

INDOCTRINATION IN THE USE OF THE E-METER

A lecture and auditing demonstration given on
8 March 1952

I want to give you a talk and indoctrination on the use of a psychogalvanometer.

Anyone who pretends to a knowledge of auditing should also at least pretend to a knowledge of how to use one of these machines. This machine is a small edition of those machines employed by police departments and which they call "lie detectors." The difference between this machine and a police department machine is elementary: a police department machine is just more of it.

A police department machine measures respiration, blood pressure, normally electronic impulse. They measure maybe as many as four or five factors. The point is, this machine measures solely the electrical resistance of the body.

The electrical resistance of the body rises and falls in direct ratio to the amount of resistance a person is giving to his facsimiles. In other words, here is the individual. [marking on blackboard] The mind is acting upon a physical organism. This physical organism can have piped through it a very thin current of electricity.

Now, the mind does not have any such current running through it. This is merely the brain structure, the switchboard. This would be like measuring what is said over a telephone by measuring the current going across a telephone line. You see that an operator would not have the machine on him - the actual operator would not have the machine on him. What the operator would be doing would be talking into, or giving forth speech into a switchboard system.

Now, you could measure this switchboard system and get some vague approximation of how this person felt about what he was talking about because he might talk with heavy stress, with anger; might talk apathetically and might, in short, produce various electrical impulses on the speaker of the telephone.

In such a way, the mind is monitoring the switchboard system of the body. And by piping a small current through the switchboard system of the body, you can find out what facsimiles are being impressed upon the body and how much emotional charge or stress there is on these facsimiles. At no time does this electrical current go through the mind. It does not pass through the facsimiles. It passes through the neurons, which are being monitored by the facsimiles, just as the machine is not attached to the operator talking through the switchboard, but is attached to the switchboard. In other words, this is an electrical-response mechanism for the measurement of the physical body's reaction to its thoughts.

Now, oddly enough, a person's thoughts alter and shift below the level of his consciousness because a person has so constituted his facsimiles or his mind as to produce in them barriers. There are things which he does not think he wants to know, things of which he does not want to be guilty, things of which he wishes no concourse with these items at all, and so he drops a barrier between what he has constituted his analytical mind and this bank of data.

Now, actually, every death a person dies is such a barrier. Death is not unlike an electric shock of great magnitude. The physical body goes into a convulsion on death - death is quite a shock and has a tendency to put a barrier in front of that bank of data and so walls it off. The person believes that if he remembers anything about the life, he will get the pain of the death. It's not so. And where it is so, it's only because of Facsimile One.

Actually, it's no reason why you couldn't remember all the way back down through all the years that you have ever lived, And as a matter of fact, with a relatively small amount of auditing, you will be able to do so.

This machine, however, and the facsimiles themselves do not happen to care about the barriers. These facsimiles will shift and rearrange and influence the body without the awareness of the individual, in his mind - without that awareness knowing what is shifting.

The mind plays a little game with itself. It says, "I'm not going to let my little right hand know what my left hand is doing," Well, this machine will tell you, when he has his right hand out in plain sight, what he's doing with his left.

The value and virtue of this machine is that it actually and accurately locates the incidents on a case through all the spans of generations of the individual by demonstrating to you which incident is charged and which one is not charged.

As an auditor, you don't have at this moment the electrical sensitivity necessary to look at the other organism or touch the other organism and feel accurately what is going on back of the barrier. As minds at this time, you do not have under good usage, most of you - in fact, all of you here unless you've been very well swamped up - the potential of suddenly taking hold of the other person's mind and examining the facsimiles like you'd sort through a deck of cards.

Lacking these two abilities, dependence upon an electronic bit of machinery is definitely indicated. You could actually audit and audit and audit and audit a preclear without contacting the item necessary to resolve his case. You could waste a factor of five to one hours of auditing if you did not use this machine.

And the reason why is contained in some of the researches of Mathison, who built this machine. Mathison hooked up several series of auditor/co-auditor - as co-auditing teams - hooked each member of the team to one machine. That's two machines: there's the auditor and there's the preclear; each one is hooked to a different machine, He selected, particularly, cases which had bogged down and which had left Dianetics, and got them back with their auditor and then tested them to find out why these cases had stopped therapy. And he found in each and every case it was because the auditor was trying to audit out of the preclear what should have been audited out of the auditor. He would watch these two machines and he would ask the preclear what had been audited on him, and then turn around and ask the auditor what should be audited on him.

[footnote in R&D 10 - Mathison: Volney Mathison, an early Dianeticist who, after listening to a lecture by L. Ron Hubbard outlining the equipment and circuits necessary to detect mental charge, built the first E-Meter, the Model B, in 1951. There were various other models of E-Meters built by Mathison which were used by auditors. The E-Series in 1954 was his last model as his meters had become too complex to be workable.]

And the auditor every time had been laboriously beating away at the preclear trying to make the preclear recover and reduce incidents which should have been reduced in the auditor. And so these cases left processing. These cases failed.

Now, that is a mechanism which, in an individual who is not yet Clear, is certain to take place - certain to take place. This machine makes it impossible for it to take place. If you put your preclear on this psychometer and ask him what should be audited and ask him various questions as contained on a galvanometric test sheet - as is composed here at Hubbard College - you will discover what should be audited.

Now, you will find quite often that you cannot get Facsimile One for the simple reason that there are too many overt acts. You'll find out you can't get - even get into the lock chain of

Facsimile One because of present time situations. And the machine will tell you this quickly, and it will also tell you the moment that the earliest engram that you can run will show up.

If you get a very large charge on an overt act, you're not going to get much charge on an earlier incident such as Facsimile One. After you've gotten that overt act off the case, you will then get charge on Facsimile One. That's because too many barriers have been erected and the machine is not reading back to the earliest barrier; neither will the person's mind read back to that earliest barrier or back of it.

So we get this mechanism: We have a chain of twelve similar incidents containing heavy effort and counter-effort, And the first time we look at the case, we only find one incident, number twelve, unsuspecting that there are eleven earlier incidents.

We audit out the twelfth, which we think is the only, and we audit it out thoroughly. And the preclear doesn't experience any recovery and the incident was very hard to audit. In the absence of a machine, why, we might never suspect that there were eleven earlier incidents just like it.

All you should have done with that incident you first recovered was to run it through a couple of times so you could find the eleventh, and find the eleventh and handle it just long enough to get the eighth, and handle the eighth just long enough so that you could get the fifth, and handle the fifth and run it long enough so you can get back to the second, and run the second enough so that he drops into the first. And then you audit out the first thoroughly, and the eleven incidents above the first incident blow.

Now, that, in short, is an ordinary procedure in auditing, And this machine tells you what incident is on top at the moment - at the moment.

And if you get a large charge on an incident that seems to be relatively irrelevant, believe me, that incident is borrowing its charge from earlier incidents. And yet those earlier incidents may not be clearly exposed to view yet. So you audit off this heavily charged incident and in such a wise, bare to view the earlier incidents. And so go right on through the case. This machine will pilot the case for you. And the piloting of the case is the only reason in the past why auditors consistently failed.

Many auditors failed consistently and the only reason they failed was because they were not piloting, assessing, inventorying properly.

In the medical field this is called diagnosis. Any medical doctor can tell you that there are many practitioners, but very, very few diagnosticians. A good diagnostician is worth all the jewels of the Indies in the medical profession. And yet a diagnostician has to depend, to a large degree, upon something like - well, maybe even his psychic sense.

Old Doc Pottenger, the greatest tuberculosis expert in the United States, diagnoses by laying on his hands. This man never fails to locate a case. He doesn't use x-rays, he doesn't use anything. Somebody walks into his office and says, "Do I have TB?" And he pats him on the chest, "Hm?" he says, "No, you've got a long time yet." How does he do it?

Well, a large assembly of doctors one time had old Doc Pottenger up on the stage in front of them. And they lined up twenty-seven patients, I think it was, and these twenty-seven patients were supposed to be diagnosed by old Doc Pottenger. And some of them had TB in advanced stages, and some of them had TB in arrested stages, and some of them had it in just beginning stages and some of them didn't have it at all. And an audience of many hundred doctors sat there and watched old Doc Pottenger go straight down the line, tap them on the chest, lay on his hands and say, "This is the condition of this patient," And he was right, X-ray machines, laborious diagnosis afterwards, said that he was right.

But you understand that other doctors treating tuberculosis do not have this facility. Somehow or other they don't have it. Now, you would not expect a doctor, without this facility lying to hand, never to use an x-ray machine so long as x-ray machines were in existence. You wouldn't expect him to just take a hit-or-miss shot into the blue and say, "This person has tuberculosis, this person doesn't have tuberculosis" No. No, he'd send them down to the x-ray lab - he'd make sure. That x-ray machine in the majority of cases will show up tuberculosis in its various stages.

Well, this will show you incidents in its various stages. And as long as you guess, you are liable to this: that you will diagnose the preclear as you ought to be diagnosed. I know doctors, by the way, who are treating all of their patients for their own disease. Don't do that!

This takes it out of the category of guess. Even though it does, however, a certain expertness - a mechanical expertness - has to be learned about this machine. This machine does not automatically and immediately tell you or tell an operator who knows nothing about it, what's wrong with a case. You have to know how to run it. And this machine has peculiarities.

From machine to machine, as in any electronic equipment, you have individualities. And for various reasons, when you get your machine, take very, very good care of it and don't let other people use it. And use just that machine, and learn its characteristics and learn to operate it by experience. There's lots you can do with it. You can bring in your wife and say, "Dear, I'd like to diagnose your case. We're going back into earlier lives," and so forth. And then suddenly say to her, "Uh, were you out with a man last night?" The machine bops - there you are. (audience laughter)

This machine is also a "lie detector," completely in addition to being a diagnostic instrument, But oddly enough, in spite of the good work that Mathison put in on this machine to adapt it to Dianetic and Scientological use, in spite of that, the machine had relatively little use in comparison to its use now, because huge-charge incidents were unknown in Scientology and Dianetics. In Dianetics particularly, there were no hugely charged incidents.

So this machine, set up very sensitively, would fall maybe two, three points. A preclear can make it fall two or three points by breathing fast. He can take a deep breath and alter the machine to that degree. But with present incidents and the machine properly set, this machine will drop dials' worth on the incidents which we are looking for and which we are running. It will drop the width of the dial and drop the width of the dial again, and drop the width of the dial yet again and again and again if an incident is really there and ready to be run and the incident you ought to be running.

There are various incidents which show up this way. What we call the Helper, which is the mitosis at the beginning of an evolutionary track. Now, this mitosis is a splitting of the body and is quite ordinarily heavily charged. There's the Boohoo: a little animal which when it came out of the sea was having a hard time adjusting itself to an environment or making the environment adjust to it, and it had to pump out salt water and so all of your grief blocks and sobbings and so on of the human being are traced back to this Boohoo, as you might call it.

Now, their overt acts in particular show up on this machine. "Did you ever kill a woman?" "Did you ever kill a man?" "Did you ever kill a child?" "Did you ever kill an animal?" "Did you ever sin against a group?" "Did you ever do this?" "Did you ever do that?" - long series of questions will demonstrate an overt act on this machine. Finally you'll hit the act that ought to be run and you'll get dials' worth of turn on the machine. So that's what you're looking for.

The expertness of asking questions demanded is not very high. But the care of this machine is something in which you should interest yourselves. Just as you would not go out, jump in an automobile, put the gear shift into high, step off the clutch suddenly with the motor roaring and expect to leave a clutch in the car and have the car do anything, so you would

never turn on this machine until you had the preclear with his hands on the cans and settled down. In other words, leave the machine off until you have your preclear set up, and then turn the machine on and then let it warm up and then adjust it. Because your preclear's liable to knock those cans together. He's liable to knock two things together and short-circuit the machine and drive this needle over against a pin. And it's a wonder that these machines don't blow out more often than they do. And all of a sudden you'll have a dead machine on your hands, completely aside from the fact that you will have hurt the accuracy of the machine thereafter.

So, what you do is fix up your preclear with everything off here - leave it off. Put the two holders in the preclear's hands and then turn the machine on slowly from the bottom. This saves you from shorting the machine out. Just as you would not put your hand into an electric fan, and about that order of importance, don't put the cans in a preclear's hands with the machine on or lighted.

Now, most preclears are fairly calm on this machine, but you will get a few who are nervous. Instead of getting machine reaction, when you ask them a question that is particularly warm they will start to throw their hands around and scratch their nose and change their position in the chair - this is almost as good as the machine reading, because this - they know this machine will tell on them. That's why they're so nervous.

And so Mathison developed something brand-new with these machines: he developed a rubber glove. It's a big mitt and you put the terminals in the preclear's hands and then put a rubber mitt on one hand. It's a big mitt and it goes over the electrode and it goes over the wire and everything else, and you just put this on.

Now he can play patty-cake with the cans and he can wipe his nose and he can squirm and wave at somebody going by and reach for cigarettes and do all sorts of things without changing the needle to such an extent the needle will be damaged.

By the way, the needle will still change if he keeps waving around and giving you a semaphore code with these cans instead of just letting you read it on the needle.

Therefore, you should interest yourself in this mitt, Because, believe me, about one out of four preclears will constantly bang these cans together - constantly bang the electrodes together - and any preclear you put on the machine, at one time or another, will actually put the terminals together. He will do it. Anyone will do it. He picks up the cans, the machine is on. Bang! Over goes your needle. He tries to pick up the cans with one hand, a perfectly natural reaction.

So instead of going through these agonies, when your machine is out of use, have it off. And when he picks up the terminals and has them apart, and you put on the rubber mitt, turn the machine on. Then he can't hurt the machine. And before he lays down the cans, or the terminals, turn the machine off. Even if it's a pause for a cigarette. Just turn your machine off, that's all. After all, it's going to save the tubes, too. Now, this machine is the latest machine out. I'm going to ask him to put this machine in a gray case.

I was working with the machine this afternoon - it has an increased scale. The old machine unfortunately did not have the capability of reading people who had been shot up the Tone Scale. As a matter of fact, the old machine read a "normal" very, very well, and the second that he started to go up to 0.5 - above normal - of course, the machine went off the scale. That's exaggrating, but it was a fairly narrow band.

That machine, by the way, to anybody who has one, can be adapted rather simply by any electronics man. You just put a second stage in it - and he'll know what you're talking about - so the machine will read with even less resistance.

Now, this machine may or may not tell you by numbers the actual tone of the individual. It'll tell you fairly close if it's properly set. You, as an auditor, in operating this machine though, are going to find that you're - will know pretty well after you've run a few people over it - you'll know pretty well what you're measuring. You don't have to read these numbers to find out because an awful lot of preclears will have the range expander over here way down to there, and this is way down here, and in order to get him on the thing at all, you will have the sensitivity increase barely on, and then you can get him on the meter. They're off the bottom side that low. That person is in apathy. From apathy up to about 1.0 - very, very low.

All right. The whole assembly inside there is actually nothing more than a Wheatstone bridge. It is calibrated to measure the relative resistances, or lack of resistances, of a very small current of electricity which is passing through the body.

Now, actually, a current of electricity - very faint current of electricity - comes out and goes into one hand of the preclear, travels through his body, comes out the other hand of the preclear and comes back to the machine. And that trickle of electricity is shut off or unimpeded, relatively, by what the person is thinking about. In other words, the facsimile cuts in, affects the physical organism, that monitors that stream of electricity and here you read it on a dial - you read this on a dial.

Now, as that dial moves, it will tell you whether a person enjoys the thought of something or dislikes the thought of something. And if something gives him a very good feeling, if he feels very good about something that you ask him, you will see that you get an increase on the scale. And if he doesn't feel very good about something, you will get a decrease on this dial.

Now, it is marked in terms of falling and rising. Some of the old machines are in reverse to this dial, but you can see very readily which way it's going, And, furthermore, you actually don't care too much because nobody gets remarkable upward surges the way they get downward surges, particularly for the incidents you're asking for.

We're not interested in what will make the preclear's tone go up so much as we're interested in what will make it go down markedly so we can audit that out, because it's pinning down his whole tone. We use this machine, then, to measure (1) the tone of the preclear - relative - not accurately too much on the Tone Scale, but as a check; and (2) we use it to find out what incident we should audit next; (3) we can use the machine to straightwire the preclear - that is, ask him questions and actually break locks. And you'll see the hot subjects on the case on the dial, and you'll see the locks break as the needle flashes. Very simple. And (4) you can use the machine to find out whether or not he's telling you the truth. Because you'll get remarkable jumps on the machine when he lies to you. It takes quite a lot of effort to lie, and as a result the lie gives you much the same appearance as an emotional charge.

You will notice as a preclear touches the terminals that the machine can be made to vary. If you were to use flexible terminals, cans, something of that character, you'll find out that squeezing them will cause a change in the needle - a sudden squeeze. If the preclear moves his thumbs over the surface of the can, you get a sudden squeeze. Good terminals are to a large degree the solution of this. There's evidently more conductivity in the fingers than there is in the palm, so that the machine will vary more on the variation of fingers than the palm.

The way this machine is turned on is very simple. You reach over here to the sensitivity increase knob and it should be pointing to "off," The preclear at this time has the terminals in his hands and they have been adjusted and arranged on him before you turn the machine on. Now you turn the machine on till it clicks - just a click. Now the machine is on, that is to say, it is warming. It takes a moment or two for it to warm.

By the way, there is no real saving of time in having the machine on and then giving it to the preclear - giving the terminals to the preclear - because the preclear has to warm the terminals, and the machine reading will change either by having the machine warmed up or by having the terminals warmed up. So you could warm up the terminals first or you could

warm up the machine first. Either way is going to take you the same amount of time, so don't think that you're saving any time by leaving the machine on, because the terminals always have to warm up to his body temperature,

Now, this sensitivity increase knob should be carried about a quarter of a turn up, so you bring it about a quarter of a turn up. Now just for experimental sake, because this machine has to be set different for every preclear you have, turn that sensitivity increase knob up to horizontal with - as you face the machine - the needle pointing to the left. That is to say the pointer on this sensitivity increase knob pointing to the left.

Now, you look just to the left of the sensitivity increase knob and you see another knob on the modern machine - this knob is absent on the earlier machines - and this knob reads "CORTICAL BLOCKAGE INDICATOR: Use only when other controls are fully advanced." Now, you leave that knob off. You just leave it as it is. I'll turn it on for you just to show you what happens. You just turn it on and you get a red light there. That puts the machine up on an upper range of sensitivity.

Now you get over here to the range expander. The range expander is designed to be carried straight up at neutral. So you come over here to this range expander and you move it up to neutral. Now we find out that your range expander has been moved up and the machine has moved all the way across the dial. Now you want this needle to carry between ten and forty on this machine. Set it somewhere between ten and forty. And here it is with your range expander setting it clear over here to a hundred.

Commentator: As the range expander moved into the neutral position the needle moved completely to the right.

LRH: Well, that just means that the preclear who is now holding these cans is good, high Tone Scale. He's well up the Tone Scale.

So what do you do about this?

We look up here and we find that this tone lever on the face of the machine up here says tone rising, falling - the one which has 2.0 at its top, 2.5 all the way over to the right, 1.5 all the way over to the left. We bring this thing all the way back to 1.5 and we find that it still doesn't come off a hundred. The machine, then, is reading clear up on the top of the dial. Now, what do we do to get this preclear on the machine? He's above the machine at this point. Well, there's two or three things that we can do, but the right thing to do is to reach over here and pull this tone all the way back to 1.5. He's not on the top of the dial, the next thing to do is pull back the range expander, regardless of what it says.

Commentator: The needle is now moving to the left as Mr. Hubbard moves the range expander to the left.

LRH: Pull back this range expander back here to its medium point between minus 2.5 and neutral.

Commentator: Needle is now centered.

LRH: Now this machine, by the way, is not telling anybody at this moment what his tone is. But you, by experience and by operation, know that when you've done this you simply have a preclear who is above scale. Preclear is above scale. All right. Now, it's necessary, then, somehow or other, to get him on the Tone Scale. All right, let's take this cortical blockage indicator and let's swing it on. Now let's see if we can get him up here.

Commentator: The needle has gone clear to the right.

LRH: Nope, we can't. So let's bring back here, range expander, neutral. Lets bring it back well over to here and set the machine lower with the range expander.

Commentator: With the upper range now on, needle is now positioned just to the left of center.

LRH: But we still have no latitude here with this upper-tone indicator so that we bring it over toward center, the machine goes down again. So we have to bring this range expander lower to bring this up higher. Range expander lower, this up higher - we're centering the machine.

Commentator: The needle is now just to the right of center.

LRH: You will operate this machine by alternating between the range expander and the tone handle. These three lower things we call knobs. The upper one, let's call it a handle. And that makes it rather easy to understand.

Now, let's ask this preclear a question. "Do you beat your wife?"

PC: Not much.

LRH: Not much.

Commentator: Needle is rising.

LRH: Now, what are we getting a tone rise on there for? Are you married?

PC: No.

LRH: Have you ever been married?

PC: Twice.

LRH: Oh, you've been twice married.

PC: Yeah.

LRH: Did you ever beat either wife, by the way?

Commentator: Needle is full against the right side of the dial.

PC: Very little.

LRH: Very little, huh? Machine is back up here too high again, so, as an operator, I have to bring the machine back on. Now I'm taking this handle up here and I'm bringing it back. Hereafter, I will locate the point of the needle with this handle. Now, something might be wrong here, something might be wrong here. This needle might be fluctuating too greatly. So I ask him a question like, "Are you a man?"

Well, are you a man?

PC: Well, naturally.

LRH: Naturally. We're getting a little bit of fluctuation there and the machine is going up a little bit.

Now let me show you something. Let's set this sensitivity increase up higher - set the sensitivity increase up higher until it is center, and now let me ask you: Are you a man?

PC: Naturally.

LRH: Now you notice that sensitivity increase is sitting at what would be, according to a pilot's rating, 10 O'clock on a dial.

Commentator: Needle event home against the right, almost against the right side of the dial and then flipped back and now falling.

LRH: If this was a clock face, this is sitting at about - sensitivity increase is sitting at about 10 o'clock.

And notice the needle is swinging on this business, "Are you a man?" It's swinging very widely. Now, there's obviously very little change on that. That means that our sensitivity increase was probably properly set. Now, this sensitivity increase button is very sensitive. It is very critical. A little, tiny bit of change on it will make a very wide and marked change on the scale. So let's pull it back down here a little bit and let's ask you, "Did you ever know somebody who wasn't a man?"

Commentator: Needle is now against the left edge of the dial, rising.

PC: Yeah, I reckon.

LRH: Now, we're getting a little tiny bit of change on that. Okay? You evidently never lived in Hollywood. Well...

PC: (laugh)

Commentator: Tone has risen, now rising.

LRH: Now, let's - this machine is set. Did I amuse you?

PC: Yes.

LRH: That remark?

Commentator: It is now centered. The tone control is at about 9 o'clock.

LRH: Pass over the moment you laughed. Pass over the moment I said it. Now watch this machine dial. Go over the moment I said it.

Commentator: The range control is full to the left. Center knob or cortical blockage knob is on.

LRH: Get the moment of surprise when I said it.

Commentator: Sensitivity is at 9 o'clock. The preclear is scanning, needle fluctuating, tone falling and then rising about four points on the dial.

LRH: Go over it again.

PC: Still funny.

LRH: Yeah?

PC: Yeah.

LRH: Still funny. Okay. You finally contacted it. It took you a moment or two to contact it, didn't it, huh?

PC: (laughing) Yeah, I guess so.

LRH: Yeah. You notice this machine is now rising. That means his tone is up on his contact with it. If I had said something which was a shock to him, which shocked him, and he went over it, it'd go down.

Commentator: As Mr. Hubbard talks the needle is centered.

LRH: Now I'll demonstrate. That's all right with you if I ...

PC: Oh, anything.

LRH: ... if I demonstrate it? Okay?

Commentator: Preclear is not fluctuating.

PC: All for science.

Commentator: Needle is now rising.

LRH: All right. Now, let's get a - let's get a good, solid pinch on here-good, solid pinch.

Commentator: As he is pinched, the needle is now rising.

LRH: What's the machine doing?

Audience: Down. Down.

LRH: Now it's going down?

PC: Mm-hm.

LRH: In other words, he wasn't quite sure what I was doing there, up and down. Now, you felt that effort I was putting in as I pinched your arm? All right, let's run it out. Go back to the moment I pinched it.

Commentator: As the preclear runs out the pinch, the needle is dropping and then rising, fluctuating about three points on the dial.

LRH: Going through it? (pause) Can you feel the pinch? (pause) Get your effort not to be pinched. (pause)

Commentator: As the preclear contacts the effort, the needle fluctuates about two points.

LRH: Get it again: not to be pinched.

Commentator: Needle is now dropping as much as five full points on the dial.

LRH: What did you hit at that moment?

PC: Passed me by, if I hit something.

LRH: Well, you got it - the pinch there?

PC: Mm-hm.

LRH: All right, let's run it - through it again.

Commentator: Immediate fluctuation of about three Points falling, falling more. Needle remaining stationary at the bottom of the drop.. Now it's rising.

LRH: You feel a pinch? Get the fingernail dig I did to you. There should be a little somatic on that. Is there?

PC: A little worried, now - there it goes.

Commentator: As the preclear contacts the fingernail dig the needle again drops about four points.

LRH: Have you got it?

PC: (laughing)

LRH: Okay.

Commentator: And is now giving a full rise to the top band that it rested at at the beginning of this run.

LRH: Let's go over it again.

Commentator: Again a drop of about three points on the dial. This fluctuation of the needle is occurring immediately in the center band - the center band between the two numbers on the center of the dial.

LRH: I don't figure you mind being pinched too much. Here's an example of a facsimile. And by the way, this is a very excellent method of demonstrating to people the reality of these things called facsimiles. Set up this machine and put the terminals in the hands of the preclear, have the machine set up the way it's supposed to be set up and then paste him one.

Commentator: As Mr. Hubbard said, "paste him one" the needle dropped about ten points, and is now rising pretty rapidly.

LRH: People to whom you're demonstrating this machine will see it immediately - I'm not going to.

PC: I don't care. Go ahead.

LRH: They will see immediately that the machine does a dive. It changes. As a matter of fact, if you were to strike him suddenly - let's say in the pit of the stomach with a couple of fingers or something like that - you'd see the machine do quite a change. People have seen the machine change once, so now the next time you ask the preclear to run through the moment he was hit and then finally make him contact the moment he was hit, contact his own thought when he was hit, contact his emotion the moment he was being hit, and in short, run it out. And they will see that he has pulled back the facsimile and is actually running it through. Of course, they may believe it's still contained in the cells or some such thing, but when you ask him this question, "Have you ever lived before?"

PC: No.

Commentator: Needle did a drop of about two points and now coming up very rapidly, approaching the right side of the dial.

LRH: See? You get a shift on it. Obviously the cells couldn't contain charge across life spans, which is, by the way, one of the proofs on the non-wavelength, non-energy content of theta. All right.

Be sure you get what I mean when I tell you about this sensitivity increase button. That button can be set so low that the machine doesn't even wobble. The needle doesn't even wobble. It can be set so low. Now, it can be set so high that anything will make the needle wobble. It's up to you to establish for the preclear the point on the machine where you get optimum needle reaction. In other words, where you only get a big show of charge where there is charge. You don't want a whole-dial drop on the machine when you say, "Do you remember the last time you lost your wallet?"

PC: Hm. Been quite a spell.

LRH: Been quite a spell.

PC: Didn't have much money in it anyway.

LRH: Didn't, huh?

Commentator: There's a rise in tone here, approaching twenty points.

LRH: Well now, you see, that's quite a drop. So obviously setting this needle at this sensitivity level, is set just a little bit too high. So I ought to trim it off just a hair, maybe half an hour if that were a clock face.

PC: One thing.

LRH: What?

PC: One thing. When you started asking me if I remembered something, it wasn't a wallet I remembered, but I don't know what it was.

LRH: What was it?

PC: Ah-ha, that's it - what was it?

LRH: What was it that you didn't remember? Is this Facsimile One?

PC: Doubt it.

LRH: You're not supposed to remember?

PC: Well, it's different than that. I'm not afraid of Facsimile One. At least I don't think I am.

LRH: Are you afraid of Facsimile One?

PC: No.

LRH: Were you afraid at the time?

PC: Yes.

LRH: Mm-hm. Have you run the fear out of it?

PC: I run some terror out of something.

LRH: Yeah?

PC: Buckets full.

LRH: Buckets full?

PC: Yeah. Buckets full.

LRH: Feel good since?

PC: Yeah.

LRH: I notice you're pretty well up on this dial here. Well, that's good - that's good. Have you ever used Facsimile One on anyone?

Commentator: The needle reads tension, and not tone.

PC: I wouldn't use it...

LRH: Have you ever used it on anyone? Would you shut off the information from yourself if you've used it on someone?

PC: If I used it on someone, I did shut off the information from myself.

LRH: Yeah. How many times did you use it? Order of magnitude. Tens? Hundreds?

PC: I got fifteen the first time you said anything.

LRH: Fifteen, huh? Used it about fifteen times on people?

PC: Uh-huh.

LRH: Who died? Did anybody die when you used Facsimile One on them?

PC: I almost said everyone I used it on died.

LRH: Everyone. Oh, eventually.

PC: Yeah, eventually (laugh).

LRH: They all died. All right.

[to audience] I notice this needle here, by the way, is swinging just a little bit too little, So I'll bring back the sensitivity indicator to 9 o'clock, horizontal. Now, you'll sometimes find preclears very anxious to invalidate this machine. They come up and they take a look at the machine, and they say, "Mmmmm-mmm, that thing can tell on me!" And so they go away and they say all sorts of things: "Well, it didn't register." And I had somebody up at the house the other night that was working with this machine, and his wife promptly took the cans away from him and said, "Look dear, the machine varies every time you move your thumbs." So she moved her thumbs all over the surface of the machine. He was not moving his thumbs. But what he was doing was crossing and uncrossing his hands and arms, and every time he did this you'd get a quiver on the machine.

She was very anxious that this machine would not show up something about him, or something about her with regard to him. And she was very anxious for the machine to be wrong. What she overlooked was this fact: A good operator on this machine knows very well whether his preclear is moving his thumbs, moving his fingers, shifting his feet, yawning and so on. And when the preclear does these things, it makes a certain kind of a motion on the machine, an agitated quiver of one sort or another, which he reads as such. He doesn't pay any attention to these shifted thumbs and that sort of thing. They register on the machine. So they register. He doesn't say anything about them, except it tells him every time he asks a question and gets a sudden shift, it says this preclear is agitated about that subject, or is agitated about some related subject. All right, now let's go into this a little more deeply.

[to pc] Did you ever eat any women?

PC: No.

LRH: No?

PC: No.

LRH: Never, huh?

PC: Never.

LRH: Thought doesn't even make you quiver?

Commentator: Preclear's tone is now falling.

PC: Sure it does.

LRH: It does?

PC: Sure.

LRH: Well then, did you ever eat any?

PC: Well, I don't think so.

LRH: Well, did you ever see one eaten?

PC: Yeah.

LRH: Yeah?

Commentator: Falling more rapidly.

LRH: Yeah, so you did.

Commentator: Needle is now about four points from the right side of the dial.

LRH: Okay. How long ago was this?

PC: Quite a spell.

LRH: Million years? (pause) Two million years? Million and a half?

PC: I got "yes".

LRH: On what?

A million and a half.

LRH: Million and a half

PC: Mm-hm.

LRH: Well, the reason I said million and a half is because you quivered both on a million and two million.

PC: Mm-hm.

LRH: And changed on a million and a half.

PC: Changed?

LRH: I mean, the needle ...

PC: Oh.

LRH: ... that's the needle action.

PC: Oh.

LRH: All right. Now, that sounds like a silly question, but I wonder why everyone has this feeling about cannibalism.

PC: Mm-hm.

LRH: There must have been something in the racial line sometime or other that gives them this jolt about cannibalism. All right.

You ever been up in an airplane?

PC: Yeah.

LRH: Scare you?

PC: Yeah.

LRH: So it did.

PC: Still does.

LRH: Still does, huh?

PC: Yeah.

LRH: Okay.

Commentator: Needle is rising almost to the pin on the right side of the dial.

LRH: You don't like these airplanes.

PC: I like them, but I - and I'd like to ...

LRH: Well, is this falling sensation fixed on an earlier incident?

PC: It's not the falling.

LRH: What is it? Fear of falling? What is it?

PC: No, it seems like the engine is going to explode.

LRH: Oh, the engine is going to explode!

PC: Yeah.

LRH: Uh-huh. Would you say the motor - the motor noise?

Commentator: Mr. Hubbard has now moved the needle into the center of the dial by adjusting the tone control, and it is now at about 8 o'clock.

PC: Well, it seems like the engine is laboring too hard.

LRH: Laboring too hard...

PC: Yeah.

LRH: ... and it's liable to explode?

PC: Mm-hm.

LRH: Is this in Facsimile One?

PC: I've wondered about that. Is it? I don't know.

LRH: You don't know.

PC: Probably is.

LRH: Is it in Facsimile One?

PC: Well, there's noise in Facsimile One.

Commentator: Preclear's tone is dropping. Moving - needle moving to the right as this gentleman discusses Facsimile One.

LRH: That's right. Is it like an engine noise?

PC: Well, I figure there's some kind ...

LRH: Did you ever have an engine explode on you?

PC: Not lately.

LRH: Some past life, did an engine explode on you?

PC: Well, maybe. Yeah, I guess so.

LRH: Some kind of a steam engine, maybe?

PC: Nah. Steam? About have to be, wouldn't it?

LRH: Oh, I don't know. Might have been a rocket engine.

PC: Yeah, it might have been.

LRH: Might have been.

Commentator: Needle is moving to the left, indicating a rising tone.

LRH: Okay. I don't think you're very worried about it, though, are you?

PC: Well, I'd like to solve it, that's all ...

LRH: You would?

PC: ... so I wouldn't be afraid up in an airplane.

LRH: Mm-hm. That's very bad. Has the fear of falling got anything to do with it?

PC: Oh, slightly I wouldn't - if the engines exploded that's what would happen - I'd fall.

LRH: Mm-hm.

PC: Wouldn't like that.

LRH: Did you ever run the Boohoo?

PC: Some, yeah.

LRH: This little gimmick that comes out of the waves. Was there any charge on it?

PC: Well, I got quite a line charge on it.

LRH: Got a line charge on it, did you?

PC: Yeah.

LRH: How about the Helper?

PC: Well, I didn't get through it somehow or other.

Commentator: The needle moved towards the left, a rising tone on the discussion of Boohoo.

LRH: Didn't get through it? What's the matter with this splitting?

PC: Well, it wouldn't resolve for some reason or other.

Commentator: Dropped about two points on the discussion of Helper.

LRH: By the way, were you ever rejected from some society or other and sent down to earth?

PC: I expect so. Weren't we all?

Commentator: Needle is waving and starting to move towards the right as they talk about rejection.

LRH: Yeah, but do you recall anything about this?

PC: Offhand, no.

LRH: Offhand, no. How do you feel about being rejected from groups?

PC: Well, I - up until I got in Dianetics, I never cared.

LRH: Never cared.

PC: At least, I thought I didn't.

LRH: How about being rejected by mankind?

PC: Oh, I wouldn't like that, I wouldn't like that.

LRH: Wouldn't like that at all.

Commentator: Needle has now moved towards the right, and dropped in tone, approximately four points on the dial.

LRH: Did you ever get court-martialed for anything?

PC: Well, I got in the jug, all right.

LRH: Yeah? And you didn't like that?

PC: No sir!

Commentator: A very rapid drop in tone.

PC: I didn't like that.

LRH: Has this got anything to do with Facsimile One?

Commentator: The needle has moved past the center of the dial towards the right.

PC: No.

LRH: No?

PC: No. It couldn't have.

Commentator: A couple towards the left, about five points.

LRH: It just - it had something to do with just it.

PC: Yeah.

LRH: Have you ever been in jail in any past life?

PC: Don't know.

LRH: You don't know. Have you been?

Commentator: Needle rising.

PC: No.

LRH: No?

PC: No.

LRH: Never have been?

PC: No.

LRH: Did you ever put anybody in jail?

Commentator: Moving towards the left or rising in tone.

PC: No.

LRH: You ever put anybody in jail and have them die?

PC: No.

LRH: A little needle quiver here. Did you ever put anybody in jail? Who did you lock in a dark closet? Did you ever get locked in a dark closet?

PC: I don't like to be locked in a dark closet.

LRH: You don't, huh?

PC: No.

LRH: You don't not like it too much, though.

PC: Well, I can get out, Probably.

LRH: All right. What about - is there a particular incident ought to be hit next in your case?

PC: I reckon.

LRH: What is it?

PC: Overt act.

LRH: Overt act against what?

Commentator: The needle has now moved rapidly towards the right.

PC: Another guy.

LRH: Another man?

PC: I think.

LRH: What'd you do to him?

Commentator: Still dropping.

PC: Well, that's it, what'd I do to him?

LRH: Hit him?

PC: Maybe.

LRH: Kick him?

PC: Maybe.

LRH: Bite him?

PC: Maybe. I got a little somatic in my left arm.

Commentator: Needle moved back to the left on "Kick him?"

LRH: Bite him?

PC: I-I had ...

LRH: Did you bite his arm off?

Commentator: Slight drop on "bite."

PC: Well, hardly.

LRH: Well, not "hardly." Did you ever look at any pictures of anybody on the anthropoid line? They're mostly teeth.

PC: Yeah, yeah.

LRH: You know, go get an Encyclopaedia Britannica sometime and just look at those teeth,

PC: Well, I read a couple of stories on evolution, too.

LRH: Mm-hm.

PC: Yes.

Commentator: Needle has now moved back towards its original position on the left before the discussion of overt acts started.

LRH: All right. Did you bite him?

PC: Aw...(laugh)

LRH: Come on. How did you bite him?

PC: You want me to show you, huh?

LRH: Yeah, just bite at him,

Commentator: Needle is moving to the right. Now moved past the center of the dial.

LRH: All right let's bite at him.

PC: What do you think I'm doing?

Commentator: Preclear is biting.

PC: Hold your arm out here. (laughter)

LRH: Oh, you want to do it again, huh? How does it feel biting him?

PC: Hard-hard to bite him and chew my gum, too.

Commentator: Preclear continues to bite.

LRH: What about biting him? Do you bite his arm off?

Commentator: Needle is slight ...

LRH: Bite his throat out?

PC: That's more like it.

Commentator: ... starting to move towards the left indicating rising tone.

LRH: Oh, bit his throat out?

PC: Mm-hm.

LRH: Well, you'd have to turn your head on the side to bite his throat out.

PC: Oh, okay. Whew!

LRH: Oh, you don't like to do that?

PC: Well, I got a little tiny twinge.

LRH: Oh, you did, didn't you? Well, go ahead and bite his throat out.

PC: Let's see ... (pause)

LRH: Well, bite his throat out good now. Do esophaguses and jugular veins bleed much when you bite them out?

Commentator: Needle moves towards the right, tone falling.

PC: Pretty good tastin.

LRH: You got a twinge?

PC: Wait - I'll get it on the other side, maybe I bit him the other way.

LRH: Okay.

PC: Guess I didn't bite him.

LRH: Why?

PC: No somatics.

LRH: No somatics?

PC: No somatic.

LRH: Maybe you didn't regret it?

PC: I didn't.

Commentator: Needle fluctuated on that question.

LRH: Did you ever kick him?

PC: No.

LRH: Stab him?

PC: No. Probably - let's see, what could I have done to him?

LRH: Choke him? Claw his eyes out?

PC: Nah.

Commentator: Tone rise on "choke him" and on "clawing his eyes out"

LRH: You steal something from him, too?

Commentator: ... about three points rise on the needle.

LRH: Was it in the cave period?

PC: You got me.

LRH: Oh yeah, yeah, yeah. Hit him in the teeth with a stone ax?

PC: I'd - I don't like that. Nah, I don't like that.

LRH: Don't like that one, huh? Needle says you don't mind it.

PC: Well, I must be a big liar then. (laughs)

LRH: All right. What about stabbing him with a stone knife?

Commentator: Needle now moving towards the right, tone falling.

PC: That'd be all right.

LRH: How about bashing his brains out with a rock?

Commentator: There's a rise on that question of about three points.

PC: That'd be all right.

LRH: Oh, you did that once, but that isn't it, huh?

PC: I just got a little tiny somatic on that.

LRH: Tiny somatic.

PC: Mm-hm.

LRH: Well, what about stamping on him with both feet?

PC: Well, I got another somatic in the arm.

Commentator: Little fluctuation.

LRH: Is this all the same incident?

PC: Is it?

LRH: Is it?

PC: I don't know.

LRH: Might be, but this isn't the principal overt-act incident. Did you ever duel with anybody?

PC: Well, don't recollect it.

LRH: You don't recollect it?

PC: No.

LRH: Did you - oh, you have, huh?

PC: (laughs)

LRH: Gun?

Commentator: Needle now moving to the right and getting a dropping tone.

LRH: Oh, a gun.

PC: Hard to believe.

LRH: Pistols at dawn? Or was it in back of him?

Commentator: Slight rise.

LRH: Or did you shoot him from ambush?

PC: Oh, I wouldn't do that.

LRH: Did you shoot him from ambush?

PC: No.

LRH: Did you duel with him?

PC: Sounds better.

Commentator: Needle now moving towards the left, about three points.

LRH: Did you back to back and walk off so many paces, and you turned first?

PC: I'd say that I turned first.

LRH: Oh, yes, so you did. You turned before you were supposed to turn, didn't you?

PC: Ah, I got him.

LRH: You got him.

Commentator: Tone now dropping very ragidly to the right.

LRH: So you did. What did your friends say?

Commentator: Remaining stationary about the center dial.

PC: Oh, they didn't like it.

LRH: They didn't like him?

PC: No, they didn't like that.

Commentator: Moving to the left now, three points, four points.

LRH: They didn't like that.

PC: Mm.

LRH: Said you weren't a gentlemen.

PC: Yeah, something like that. Said I was a stinker, and ...

LRH: Uh-huh. Would they associate with you afterward?

PC: That - sure, sure.

LRH: Oh, they did, huh?

PC: Oh, yeah.

LRH: It all wore off in a ...

PC: Oho!

LRH: ... few gallons of - what? What country was this in?

PC: I don't know I got too many answers here all at once.

LRH: Well, what were the too many answers?

PC: I got Asia, New York and At-- and ...

LRH: Are they all correct?

PC: Oh-ho, they might be!

LRH: Uh-uh. You make a habit of doing this?

Commentator: The needle is moving-moving towards the right indicating a drop in tone.

PC: Yeah.

LRH: You walk away from the guy and turn around and shoot, huh?

PC: Do I? Do I do that?

LRH: Well, is that the way you do it?

PC: If you say so.

LRH: Well, did you ever shoot a guy the morning before you were supposed to duel?

PC: That would be a good deal. That'd get him, wouldn't it? And then bury him.

Commentator: A drop in tone of about five points.

LRH: And then bury him?

PC: And then bury him.

LRH: And he never reported for the duel and that cost him his honor. He must have been a coward, because he didn't show up.

PC: Ah-ha!

LRH: What about that?

PC: Well, I ...

LRH: So help me God!

PC: That - that's it.

LRH: That's awful hot, isn't it?

Commentator: Needle is now moving towards the right, dropping tone.

PC: That's it. I shot him and then buried him and that son of a gun's still trying to get out of the ground.

LRH: Uh-huh. Does that kind of haunt you sometimes?

PC: Yeah, lots.

LRH: Was this in Asia?

PC: No.

LRH: Europe?

PC: Probably not.

Commentator: Needle rising on these questions.

LRH: England?

PC: Yeah.

LRH: England?

PC: Mm-hm.

LRH: America?

PC: America?

Commentator: Slight drop to the right on that question.

LRH: America?

PC: Maybe.

LRH: An Englishman in America?

PC: Yeah. Could be.

Commentator: A rise in tone on that question.

LRH: England? England?

PC: Mm-hm.

LRH: Which is it? England?

PC: Well, it seems like England.

LRH: Seems like England.

Commentator: Slight drop on England.

LRH: Maybe Scotland.

PC: Oh, boy!

LRH: Scotland. Okay.

Commentator: A drop on Scotland.

LRH: Yep, that's fine, What part of Scotland?

Commentator: Needle is continuing to move to the right or dropping in tone as the discussion of Scotland continues.

LRH: "In lone Glenartney's hazel shade" or some such thing?

PC: No. Edinburgh?

LRH: Edinburgh?

PC: Mm, that's one I thought of.

LRH: Were you a medical student in Edinburgh?

PC: Oh, no!

LRH: No?

PC: Don't bring that out.

LRH: Why?

PC: Oh, I wouldn't want to be a medical student in Edinburgh.

LRH: Why not?

PC: ... think much of that outfit.

LRH: A medical student in Edinburgh, huh? Well, what else are you thinking of? Are you thinking of anything else than just being a medical student in Edinburgh?

PC: Well, I thought of a story I read about it.

Commentator: Needle has now moved about ten points to the right.

LRH: Oh. Bad, huh?

PC: Well, it wasn't a very pretty story.

Robert Louis Stevenson?

PC: No.

LRH: "The Body Snatchers."

PC: No. I never read that.

LRH: You never did?

PC: I have read a lot of junk about these guys, you know, and muggers and so forth in Scotland and England.

LRH: Well, what's the matter with going to school in Edinburgh?

PC: Well, I don't think they got much of a school there.

LRH: Is it medical?

PC: Yeah, that's one thing.

LRH: Mm-hm. You don't like that school.

PC: Nah.

LRH: You ever stop to wonder why you didn't like it?

PC: Nope.

LRH: Did you ever go there?

PC: No!

LRH: Ha-ha, I guess you did. Well... Oh, I wouldn't argue with that. Is the overt act that we're looking for associated with killing a guy the night before the duel, burying him, in Edinburgh?

PC: Yeah.

LRH: Is there any wrong datum there anyplace? Where did you shoot him?

PC: In the head, I guess.

LRH: Which side of the head?

PC: Right side.

LRH: Right side of the head?

PC: Maybe. Maybe the left side.

Commentator: Fluctuation to the right on "the right side of the head."

LRH: Left side of the head?

PC: Maybe. That's where I get the most somatic running this B.T. - B.E. all the time.

LRH: Oh, yeah? What did you shoot him with? A pistol?

PC: I guess.

LRH: Which side of the head?

PC: Left side's where I get the somatic. When I have a headache the rest Of the ...

LRH: Well, did you shoot him in the ... What did you think of then?

PC: Well, when I have a headache the rest of the time, it's on the right side.

[At this point there is a gap in the original recording.]

LRH: Lock on an earlier incident. The earlier incident very similar to this ?

Commentator: Tone's gone down to the right about ten points.

PC: No.

LRH: No?

PC: No.

LRH: It was killing somebody, though.

PC: I wouldn't never kill anybody.

LRH: You wouldn't, You were the guy that brought it up. I didn't bring it up.

PC: Did I?

LRH: Yeah.

PC: But you were asking me questions.

LRH: Yeah.

PC: Yeah.

LRH: You confessed to it, you know

Commentator: Tone is falling, needle moving to the right as this discussion continues.

PC: That's all right. If I did it, I'd take responsibility.

LRH: Now, what did they do to people that killed people?

PC: Hang them.

LRH: Hang them? Bad stuff, huh?

PC: Yeah.

LRH: Doesn't seem to bother you much.

PC: Well ... Got over this idea you only live once.

LRH: Oh, got over it, huh? Nearly everybody has.

Commentator: Needle has now returned to its original position.

LRH: Okay. This gives you some sort of an idea of needle reaction. Now that needle, by the way, has not acted very wildly. We haven't gotten really down to it yet. Why don't you break down and tell me what the girl's name was that you shot?

PC: Girl? I want to because I want to run this out. So I want to locate it.

LRH: Yeah. What was her name?

PC: Ethel.

LRH: You shot a girl named Ethel?

PC: Oh, yeah.

LRH: Where did you shoot her? Left side?

PC: Where'd I shoot her?

LRH: Or did you cut her head off?

PC: Shot her in the throat, maybe.

LRH: Think you shot her in the throat - by accident, maybe?

PC: Maybe.

LRH: You got a somatic? By accident?

Commentator: Needle has dropped very rapidly to the right about twelve points.

PC: Oh, maybe.

LRH: Was it by accident?

PC: No.

LRH: Did you think she was a man? Do it on purpose?

PC: Think she was a man?

LRH: Mm-hm. I mean, she walk around the corner of the house all of a sudden?

PC: Oh. Oh, I see. Think she was a man.

LRH: The incident we're looking for - the year of that incident will flash when I count from one to five. One-two-three-four-five (snap).

PC: 1640, I get.

LRH: You get 1640. Is this right?

Commentator: Needle moved to the right.

LRH: All right. What's the happenstance in 1640? No use pacing around, just tell me.

PC: Well, I'm trying to figure it out.

LRH: Well, you don't have to figure it out. Were you trying to figure it out in the incident?

PC: Probably.

LRH: All right. What were you trying to figure out in the incident?

PC: What'd I do it for, I expect.

LRH: Try to figure out why you did it?

PC: Mm-hm.

LRH: What did you do in this year? Yes or no, were you killed in this year? (snap)

PC: No.

LRH: Did you kill somebody in this year?

PC: Yeah.

LRH: You knew I was going to ask that next, didn't you? Huh?

PC: (laughing)

LRH: Anticipated it.

Commentator: Needle drops very ragidly, and is still dropping.

LRH: Was it a man? (snap)

PC: No.

LRH: Was it a woman? (snag)

PC: I got no.

LRH: Was it a kid? (snap)

PC: Yeah.

Commentator: A drop on the question about a kid.

LRH: Was it a boy? (snap)

PC: No.

LRH: Was it a girl? (snap)

PC: Yeah.

LRH: Was it an accident? (snag)

PC: No.

LRH: On purpose? (snap)

PC: Yeah.

Commentator: Tone now rising, needle moving left.

LRH: Uh-huh. Her age will flash: One-two-three-four-five. (snag)

PC: That's it - five.

LRH: Five, huh?

PC: Yeah.

LRH: Five.

PC: I thought of twelve, but it was five.

LRH: Was she your child?

PC: No.

LRH: Somebody else's child?

PC: Yeah.

LRH: Did she know something?

PC: No.

LRH: She didn't?

PC: Well, I got a no.

LRH: Well, why did you kill her? What's the motive?

PC: She wouldn't understand me. I got this kind of a phrase or something.

Commentator: Needle's dropping.

LRH: Are you still trying to understand the death? Do you have to do a life continuum on her now?

PC: Well, I hope not.

LRH: Mm-hm,

Commentator: Slight drop.

LRH: All right. Now, that incident isn't hot enough. That incident isn't anywhere near hot enough. Let's find a hotter incident. Now, when I count to - one to five, an earlier incident, overt act on this chain, a serious one, the date of it will flash: one-two-three-four-five. (snap) No flash.

PC: Got 2031. That ain't come around yet.

LRH: 2031.

PC: Yeah.

LRH: B.C.? (snap)

PC: Yeah.

LRH: All right.

PC: I forgot about that.

Commentator: Needle is dropping.

LRH: You forgot about that. What happened in 2031 B.C.?

PC: Killed my mother.

LRH: Okay. Killed your mother?

PC: Mm-hm.

Commentator: Needle dropped, then moored again to the left.

LRH: She a nice lady?

PC: Yeah, I reckon.

LRH: Did you regret it?

PC: Nah.

LRH: Was she old?

PC: Yeah, she ouas getting pretty old anyway ...

LRH: Getting pretty old anyway. What was it, a tribal custom or something?

Commentator: Needle is rising

LRH: Was it a tribal custom?

Commentator: Slight drop here.

PC: Well, if it had been a tribal custom, I wouldn't regret it at all.

LRH: Mm-hm. All right. Yes or no, is the overt act earlier? (snap)

PC: No.

LRH: Is it later? (snap)

PC: Yeah.

LRH: All right, the date of the later one will flash: one-two-three-four-five. (snap)

PC: 1624 this time.

LRH: 1624. A.D.? (snap)

PC: Yeah.

LRH: Okay, what happened in 1624?

PC: Paralyzed somebody.

LRH: How?

PC: My hands.

LRH: Which side did you paralyze them on?

PC: Left.

LRH: Is that the side you're paralyzed on?

PC: If I'm paralyzed, that's where I'm paralyzed.

LRH: Well, you say you always get the somatic on the left side.

PC: Well, that little one. It's not a very big one.

LRH: You see, when you face somebody that you knock off, you get a mirror image of them on the somatic.

PC: Well, the big somatic I have is on the right side.

LRH: Big somatic is on the right side. So therefore the left tunes down further than the right. Is this a woman?

PC: I get a yeah.

LRH: Yeah?

PC: Mm-hm.

LRH: All right. Now that we got that one into view, let's get the real one.

PC: Oh-ho, no! More?

LRH: Yeah, yeah. The date of the overt act, regardless of what it is - oh, yes or no, is it against Christ? (snap)

PC: No.

LRH: Did you ever do anything against Christ?

PC: No.

Commentator: Needle is dropping, to the right.

LRH: You always been a good Christian?

PC: No.

LRH: You ever been otherwise than a good Christian?

PC: Indifferent one.

LRH: Indifferent.

Commentator: Tone rise on this.

LRH: All right. Let's get this - the date of the real honest-to-goodness overt act. You know what we're doing here. We're unstacking. Trying to scrape, more or less, just bring off enough charge so we get this thing into view to save auditing. Because this thing is - very minor charges have shown up on this machine at this time. We want a nice big one. When I count to one to five, the date of the overt act will flash: one-two-three-four-five. (snap)

PC: 1234.

LRH: 1234. A.D.?(snap)

PC: No.

LRH: B.C.?(snap)

PC: Yeah.

LRH: 1234 B.c. You like snakes?

Commentator: Drop to the right.

PC: Not very much.

Commentator: Further drop.

LRH: Mm. Where was this? What continent? The continent will flash. (snap)

PC: Asia.

Commentator: Drop to the right.

LRH: Asia. How about India?

PC: No.

LRH: What part of Asia?

PC: Persia.

LRH: Persia. Okay, Persia, 1234.

Commentator: Rise in tone on Persia.

LRH: What calendar?

PC: Khayyam's calendar.

LRH: Khayyam's calendar. Okay. Would that compare to 1216 on another calendar? (snap)

PC: Yeah.

Commentator: Drop here.

LRH: Yeah. Guess it would. Now, did you ever hear of a cult of the snake?

PC: Mm-hm.

LRH: Were you one?

Commentator: Drop in tone.

PC: just a moment: I have been questioned on this before.

LRH: You've been questioned on it?

PC: Uh-huh.

LRH: You've been questioned on it?

PC: Yeah.

LRH: How did you register?

PC: I didn't see the machine. But if it was anything like I felt I must have fell through the bottom.

LRH: Yeah?

PC: Yeah.

LRH: You don't feel as bad about 1216 now?

Commentator: Tone is dropping now.

PC: Got a little charge off of it, I suppose.

LRH: Yeah? You don't feel as bad about it?

Commentator: About three points.

PC: No.

LRH: Well, as a matter of fact it isn't registering very much, Gee-whiz. I guess we'll just have to swamp you up the rest of the line. Let's see what happens now when we turn this cortical blockage off on the level.

Commentator: Clicking the switch off; needle is now centered.

LRH: All right, should we just stop running your case entirely?

Commentator: It's the cortical blockage switch.

PC: No.

LRH: How would you feel if we did?

Commentator: Slight rise in tone.

PC: I'd run it myself.

LRH: Oh, you would, huh? You want to get rid of this stuff?

PC: Yeah.

LRH: You're really guilty.

PC: Yeah.

LRH: Mm-hm. Are you guilty?

PC: I reckon I am.

LRH: Should you be hanged?

PC: No.

LRH: No.

PC: No.

LRH: Burned?

PC: No.

LRH: What did you think of?

Commentator: Starting to rise - a nice rise in tone here.

PC: I figure I'll own up to it, that's all.

LRH: You going to own up to it?

PC: Yeah.

LRH: Okay. You're going to confess, in other words.

PC: Yeah, to myself. That's the guy I want to confess to.

LRH: Okay. Your other name will now flash: one-two-three-four-five. (snap)

PC: I got John. I always get John.

LRH: John what? (snap)

PC: John Paul Jones, I guess. (laughs)

Commentator: Ten-point drop.

LRH: What about John Paul Jones?

PC: Nothing, I guess. Nothing very much. I got - I got John Paul, is what I got.

LRH: John Paul was the proper name of John Paul Jones. Were you aware of that?

PC: Yes, sir.

LRH: Yeah. Was he your captain once?

PC: Uh...

Commentator: Tone rising.

LRH: Were you ever John Paul Jones?

PC: Nah, couldn't be.

Commentator: Needle stabilized very close to left-hand edge of the dial.

LRH: Did you ever fight him?

PC: No.

LRH: Were you on the Serapis?

PC: Yeah, whatever that was.

LRH: It says yes, huh?

PC: Uh-huh.

LRH: He shot you to pieces. Did you get killed? (snap)

PC: Nah.

LRH: Were you a limey at the time? (snap)

PC: Who me? No.

Commentator: Needle is now moving towards the right.

LRH: Well, we won't worry about it. We won't worry about it. What we've got here is a case that's remarkably well swamped...

PC: Uh-huh.

LRH: ... at the time. You've got a lot of charge to come up, a lot to go, but we haven't got any hot incidents.

PC: Whew!

LRH: Very interesting, very interesting. Now you...

PC: Do you want me to hold on to them?

LRH: Before you let go of these cans, we'll turn off the machine - swing all knobs down to - all the way over counter-clockwise. Just turn all knobs counter-clockwise and we're off the machine on this.

Okay. Let's take another demonstration on this.

[At this point there is a gap in the original recording.]

You will notice, with this machine, that a person in apathy is almost 100 percent charge. That's why they're in apathy. Don't mistake the fact, because they're low on the Tone Scale to the degree that the needle registers charge on everything. It registers charge on everything so consistently that it just doesn't move. So the person on apathy has to have the sensitivity increase needle there turned up as far as possible. And, in that wise, turned up as far as you can get it and still have a needle read. So you pull everything back down counter-clockwise about as far as it will go except the sensitivity increase, and then bring it up about as high as you can get it and still keep him on the dial. And you'll get a read with him.

The trouble with an apathy case is there's just too much charge on it. You start taking the charge off the case and his tone starts coming up. It's very elementary.

But the person who is very high in tone, you have to start tuning that sensitivity increase down in order to decrease the magnitude of your reading. Otherwise, you just start reading on everything. The needle just starts going around all over the place, because what you're getting there is his mental activity.

He can change around his facsimiles very rapidly. And as he shifts them around, you're actually getting the mirror of his changing facsimiles. So you have to bring that sensitivity needle down on a high-toned case until you have somebody reading fairly closely.

Now, want to call your attention to something on this dial. The initial dial installed in the machine originally has, on its left, falling; top is tension and over on the right is rising. This refers to tension, not to tone. The machines, as they are distributed from Hubbard College, have a banner pasted across the top that says "Tone Up, Tone Down." If you have a machine that does not have this pasted across the top, you should realize that this tension rising and falling is just exactly the opposite of tone.

So actually your needle, as tone drops, goes up toward a hundred in scale. In other words, your needle goes to the right when tone is falling, and goes to the left.

Originally the machine was designed for general use in psychotherapy and then was particularly designed for use in Dianetics and again designed for use in Scientology. So this small little sign hasn't come off of it yet. Later models will have this sign off of it.

I want to go over it again with you - these facts Now, we put the preclear in the chair; we hand him the cans. Now, you want to be sure that he has his hands wrapped around these cans if you're using cans; you want to be sure that he is very closely connected on the terminals if you're using sponges. If you don't find this machine operating too well on the sponges provided, just go out and get a common ordinary pair of tin cans and wrap the bare wire around the lids as you bend them in and you've got two very excellent terminals. The only slight disadvantage is - on those terminals - is that they squeeze a little more easily. But actually we have our best luck with this machine just using a couple of ordinary large-size tin cans. And when I say large size, I don't know what the number of the can is: number eight can, is it, or number ten can?

Audience: Number two.

Number two can, This shows you I don't know my can numbers.

Anyway, here we have number two cans. And they simply have a piece of plain ordinary light-cord wire - that is, half of the light-cord wire - the kind of rubber light cord that you take ahold of the two wires which are more or less joined together and you just pull on them

and they come off into two insulated wires. And one of them is to this top button and one of them is to the lower button. They're just hooked on to the cans.

Now, it doesn't matter whether or not this light cord is twisted or which hand he's holding which can in - that doesn't matter - he can swap them over. He can even cross his arms as he's holding the cans.

Now, you make sure that he has the cans, that he's holding them in such a way that he has maximum contact of his hands on the cans, he's holding them fairly relaxedly, that his arms are fairly relaxed.

Now, as he takes hold of the cans - it takes a moment or two for the cans to warm up, so it doesn't matter what you give to him first - your machine is off and all the dials on the machine are counter-clockwise as far as it can go.

Reach over here - sensitivity increase button - that turns the machine on. Now, it takes a moment or two for the cans to warm up. Takes a moment or two, then, for the machine to warm up.

We notice here that our preclear, just as the machine is turned on, doesn't yet cause a tremor on the needle. Needle is still at zero. Now, let's move up this sensitivity knob to a horizontal position or about 9 O'clock, and we see that this preclear - with all other knobs all the way counter-clockwise - is reading with this knob horizontal. Now we're getting a pretty good read out of it.

Now, we take this range expander over here and we move it up from minus .05 up the scale a little bit until we've got this needle about center on the dial. Now, probably this preclear will read right there with that setting.

LRH: Mm-hm. You ever kill a snake?

PC: No.

LRH: Are you out of valence?

PC: Yes.

LRH: Whose valence are you in? Whose valence are you in? [to audience] I'm shifting this needle here - sensitivity increase - up to horizontal and bringing back the range expander a little bit to give the needle a little more action.

[to pc] Whose valence are you in?

PC: I got Father.

LRH: Your father's valence?

PC: Mm-hm.

LRH: Is he pretty mean?

PC: Maybe.

LRH: No. He wasn't that mean. Your mother mean?

PC: Yes.

LRH: Mm-hm. You in her valence?

PC: I got "no".

LRH: Are you determined not to be in her valence?

PC: Yes.

LRH: Mm-hm. What if you found you were in her valence?

PC: Whew!

Commentator: The needle is now acting up, playing back and forth rapidly.

LRH: [to commentator] We got a wisper mike going in on this tape? [unintelligible response]

LRH: Okay. You ever been drugged in this life?

PC: No.

LRH: Oh-oh-oh-oh-oh-oh! Have you been drugged within the last five years ?

PC: No.

LRH: The last four years?

PC: Still no.

LRH: The last three years?

PC: Still no.

LRH: More than five?

PC: Yes.

LRH: The last two years?

PC: No.

LRH: The last year?

PC: No.

LRH: The last eleven months?

PC: No.

LRH: The last ten months?

PC: No.

LRH: Nine months?

LRH: Seven?

PC: No.

LRH: Six?

PC: No.

LRH: Six months ago? Five months ago?

PC: No.

LRH: Four months ago?

PC: Still no.

LRH: Oh, you suddenly realized I went out of the band. It's ten months, isn't it? Nine months? Ten months? Eleven months? All right, eleven months.

What happened to you eleven months ago?

PC: I was in school. Or was I?

LRH: You've been told to forget this?

PC: Yes.

LRH: Who did it? Student? Professor? Psychology class? What did you think of?

Commentator: Preclar - twenty-four-year-old male ...

LRH: I said, "Student? Professor?" then what did you think of?

Commentator:... very agitated.

PC: I'm not thinking.

LRH: You're not supposed to think about this?

PC: Right.

LRH: What would happen if you thought about this?

Commentator: Ten-point dial drop.

PC: Probably die.

LRH: Mm-hm. You supposed to forget about it?

LRH: Hm. What if I dug it up? Eleven months ago was what month?

PC: February '51.

LRH: Is it February '51 when this happened? Did it happen two or three times ?

PC: I got "yes."

LRH: In a row?

PC: Yes.

LRH: Over a period of about six weeks maybe?

PC: Yes.

LRH: That carry it through into April?

PC: No.

LRH: What did they want you to do?

PC: I don't know.

LRH: Who wanted you to do it? (pause) Give me a flash answer on this Was it a man? (snap)

PC: Yes.

LRH: Was it more than one man? (snap)

PC: Yes.

LRH: Was it two men? (snap)

PC: Yes.

LRH: Were they men who belonged to the university? (snap)

PC: Yes!

LRH: Mm-hm. Did they belong to the university, or did they belong to another university?

PC: I get "yes" on that.

LRH: Did they belong to a group? (snap)

PC: Yes.

LRH: What kind of a group?

Commentator: Twenty-point tone drop.

LRH: A word will flash. What kind of a group? (snap)

PC: Rosicrucian. (sigh)

LRH: Rosicrucians. Okay, boy. Did they belong to Rosicrucians? Did they belong to another group in addition to Rosicrucians? (snap)

PC: Yes.

Commentator: Three-point tone drop.

LRH: What's the name of that group? (snap) It'll flash. (snap)

PC: I got theosophy.

LRH: Theosophy?

PC: But that's impossible.

LRH: Why?

PC: They're so fine.

LRH: Oh, they're so fine.

PC: They're sweetness-and-light boys.

LRH: Is this part of it?

PC: Yes.

LRH: Is this part of the PDH, how fine they are?

PC: Yes.

LRH: How good they are? Do you want to be a part of them?

PC: No!

LRH: "No" is right. Okay. What did they drug you with?

PC: Nopal.

LRH: Nopal?

PC: What is that?

LRH: In coffee?

PC: Yes.

LRH: Nopal in coffee. Mm-hm.

LRH: In a drink?

PC: Yes and no.

LRH: Did they knock you out with a Mickey Finn? (snap)

PC: No.

LRH: Did they simply shoot you in the arm when you were asleep? (snap)

PC: Yes.

LRH: Mm-hm. Is there an emotional shut-off in it? (snap)

PC: Yes.

LRH: I notice you're quivering. Which arm is it?

PC: Left.

LRH: The left arm. Left arm. Needle go in the left arm?

PC: Yes.

LRH: Mm-hm. Did it go in intravenously?

PC: Muscular.

Commentator: Three-point drop.

LRH: Intramuscular. Did you just sit there and submit to it?

PC: Yes.

LRH: You recall it now?

PC: No.

LRH: Come on, let's plow it out. What do the men look like? (pause) Would something bad happen to you if you told?

PC: Yes.

LRH: No. It's not part of the incident. Come on, it's wide open. Let's remember it, Snake. Let's remember it. Was it in your room?

PC: No.

LRH: Was it in their rooms?

PC: Yes, I guess.

LRH: Mm-hm. Was it in a laboratory?

PC: No.

LRH: There's several of them. Their rooms? Their apartment?

PC: No.

LRH: Their dormitory?

PC: No.

LRH: Their office?

PC: No.

LRH: What's first cousin to an office with regard to such people?

PC: Meeting place.

LRH: Hm?

PC: A meeting place.

LRH: A meeting place. Was it in front of several people?

PC: Yes.

LRH: Mm-hm. Do you remember walking in there?

PC: No.

LRH: Was the weather cold?

PC: I get "yes".

LRH: Was it good and cold?

PC: No.

LRH: Was it warm?

PC: No.

LRH: What were you wearing when you went in?

PC: Leather jacket.

LRH: You had a jacket on. Okay. And who was the first person that spoke to you? His first name will flash. One-two-three-four-five. (snap)

PC: I don't want to answer.

LRH: Why?

PC: I just don't want to. (laugh)

LRH: You don't want to?

PC: No.

LRH: Would it embarrass you to answer?

PC: Yes.

LRH: Why? Yes or no: Is the person present? (snap)

PC: Yes.

LRH: Person is present. Now do you remember?

PC: No.

Commentator: Twenty-point tone drop.

LRH: You're sure, though, the person is present.

PC: No, I'm not sure.

LRH: You're not sure. But a name flashed, didn't it?

PC: Yes.

LRH: Mm-hm. Got the name?

PC: I get "no."

LRH: No, that's not the name.

Commentator: The needle is moving erratically.

LRH: Is there a later incident? (pause) How is this person associated with this earlier incident? (pause) Is this person connected with it? Was this person there? (snap)

PC: Yes.

LRH: This person was present? (pause) Was he?

PC: I got "yes."

LRH: Mm-hm. Is there a later incident on this? (snap)

PC: No.

LRH: Any use been made of this incident?

PC: No.

LRH: What is this, just an experiment? (snap)

PC: Yes.

LRH: It's very easy to audit out PDH. Nothing to it. You just audit it out with Effort Processing - there's nothing to it, see? Boil it off. Don't try to pick up the phrases, just audit it out with Effort Processing. Well, that's a fine arm quiver if I ever saw one. Good. Are you supposed to be a Rosicrucian now?

PC: No.

LRH: Rosicrucian ninth class or eighteenth class?

PC: No.

LRH: You knew a lot of Rosicrucians?

PC: No.

LRH: The name of the person who held the needle will flash. One-two-three-four-five. (snap)

PC: Bill.

LRH: Bill. Bill hold the needle?

PC: Yes.

LRH: All right. What did he do with it? What did he say? How did he persuade you? Did he persuade you before he put it in?

PC: No.

LRH: Were you standing?

PC: Yes.

LRH: Were you on a platform? Oh, you were stood and then sat down in a chair? Stood and sat down on a bed? Which was it? You got the somatic in that arm?

PC: No.

LRH: How would you like to get the resistance to a needle penetrating?

PC: All right.

LRH: Get the resistance now of the point - needle penetration. Get what your arm did the moment it penetrated. Get it again. Get your resistance to that penetration. That's a boy. Get it again. Get it again. Get it again. Get it again. You getting the pain?

PC: No.

LRH: Hah? Yes or no: Is there a somatic shut-off here? (snap)

PC: Yes.

LRH: All right. The shut-off will flash when I count from one to five. One-two-three-four-five. (snap) What flashed? Is it "You won't feel this?" Some such thing?

PC: I didn't get it.

LRH: Get the counter-thought of somebody saying - reassuring you. Get their feeling, their emotion - reassuring you, "Oh, this isn't going to hurt, Snake." Go on. Get that feeling. Can you get it?

PC: Vaguely.

LRH: All right. What is the emotion? Are they being mean when they do it? Disinterested? What are they being?

PC: Stupid.

LRH: They're being stupid. They feel stupid to you?

PC: Yes.

LRH: Uh-huh. All right. The somatic shut-off - the phrase will flash when I count from one to five: one-two-three-four-five. (snap)

PC: Don't get it.

LRH: You're not supposed to get a single word of this?

PC: That's right.

LRH: Hm? Kick back against the effort again - of the needle penetration. Get it again. Get it again. Get it again. Get it again. There you are. Getting a somatic? Get it again. And again. And again. What does your right ear do at the moment the needle goes in? What's your left ear do at the moment the needle goes in?

PC: It's burning.

LRH: What do your knees do at the moment the needle goes in? How's the nerve in the insides of your legs feel when the needle goes in?

PC: That's pain.

LRH: All right. Let's feel that again. Let's get it again. Let's get it again. I Have you felt the needle penetrate yet?

PC: No.

LRH: What's the small of your back do when the needle penetrates?

PC: Cringes.

LRH: All right. Let's feel that cringe. Now let's get your own postulate. What do you want this needle to do? Do you want it to hurt you?

PC: No.

LRH: Do you make a postulate that you don't want it to hurt you?

PC: Yes.

LRH: What do you say to yourself?

PC: It won't hurt.

LRH: Okay. Where do you agree with them that you won't remember it afterwards?

Commentator: Preclear seems very fixed on the incident.

LRH: Where do you agree with them that you won't remember it? Where do you say, "That was pretty good but I won't remember it?"

PC: I get that it was at the - toward the last.

LRH: Toward the last?

PC: Mm-hm.

LRH: And you agreed with them not to remember it?

PC: Yes.

LRH: Mm-hm. All right. Were you ever told somebody had hypnotized you?

PC: No.

LRH: Oh, yeah? Have you ever been told that you shouldn't be audited?

PC: Yes.

LRH: Mm-hm. Who told you you shouldn't be audited?

PC: Don't get it.

Commentator: A twenty-point tone drop.

LRH: Supposed to forget it?

PC: Yes.

LRH: Who told you you'd been hypnotized?

PC: Still nothing there.

LRH: Mm-hm. Well? You get nothing there?

PC: That's right.

LRH: Would you feel good if this were run out?

PC: Yes, I would.

LRH: Are you satisfied that - yeah - are you satisfied that there's something there?

Commentator: Tone rise on it...

PC: Yes.

Commentator: ... on that question.

LRH: Good. Do you want it audited?

PC: Yes.

LRH: Is the word Dianetics in the incident?

PC: Yes.

LRH: Dianetics is good?

PC: Maybe.

LRH: Dianetics is bad? (pause) Dianetics can't help you?

PC: I get "no".

LRH: You're supposed to leave it alone?

PC: Yes.

LRH: Mm-hm. Does that make you leave the whole incident alone?

PC: Yes.

LRH: Do you yourself believe Dianetics is good?

PC: Yes.

LRH: Yeah. And you don't believe it's bad?

PC: No!

LRH: Therefore, you'd be in cross-purposes with such an incident?

PC: Yes.

LRH: Uh-huh. Well, get it audited out. Okay.

[to audience] Now, just on procedure, we will turn the machine off and turn its knobs all the way back counter-clockwise again. Turn the machine off, and now take the cans, or terminals, away from the preclear. Otherwise you're liable to knock them together and short the machine out.

[to preclear] Thank you very much.

PC: Thank you, Ron.

LRH: You're quite welcome. I've been waiting to get to you for some time.

Quite aside (which I guess you'll have to cut off the tape), I can always spot a guy who looks spooked on a PDH, and Snake looked that way.

This is, by the way, above and beyond the performance and activities of the machine. But if you can't get to something, you go in, you ask questions about hypnotism, you ask questions about drugs, you ask questions about something or other.

The reason I started asking is because when this preclear sat down in the chair his arm started quivering. I called attention to it partly through the session and said his arm started quivering. But his arm started quivering almost immediately. The first thing that was alerting up or that he was offering forth to be found about himself was something about his arm. So I hit a couple of things and then wanted to know if somebody had drugged him - stuck a needle in him. I just thought maybe it was a tonsillectomy or something of the sort. We got very, very little reaction to account for a shaking arm on a tonsillectomy, So the next thing up the line, of course, to ask for is pain-drug-hypnosis. Pain-drug-hypnosis is quite common. It's a political weapon; it's used in Russia. It's used by many, many cults in the United States and over the world. It's used by various cults, and has actually been in use, to my actual knowledge through historical research, for at least thirty-two hundred years. It is very strange that something could be as common in practice as this without being more thoroughly understood by the public at large.

In Dianetics, for instance, it was - people were very fond in the old days of invalidating Dianetics by saying a person cannot remember during unconsciousness. And these same people, by the way, were using drugs on preclears to make them remember. They were using drugs on patients - narcosynthesis and so forth, Dianetics was just exposing the mechanism of a pain-drug-hypnosis, actually, when it talked about this, and people objected very wildly. As I say, many cults have used this. The Greeks, the Aesculapians used pain-drug-hypnosis in order to bring "dream therapy" into existence. And it's still being used in much that same form today by some other cults which you'll find in universities and so forth - narcosynthesis and so forth.

Now, he said Rosicrucians. Now, I don't know that this is a standard practice of Rosicrucianism, and certainly no order or group of people can be particularly held accountable for the actions of its particular members.

But this is well known in Rosicrucianism. A drug is administered to the person and the person is put into a trance and is told things.

You noticed that we got this thing showing up on the machine. Undoubtedly that incident has in it a forgetter. The reason he's forgotten it is because it says, "You will not remember this; you will agree to forget this," and so forth. And so, to his analytical mind, he has agreed to blank it out. But it's not blanked out on the machine.

Now, there's one thing that should be noticed in detecting PDH - as you call pain-drug-hypnosis - one thing should be noticed in detecting it, that the actual command "This will not

display itself on a lie detector or with electronic devices,” can shut off all parts of the incident except “This will not display itself on a lie detector.” You ask that question and the machine reacts immediately.

“Has this incident been specifically shut off so as not to record on a lie detector?” Bop. So you see, you can’t even close one out that way. And by the way, the way you audit this stuff is relatively simple. You simply get it up into recovery as fast as you can. And it should not, however, be solidly and thoroughly tackled. It shouldn’t be solidly and thoroughly tackled on a phrase by phrase, play-by-play, play-by-play account, because a preclear may be too low on the Tone Scale to stand up to it, So what you do is unburden all of its locks. Get any time he had an impulse to do it to somebody else - any time he had an impulse to do it to somebody else. Now, that’s quite important, because you’ll unburden the locks and the incident itself will blow clear. Furthermore, there’s a basic on this incident. He says he had a stomach somatic and a stomach somatic is in Facsimile One.

All right. I’ve given you a rundown on this machine. It will show you up most anything. If you have a local police department that you want to look into, you will be able to make the lie detector expert a little bit goggle-eyed. The lie detector expert has complete faith in his machine. It has shown him criminals where criminals exist. It does not make mistakes for him. The mistake that it makes, ordinarily, is not registering for some reason or other - sometimes somebody gets by. Very rarely, they don’t register on the particular crime they’re being asked for. The reason why this happens, normally is because they are in apathy. They are too low The whole case is charge from one end to the other, and as a result they don’t register. Now, that’s very rare, by the way. And there’s about nineteen out of a hundred people who don’t react out of the machine. Those are the statistics according to lie detectors. But you vary this machine around, you ask the right question, it’ll react on it.

“Is there an emotional shut-off here?” Wham? The machine will go on although it is reading zero on emotion.

All right. I want to tell you very specifically that many criminals are brought up on this machine, undoubtedly, and register for crimes committed long before this life. “Did you kill him?” And the machine goes bop! (snap) And the police officer is not saying “Did you kill him during this life?” Because no matter how many criminals he has going by there, every one of them has a series of past lives and every one of them has crimes. And every one of them will register on these crimes on that machine. And if you want to make a police officer in your local department, who is in charge of this machine, goggle-eyed, say, “Bring me in the most honest cop you have.” And set the cop down, rig the machine on him, and then you ask this honest cop - you say, “Did you ever steal anything?” “No. No.” “In any former life, did you ever steal anything?” Bap! That’s why he’s a cop.

You can show him that by asking for incidents in past lives that everybody from the chief down to the janitor has committed crime. That’s why they’re in the police department.

And so, I recommend to you, if you really want to spin the local police force, just walk in and start talking to the boy in charge of the lie detector machine and start asking him, has he ever asked anybody this question: “Did you ever live before this life?”

And he’ll tell you, “Oh, that’s nonsense. You’re crazy. What do you mean? You belong to some religious cult or something of the sort?” “No. No. Have you ever asked anybody this? Well, I tell you, on your next test on anyone, please ask them that question” - because he’ll get a yes, you see? And make him promise that he will ask that question and put it down on his desk - “Because” you say, “it’s very peculiar about this machine, the way it responds on that question.”

And you come back in a few days and ask him if he’s asked it and he will probably be very anxious to talk to you: “What are we doing?” Here was this enormous field of this machine which was being completely unexplored - completely unexplored.

Now, I've given you, relatively, a quick rundown on what you locate on this machine and how you locate it. There is a check sheet, a galvanometer check sheet, which is issued with the machine, which gives you a standard set of questions to ask which will show things up for you.

I hope you understand how to use this machine and I hope it will give you some good service, because if you want to do a good job of auditing or if you're bogged down right now with your preclear, you better put a preclear on the machine up here at school and find out why. But mind you, this machine has to be cared for. You have to take good care of the machine. And if you get one of your own, for heaven's sakes, don't let anybody else use it. It'll get so temperamental you won't even be able to talk to it.

Thank you very, very much for your kind attention to those who came up here and volunteered to be quizzed.

Thank you and good night.

(end of lecture)