RUNNING EFFORT AND COUNTER-EFFORT

Auditing demonstration given on
10 March 1952

[Note: During this auditing demonstration, the E-Meter is being run by a machine operator, and a commentator provides additional information regarding the preclear's reactions on the E-Meter.]

This is a demonstration to show you, first, one of the methods of auditing effort and counter-effort. I want to show you a particular trick in the use of effort and counter-effort.

It so happens when an individual receives a pain, or which is to say, he's got effort faced with counter-effort, he will give attention to that spot. This is a mechanism the body operates on. When you are hurt, you give your attention to what is hurting you. If you fail to do this, you won't survive as a physical body. The body won't survive, and this is nonsurvival.

So, there is what is known as a threshold of pain. This translates into the degree of attention which is attracted to the body. Pain becomes unbearable. The moment of unbearableness of pain is when all of one's attention goes into the effort to hold it back - pain is unbearable at that point.

After that point, one keeps his attention there but surrenders to it. So there's actually a precise point of effort-counter-effort where one distracts all of his attention to that point.

And you'll find out that any sharp or severe counter-effort which a person has received in the past has invited his attention to that spot. In other words, his effort to do something about this counter-effort has gone to that spot. Therefore, in facsimiles you find that the attention assigned by the facsimile is toward the exact point of the counter-effort, and the action is toward arresting the counter-effort.

Therefore, you actually have to distract the person's attention from the counter-effort in order to do something about the facsimile. The counter-effort is not going to come in any further. It's simply not going to come in any further as long as the preclear's attention remains there.

Now, almost anyone in the normal band is engaged in holding back quite a few counter-efforts. All you have to do to convince a person of this is to say, "Now let's feel alive in your foot. Now let's feel alive in the other foot. Now let's feel alive in the right ear. Now let's feel alive in the left ear." And all of a sudden, bop! He - you will have gotten his attention off of some old facsimile, some counter-effort, that he has experienced in the past. And when you do, it will come in on him a little bit more.

Well, of course, you want this counter-effort to exhaust, and it's never going to exhaust as long as the individual has his attention centered on it. Of course!

Now, the concentration of attention on counter-effort is the main mechanism of estimating what to do with effort. And when it gets up to the degree of pain - heavy counter-effort - attention becomes fixed.

If you've ever watched anybody being subjected to pain, you'll have - see that they fixed their attention on the point of impact of the pain and then successively, immediately after that, failed to keep their attention there, and their attention began to wander. And it wandered too much. They just went all over the place. Their body writhes and so forth - their attention goes all over the place.

Well, these things, conditions, exist in facsimiles. So in some facsimiles the pain is so intense and the counter-effort has come in so far that a person's entire and complete attention is wandering. It's all over already. And what you're going to try to do to resolve that counter-

effort is get him to fix his attention on the counter-effort itself. And when you can fix his attention on it, then something will happen to the counter-effort and it will change.

But when the person's attention in the facsimile is riveted on the counter-effort, you've got to get his attention off the counter-effort in order to get the counter-effort to work out.

Now, therefore, as an auditor you have to either try to attract your preclear's attention to where the counter-effort is, or get his attention off of where the counter-effort is. If he's very low on the Tone Scale, it will be a matter of trying to attract enough attention to the point of the counter-effort that he can do something about it - that you can do something about it and drive it out, exhaust it and get the effort and counter-effort out of the facsimile.

But if he's up the Tone Scale, his own effort is more and more fixed - his attention is more and more fixed in that facsimile on the counter-effort.

If you want to run an experiment on this, just follow it out on the basis of "Let's feel your attention in your left foot. Let's feel your attention in your right foot. Let's feel your attention in your right hand. Let's feel your attention in your left hand." And first thing you know, the individual will have a counter-effort come through on him.

The counter-effort will happen in two ways: If he's low on the Tone Scale, at the moment you put the attention on his left hand, if the counter-effort is actually running through his left hand, when his attention goes on the left hand, he will find the counter-effort there. And he'll suddenly experience a pain in his left hand. He, for the first time, is experiencing this counter-effort which has been going through him for a long, long time in the facsimile. On other people, you start shifting their . attention around and suddenly the counter-effort will come through.

Well, by fixing and unfixing the person's attention on various parts of the body, by working them back and forth, back and forth, and around and around, getting their attention off and on to the part that is being affected, you will be able to exhaust the effort and counter-effort out of the facsimile and render that facsimile null and void. You can also run emotional curves until the facsimile is null and void, because it's emotion that is actually causing this person to hold on to it. Okay.

Now I want to give another demonstration here.

LRH: Do you have any counter-efforts hitting you? Right now?

PC: Yeah. Yeah.

LRH: Face?

PC: No.

Commentator: Drop of one full point.

LRH: Chest?

PC: No.

LRH: Knees?

PC: No.

LRH: Feet?

PC: No. Back up a little bit. Gluteus maximus.

Commentator: Needle continues to drop.

LRH: The gluteus maximus.

PC: Penicillin shot. (laugh)

LRH: Oh, you got a penicillin shot.

PC: Yeah.

LRH: On one side of the gluteus maximus?

PC: On the right half - the right half.

LRH: On the right half. Put your attention on the left half.

PC: Put my attention on the left half.

LRH: Put your attention on the left half.

PC: That's a little difficult to do.

LRH: Well, let's put your attention now on the top of your head.

PC: Okay.

LRH: Let's put your attention on your right foot.

Commentator: Needle is now rising back to the original position. (pause) Needle continues to rise.

LRH: Left foot.

Commentator: It's still rising.

LRH: You gotten a somatic in that puncture yet?

PC: A somatic in the puncture, yeah.

LRH: Yeah. You're getting a somatic in the puncture?

PC: Yeah, when I take my attention off these extremities, yes.

Commentator: Needle wavering; begins to drop.

LRH: Yeah. You get a somatic in the puncture, okay.

PC: Yeah, in the Puncture. Yeah.

LRH: That's right.

[to audience] You can see by that needle there, that this somatic's wearing out. His tone's coming up.

[to pc] Okay, get your attention in your throat.

PC: Throat. That's the place where the penicillin was given for - throat infection.

LRH: Well, get your attention in your throat. All right. Get your attention in your left shoulder. Right shoulder. Right hand.

Commentator: Very, very small area of the tone scale.

LRH: Left hand.

Commentator: Just a slight fluctuation of tone.

LRH: [to audience] You note here, you can give these fairly rapidly one right after the other, for an excellent reason is, the attention will just flick on the shift and go into the member named and won't stay there very long.

Commentator: Tone arm tending to rise.

LRH: It'll go right straight back. The second he's aware of the fact that a pain is coming in at the area you're trying to work a counter-effort out of, soon as you get the - preclear becomes aware of it, he transfers his attention back to that immediately. What you're trying to do is distract him off the area - off the area enough to let the counter-effort come all the way through and wear it out. Pretty simple.

[to pc] All right, now I'm going to go through the nerve spots.

Commentator: Needle dropped on that statement.

LRH: All right, let's get the center of the forehead - some feeling of center of the forehead now.

PC: Little somatic there...

LRH: Little somatic there.

PC: ... when I turned on the awareness full there.

LRH: All right. Do you know where the vagus nerve is - right in the middle of your rib cage, below the solar plexus?

PC: Solar plexus, uh-huh.

LRH: All right. Get your attention in your solar plexus. Under your right armpit. Under your left armpit.

PC: It's warm under the pits.

LRH: Yeah.

LRH: All right. Get your attention on the nerve cord that goes down the right side of your neck. Left side of your neck. The right side of your neck. Left side of your neck. Spine - attention on the twelve nerves of the spine. Let's get the lower area of the spine now. Attention on the middle area of the spine.

PC: Hm...

LRH: That really came through, didn't it?

PC: ... sitting uncomfortably.

LRH: Huh?

PC: I was sitting uncomfortably. I didn't know it till I did that.

LRH: Yeah. All right, upper spine. Center of your brain. All right, inside the knee.

PC: Which knee?

LRH: The nerve on the inside of the right knee. Nerve on the inside of the left knee. The left thigh. Nerves in the second joints of your fingers. Nerves in your toes.

Commentator: Slight drop and then a full rise.

LRH: Nerves in your right big toe. (pause) You still getting that somatic?

PC: Oh, the penicillin?

LRH: Uh-huh.

PC: Well, now that you bring my attention to it, yes.

LRH: Ah, we've got it down to a dispersed point now.

PC: But it's not so strong.

LRH: All right. Move your attention from your head down to the shot area - head to the shot area. (pause) Tips of your fingers to the shot area. Just keep your attention shifting from the tips of your fingers to the shot area.

PC: Makes the somatic stronger.

LRH: Sure. Soles of your feet to the shot area (pause) Bottom of your spine up to the brain and down to the shot area. Well, what happened there? Sudden charge?

Commentator: Needle took a full-point drop.

PC: No, I happened to think of something, that when you said from the soles of the feet to the shot area, I did not go through the nervous system of the legs.

LRH: But...

PC: I just shot it from the soles of the feet via the shortest ...

LRH: Mm-hm.

PC: ... path in a straight line to the shot area.

LRH: All right. How is the somatic?

PC: Oh, it's not bad.

LRH: Is it less now?

PC: Yeah, yeah. Yeah.

LRH: Mm-hm. All right. Get the effort you had, at the time you were shot, to kick the shot back out again - all through the nervous system, the effort you had. From the extremities of the nervous system, push that shot right back out again.

Commentator: Very slight fluctuation in the needle, now rising very gradually.

LRH: Get it again. (pause) Again.

Commentator: Slight drop and more rise.

LRH: Getting your effort. Again. Extremities down and bop that shot out. (pause) All right. Now get your effort to hold on to the shot.

PC: That's the one that seems to be impeding me.

LRH: That's right. Now get your effort to hold on to that shot.

Commentator: Needle has dropped a full point and a half.

LRH: To have it - your effort to have it.

Commentator: Now rising. (pause) Slight drop, rising again.

LRH: Get your effort to have it again. Get your stomach's effort to have it.

PC: That wasn't easy.

LRH: Mm, boy.

Commentator: Full point and a half drop, now rising.

LRH: Get your stomach's effort to have it. (pause) Get your back's effort to have it.

Commentator: Continuing to rise.

LRH: Now get the postulate you made that you had to have it.

PC: Ha-ha.

Commentator: Needle dropped full point and a half.

PC: Well, it had something to do with this gimmick I've been working on that penicillin is a food, not a drug. Remember I talked to you about it?

LRH: So you had to take some.

PC: I was trying to prove something.

LRH: Yeah. Did you turn on the sore throat to prove it?

PC: No. No, no that was ...

LRH: When's the first time you agreed to have a sore throat?

PC: Directly after the wisdom tooth was extracted. Somewhere about then.

LRH: You agreed to have that, huh?

PC: Wisdom tooth extraction?

LRH: Uh-huh.

PC: Yes.

LRH: Mm-hm. When did you first desire to have a sore throat in your life - this life?

PC: I'm trying to track this one down. It's a little hard here. I keep running into my mother with a streptococcus infection.

LRH: Did she do it to you?

PC: I get a flash of "yes," but I don't know.

LRH: Did she give you sympathy for it?

PC: For my sore throat?

LRH: Mm-hm.

PC: For my sore throat ...

Commentator: Needle now rising - drop, slight drop.

PC: Oh, the tonsillectomy, she gave me sympathy then.

Commentator: Rise in tone.

LRH: Mm-hm. Now let's get a time you gave some sympathy. Let's get the feeling of sympathy for somebody with a sore throat.

PC: Well, that would be for my mother.

LRH: All right. Let's get the feeling of sympathy. (pause) Get it again. (pause) And again. (pause) And again. (pause) All right, let's pick up the first time in this life you ever gave anybody sympathy and scan all the times you gave somebody sympathy right straight on up to the present time. Get the first one. Tell me when you're there.

PC: I got the first one.

LRH: All right. From there to present time, begin scanning sympathy. (snap)

Commentator: Between these questions the needle has been fluctuating approximately one goint on the scale. As the preclear scans through, the needle fluctuates. Now rising, now falling, but in a one-point variation on the scale.

PC: It keeps reverting back to the sympathy for self.

LRH: Yeah.

PC: Not much sympathy for others.

LRH: Mm-hm. Who used to tell you all you did was feel sorry for yourself?

PC: My mother.

LRH: Yeah. Who did you tell it to?

PC: Me.

LRH: Who else did you tell it to? Who have you criticized to this degree?

PC: Oh, that they felt sympathy for themselves?

LRH: Mm-hm.

PC: Oh, preclears, you know.

LRH: Oh. All right. Let's scan this line. Let's pick up the first time you ever told anybody they were just sorry for themselves and feeling sympathy for themselves.

PC: I never told them, but, you know, the thought was there.

LRH: Well, get the overt thought.

PC: The thought, that's...

LRH: Get the overt thought. Get a first overt thought.

PC: Okay. All right.

LRH: Now, scan all such thoughts forward to present time. (snap)

PC: (pause) Okay.

LRH: Are you on an emotional balance right now? Are you being very carefully balanced emotionally?

PC: No.

Commentator: Needle is dropping one-half point.

LRH: What would happen if you changed emotion?

PC: I changed emotion?

LRH: Yes. What would happen if you changed to another emotion?

PC: Changed to a different emotion?

LRH: Yes.

PC: Nothing. I might shift centers, control centers.

LRH: Well, shift them.

PC: I wouldn't know which way to go.

LRH: Are you on the right side?

PC: Yeah, I guess so. Yeah.

LRH: Is the right side mad at the left side?

Commentator: Slight drop.

PC: Conflict, there might be, yeah.

LRH: How about shifting to the left side?

PC: Shift to the left side.

LRH: Shift. (pause) This left side been awake lately?

PC: No.

LRH: Is this left side elsewhere?

Commentator: Very slight variation in the needle at this point.

PC: I've got a feeling it might be.

LRH: This left side have another organism it's taking care of?

PC: Yeah, might be. I don't know.

LRH: Might be, yeah. How about shifting center?

PC: Shifting to the center. No.

LRH: What turns on?

PC: Oh, there's a head somatic there.

LRH: You have a head somatic there?

PC: Yeah, on the - right in the center. See, it goes right down the face. You know, center of the face ...

LRH: Mm-hm.

PC: ... the nose, the place where that pituitary and pineal and so forth is.

LRH: Mm-hm. All right, let's catch the bap now right in the middle of the chest. The bap in the chest.

Commentator: Half a point drop.

PC: I get - i get it in the stomach first.

All right. Get it in the stomach. You got it?

PC: Sort of, sort of. Sort of.

LRH: All right. How does the top of your head feel at the moment you get it in the stomach?

PC: Oh, that's - it's - it's pain - a somatic there right now.

LRH: All right. How do your knees feel at the moment you get it in the stomach?

PC: They shake.

LRH: All right. Let's get that. How do your feet feel at the moment you're getting it in the stomach?

PC: They are sweaty, hot, burning.

LRH: Okay. How do your hands feel at the moment you get it in the stomach ?

Commentator: Four-point rise, then a drop.

PC: Sweaty, nervous and twitching.

Commentator: Now dropping.

LRH: All right. How's the middle of your back feel at the moment you get it in the stomach?

Commentator: On this question, point - four-point drop.

PC: It curved in.

LRH: [to audience] Any of you with a cough out there, you might as well do this, too.

[to pc] Curved in?

PC: Yeah.

LRH: Is it wearing out on the stomach? Or is it getting sharper?

PC: It's wearing out some ...

LRH: Or are you letting it do anything?

PC: I'm directing attention to the areas you name.

LRH: Okay. What's happening to the stomach somatic?

PC: It seems less.

LRH: Seems less?

PC: Somewhat less.

LRH: Good. Good. All right, let's get it right here on these two neck cords at the back of the neck. How do they feel at the moment you get it in the stomach?

Commentator: Needle has settled down and varying only slightly, approximately at one quarter of a point.

LRH: They move in some direction?

PC: I don't seem to be able to pick those up. Wait a minute, wai - wai - wai ... There's a lot of confusing head pain, that is not localized.

LRH: Was the head shot first?

PC: Got a flash of "yes."

LRH: Is this Facsimile One?

PC: Yep, I should guess. Seems like it's the onlr thing it could be.

LRH: Mm-hm. Are you on a postulate that you mustn't feel it?

PC: Yeah, in connection with the stage, so forth and so on.

Commentator: Five-point drop.

PC: You see, all these somatics will turn on when you get on the stage. Stomach, whap; knees, bang. So they teach you tricks in the theater to ...

LRH: Is that by exhibiting yourself? Or appearing in public, or talking to the public?

PC: Talking to the public. Yeah.

LRH: Talking to the public is very bad, isn't it? Public assembly - mustn't do that.

Commentator: One point - point-and-a-quarter of drop.

PC: Well, you learn tricks in the theater to handle this, you see.

LRH: Yeah. You got these tricks working?

Commentator: Half a point drop.

PC: I tried to - not to have them working for the sake of this interview.

LRH: Uh-huh. Does this interrupt your processing to any degree?

PC: There's one working right now. You see that light right there?

LRH: Yeah.

PC: Well, that's a spotlight. You can use the zones of concentration tricks on that. But ...

LRH: Sure. All right. Let's concentrate on the spotlight. What happened to the stomach somatic?

PC: It goes away.

LRH: Immediately! Good. Concentrate on the stomach. (pause)

Now I'll show you a little trick about facsimiles. Tell you, facsimiles have no finite size. Facsimiles are not as big as you are or as small as you are or twice as big as you are or anything of the sort. You can shift them at will. You can actually be any part of any facsimile. You can be a point of concentration in any part of any facsimile. Let's ...

PC: Yeah. Yeah.

LRH: ... let's take a time when you have a tooth - well, you can actually move over and - let's have a facsimile of a toothache or something. You could actually move over 100 percent into the middle of that tooth ...

PC: And get the full pain. Yeah, I'ue done that.

LRH: ... and be the ache.

PC: Yeah.

LRH: Or you could even go this far: you could even move into one cell of the tooth ...

PC: Yeah, yeah, yeah. You can do that.

LRH: ... and get anything that was on that cell and be all of you in the one cell. Very simple, very simple. And as a matter of fact, a method here - it's very interesting. I'm going to show you something that you may find very fascinating. Can you pretend that your skull, your actual skull, is out on - about a yard or two - well, let's say exactly five feet out from you to the right, to the left, back of you and in front of you and above you, so that you're inhabiting the middle of your skull?

PC: Yeah, sure. I can do that.

LRH: All right. And you've got this skull out there at this distance and your head is now ten feet wide and you're in the middle of it.

Commentator: A half-point of fluctuation now and persistent twitching as he asks.

LRH: All right. What gland are you? (snaps)

PC: Pineal. (laughs)

LRH: Okay. Now, let's now receive the full impact of everything hitting the pineal at the same time in Facsimile One.

Commentator: Two-point drop.

PC: With this extended skull I have here?

LRH: Yes, with the extended skull.

PC: Wait a minute. Let me get - it takes a second to get that concept again.

LRH: Yeah, all right, let's get the concept.

PC: There we go. (pause) There's some blockage to - to doing this, to - to feeling that full impact on the pineal up there. I guess it's ...

LRH: All right, Now, let's be just the front couple of cells there - the front cell on the pineal - the one that receives the frontal impact in the middle of all this. Now, all of you be the front cell there, of the pineal that receives the frontal impact on the pineal ...

PC: Okay.

LRH: ... with your skull that much bigger.

PC: Okay. Front cell of the pineal, right?

LRH: Yeah, let's get that full impact on the front cell of the pineal.

PC: (pause) Well, when I try to do that, I get - seem to be getting somatics toward the back of the head rather than the front.

LRH: Yes, isn't that strange?

PC: Yeah.

LRH: Okay.

Commentator: The needle then reached its highest point of session, has now dropped back down two points.

LRH: All right. Let's be the back cell of the pineal now, with your skull actually ...

Commentator: It's rising...

LRH: ... extended way out there. Let's be the back.

Commentator: One point. One and a quarter points.

LRH: (pause) Let's be that back cell again and get the impact from in back. (pause) What did you get?

PC: Um, guess there's some blockage to being able to do that right there.

LRH: Mm-hm.

PC: It's quite easy in the front, but not so ...

LRH: Where did the pain come in from?

PC: I hit - I got it in back that time. I thought I'd get it in the front, but it didn't, you know, my ...

LRH: Okay. Yeah. Good.

PC: ... it didn't work out.

LRH: Now let's be on the right side of the pineal. Let's be a cell on the right side of the pineal, getting that impact coming in, with your skull way out there, and so forth - that impact.

Commentator: Needle dropped one point and now rising.

LRH: (pause) Got it?

PC: Yeah. I'm - I ...

LRH: You got it? (pause) Uh-huh, you got it.

PC: Yeah, I got it.

LRH: All right.

Commentator: Needle's fluctuating one point.

LRH: There we go. That was the one that was hung up on it. Yeah. Let's get it again. (pause) Now let's shift over and be the left side of the pineal.

PC: Seems a heavy effort seems to be pushing the head this way.

LRH: That's right. Let's shift over and be a cell, now, on the left end of the pineal, getting the side blast from the skull.

PC: I had a great big operation at the age of three to pull my head back up again.

LRH: Yeah?

PC: Yeah. You can see the scars - look right there.

Commentator: Tone dropped two full points and has now come back up.

LRH: (pause) You having a hard time getting that side?

PC: Yeah, I'm getting it a little bit. Harder though.

LRH: Get it again.

Commentator: The tone has now risen; it's gone up a full point.

LRH: All right, let's shift back now. Let's be all the pineal in the middle of this great big skull and let's get the feeling "I want to have it," as the pineal.

Commentator: One-point drop

PC: You want the pain.

LRH: Yeah - no. "I just want this. I want this."

PC: Counter-effort?

LRH: No, yeah - "I want this." That's right.

PC: "I want this counter-effort ..."

LRH: You see, really, the plot is, let's say - you've been swindled, you see? But the point is, you started into this and you say, "I want all this." Now, just say to yourself, "I want this," and you be the pineal. And you say, "Boy, I really want this."

Commentator: Tone has now dropped three points.

LRH: (pause) Get that again. Now, get that postulate: "I really want this." As the gland...

PC: Well, the postulate is "I asked for this."

LRH: Oh, the postulate is "I asked for this" Is that immediately after the first one? (snap)

PC: Yeah, yeah.

LRH: All right, let's get the first one. "I want this."

PC: (pause) I want pain. I want to want it. I want to - well ...

LRH: You know what you want. (snap)

Commentator: Tone is now rising.

LRH: Now, get that postulate just before the first energy impact.

PC: Before. All right.

LRH: Just before the first energy impact. You be the pineal in the middle of this big skull, and just before this first energy impact, the moment before the first energy impact, and you've got a sort of a feeling there? You don't feel bad at all. You feel good - just before the first energy impact.

PC: Rather - rather powerfull.

LRH: Yeah. You feel pretty good, don't you, huh? All right, let's get that first energy impact from all sides simultaneously.

Commentator: Needle dropped a point as it was realised.

PC: ... reluctancy to do that.

LRH: All right. When I slap my hands together, get the energy impact from all sides simultaneously. (clap)

Commentator: The needle drifted up two points and then dropped five points. Now very slowly rising.

LRH: Okay. How are you feeling?

PC: Well, I-I don't know.

Commentator: Drop.

LRH: What's the postulate goes with it?

PC: "I don't know where I am."

LRH: Uh-huh. Okay ...

PC: "I'm lost, but I like it."

LRH: Uh-huh.

Commentator: Needle is wavering at the lower edge of the dial.

LRH: All right. Now expand yourself out to the point where the pineal is in the middle of the skull now.

PC: Out here.

LRH: Mm-hm. (pause) Now get the pineal back in the middle of the skull.

PC: Sort of have to go backwards to do that, you know.

LRH: Yeah, I know.

PC: Did we have to be aware before they could shoot?

LRH: Yeah.

Commentator: Needle's slowly rising, fluctuating, rising, averaging out to a very slow rise.

PC: There's a postulate "I wish I could get back."

LRH: Yeah, "I wish it hadn't happened" sort of thing.

PC: "I wish I could get back, I was so powerful."

LRH: "I asked for this."

PC: Well, that's unfair of you to say that. I mean, I'm trying to get back here, and you throw that one at me. (laugh)

LRH: Well, you've got the facsimile rearranged now so that you got a facsimile of you? Get the facsimile of you in the pineal in the middle of the head - just you.

Commentator: Tone continues to rise.

PC: Oh, I got a plan: I - instead of going back through it, I'11 just snap around in the front.

LRH: That's right. Okay.

PC: 1.1. (audience laughter)

LRH: All right.

Just put down the cans and have a cigarette.

PC: Okay.

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

[Sounds like a different PC]

LRH: You felt an impact? Now, where was the impact felt when I asked you to do that? Was it felt over your body or in your head?

PC: Oh, head - head only.

LRH: It was felt in your - against your head?

PC: Uh...

LRH: Did you ...

PC: ... now you see, now you start talking about it, I get it on top of the head.

LRH: Uh-huh. Did you get it inside as the pineal? Did you get an allover somatic or did you get a...

PC: No, inside as the pineal. Yeah, I would be the pineal inside this skull. Now that - now wait a minute. I was - just my head was doing it inside ... I may have ...

LRH: Yeah.

PC: ... not done it all ...

LRH: That's right.

PC: ... so I see what I didn't do.

LRH: You see?

PC: I only put my head in the center of the skull ...

LRH: All right.

PC: ... I didn't put my whole body in it.

LRH: All right.

PC: Yeah.

LRH: Okay, let's move all of you into the pineal now, again.

PC: Oh, that's different.

LRH: Just before it hit, all of you into the pineal. (pause) Move all of you into it.

Commentator: Sensitivity of the needle has been increased. Preclear rising on the scale.

LRH: All right. Now, let's get the first moment...

PC: Well, I'm not before the first moment yet, I don't think.

LRH: Well, let's get the first moment. You didn't like the idea of getting the first moment, I take it?

PC: Mm, that's right.

LRH: Uh-huh. Let's get the first impact of that pineal - now, first impact on the pineal - and you be the pineal.

PC: Wait a - well, I got to get the - take a little minute here and get to be the pineal again.

LRH: All right.

PC: You just don't do this sort of thing in everyday life in the twentieth century. It takes something to do it.

LRH: Well, you're doing it in everyday life now. (pause) You got it?

PC: Almost, the way it's going. (pause) Yeah, yeah, yeah, yeah, yeah.

LRH: Got it? All right. Get the first rap.

Commentator: Tone is starting to rise.

LRH: Now, is it simultaneous from all sides at once?

PC: Dah-dah-dat-da. I don't know.

Commentator: Tone is starting to rise - dropped.

LRH: Front/back, all top, all around at once, or is it sequentially: one first and then the other one?

PC: Might be all at once, I don't know. Might be all at once.

LRH: All right, let's try and find out. I'll snap my fingers and it'll hit. (snap)

Commentator: Needle dropping two points.

LRH: All right. The first one will hit again. (snap)

Commentator: Slow rise of one point.

LRH: Be the pineal there in the center of the head.

PC: Yeah, I got out of it, see? It's - it's hitting the pineal.

Commentator: Continuing to rise.

LRH: (pause) All right. Let's hit it smack again, (snap)

PC: I don't actually want to be the pineal again, Ron.

LRH: Let's get in there.

PC: You see, there's a fear of getting in to be the pineal, you see, because, you get in there, boy, you're going to get hit.

Commentator: The needle is fluctuating about five points on the dial.

LRH: Now, let's get that - let's be the pineal - all of you. Now, first blow. (clap)

PC: Didn't get it.

LRH: No.

Commentator: No reaction.

LRH: First blow again, smack from all sides. (clap)

Commentator: Still no reaction; now a slight drop.

LRH: All right, let's get it now: the first one from all sides simultaneously, and get the drop in tone. Get the feeling of tone drop as that first one hits. (clap)

Commentator: Preclear jumped; the needle at full ...

LRH: All right, let's get it again: the tone drop as the first one hits (clap)

Commentator: Three-point drop, now rising.

LRH: The tone drop as the first one hits again. (clap) Let's be the pineal inside now - inside that skull. Now, let's get hit from all quarters simultaneously. And you tell me where the blows are this next time.

Commentator: Needle is fluctuating widely on the scale as this question's asked.

LRH: All right, the first one is now going to hit. (clap)

Commentator: Preclear jumps; needle drops four points.

PC: Can't particularly tell you where the blows are.

LRH: That's all right. The first one - the first impact now, and it's going to hit again. (clap)

PC: Near - around the back someplace.

LRH: Yep.

PC: Somewhere around the back - neck or someplace around that area.

LRH: All right.

Commentator: Needle going up four points.

LRH: Now, the first one is going to hit again. (clap)

Commentator: Now dropping five points.

LRH: First one's going to hit again. (clap)

Commentator: Preclear is doubling over.

LRH: First one is going to hit again. (clap) (pause)

Commentator: Needle has now swung clear to the left of the scale.

LRH: And again, (clap) (pause) Okay, what's the - get the tone drop now. Is it a tone drop or a tone rise when that first one hits?

PC: Might be a rise. Might be a rise.

LRH: Uh-huh.

PC: Might be a rise.

LRH: Mm-hm. All right. Let's get that tone change, the tone change as that first one hits, Just before the first one, now you're in the center of the skull, all of you is the pineal. (clap) Okay. You getting more?

Commentator: Preclear jumps and tone drops five points. It is now moving full right.

PC: I think on the emotion ... Seems to be ...

LRH: You got it.

PC: ... up to fear or something like that.

LRH: Yeah, that's right.

PC: God, what a low-toned character.

LRH: All right. But do we get a down-up?

PC: Yeah, yeah, a down-up.

LRH: All right. Let's get that now.

PC: All right.

LRH: Be in the center of the skull and let's get that down-up emotion on the first impact. Okay, when I smack my hands, it'll hit. (clap)

PC: No, I wasn't in the center of the skull.

LRH: Well, let's get in the center there. (pause)

Commentator: Needle has now moved to the full right-hand side of the dial as the preclear attempts to concentrate his attention in the center of the skull.

LRH: [to machine operator] Center the machine.

Commentator: The operator of the machine is now centering the needle.

LRH: [to pc] Okay. You in the center now?

PC: Yeah.

LRH: Okay. First one's going to hit again. (clap) Get the curve of the first one. (clap) Get it again. (clap) And again. (clap) And again. (clap) First one, just the first bap. (clap)

Commentator: Needle fluctuates about four points.

LRH: Get the curve that goes with it?

PC: Yeah. It seemed to me I was getting one in the stomach then, too.

LRH: All right. Let's get that first bap, simultaneous bap, and the curve that goes with it. (clap) And again. (clap) Let's be all in the center there now. (clap)

PC: Wait till I get all in the center, here. Wait a minute. Takes a little time to keep in this center.

LRH: Mm-hm.

PC: Trying to keep in there. Seems you can get out of there, you know?

LRH: Mm-hm.

PC: (mumble)

LRH: Mm-hm. (pause) Now, is there an effort to get out of there, as the pineal?

PC: Yes, you're right. I'd like to get out of this.

LRH: All right. Let's get the effort to get out of there, now, as the pineal. Let's get the effort to get out - to disconnect. First bap. (clap) Get the effort to get out of there. Again, first bap. (clap) (pause) You got it?

[to machine operator] Center the machine.

PC: There's a lot of confusion. I don't quite know what I'm getting now.

LRH: Well, let's get the effort to get out of there on the first bap, now.

PC: Get out on the first bap now.

LRH: All right, let's get, now, the ARC break. First the affinity break with everything else in the skull.

Commentator: Three-Point drop.

LRH: As the pineal, experience this affinity break with everything in the skull with the first bap. (clap) (pause) Let's do it again. Affinity break.

Commentator: Has risen to three point ...

LRH: Do you find an affinity break there or an affinity change?

PC: Affinity change.

LRH: All right, get an affinity change with the rest of the body, your feeling of an affinity change with the rest of the body.

Commentator: Getting a three-point drop, now rising, fluctuating. It's full off on the left-hand edge of the dial.

LRH: [to machine operator] Center the machine.

Commentator: Tone now rising.

LRH: Get an affinity change again with the rest of the body. Is it up or down?

Commentator: Continuing to rise.

PC: It's difficult to discern.

LRH: All right. Get a communication shift with the rest of the body on the first bap.

Commentator: Three-point drop, rising.

LRH: Get the bap and get the shift.

PC: Mm.

Commentator: Needle continues to rise, now dropping

PC: There seems to be a postulate there to tighten up and to hold the bap in place.

LRH: All right. Let's get this effort to hold it.

Commentator: Slow drop.

PC: So as to dampen its action.

LRH: All right. Let's get the effort to hold it. (pause)

Commentator: The needle's rising.

LRH: Again, get the effort to hold that action. (pause) And again the effort to hold on to the action. As the pineal, now, get the effort to hold on to this bap. Get it coming in and hold on to it. (pause) You getting it?

PC: Yeah, yeah.

LRH: Good. What's it like?

Commentator: A three-point needle fluctuation.

PC: Well, a - a freeze.

LRH: Is it going through it yet? Have you got that effort freed up or is it wearing out as an effort?

PC: It's sort of wearing out, just a little bit.

LRH: All right. Let's just get it rapidly. Bap-hold-bap -hold-bap-hold-baphold-bap-hold, come on.

PC: I'll keep running over it, now I see ...

LRH: One right after the other, bap-bap-bap-bap-bap. Just the first one, repeating, repeating, repeating. The first one repeating and your effort to hold, hold, hold, hold. (pause)

Commentator: Needle just swung - was put off the dial to the left. The machine has been centered. Now the needle starts to rise - three, four, five points; continues to rise to six.

LRH: And you have to hold it good?

PC: Yeah.

LRH: Is it wearing out?

PC: Yeah, it's slowly wearing out.

Commentator: Slight drop, and continuing to rise.

PC: There's more

LRH: Hm? What?

PC: Right now the effort seems to be more coming in, you know, pushing it out.

LRH: Mm-hm.

PC: I mean, the counter-effort is coming in on me more now

LRH: Mm-hm.

PC: I'm not - I don't seem to be holding it out there so much.

LRH: Mm-hm. What'd you get there?

PC: Longer counter-effort.

LRH: Okay. (pause) All right, bring it in.

Commentator: Very wide fluctuations of the needle, drop and then a rise.

LRH: Get your effort as the pineal to pull it right straight on through. Is it from all sides at once or just from the back?

PC: The back - the back of the neck, the back of the neck.

LRH: All right. Pull it in from the back of the neck.

PC: Pull it in. Pull it in.

LRH: Over and over and over. Pull it in to you.

PC: Counter-effort. Okay.

LRH: Pull the counter-effort in.

Commentator: Needle fluctuating tone rising.

PC: Postulate's "It's easier this way."

LRH: Mm-hm.

Commentator: Full-dial drop.

PC: It doesn't seem to be pressing quite so strong now.

LRH: All right. Get your effort to shove it out. Rapidly, one right after the other on the first bap and the effort to shove it out.

Commentator: Tone's starting to rise again, continuing to rise. Now, a slight drop again rising.

PC: By God, I can get that. You know I couldn't get that before?

LRH: That's right.

PC: Uh-huh. Those other efforts were obscuring it.

Commentator: Very wide fluctuation of the needle, almost a full-dial swing.

LRH: Wearing out?

PC: Yeah, little by little it's wearing out.

LRH: All right. Now, let's get the effort to pull it in.

PC: Pull it in?

LRH: Pull it in again.

PC: There's something.

LRH: Some more of that there?

PC: Yeah, there's more of that there.

LRH: Okay. Get it in several times to pull it in.

PC: I'm not trying to bop the machine but I know you're getting...

Commentator: Needle fell full off to the left. Operator of the machine is setting the needle.

LRH: All right. Pull it in again.

PC: Not - don't seem to be there quite so much. It's more "not to resist."

LRH: All right. Push it out. Get the resistance; resist, resist, resist. (horn honking)

PC: Hey, that damned horn sounded like it.

LRH: Mm-hm. Get the effort to resist.

PC: (pause) This makes the somatic very strong just now.

LRH: Oh, you're getting a good somatic on it now?

PC: Yeah, on the resistive effort, there is a somatic on it - on it.

LRH: All right. Is that effort getting stronger? Is your effort getting stronger?

PC: The resistor effort?

LRH: Mm-hm.

PC: Yeah, yeah.

LRH: Over again. Over again. Resist it.

PC: Well, that makes a very strong somatic.

Commentator: Needle is fluctuating in a three-point range now.

LRH: Try it again. Throw all of your resistance into it now.

PC: It's on just, I think, one vertebra in the back of the neck. (pause)

LRH: Now how's the effort on it?

PC: It's the - the somatic is lessening.

LRH: Lessening, huh? All right. Try pulling it in again.

PC: Pull it in again?

LRH: Pull it in. (pause) Pull it in again. Rapidly, one right after the other, pull it in.

PC: One right after the other, right. Uuuuuhhh. (mumble) I try - I try to resist it. But the effort to accept it does seem to be a little - little out of the road now and there's this resistor effort that keeps coming in.

LRH: Mm-hm. Well, keep trying to pull it in until your effort reverses automatically.

PC: So that I am doing nothing but pushing it out?

LRH: Yeah.

PC: Mm. (pause) Yeah.

LRH: Did it reverse?

PC: No. No, but I just got the concept of what you're referring to.

LRH: Oh.

PC: Slow thinking with these facsimiles.

Commentator: Needle has dropped two and a half points and is now rising slowly.

PC: With the - keeping pulling it in like that is wearing the counter-effort out.

LRH: Okay. Pull it in. (pause) Pull it in some more.

PC: About the top of the shoulder blade is ...

LRH: You still on the first one?

PC: Yeah, I'm still picking up the first ...

LRH: Good. You're just doing fine. (pause)

Commentator: Needle continues fluctuating one point.

LRH: Now how's the somatic?

PC: Right there it got a little stronger, and now it's tapering off a little bit

LRH: Mm. All right, resist it.

PC: Resist now. Okay.

LRH: One right after the other, (pause) Hey, you got a good one.

PC: Yeah, you bet.

LRH: Now, let's get a heavy resistance on it.

Commentator: Needle drops two and a half points.

LRH: Is it a lot less than it was?

PC: Yeah, it's less than it was.

LRH: Good. (pause) Still getting good solid resistance on it?

PC: Yeah. Hey, you know there's a tendency to dope off, you know, I've been doping off in front of a - this machine all the time.

Commentator: The needle's dropped about five full points.

PC: But I said that because when I first came up, my awareness of the audience was high, now it's low.

Commentator: The needle has returned to the center of the dial, now continuing to rise.

PC: Oh!

LRH: What happened?

PC: I resisted a little too much.

LRH: You got a real hard one?

PC: Yes.

LRH: Would you say this thing's a quarter worn out? Half worn out? What ?

PC: Oh, I'd say about three-quarters worn out on this one first bap.

LRH: That's all we're interested in at the moment - that one first bap.

PC: Yeah. Now that first bap, that's about three-quarters gone now.

LRH: Okay. Let's pull it in very rapidly, one right after the other. Pull it in.

PC: On the first bap.

LRH: Make it good and solid. Pull it in hard.

PC: I'm getting flattened on it now, Ron.

LRH: Mm-hm.

PC: Now it's just a tendency to dope off (pause) There - there's less counter-effort and more tendency to dope.

LRH: All right. Resist it. Push it out now.

PC: All right, I'm pushing it out.

LRH: Get the sound that goes with it now - sound as it would sound inside the skull.

PC: Must be some sonic shut-off there, or something I can't get through.

LRH: (pause) Got the resistance of it?

PC: Yeah.

LRH: Just resist it a little harder. Is it practically gone?

PC: Yeah, it's - it's going, it's going, it's going.

LRH: Attaboy.

Commentator: The needle continues to fluctuate, approximately one point, and gradually moves up across the dial.

LRH: Now this time as you run it, get the feeling of affinity break that goes with it.

PC: With what? Affinity break with ...

LRH: Well, any affinity change that goes with that bap from the back of the head.

PC: Affinity break with the environment or myself?

LRH: No, affinity break between the pineal and the skull.

PC: Between pineal and the skull. (laugh) My vertebrae always flicker flicker.

Commentator: The needle has now swung full left.

LRH: Mm, okay, All right, get the communication change between the pineal and the skull. (pause)

Commentator: Needle rising slowly.

LRH: Got it?

PC: Sort of.

LRH: Yeah, now you got it. Get it better.

PC: Yeah, I - I got it.

LRH: Good.

PC: I thought of a line from The Prophet, by Kahlil Gibran.

LRH: Yeah.

PC: "Pain is the breaking of the shell of our understanding."

LRH: Yeah.

PC: Ha-ha! That fits.

Commentator: A quarter up.

PC: In other words, I - I don't like my skull anymore. It just couldn't stand up now. We were running my throat ...

LRH: Mm-hm,

Commentator: Slowly rising.

PC: That's - those are gone now.

LRH: Yeah? Good. Get your feeling of reality break - as the pineal - get your feeling of reality break the second that thing hits you.

PC: Seems to be a postulate: "I don't belong in here."

LRH: Yep. How's the somatic?

PC: Oh, it's - it sort of changed into a - a different kind of a somatic. Now it's better, but I mean, you see, it's - it's not the same as it was. You see, it is different. Oh, oh, hey! Oh, my vertebrae! Straightening up, the back of the neck!

LRH: Yeah?

PC: It's amazing? (laugh)

LRH: Yeah?

PC: (laughs) It's a big relief to me, because all my life I've held it like that. (laughs) Real good.

LRH: Have you been the pineal?

PC: Yeah. You mean this life or - I didn't quite get the gist of the question.

LRH: This life, have you been the pineal to a large extent?

PC: Yes, I have.

LRH: Mm-hm. Yep.

Commentator: The needle has dropped down. It's now rising.

LRH: Okay.

PC: You already knew this, then?

LRH: Sure. Are there many more baps left on that, the somatic, and so forth?

PC: Many more baps?

LRH: Mm-hm.

PC: There may be. I - maybe that's an avoid - maybe. (laughing)

LRH: Well, is it an avoidance?

Commentator: Slight drop here.

PC: No, I don't think there are very many more.

LRH: Well, can't you pick up the remainder of these yourself ...

PC: All right.

LRH: ... just for the purpose of demonstration?

PC: Yes.

LRH: Okay.

PC: Uh-huh, uh-huh.

LRH: All right. How about scanning out the session?

PC: Scan out the session?

LRH: Yeah, scan out this whole session here...

PC: Okay.

LRH: ... ever since you came up and I started talking to you.

PC: Okay.

Commentator: Needle dropped two points, is now rising. Slight fluctuation, continuing to rise, (pause) hovering about mid-dial. Now a drop of one point, fluctuating back to center, and a drop of one point, fully recovered to the middle of the dial.

LRH: Just give it a lick and a promise.

Commentator: Slowly rising.

PC: Okay.

LRH: You're not hitting those hand pops, are you?

PC: No, I...

LRH: Did you hit them?

PC: What? What?

LRH: When I slapped my hands?

PC: No, I'm not hitting those.

LRH: Uh-huh. How about you straightwiring that?

PC: Okay.

LRH: All right. Thanks.

PC: Okay.

LRH: [to machine operator] Was there any rise in tone apparent on this machine, or any rise or drop?

Machine Operator: All the way through, all the way through.

LRH: Continuous rise on the scale.

Machine Operator: Mm-hm.

LRH: This is an example, then, of Effort Processing as used in the reduction of heavy Facsimile One.