

CASE ANALYSIS - HEALING

A lecture given on
5 March 1964

Thank you. What's the date?

Female voice: 5th of March.

Fifth of March? Five March AD 14, Saint Hill Special Briefing Course. A little news bulletin here, you know, you know the nervousness with which you go on for a TV demonstration. Well, just about the complete, total exclamatory height of that has just been reached. Melbourne - you know, they're having hearings on Scientology, you see. The legislature of the great State of Victoria - that's just south of the deserts there - you heard that's the government of Australia, actually it isn't the government of Australia, that's just the government of Victoria. That's formerly the government of Australia, so that its old comm lines are in and it's been raising the devil, and we finally found out who was doing it. It was the BMA's committee - a Doctor Daks - arms with "yak." I mean it rhymes with "yak."

Anyway, we've gradually, consistently been winning here. And they were coming down on it, and they were raising the devil with History of Man, they were doing all kinds of things, and so forth. The moment the government began to attack Scientology, the newspapers started to swing in favor of it. The wheel has turned. The wheel has turned.

And those hearings are going very successfully, and the people conducting them are getting more and more friendly, more and more friendly. What swung the day, Saint Hill graduate audited pcs of the selection of the legislature on TV for the hearing. Running such things as R2H, and so forth, and he was knocking off cases left and right, and the last one he ran, why, the board was trying to get a note to him in a hurry not to stop because they wanted to hear the rest of it.

They were all sitting there, absorbed and anxious and - to get it all and very interested and laughing in the right places and ... But that's definitely duty, above and beyond the call of.

Well, they - we win. We're definitely on the way now. I was - already started running my goals plot, and you miss something here or there. Trouble is I've had holes run in my goals lineup, you see, so I can get to a certain point - all of the research on this was done on two banks, Mary Sue's and myself, and the biggest weight of it had to be carried by my bank, so we - I've had a lot of GPMs run out, out of sequence, don't you see, and so forth. And boy, you hit one of those and you don't know whether it's gone or not, you know, I mean from a standpoint of did you get all the items in it. And the difficulties of actual GPMs is the goals series are consecutive, and it just goes in over and over and over and over, same goals series, same goals series, same goals series, same plots, with different GPMS, you see? Same line plot but different GPMS, and they just go on and on.

So you run out one, you're immediately convinced you couldn't possibly have run it out, because of course it's sitting on one of - the same one of the earlier series, so it looks like all the goals are alive there. So if you run one too deep you fall through. You go into an earlier goals series. Well, the only way you can turn on a somatic and tear a pc's head off, skip some goals. Well, try skipping forty - two at one fell swoop.

And this can be pretty gruesome. So it's dicey just to this degree. The more we get to one of these GPMs of mine that has been run previously, the question is have the items been run out of it all or haven't they been run out of it? Since if you simply bypass it and start the next one, you see, you turn on some very interesting somatics by reason of bypassed charge if there is any. Very, very, very gruesome. But in any event we're making very, very nice progress, and there's enough GPMs there to please almost anybody.

I just want to give you some kind of an idea of exactly what you face. I wouldn't want to upset you, anyway, but you've got fifteen thousand of them. Isn't that horrible? In consecutive serieses of forty - two. There's forty - two goals, forty - two LPs, they never change, but they're consecutive, and they just go forty - two, and another forty - two and another forty - two and another forty - two. They're all the same, and they get bigger and bigger and bigger and bigger as you go back - bigger and bigger and bigger. I suppose some of the early track RIs - some of the early track RIs are about the size of Mount Vesuvius. I don't think you'd ever get anywhere near one. But anyway the GPMs - this lecture doesn't concern this, I'm just giving you some notes on it. The lecture concerns case analysis.

The first series - the present time series - you will find it - we proved this conclusively last night, and if you don't get it right, your pc goes into a sad effect which is something on the order of bailing out of an airplane with no parachute at about fifteen thousand feet. Sad effect. You've seen a sad effect take place by somebody being audited up against some ARC breaks. You've seen a pc, I'm sure, get sadder and sadder over a period of a couple of weeks, till somebody kindly found the bypassed charge and so forth. Well, this sad effect takes place in about, four or five seconds. You get the wrong GPM to start the series with, you see, to begin with, and you're running the pc where there is none, only he's trying to pick up the items from the second series, which are forty - two GPMs away, because there isn't any goal formed yet in the first series at that point, and you hit a sad effect that is just like that: fifteen thousand feet bailout of the airplane with no parachute. And you're just about to catch up with a sad effect just that fast. I never hit a toboggan so quick in my life!

And we actually were quite unwilling to believe, because we've had so many troubles with truncated, you know - not all the GPM formed, but the idea of not all the first series formed yet. See, the line plot incompletely formed, and then the first series of goals, the first forty - two goals on the track from present time back, you see, only some of those formed, you see, moving up from forty - two on toward present time, you see.

But I had become frankly very bored with the whole subject of truncated anything, you see. So we were saying just to hell with it and we started in at GPM number one. I told the auditor, I said, "I think - I don't think the two items which we're calling for here, for GPM number one, I - I don't think those are standard. There's something about the first two items on the track that are not standard." And I'd started to list some odd randoms, and the auditor said to me, "Oh, well, your proper item here is..." and gave me number one GPM top oppterm, see.

Well, it was just exactly like stepping out of an airplane with no parachute. Because that GPM wouldn't have been formed for four more GPMS. I was - I was perfectly - I was perfectly correct. The items I should get to begin this series were not the items on the line plot. But the third pair of the fifth GPM, or the fifth goal of the series, that was all the GPM existed at that point. There was no GPM - there was no upper fifth, the last five pairs of the fifth were missing, the fourth was missing, the third was missing, the second was missing and the first was missing, which is very interesting. Took us quite a while to untangle this situation. Be - mostly because we had just stopped believing in truncated anythings, because we'd been bitten too many times. Find number one GPM; oh, it's truncated; run a couple of items out of it and the pc wraps around a telegraph pole, see.

The rest of it was there, don't you see. So it was crying wolf one too many times and when we confronted the real article of real truncation and so forth, we were all set just to abandon the whole subject, and there we went. Bang! And the auditor did ARC break assessments and so forth, trying to knock out this sad effect, you see, and decided we'd gotten rid of it, and audited awhile and obviously hadn't gotten rid of it and so forth. And then with great brilliance after some hours finally - must be truncated. The series must be truncated, and the goal is truncated. Hadn't even formed the whole series, much less just one goal truncated, the series was truncated.

So you can expect - you can do your line plot as long as you talk about goals - the first goal of the series, the second goal, the first actual goal in the series, the second actual goal. As soon as you start saying the first actual GPM of the series, you'll probably get away with this, but of course it's not there. The first actual GPM of the first series undoubtedly is not there. But of course the pc does know, and you can get the response of, the first actual goal of the series, you see.

Quite a fascinating proposition. This quantitative approach, I can tell you, you have fifteen thous - we had the first evidence, first real evidence that a person does make these things himself, makes them exactly according to a preconceived line plot which everybody has in common, you've learned your lesson well, Lord knows when, before the track began, or something of the sort. You knew just exactly where to put what, and it doesn't vary from pc to pc. It's the most marvelous thing you ever saw in your life, and there's forty - two goals in the series, and they go in certain harmonics, and it's all taped, you see. Well, it isn't too peculiar. You look at a body. It - every body has a liver and it has a left ear and so forth.

Well, GPMs are exactly this way, and that's why it takes a trained auditor. Because this is tricky stuff, man, tricky stuff. An untrained auditor, running one of these things against its actual line plot, wrap a pc around a telegraph pole so fast the pc wouldn't know what hit him. Somebody in Keokuk offers up his goal, "to be a very good girl all the time." See? So the auditor takes this LP, that's no more her ac - an actual GPM or an actual goal than the man in the moon - takes this line plot. He will be able to get fragments of items, maybe out of a goal "to be good," or something like this, you see. And to get those fragments of items, partially run out of sequence with all of the GPMs skipped before you get to it, pc all of a sudden feels the head being severed in half, stomach torn in two different directions, the four corners of the room go into a complete out - of - plumbness, and you see why we're not releasing this materials indiscriminately.

I've seen some of the things people have been willing to buy as goals. Thaahh! It's fascinating, you know, everybody's very interested in the second dynamic, and so on. And we - there are no actual second dynamic goals, far as I can tell. I have never found one, never seen one. Might be a goal, an actual GPM, "to feel," or to something or other, you see, or "to have sensation" or something like this, but there are no sexual goals, otherwise you'll see goals like that, "to suffer," and "to enjoy life" or something like this. You might see something like that. But that's about as close as it comes to it.

A lot of implant GPMs "to be sexual," you see, "to have sex," all that sort of thing. We owe to Papa Freud, you see, this Tradition, that if you audit somebody you should get into the second dynamic. And here's a funny one for you: I've never seen a case cracked - never - by touching on the second dynamic. Isn't that interesting?

The only thing Freud got on a resurgence on patients - because he hit the second dynamic, it was a fruitful source of withholds. So he'd get one withhold, see. So he got one withhold. Auditor worthy of his salt who can't pull fifteen, twenty, thirty withholds in a session, a withhold session, ought to quit anyhow, see. So he'd work for seven years to get one withhold off, see.

But this gives us Tradition, Tradition, that the second dynamic is something we should operate on. Of course it's pleasant to operate, it's not without its recompense from the standpoint of titillation, and so forth. And it's interesting to listen to some girl or some young man get rid of all of their second dynamic peccadillos of one kind or another. It makes good stuff, but better stuff for True Romances than auditor reports. So I'm afraid I haven't much faith in that.

I want to talk to you today about case analysis. And this succeeds in the various lectures that I've been giving you here lately, and you've been making very, very good use out of those lectures, and I thank you very much. This is the stuff of which case supervision is made. And if you really want to - want to be a good Case Supervisor, you'd have to know all this stuff

cold. And if you want to be a good Auditing Supervisor, and so forth, well, you ought to be able to whipstall this stuff, back and forth, and upside down, and if you want to be a marvelous case cracker of some kind or another, to Homo sap, without going up to OT, if you want to stay in the lower levels, then you'd better hear this lecture. This is how to become a healing wizard, and upset the AMA.

Healing is not in man's Tradition. It's not in his Tradition as such. It's usually in the Tradition of graft or fraud or picking on the poor dear departed. They've had six hundred successful kidney implants and transfers in the medical profession in the United States in the last couple of years - taken a kidney from one person, put it in another person. They've had six hundred of them. Which is marvelous. I think they're to be - to be credited with this a great deal. Pavlov used to swap kidneys around, and hearts and things, amongst dogs. And they're right in the Tradition there. And obviously somebody can't live without a kidney or without his kidneys or something of this sort, so it's a good thing to transplant kidneys.

But to give you some kind of an idea of the validity of a medical report on the subject of healing, I'm not berating the medical doctor. You need plumbers, you need medical doctors. Somebody's got a leak in the pipes, why, you should have somebody there who knows how to operate a blowtorch and put some lead on them. But that's just about the end product.

They're talking - now they're going upstairs into healing. Now that isn't healing, that's plumbing. And what do you get? What do you get? You get six hundred kidney transplants, and then they don't bother to tell anybody that the whole ruddy crop of them died within two years. Some of them died in days, and some of them died in weeks and some in months, and the longest lived ones were two years.

I think it's a very interesting commentary on the released data, you see? Now, these are the boys who are coming down on us and raising the devil with any group that is trying to handle any subject like healing. And their first accusation is fraud. Well, you're acquainted with the overt - motivator sequence, I am sure. Guy will always accuse somebody else of committing the overt which he is committing because, you see, he needs the motivators. He's got a scarcity of motivators and so there it is.

Well, these boys, these boys have given healing a rather bad name, and over the period of years healing has ebbed and flowed and gone up and down, and we've had barbers and phlebotomy and goofy activities. And the Aesculapians used to keep a high rate, down there.

I was down, a few years ago, alongside the Parthenon, taking a look at the old grounds where the Aesculapians used to heal people, and they have a great big bath, a swimming bath, there. And they used to dump them in this as holy springs, and that sort of thing. The remains of their old buildings are there, scattered down the slope. And it's quite interesting, but even as many years after their last activities and so forth, their Tradition survives. And their Tradition locally in Athens is that - well, they were - they were pretty slippery people, because if anybody looked like he was getting worse, why, they quickly and quietly removed him to his home so that he would die there, and then published abroad, you see, the fact that they had practically a hundred percent healing record. Well, their hundred percent record was based upon those they kept, who would get well, got well. And those they didn't keep, of course were no longer part of their records. But it was even dicey then back in the time of Socrates.

And coming up the line, man knowing nothing about the mind, knowing nothing about the preconceived efforts of individuals to aberrate themselves, knowing none of the more basic fundamentals of existence that - well, not even knowing about overt. The best way they could handle overt was repent, repent, the kingdom of heaven is at hand. That's the way you did your overt, and so forth, I - and it's not an adequate process.

So anyway, here was - here was the mind of man, ready to upset the most cunning devices, which were about to heal somebody, so man more or less went into structure. And got healing very closely associated with structure. Because somebody had a broken leg you could at least

set the broken leg and so forth, and his most - his most successful areas of healing of course, knowing nothing about the mind, had to do, then, with structure. And he could see obviously that he could set a broken leg, you see, something like that. He knew nothing about disease, and to this day knows nothing about disease.

And I was on the heels of disease not too long ago. I found that a GPM, if you fragmented it and it slapped you in the face or something like that, that you could develop for instance a sty in the eye, or something like this. And apparently infection has something to do with actual GPMS. Now, we don't know whether it had anything to do with bacteria or not. In spite of the fact you can see the bugs wiggle under a microscope. I don't know what that proves, see. Nobody has ever proven that it proved anything. Because there are enough variables in it to make other theories possible.

In order for something to be true it has to be sweepingly true. It can't be partially true. There are no such things as partial truths. Something that is true on Monday, Tuesday and Wednesday may be only vaguely workable but it isn't true. If it is not true on Thursday, Friday and Saturday then there must be something wrong with that truth. So man tended to go into structure. And he really has no healing background. Because healing was done by the body, by the individual, it was not done by the doctor. The doctor would arrange the parts so that they would grow back together again and hope that the patient would do the rest, you see. So the healing was always resident upon the individual who was injured or ill.

And until you have cracked the problem of the individual wish to be well or sick, until you've cracked the problem of how the individual influences his own healing, of course healing is impossible - broad, broad healing is impossible.

So no wonder man has been up against it, and no wonder his healing associations or activities or practitioners very often fall within the frameworks of fraud or monopoly. And he goes in two directions. He either tries to make a healing practice legal by becoming a monopoly, and getting laws passed that enforce it as the - is the case with psychiatry. You know it's against the law in some states not to electric shock somebody, you know. You see, it's - they become a monopoly and get laws passed to enforce it, you see, or they stay as somebody who is still trying - still trying one way or the other in the field of healing, but actually for financial reasons and so forth passing off into the borderlines of fraud. Promising cures that cannot be delivered and so forth.

So he varied, man varied, between these two activities. In the center ground there were some fellows who hoped you could heal something, that would try to heal something, that would - who would make some effort of it. But the main bodies of healing professions have sharply divided into these two classes, up through the years. So you can say there's three classes, those who were still trying to heal something, those who knew they couldn't and were charging for it anyway, and those who were trying to enforce healing practices by monopoly.

The modern medico and psychiatric professions and so forth have chosen the monopoly road as their method of progress in this particular line. To this they have joined research. And their - research is quite a racket these days. It - you - they can work it up so that they can devour billions of dollars in research. And you notice that it's research. Somebody has to have discovered something for the stuff to be researched.

So they fall back on such people as the witches, the witchcraft and so on, and they get various types of healing that they drag out of the hinterland, and they go over these things at vast rate. This is not an exaggeration by the way, this is discovery of foxglove, digitalis, and so forth. Well used, consistently used, by the people in Scotland for various cures of various things and well known in its dosages and so forth. And one day a student at Edinburgh happened to be out in the country and happened to find out something about it, and actually devoted his life trying to get the doctors to use this stuff that the witches had already been using for a long time.

This is usually the background, the background of such material. And so research, research has amounted to fabulous sums of money, and there'll be a promoter, and he will get together a great deal of research money. And then he will turn loose teams of (quote) scientists one way or the other (unquote) on this, and recorders of some kind or another, and they plow into it and busily, busily, busily, busily, busily muck about, and write papers, and then read each others' papers, and then rewrite the papers of somebody else's you see, and fill up file cases full of stuff, and they come to some very remarkable conclusions.

One of the remarkable conclusions which they've come to recently is there is such a thing as standard science. I think that's a very remarkable conclusion. Because outside of the field of the exact sciences so - called, which are very inexact, physics, chemistry and all that, to call anything standard science ' you see, or orthodox science, and so forth, well, that would be one thing, but to use it in courts of law to demonstrate that something is or is not true, demonstrate that it isn't true, because it isn't accepted by orthodox science, of course is to bang the door shut on search - not research, but on search. So the door is kept pretty well shut on the subject of search, by those who seek to dominate the field of healing by monopoly. They have to keep that door shut, because at any time somebody might discover something, they feel, and so on.

This is not a self - this is not an egocentric lecture of what is happening to us, it just happens to be a - because it isn't really happening to us. You would be amazed of how little of it is happening to us. We're getting a lashback from their efforts against other healing activities. And the reason they're laying an egg is, is we're not really not basically a healing activity, you see. And they really haven't anything they can put their paws on. So they have great difficulty in their understanding of what it's all about. We don't fit, you see, into their two - camped group. The monopolist and the f - and the honest frauds. So as we don't fit into these groups, we don't easily communicate what we are doing to these fellows, because they have certain stylized methods of thinking about these things.

Well, sooner or later, sooner or later, in spite of all this, in any society certain discoveries get made. Harvey Firestone dropped some raw rubber on a kitchen stove and finds out that it's now pliable and usable, which it never has been before, and all of a sudden we have a rubber industry, or something like this. Various accidental or on purpose discoveries get made, and the society pushes along and these things get developed and researched. And then researched and researched and researched, and then somebody comes up and finds out that ruddy rods really didn't exist in the first place, and that's a brand - new discovery, don't you see. And takes off on a new line of scien - (quote) "scientific approach," for research, research, research, you see. Vast sums of money expended.

There are a great many fraudulent activities go on in the United States and abroad concerning, concerning research money. For instance, the American medical profession gets itself - the Medical Association gets itself a big propaganda campaign going against cigarettes. Even gets town councils sufficiently upset down in Texas to make it, I think, three years in prison for anybody caught smoking a cigarette on the street. And that went into law just a few months ago. I mean, I'm not exaggerating it, it's a matter of record. And they're not going to investigate people in their homes and they're not going to bother tourists going through the town, but their local residents have had it if they're seen smoking in public. Well, they've got this big - big - big smoke going, if you'll pardon the pun. And they've got all of this hammer pound and blast of various kinds as - on the subject of tobacco. What was this all about?

I don't think you'll hear too much more about it in the near future. But for a while it was very hot and very heavy indeed. I - reading, I think in "Pogo," the joke of the general was going to be shot and they blindfold him, and offer him a last cigarette, and the general goes straight up and screams in their faces, "My God, haven't you read the report of the Surgeon General?" See, marvelous gag.

What was that all about? Well, the tobacco companies have finally run up the white flag and they've given the ten million dollars in research to the American Medical Association that was required of them in the first place. I'm afraid you won't hear much more about that now, because the blackmail has been accomplished. I'm not giving you anything inside track, I've given you Associated Press reports. Straight on the wire. It's a - it's a method of getting funds, don't you see?

So you want to know what our meter case is all about. Is anybody interested in meters in the United States? No, they weren't interested in meters. During this entire time they weren't interested in meters. They were hammering and pounding around trying to get more appropriation for the Food and Drug Administration, so they were making a great deal of smoke. They were just hammer and sh - and shout, and bang and bang. And they've got more Legislation now, they've got Legislation which is very, very full of teeth, and they've gotten their appropriated funds, and unless - if of course they want some more funds, we may still hear about the E - Meter, see. But the probability is we may hear nothing about it at all, they simply drop it. It was a mechanism by which to obtain research funds from the United States government. They just collected a bunch of odd things that they never had to prove but could shout into the papers about, and make a big confusion about, don't you see. And shake Congress down for some money.

So research - research is very current and is the thing to do, all that sort of thing. So anything that we're traveling along on, is - looks very strange to these chaps. Looks very strange, because things are being found out and things are being done, don't you see, and so on. Well, that's because research isn't being used as a means of obtaining money, do you see. And the materials involved are not being dedicated to the creation of a monopoly and they're not being dedicated to fraud. That makes us very peculiar. So we become incomprehensible.

But then of course we would have been incomprehensible from a viewpoint of the monopolist or the fraud or any of these fellows, in any society, at any time in the past, because we travel forward on the assertion that there was such a thing as truth. And actually that it was dangerous to know a half - truth. And carrying forward in this particular direction, one could possibly succeed in bettering the lot of his fellows and himself, you see?

But we've come to that point in our development where our goals and dedications, which is a greater freedom and a greater state of beingness - which state of beingness, by the way, is beyond the imagination of the ordinary man - having parted company to that degree and ascended above his level of reality, it is necessary then to bridge in the fellow in the street on up. Well, the classifications plan is part of that. It brings him in at certain levels, and moves him on up along the line.

Now, with the advent of certain recent techniques based on early work, it becomes possible to make freedom from psychosomatic illness one of the gains of one of the lower levels. This is so easy to do that it puts us into the front rank of healing. It is not a direction that is a particularly desirable direction, it is not a direction which has very good bedfellows. But if you enter the field, where they - all are - exist in that field are monopolists and frauds, what do you think you're going to do? What do you think's going to happen? What catastrophe is liable to occur here?

Well, in the first place you'll be fought by the monopolists and shunned by the frauds. So the first thing you should know about healing I have just got through telling you - the nature and state of the world of healing as man now knows it, divided up more or less in that fashion. And the second thing you should know about healing, that if you're moving up into the field of healing, heal. That is the one thing that would move you through and get you through. In other words, if you're going to heal, heal. Don't heal in order to ... Just heal. And you'll find out that this becomes a relatively simple activity.

Now, almost any one of you going into a community would find yourself in a very, very desirable position if you started healing people. You would be up against the monopolist on

the one hand and the fraud on the other hand. The ins and the outs, you know. You'll be up against the government of healing, but if you could lick that, in some particular fashion, then the fellow down at the garage with lumbosis and the fellow up the line with swellisis - these birds, these birds would carry the day.

Now, the only reason you don't get into that field much is you're talking about making the able more able and so on, but it doesn't mean that it isn't a fruitful field for the auditor. If the auditor had tools with which he could heal and if he could use those tools adequately and if he could go up against the closed circle of the monopolists and actually escape the wrath of the frauds, and so on, he'd probably make himself very wealthy and very famous indeed. This would be the - this would be the gamut, however, he would run. And one should look at that with some reality.

I don't for a moment say that you can't get away with it, that - it's easy to get away with - I'm just showing you what you have to get away with. That's all. It's just a factual statement.

Now, if you made your business at the lower levels that when somebody came into Scientology with psychosomatic illnesses, and so on, this person was rid of these - if you rid the person of these - providing you had given him some earlier indoctrination, providing you had given him some earlier training, providing he had someplace to go, and providing you didn't do it all in an afternoon but made him come to several meetings before anything was done - you get the idea?

He's only got one goal being there, he wants to be rid of his lumbosis. Well, you just better make sure that his horizon is a bit wider open, don't you see? Let's make sure that his horizon is just a bit wider before we take his lumbosis away from him. Otherwise he falls back into his indoctrinated classifications of - there is somebody who heals and there is somebody who fixes pipes, and there is - you know, this specialized society.

The road that he would be walking would be blocked just to the degree that he thinks his goal in life would be to get rid of his lumbosis. Well, this means then that to go at healing on the standard pattern of opening up an office somewhere and hanging out, a sign that you heal lumbosis, and so forth, is not the way to go about it at all. But oddly enough you do have in your hands, whether you have any reality on it or not, you have in your hands the means of healing.

Now, I relapse into some instructor sarcasm here on the basis - of course, if you go on auditing the way I've seen some of you audit lately you never got a prayer in hell of doing anything, but that's just a - an aside. I'm afraid I saw somebody yesterday running a double Q - and - A process on a pc there. Every time the pc answered the question I heard the auditor interjecting something to find out something else that had something else to do with something else, and we had an auditing cycle there which was a perpetuity. We had no complete auditing cycles of any kind whatsoever. You do things like that, of course, you're never going to heal anything. But we're just going to leave that aside. That wasn't too bad.

Now given, then, the ability to do an auditing cycle, given the ability to handle the session, given an ability to read a meter, see, given these fundamentals, there exists actually a technology that you know of - and it will surprise you a great deal when I reintroduce you to it - that is totally capable of healing any disease or illness to which man is subject, of a chronic nature. Any chronic - I'm talking now about the difference between acute and chronic. Acute is somebody who gets a cold and he has a cold for a week and then it's gone. Now that is an acute illness, and that is opposed to, that is opposed to another type of illness which would be chronic. And that you would then call sinusitis, or something. He had - sort of had a cold all the time. See, that's different. So the difference between acute and chronic is just time duration. Now, of course somebody can split hairs and say how long does an acute have to be acute in order to become a chronic, and so forth ' Well, I'll leave that up to you, since it's your question. The division line is not that sharp.

Well, I think somebody who's been bothered with a cold for a year, you see, I'm afraid that's chronic. So the way you do separate the line I won't - I won't quip with you. There's a way you do separate this line - is when an illness exceeds its expected course we can call it chronic. And that's a fairly sloppy definition but it's quite workable within certain limits. When an illness exceeds its expected duration you can call it chronic. This fellow - this fellow - ordinarily, ordinarily people recover from a scraped knee in a matter of a week or two, see. Certainly they have nothing more to do - their knee would no longer be showing abrasions and contusions after a week or two, see. But for some reason or other this fellow's knee, a month or two later, is still in a bad state of dishabille, what then is this? Well, this must be something chronic, then. See, we've moved over into that field.

Now, that is what we mean, although we can say all illnesses are basically psychosomatic, not seventy percent of them, all of them are basically psychosomatic, we'd have to pull some torturous mental logic in order to get some of them into this classification. You say a broken neck is psychosomatic. Well, yes, the fellow had to have rocks in his head in order to make a mistake that would cause him to break his neck. There's certainly even - you say, well, how about an accident? A fellow going along in an airline - well, you're dealing with a fellow who is - who is very happy to get into this type of argument. It gives so much latitude for imagination, you see. You say, well, how about this fellow that's gotten busted up in an airplane crash. You say there must have been something wrong with his intuition not to know that if he went he was going to crash. He must have had bad judgment or something like that, see.

You can even get silly on the subject of accidents this way, but we don't have to get that silly to demonstrate the psychosomatic nature of illness. In the first place psychosomatics begin with the acquisition of a body, so that makes them all psychosomatic, doesn't it? Guess that dealt with that subject.

Now, well, how come this fellow's stuck in a body? Well, that would be a very large problem. And that doesn't get settled until you get up there into Class VI, or something like that, to anybody's satisfaction, see, so it'll stay that way. So obviously that's beyond the range of healing.

And one of the first lessons you should learn on the subject of healing is that because you can see the individual is sick from something is no reason why you should treat it. In other words diagnosis immediately flies out of your hands as an unnecessary and often retarding activity. There's really not much difference between diagnosis and evaluation. And evaluation is more or less - well, it is forbidden by the Auditor's Code, so that just knocks out, in actual fact, diagnosis. Now we're talking about healing diagnosis, you see.

To say what this fellow was suffering from is an adventurous statement. Because it may be so purely psychosomatic that it isn't a nose at all, don't you see?

Now, I've conducted some experiments in hypnotism, in - early on, no longer using anything like hypnotism, never did use it in this particular field, but it's terrific, terrific piece of research material. And I've caused somebody's nose to run for two or three hours. He had the worst cold you ever saw in your life. Person didn't have any cold at all, caused the person's nose to run simply by an hypnotic command - when you wake them up they're going to have a cold and their nose is going to run, up until the time you snap your fingers and say abracadabra, see? So person wakes up, and he has a cold for two or three hours, and I'm telling you, that nose will really run. It's quite startling. You say how on earth could they get into that Condition And then say abracadabra, see, and no - it just - it's gone, you know! No slightest residue, no runny nose, nothing, you see. Unpleasant subject, but it was unpleasant to the person going the experiment too.

What's this all about? Once you've conducted a few of these experiments there's not much doubt in your mind that the autosuggestion, or the various mental mechanisms of the individual himself can bring about or perpetuate any illness. There's not any doubt in your

mind after you've conducted a few of these. But you have in actuality the genus of psychosomatic illness in the matter of suggestion.

Now, to a Scientologist suggestion becomes postulation and a much more clearly stated proposition. Because actually nothing can be suggested to the individual that he himself has not earlier postulated. There's nothing. Nothing can be suggested to the individual who has not himself earlier postulated it. Which is quite remarkable. And people can figure out, well, they're not guilty of any overt acts, because if everybody does it to themselves - oh yes, you're guilty of an overt act, of keying it in on them - because it's now gone beyond their power. Pretty good, eh? You - people try to argue themselves out of the fact there are no overt acts. Well, the only overt act would be key in what the individual had once had intended to happen anyway. But nevertheless it is an overt act.

So if these things can be produced hypnotically, under laboratory conditions, and if these things can be produced by suggestion, and if key - ins can occur of a person's past experiences or postulates, and if rather violent reactions and malformations can be brought about in this way, then we see the genus of illness is psychosomatic.

The individual must have willed the destruction of a body before his own body could even be bent out of shape. This is the philosophic line - up, and it happens to be an actual one. He must have conceived the possibility of breaking legs before you could break his leg. In fact, he must have broken a few.

Most pathetic picture of a psychosomatic illness I ever heard of was a bird who made his living of grabbing people up dark alleys and hitting them in the jaw and taking the money out of their pockets. It's very, very interesting that his arm with which he did the hitting, even yet, was paralyzed from the shoulder to the wrist. He could sort of hitch his back around in some particular way and still strike a blow with that arm, he was still doing so. This ostensibly traced back to the point that he used to be beaten up by a newsboy who took all of his money away from him. When he was a small newsboy, this bigger newsboy, you know, took all his money away from him. And the hold on the track was one morning he almost hit his mother when she woke him up. And this practically broke his heart and more or less paralyzed his arm.

Well, that's all very interesting, but you know that a fighter nearly always postulates a paralysis of the other fellow's arm. Well now, it really isn't then what happens to the individual that brings about the psychosomatic illness. It's what the individual is willing to happen. And as crooked and as upside down and backwards as that often looks, we nevertheless can trace these things back to that if we go all the way. But the odd part of it is, it is not either possible - now hear this very carefully - it is neither possible nor necessary to trace the psychosomatic illness to its genus and erase it in order to cure it. It is neither possible nor necessary to trace a psychosomatic illness to its self - generated genus, you see, that is to say, the individual's own intention of having it, and erase that in order to cure a psychosomatic illness. The word "cure" is used advisedly.

And why is that?

Well, he doesn't have to have a key - in to make his postulates come true, but when one of his early postulates suddenly, mysteriously materializes, in the physical universe, and he doesn't know anything about it, it was necessary for something else around him to key it in. So the key - in is other - determinism.

Now, this is very, very slippery. You sh - you should get this very - this is one of those things I - your jaws almost dropped off your faces the other day when I told you that an ARC break assessment was - well, I'd already told you that in an earlier lecture, and you all said, "Oh, yes, yes, yes," put it all down in your notebooks and you were all very happy about it, so forth, and then when I told you in the last lecture I gave you that you never audit during an ARC break, I thought your faces were going to fall apart. I never saw such a silence occur in

all directions in my life. And yet that's the obvious conclusion from the earlier datum I gave you. How did it surprise you so much? So don't be surprised at this one, see, when it all of a sudden comes up and hits you in the face, because it's the same kind of datum, you see.

The individual did it himself But when he did it himself he knew he did it himself, don't you see? And if it's happening and he doesn't know that he's doing it himself, then it must be the result of a key - in. You see? It's this old intention has been activated which he has not wot of. He doesn't know he's doing this, but something has happened that causes it to go into action. Hypnotism, for instance, is merely a key - in of the person's own basic postulations. There's no such thing as an other - controlled human being. But there is such a thing as an other - keyed - in human being.

Let's put up a gag here that will drive this home a little more closely. Let's take this fellow, we want him to become a prisoner. We want him to become a prisoner of some kind or another. So we lock him up. Well, how are we able to do that? This is - this is marvelous. You mean you can lock up a thetan? You can puzzle this one over philosophically for some time. How does this come about that anybody can be put in jail? I've had to crack a lot of these conundrums along the line, and disentangle an awful lot of things, in order to get data on which life operates. And that was one of the stoppers. How in the name of common sense could you ever lock anybody up? If it is true that man is a spirit and so forth, how does it ever come about?

Well, it must have come about - it eventually materializes - and when you get up to Class VI you certainly know why and how! He had to lock himself up first. He had to lock himself up before you could ever lock him up. And the only thing you can do is key in his locking himself up. However he's doing it. It's about the only way you can ever make a prisoner.

Actually, in an environment if you're going to govern it well or keep it calm you must be careful of what's being keyed in - careful of what's being keyed in. You've seen civilized men, I'm sure, go into a heav - high level of bestiality when faced by war. The most fantastic things occur in war, and so on. Well, how come? Well, it's the key - in - ness of the environment. It isn't war does this. It gives enough key - ins to key in his bestialities. And they were absent - that is, like sleeping dogs lying quietly behind the chair until all of a sudden, why, you've got a bunch of key - ins going. Now you could key in all sorts of viciousness. So you can key lots of things in on a being because he is basically a complex person. Very complex. A thetan is unbelievably, numerous, prepostulated.

Do you know that you can just find 2 - 12 locks on an individual practically as long as he will sit still, and years after you're liable to take the same case and find out, hey, what do you know, they've all been off one actual RI, you know. Here's fifteen thousand GPMS. You multiply - that's a rough number, but you multiply that by the sixteen RIs there are in a bank, that's sixteen times fifteen thousand, see. And then recognize that any one of those items from that result can have thousands of locks. We can add it up to man's extreme individual age, which is very extreme. He's had tremendous quantities of experience, you see. So there's an almost unlimited fund of things to key in. You can key in almost any combination. It's not even hard to do.

He may not be master of his own destiny, but he is sure victim of his own postulation. So anyway, anyway, to make a long story short here, what are you healing when you're healing with psychosomatics? What are you handling?

Out of your reach, if you're below - auditing below the level of Classes V and VI - completely out of your reach, are the basic postulations which brought about the conditions. You just say that, just cut it off right there at V. And below that, man, that's out of your reach. It's out of the reach of the individual, it's out of the reach of the lower auditing skills, and fortunately is not necessary to effect a cure. Because we're now dealing with a very low - level auditing result. Believe me, it make - awfully spectacular to somebody who's going along and had headaches, headaches, headaches, headaches, all his life, to cease to have this

headache. That's very spectacular. So this looks fabulous as a result, see. This looks huge, as a result.

Well, it's a result, compared to the retain - attainable results don't you see, like - so you can feed him some cereal, or you can - you can look at a tree. I mean, there - it isn't anything spectacular. And unless you cease to regard it as a miraculous thing, you see - it's - if you cease to - you have to take it out of the religious Tradition entirely, although it - healing probably belongs more securely in religion. You have to take it out of the Tradition that religion has assigned to it. Which is, this fellow was a saint - I don't care how much you let the public believe this, that's beside the point. This fellow was a saint, man, he was - he was terrific! Magnificent. Fellow just marvelous! Cured boils. Pure, pure evidence of his godliness. He could cure boils. That's the religious Tradition with regard to healing. And you just have to stop regarding it with that much awe. Because it's not that complicated. And it basically also is not done by feeding him some more illness, spoonful by spoonful.

He will bust out in lots of side effects, because to cure him you're keying in something else. This fellow's had suffering from these two cycles of action. See, these - out - these are - these two steps on the cycle of action. First, he had to determine it. But that may be in such an unthinkable long past that we don't want that much to do with that. Next, he had to do it to somebody or something. And then for him to mysteriously get ill and not recognize what it is, he has to receive a key - in. Something has to be done to him which restimulates it.

Now, nothing violent has to be done to him, so it might be something quite mild has to be done to him. I wot an experience that was happening to me. I used to have - when I was a very little boy in this lifetime, I used to have sore throats around my grandmother. And she used to sing - whose song is it, "The Little Toy Dog..... is covered with rust . . . " you know, and the tin soldier. . ." you know, that sort of thing, whatever the quote is on the thing, very sad song! She'd sing that song to me. Well, she wasn't giving me a sore throat, but she was sure as hell kicking in a picking up a baby in 1870, and having his heart stop beating and looking up and seeing a little toy dog sitting alongside of his crib, see. Gave me a good sore throat. Got the idea? In other words, there was an action, don't you see; there was a symbol, which represented the event. And here is the symbol mysteriously reappearing in a song from a beloved person.

So you see, you're not looking for violence. You're just looking for a key - in. And it may be anything. May be anything.

Well, the first two of these things - the first one, that is the business of Class V, VI, VII, those, particularly Class VI. And that is such a restimulative process that a sick person probably couldn't do it. Whole thing is a defeative action, trying to handle this. I notice some of you, every time your pc doesn't feel well, reaching for an L4, now it's called - it should be called an L6, ARC break assessment sheet, to get his GPMs in order. That's pretty heroic! That isn't what you should be reaching for at all. As unless you're going to run him out, the only thing you can do is pull him out. If you're going to run him out, all right. That's Class VI, man. And that's the whole operation, not devoted to illness, believe me. That's the whole operation from one end to the other. That is a full, complete overhaul. You jack up the car and put a new one under it. Nothing to do with healing. So you can just cancel out all of your handling of GPMS, implant engrams, all this sort of thing, all running this kind of thing, and what you've been calling case analysis on the thing, and getting that to cure somebody of - just knock it out, man. Has nothing to do with healing.

You can do some remarkable things with it, with a very advanced auditor, who is probably all ready to do so, and the other day I handled a PTP - here's a little two - bit PTP - by simply finding the GPM that was causing it. But this on a pc who has practically a complete line plot, you see. This person's already on the way. So you don't - you don't fool around with those things. Those are basic causation, see. You'll find all this basic causation lies in that particular line. But you don't want anything to do with that in healing.

Now the person, in doing this to somebody else, probably did it so long ago, and it is so far off course of any current activity at all, that to get the basic overt on the track is equally - well, actually it's something you would probably never do now - I mean, you probably never will pick up the basic overt on the track, you see. There's no point, once you've got the first postulates out, why pick up the overt that keyed them in? But you can pick up the key - in of the overt.

So we've got another factor going here, of a subdivision under the heading of key - in. So there's another kind of key - in. He does another little overt that keys in the big overt, see? So there's the big postulate followed by the big overt, so you get it up into PT, present life sort of thing, where he got this little tiny, little tiny thing done to him, where he got a little tiny overt. And you can make people well with just handling those little things. Yeah, it's all whisk broom stuff. You don't even have to know the basic postulates, you don't even have to know its complexity. You don't even have to know the basic other - life way - back - when overt. These you don't have to have anything to do with at all! To make a person well it's only necessary to bail him out of his key - ins. And mark my words, for Homo sap, you better not try to do anything else than just bail him out of his key - ins.

What would spoil you as an auditor is to find this occasional and rare bird whose lumbosis suddenly disappeared because you found the first Helatrobus on him or something. See, that would practically ruin you, because after that you'd be looking for the heroic. Now you see, you're perfectly right as an auditor, perfectly right as an auditor, to know that there is a great, big postulate, miles wide, broad and deep, which is attainable on this ease. You're perfectly correct in assuming that there is such a thing on this case. You know that instinctively because you're always going for it. You're perfectly correct, you're perfectly correct in assuming that there's a great, big, huge, overt act, on the backtrack, you know, he burned a civilization down or something. You're perfectly correct in assuming this. And because you down deep yourself know this, you have a tendency to go for it to get out prime cause. You're not going to do that, by the nature of a case, and by the thousands and thousands of hours and years of research done on this very subject without doing a whole Class VI - ectomy. That postulate's too big, it's too tricky. Its anatomy is too huge to be handled with the whisk broom that you're going to audit somebody with.

So the only thing you have to do is to pick up the key - in. Whether the key - in is an overt, or what, we don't care. But all you have to do is pick up the key - in. And you try to pick it up as close to present time as you can. You don't try to pick it up as early as you can - you try to pick it up effectively as close to PT as you can.

Now, someday you're going to be very unlucky and you're going to find somebody with chronic twistosis, who didn't get it keyed in in this lifetime. And now you're going to be in a little bit of trouble, and you're going to have a very protesting person, and you're going to find yourself suddenly slopping over into 1861.

I did this one time, a polio case, ill at two years with polio, and it dived instantly and straight back to about three lifetimes ago, in the middle of the nineteenth century. And that was one of the most unwilling, screaming pcs I ever had anything to do with, because it was of course by that time jammed up so that it was quite painful. Pc had no reality on any other lifetime, and yet any time the pc tried to give me anything about it, why, this other incident would come up, which was over a hundred years ago, you see. It'd practically been keyed in solidly continuously ever since. It was an unlucky break.

The way to take it apart was to pick up the key - in closest to PT that could be picked up. He'd even pick up the key - in of the key - in. You understand? Not to - the big key - in was too tough. Pc was going straight back to it, straight stuck in it, there they were, bang, and he couldn't do anything else, move him out of it, apparently moved him out of it and so forth, and the proper course of action there was to pick in a key - in - up a key - in of the key - in. Or pick up the latest overt on that subject. The latest overt on the subject might be - you see, this is all softly, softly, see. This is all quietly. This is all with the feather duster. You're

perfectly correct in knowing that there's a target there, very suitable for eighteen - inch guns. See, you're perfectly correct in this. But you're not correct in the field of lower - level healing in going for it.

So, if all I could teach you, if all I could teach you was just this: that yes, there's a great big postulate. Yes, yes, yes, yes, great big postulate. Oh, yeah, tremendous experiences that go back over God knows how many years, yes, yes, yes, they're all there. Yes, there's overts there that made that postulate backfire and gave him a switch of valences and all that sort of thing. Yes, yeah, oh definitely, yes, yes, yes. That's there. We agree with all this. And then teach you all we want is their key - ins, and the lightest key - in of that that we can approach. And that's all we want. Then I could teach you to heal.

Because healing is not in actual fact a very high - class activity, in spite of the fact that it has so much relief. Now, compare the fact that, "Well, I cured her bunions," as a statement to "I restored a being to his full intelligence, ethics and power," I'm afraid that's far more godlike. See, they are not comparable activities. But if you know that about healing, if you know that about healing, and know about what this field consists of, that it's the thetan versus the body, in his own worries anyhow, and you do it lightly, why, then I could open the door to that degree to show you how to - well, just heal anything you walked into. But if I - if I can't teach you that and make that one point first and have you understand that and think it over and look it over, understand it thoroughly, then you get trapped into going for prime postulate, see, on the subject. You get trapped into going for the dramatics of the prime overts, you see, and so forth, and your - you as a Scientologist could probably make it. But not the guy you're auditing. And you won't heal.

That's the first thing to learn. Now, you can see that that must be a very interesting lesson, in view of the fact that practically nobody in the field of healing has ever learned it in the history of man. See, so it's not much of a lesson, it looks that at first glance, but just let me call it to your attention that it really has never really come to anybody's attention. There's a little mention here or there, perhaps, amongst the various records. You could probably find something of - you shouldn't use such heroic methods, you know, that sort of thing - but it's the very, very lightest of the methods that succeed. And these heavy ones such as, well, fellow has a headache all the time, well let's cut out his brain. Well, those fields are not successful. Because that is the physical effort to get to the ultimate postulate simply being dramatized by the healing practitioner.

Of course, you being smarter and better educated as to what there is there to reach for, have to practice in actual fact a little more restraint. Because you know what to head for. You say, well, "This guy, this guy looks like he's had his head bashed in. I wonder whose head he bashed in. . . ." see, " . . . on the backtrack. All right. Whose head did he bash in? Oh well, let's see, let's go back, let's get it on the meter." All right. And so on. Now let's find the first head he ever bashed in. You'd probably get it, too, see. And he'd have his head bashed in all right. He'd have it bashed in completely when - time you got through, because you could handle it as the auditor, but could he handle it as the pc? And you'll probably wake up at the end of the thing with finding the other side of his head is now bashed in. He wouldn't have made the grade. Your proper course of action is not withholding yourself from doing so, but just understanding the basic mechanics of how that thing is keyed in. And then taking out the little bits that keep it keyed in and the mystery of it all is why it all drops away and will key out. That's the miracle. How come it can be keyed out as thoroughly as it can be? And yet it can be keyed out with great thoroughness. And the destimulation of the incident was easily the thing that will produce your great miracles.

Of course, the fellow's going to run on the backtrack, he's going to get into actual GPMS, he's going to get into the stuff of which life is made one way or the other, he may collide with his own overts and he may not, and when he finally gets back there, why, oh yeah, there was plenty of reason for him to do so, and he's actually likely to pick up the whole somatic, ten times as strong all over again, particularly if you make a little mistake as an auditor, or something like that.

But it'll be gone then because he's in the position and doing the process which is competent of erasure. But he's not in a position to do that when you first find him, so the field of healing will remain a closed door unless you find out that it can be done lightly, on tiptoe. Lightly.

Thank you.