve self-determinism and self-judgment!)

Our Society does everything in its power to control and mold the thoughts of children, when experience is lacking for them, from the earliest moments of Childhood until subjugation of individuality is successfully achieved. For example: Unto the darkest ages of prehistoric times dates the phrase: "Mother knows best!" And many other childhood assurances which are likely to meet with acceptance, perhaps not immediately, but later in life, in the process of "maturity."

The unresisted acceptance of information, decision, and determination by others in Childhood (the agreement to agree), produces an adult who must depend upon others for decision and choice, rather than self-determined independent thinking. Those in childhood who have revolted violently against this pattern have been labelled only too often as problem children and adolescents. Some of our greatest generals were definite problems at West Point. Some of our greatest creative minds, inventors, and the like, revolted against many facets of formal education, to become "self-made-men."

Thus a society has developed which is composed of minorities in extreme (both acceptance and revolt) and general moderate rationality and irrationality inter-mingled as "normal" behaviour. The source of all our strife and unhappiness today can be found in the existence of a race of people who are contented with being "aberrated sub-optimum potentially

insane beings"—who are normal in their moderation.

We have become moderate by becoming acclimated to "Normal" aberration—by accepting this sub-optimum behaviour as the best which we can achieve

LET'S DO SOMETHING ABOUT IT!



The relationship between the Reactive Mind and the Life Static can only be conjectured upon but scattered phenomena appearing during processing seems to confirm the concept of excellent two way communication along this channel. Also, at least two other schools of thought entertain the idea of active cooperation between the sub-conscious mind and the Soul or Ego. If this is true, it should be comparatively simple to become optimum once the first goal is attained and the goal can be either a state of MEST Clear or Theta Clear.

The communication channel between the Analytical Mind and the Reactive Mind is the mainstay of our MEST existence. All memories and learned knowledge of this lifetime are filtered through the Reactive Mind. All data that is affected by plus or minus Randomity will, in most cases, be found as being occluded. In effect, all memory and learned knowledge is contained in the Sub-Conscious or Reactive Mind. Hubbard postulates that when all aberrative material is evaluated, an individual becomes a MEST Clear and has full access to his memory banks. If an individual's interest follows MEST lines this should be his first goal.

Communication between the Analytical Mind and the Life Static is very limited in most people. Prayer and supplication pass through in one direction and "hunches" or intuitional knowledge in the other. Deeply religious individuals who have faith and understanding in the power of prayer as a means of attaining a high affinity with the Life Static and/or the Supreme Being, appear to have better insight and creative ability than their fellow men. There are those, however, who have creative ability and are, in effect, geniuses in one or more channels of thought or action because of command phrases, high necessity level or unoccluded paths through the Reactive Mind. Many differences will be noted in creative individuals as to their stability and general out-

look on life. Those that have high affinity with the Life Static live their lives in a more pleasurable and sedate manner. Also, the degree of affinity is quite apparent in their state of well being and, to them, accidents and injury are rarities. Hubbard's new techniques are designed to open up this channel and those interested in Theta Perceptics should try them out.

Thus pictured, Man is indeed a creature with conflicting controls. As the prime goal in any case is pleasure, it behooves us to remove the causes of the confliction. The main stumbling block in most of us is the lack of desire to make any radical changes in our present make-up. If we didn't like the way we are, we wouldn't have got that way in the first place. The goal of optimum to most of us seems as far away as the moon and nearly as unattainable but with the numerous techniques now available for use, those who have a real desire to change will reach the height of their desire. **THOSE INDIVIDUALS THAT REACH A STATE OF OPTIMUM BEING WILL BE THOSE THAT WANTED TO DO IT!** Think it over.

The Mail Box

May 3, 1953

West Englewood, N. J.

The Dianetic Foundation
211 West Douglas, Wichita

Dear Editor:

Your March Bulletin arrived yesterday. It's a very good one. I was especially pleased to read the articles by Don Furcell and A. E. von Vogt.

Also I liked your section "The Editor Observes." As I told you while in Wichita, my experience with smoking is much the same as your own. I had smoked cigarettes and cigars for thirty years. For the past two years or so I have considered smoking to be an aberration, and I still so consider it. I began to observe, during the past eight or nine months, coincidental with my developing internal awareness, that each time I reached for a cigarette it was the automatic reaction I made to some slight frustration, annoyance, etc.—often very, very slight indeed, but discernable as such upon close examination of the area in search of the reason I wanted a cigarette at that particular moment. As dozens of incidents like this were identified, I came to realize gradually that every time I reached for a cigarette I was permitting the environment to make me an effect! I have known for the past two years that I would eventually stop using tobacco. The time simply "arrived" during a brief self-processing session on a railroad train the evening of January 22, 1953, on my daily trip home from the office. I had four cigarettes left in the package when I decided that I would stop smoking after they were consumed. Believe it or not, those last four cigarettes each tasted *terrible*. I know I shall never wish to smoke again. Like yourself, I have never since had any craving for

tobacco, nor does it bother me at all now to be in a room where everyone else is smoking, or to ride the "smoker" on my commuter train. As the lady said, "I just don't smoke."

Best regards,
Bill McKeen

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Foundation Services

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 Professional Course 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.

Processing

A limited number of persons can be accepted for dianetic processing at the Foundation. Of particular interest to those who are able to stay near the Foundation for only a short time is thirty-six hours of Intensive Processing in one week. For conditions of admission and other particulars please communicate with the Foundation.

FOUNDATION DIANETIC RESEARCH

AS ANNOUNCED DURING THE INTERNATIONAL CONFERENCE, THE FOUNDATION PLANS TO FORMALIZE A SCIENTIFIC RESEARCH PROGRAM. IT NEEDS RESEARCH SCIENTISTS FROM ALLIED FIELDS, EQUIPMENT, ADDITIONAL SPACE AND GENERAL OPERATING FUNDS. THE FIRST YEAR'S COST IS ESTIMATED TO BE \$170,000.00. YOU LOYAL PEOPLE HAVE ASKED HOW YOU COULD HELP US. WE WOULD BE INTERESTED IN AN INDIVIDUAL, GROUP OR ESTABLISHED ORGANIZATION WHICH HAS BEEN SET UP TO AID THE HUMANITIES, OR SCIENCE, WHO WOULD OFFER US ASSISTANCE. IF YOU KNOW OF SUCH PEOPLE OR ORGANIZATIONS, CONTACT THEM. IF YOU ARE WITHOUT INFORMATION, INQUIRE. IF ALL OF YOU PUT FORTH AN EFFORT, YOU WILL MAKE POSSIBLE THE FIRST FORMAL SCIENTIFIC RESEARCH IN DIANETICS.