

SERIOUSNESS AND APPROVAL

A lecture given on
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The Importance of Importance

I have just gotten through writing two books in eight days. When I was very young and frisky I used to bat out about 100,000 to 150,000 words a month, but later on my speed went down to about 40,000 or 50,000 words a month. Of course, I wasn't working at it very often.

I noticed one day my typing speed had fallen off to around twenty-five words a minute or something like that. I must have processed something— actually, I was running “wait”— because I went in and sat down at the typewriter and my speed was back at ninety words a minute.

I am very interested in what takes place here. We are taught very carefully that it is practice and muscular conditioning which gives one skill.

But there is also the factor of self-confidence. I ventured one day that all a person would have to do, if he had very thorough self-determinism, is merely look at somebody, imitate his motions, step into his act and promptly be able to hit the ball—bat the ball with a racquet—or do whatever it was.

What do you know about that? My typewriter speed jumped from about twenty-five to ninety. It was no real trick getting these books out.

Everything is speeding up around here. It is going to get to a point where the minute will stop inflating like the dollar is. I have noticed that “minute inflation” is something attendant upon advancing years. I have often heard people say “When I get older, why, there is less and less time in the day,” and I remember that back when I was a little boy a day dawned last year sometime and at four o'clock in the afternoon you were so much older!

Is it true that time does this sort of an accordion setup?

By the way, what I have just finished writing is the self-help book called Handbook for Preclears. If you can get through the first few exercises of that alive, you are a candidate for the “Survivors' Club.” The “Survivors' Club” membership will depend upon positive proof that an individual has gotten all the way through this Handbook for Preclears completely, doing every exercise! It is very easy to check whether or not a person has been through this book: If he is still there and so forth and if he looks like a human being, he hasn't been through it!

This book is an expansion on, but follows the pattern of, the fifteen acts of Advanced Procedure. The two books go together: Advanced Procedure is what the auditor does for each act, and the self-processing book, Handbook for Preclears, is what the preclear does if he is running himself. There is one act which very certainly requires auditor assistance, and that is the act which runs out the service facsimile—Act Ten. On the other acts, a person very green at this business might require a little coaching here and there or a little push once in a while; he has had the book two months and you haven't heard from him, so you find out that the publisher neglected to cut an early page and two pages have not been separated yet.

This book is going to make a very definite difference in the whole field. As a matter of fact, Advanced Procedure already seems to have made some slight difference in the field. There is a doctor who was at an early auditors' class in Elizabeth. He must be about sixty; he is an M.D., a psychoanalyst who studied with Freud. One day I came in and I saw a student standing there doing something very peculiar. I said, “What's the matter with you?” and he just kept on doing this. So I questioned the fellow who had been in the room with him and he said somebody with

a mustache and a goatee had been auditing this student, had looked at his watch and said, "It's about an hour and a half now; I have an appointment with another preclear. Come up to present time," and had walked out, leaving this student in the middle of birth.

So I wrote a note in a ferocious hand—letters about two inches high— and I said, "Notice: Do not leave students stuck in birth on these premises," and sent it to the doctor.

That doctor came around later looking very contrite, as though somebody had jabbed him with something, and he apologized. I hadn't heard much of him since. But all of a sudden he started a series of correspondence in this direction. And in a letter that I just received a couple of days ago he said that Advanced Procedure was the first comprehensive lineup of psychotherapy that had ever been published anywhere.

Now, that is quite remarkable, because here is a man who has been through it all since about 1898—Freud, Jung, Alder and all the rest of them. He has been through all of this stuff as a student and practitioner and so forth; he calls that very definitely to attention. Yet what he said is perfectly true. It is because nobody had the science of epistemology before, so nobody could make anything out of psychotherapy.

But people who are closely associated with psychotherapy continue to think of these procedures and these advances and so forth as wholly in the field of psychotherapy. Of course, to them everybody is nuts. Actually, these advances of late are far more significant in the field of general science. They are very workable and significant and they do advance psychotherapy, but their sphere of operation is in general science.

Take biology: Those boys were out on a raft without a paddle; they hadn't answered the first question—how do you organize a science? As a consequence, you have the biologist, the cytologist, the other people and various factors in that field all at loose ends with one another. They never said "What's the fundamental of biology? What is the basic in biology? What is the background in biology? What's this all about? How do we go ahead and make a science out of this thing?" And the organization of that science is terribly poor.

Those boys had some nice answers. They figured out a theory of evolution—a fellow by the name of Darwin and some others. But they spent most of their time arguing about whether or not the theory of evolution was the theory of evolution instead of trying to figure out why the theory of evolution had holes in it and why it is not a completely embracing theory. For instance, why does it not agree with the theories underlying cytology, which is the science of cells? They just had no comparative data. There has never been a rundown on that science, but they call it a science.

Then you look around and you find sociology. Sociology is about as much of a science as two cats fighting on a back fence. There will be a professor out at Yale and a professor at Harvard, and it is not because their football teams fight that the one and the other have not even vaguely agreed upon the primary principles of sociology. It is simply because they have all of a sudden come up with something and said, "See? It's a science."

What made it a science? What is the alignment of its data? That is all it amounts to in Dianetics. The second they had tried to align properly the data of sociology they would have discovered that tenet two did not agree with tenet ten and that it just didn't add up.

Anyway, the whole field of Dianetics right now looks pretty bright, because I hit another button. If you have any cases—any old, secondhand, worn-out cases—that are kind of stuck or something like that, they will unstick now.

I laid out a terrible goal: I said, "How good does a psychotherapy (excuse the word) have to be? It has to be good enough to resolve a case very, very rapidly. But in particular, it has to be good enough to undo or create at will the phenomena of occlusion and the phenomena of the

wide-open case, and explain them. It has to be able to handle them quickly and without any trouble.”

A lot of the answer was regret. One looks at regret and he finds out that strange things happen to his visios and his occlusions when he starts to run some regret. It is very funny, though—after he has run quite a bit of regret, something happens and he isn't able to run any more regret. Why?

There was a whole mechanical array of data sitting there that had already been predicted in the Axioms, and having been predicted, when one saw it one suddenly realized what he was looking at.

What do you know about counter-effort—effort and counter-effort? An individual puts out an effort—he moves something across a table. The counter-effort to that effort is the drag, the friction and so forth of the table. But we think of counter-effort as something a little more dramatic: Some fellow cracks you in the jaw; your effort to keep your jaw from being broken is your effort, and his force in striking it is your counter-effort. It is his effort, but your counter-effort. “Environmental effort” could be referred to.

An individual has been constantly in receipt of counter-efforts since the year zero, the hour zero, the minute zero and the second zero, because the first thing that started him going, evidently, was a counter-effort. Then he took this counter-effort and turned around and he started to use it against other effort. A new counter-effort came in—boom! Then he used the older counter-effort as his effort and handled the new counter-effort. Then he used this new counter-effort; he turned it around and made his effort out of it and used it the next time he was hit with a counter-effort.

The only reason you are here is because you have handled with relative success all the counter-efforts which have ever hit you. You wouldn't think it to look at us, all beat up the way we are, but we have lived a number of eons—a very large number of eons—in almost continual and consecutive receipt of counter-efforts, and we are still alive. There isn't anyone who doesn't go back a billion years or so. These are very, very ancient lines.

I want to congratulate you on coming down such ancient lines; of course, the proof of the matter is you are here. If you hadn't come all the way up the line, you wouldn't be here. You have won.

Maybe a lot of things have happened in the past to individuals or to the beginnings of lines, but they are not here. They didn't win. It kind of changes your orientation when you realize to what degree you have been a victor.

Take an engram: They get you down on the operating table and the doctor sits on you; they take out a saw, a knife, a hammer, a chisel; they feed you some more oxygen—talk back and forth, kick you a little bit and knock you off the table. You drop off the stretcher and hit the floor, so they put you back on the stretcher again, run you into bed, neglect you and don't feed you anything. You wake up and you expect a pretty nurse and you get somebody who probably played opposite Frankenstein. That is routine; that is nothing.

But in recent years it has become fashionable for people to insist upon the great importance of importance.

There are four buttons on the Chart of Attitudes which are very interesting buttons. One is “I'm important,” another is “I'm not important.” One is “I'm somebody,” another is “I'm nobody.”

There is an effort to convince the world that you are important so they won't keep walking on you with those hobnails—you don't so much mind the shoes, it's the hobnails—but they keep walking on you. You finally say, “But I am important, I am valuable.” They don't believe you.

People put up signs like a sign I saw in a garage down in Amarillo, Texas: “If you think you’re important, go down to the graveyard and take a look at them thar tombstones. A lot of guys down there thought the world couldn’t get along without them, too.” I think this sign is 1.5! People spread a lot of data around about this; they object to people coming around and saying, “I’m important!”

Now, when a race gets very old and very aberrated and very down at the heels its people, when they greet you, suck in their breath and say, “I withhold my foul breath from your face. This dishonorable one, this insignificant one, addresses you, worthy sir.” They go down into the propitiation level and become very good at it and so on.

But in this society where we are all good, solid, red-blooded Americans (particularly solid!), you look over the individuals who are trying to convince you they are important and trying to convince you that you are not important, trying to convince you that they are somebody and that you are nobody, and the first thing you know, you pick it up and start doing it too.

You go around and in various ways you say, “Well, I’m very important. And I do this and I do that, and I am the assistant editor to the associate printer’s devil on the high-school paper,” or, “Look at all these medals I got in the war.”

The point is that when an individual tries to advance something on one dynamic and fails, it hits on the other dynamics. Wouldn’t some priest love it if he knew where that eighth dynamic sat there—if you said “All right, every time I fail on the third dynamic, God gets it in the teeth.” He would gasp and immediately go back and start counting his beads rapidly!

Of course, he hasn’t got any evidence. I have never seen anybody in any church yet who got struck by lightning. I have never seen the roof fall in, except with a man-made shell. And I have seen people sit in church and not get struck by lightning—and I knew the people! So there is something about man and the eighth dynamic that we don’t quite know about. It is quite obviously a prime mover unmoved.

You go around and you start saying to people, “I’m important.” A little child says, “Look, Mama, look what I’m doing. Look, I can walk on this fence with one finger.” And the little boy says to the little girls, “I’m important— look how many handsprings I can turn.” A person gets all of this stuff added up until one day somebody doesn’t think he is important. Then he goes in and earnestly pleads with this other person to believe that he is important. They still don’t believe it. Poor fellow—he is stuck right there. He has tried to convince other people that he is important and failed, so he has to convince himself. Now he has to convince himself that he is important.

He convinces himself that he is important and in order to set a good example he starts considering other people important. He starts considering their opinions important. Therefore, after that, he will listen to criticism.

He started the whole thing himself. The next thing you know, he is believing the sixth-grade, seventh-grade, eighth-grade, ninth-grade, tenth grade teachers that he will never be able to ride a bicycle or something, and so he is never able to. They are important; he has to listen to them. That is how the mechanism more or less evolves and comes about.

Sooner or later he is going to go down the tone scale because of all this and he will hit the level of “I’m not important.” He will do a super failure, particularly when he tries to convince somebody else they are not important. If he tries to convince them long enough and fails to convince them, then he becomes not important. This is a wonderful squirrel cage and it is a manifestation of the “serious” button.

You want to know this “serious” button. People have run this button and they can see that it is obviously a powerful button, and it has that variation—importance. If a fellow is important, he

has to take himself seriously. And if a fellow considers himself important, in order to set a good example and make people believe he is important then he has to pretend that other people are important and that it is very serious for them too. Both of these actions nail down “serious” as a button.

If a person cannot throw off the seriousness of existence and realize it for more or less what it is—if he can’t do that one thing—not all the psychotherapy, psychoanalysis and psychology in the world will help him one bit. Of course, these things won’t help anyway, not when their most advanced discovery—which people spend four years in college trying to learn—is that a rat won’t stand on an electric plate that has current in it!

I wanted to give you that data about the “serious” button, because it works like a dreamboat.

Now we get back to this other. Do you see a relationship between counter-effort (your effort versus outside effort) and your trying to convince somebody of something and failing and getting it back?

All you are, actually, is a collection of counter-efforts. There is no “your effort.” There is “your thought,” but even on that, there is only one thought that is yours, and that is prime thought. All the rest of them have efforts behind them. So, if you took all the efforts off a case the person would disappear. We haven’t done that yet; I think there are probably ten to the twenty-billionth power efforts in the life span of any individual.

You take the counter-effort that comes in and you throw it over, use it, in order to baffle the next counter-effort physically. But if you fail in your use of this counter-effort, it becomes a counter-effort again. You didn’t handle it and so it is a counter-effort. You made it your effort, you claimed it for your effort for some time, but all of a sudden you are not able to use it— it fails to stop a new counter-effort—and you get it as a counter-effort afterwards.

There is no difference between that and this interaction of the dynamics. Somebody tries to convince Joe Blow that he is important, Joe Blow doesn’t believe it, and the fellow after that has to convince himself that he is important. This keeps up until it is completely proven to this individual that he is not important. Then he goes on down the line. That is a thought going by the boards, interactive amongst the dynamics.

But let’s take this very elementary fact that you are a collection of counter-efforts: you have used them, you have claimed them, you know what they are. You take these counter-efforts and you baffle new, incoming counter-efforts with these old counter-efforts.

Take your shin, for instance: You walk along and you hit a chair with your shin—bang! What are you doing? This chair, being at rest, will pose to you a counter-effort, won’t it? What are you baffling it with? You are baffling it with your effort. That is fine, but what is your effort? Your effort is an old counter-effort that you have conquered.

Now, if you find out that every time you bump into a chair it just hurts you and the chairs never move—you never seem to have any effect on these darn chairs or the table or something of the sort—you are going to get restless after a while because you know you have a tiger by the tail where your human body is concerned. You know that.

People go around all the time and they say, “Now, let me see if I can make myself do this; I think maybe I had better make myself do what I tell myself to do in order to make myself do things, because I’m not ambitious enough.” You go around telling yourself things like this and finally you come to a point where your body is pretty well under control. But then all of a sudden you find out that some portion of your body for some reason or other is never able to move a counter-effort. You are going to get something wrong with your shin if your shin can’t kick things aside and so forth. Something will develop about your shin.

What is a psychosomatic illness? It is some old counter-effort restimulated by something you couldn't handle, something you failed at. And you not only recognize that you failed in handling this new counter-effort, you recognize that the old counter-effort that you tried to use to handle this new one has failed too.

So every psychosomatic illness has two parts. Every one I have monkeyed with to date always has had. Not too long ago I was wondering why this was—why there was a new failure and an old failure, in terms of efforts.

Only one of these psychosomatics can keep up, and there can be a variety of old ones but the point is they are old.

Now, you can't find a psychosomatic illness on an individual today which hasn't failed him; that is an old, old counter-effort that he has used to handle some new counter-effort and failed. So the new counter-effort is very painful to him mentally or something of the sort, and the old counter-effort is painful to him physically; they will be pinned right together just as nice as you please.

The reason why you have a hard time, if you do, taking apart these darn things is that you have generally got an emotional charge having to do with failure lying on top of something that is back in the caves—something that is way back a lot of the time—on these psychosomatic ills.

So you look at a human being and find some portion of his anatomy is aberrated, physically aberrated; the counter-effort has taken the form of a psychosomatic illness. Let's say it is dermatitis or something like that. That dermatitis is two things; these are the composite sides of it: It is an old, old somatic of some sort and it is a failure—a relatively recent, this-lifetime, failure. We look at this and we say, "Ah, Grandma died of it. Grandma died of some kind of a skin infection; she did have something wrong with her left hand. All right. All we've got to do is pick up Grandma's death and it'll go away." That is perfectly true. But why has this darn thing been so stubborn? We try to pick it up and we can blow charges all over the case, but we can't blow Grandma's death. Why? It must have been a rugged one if it made a mark.

This person is trying to carry out Grandma's goals, obviously.

You try to run sympathy and you don't get very far; you can run a little bit of it. You try to run regret on Grandma's death and you will get a little bit of that.

So then you run approval—something on that order. You see if you can get any early approval.

What is approval? Approval is somebody else saying you are important. That will ruin a person right there. "You're important" is what approval is saying. And this person got a lot of approval from Grandma.

But you start examining this somatic and you expect it immediately to go away and it doesn't go away. You find out that, horribly, all the data seems to be lost in this thing. Of course it is lost; it is in the middle of a bunch of counter-efforts. I don't care how old these counter-efforts are; that data is all mixed into these counter-efforts, and believe me, those counter-efforts have more data in them which is just as serious as Grandma's death. Therefore, an auditor, if he strikes one of these super combinations that he can't just explode, should simply apply that formula: It is a this-life failure which has made a person lose control of yesterday's counter-effort.

Now, you see how thought and action interplay. How do you resolve it? You start monkeying around with the efforts on that hand and you will start blowing data into view; you are liable to blow almost anything into view. At any moment you are thinking, "Well, I'll have this resolved in a snap," but you keep getting more and more data. All of a sudden you find out about Grandma and you try to run Grandma. You run through the thing a few times and you find out you can get some more counter-efforts off the thing. But suddenly the preclear says to you, "I

don't want to be processed anymore. No. No, I think I'll keep my 'epagloosis.' It's been a comfort to me all these years."

The case was being run just a little bit too hot and the thing which you neglected to take off it was sympathy and "I'm important." The hand represented approval one way or another.

On some of these chronic somatics you get something like this: You go up to some soldier who is living on a government pension—he doesn't have anything, in other words—and he is limping along and you say, "Now, to make you well, we're going to have to take off your Congressional Medal of Honor." No, you just aren't going to get any Congressional Medal of Honor off this man—no sir!

There is something about approval. That is all a Congressional Medal of Honor is. It says, "We approve of you. You're important."

Somebody who didn't know his history said Napoleon invented the medal, and Napoleon really knew how to handle men's desire for importance and knew how to pay them off with these medals. That doesn't happen to be true. A fellow by the name of George Washington invented them. The first of them was the Purple Heart—look how that has degenerated: "If you can manage to get yourself wounded, we will give you a medal. All you accident-prones are going to get decorated in this war. The rest of you guys that have really got something on the ball, you managed to miss all them bullets, we aren't going to decorate you."

That, in essence, is a psychosomatic illness; it's many of them. Of course, you understand I am talking about tough psychosomatic illnesses. As a matter of fact, you can take a little bit of Effort Processing or get a guy to sneeze a couple of times and sometimes blow something that the great legions of medicine working in their white coats in the biochemists' laboratories have never been able to handle.

I never could figure out how the medical doctors always got into that category, because the boys who do the research in that field happen to be chemists. They give this stuff over to these technicians, and the doctors just take a quick read through the literature before they go ahead and use the drug on their patients.

You see the headlines in the papers—"NEW MIRACLE DRUG CURES!"—in three-inch type. That is always what they say. You just wait for the next story. It is no wonder doctors don't believe anything about Dianetics: it is because they are such liars themselves! It is like trying to get a horse trader to believe you are trying to trade him a good horse. He doesn't believe that.

So, the new miracle drug does a spin in the news and then you find, back in the back pages, "New miracle drug is found not to be working well anymore. New miracle drug only cures .01 percent of its cases instead of the 99.44 percent previously advertised."

The main reason that happens is the doctor is so busy. He takes his tongue depressor and sticks it down some child's throat—"Say 'aahh, aahh.' Yeah, you got measles. Take her home. Next patient!"—and so on, one after the other.

"Oh, yes, my dear Mrs. Zilch. All you'll have to do is cut out all of the carbohydrates, and get lots of—uh... carbohydrates! Yeah, yeah, that's right. Good-bye."

The next fellow comes along and he says, "Well, you're one of these high-powered individuals, aren't you? Now, what you want to do is rest, relax and control yourself. You've got to take it easy—got to learn how to take it easy and learn how to live with that ulcer. In a few years, if you don't take care of that ulcer and if you don't relax, rest, take it easy and sit down quietly" (and let all the counter-efforts hit you) "we'll be having to cut it out."

He says to himself, "Come to think about it, my wife wanted a new fur coat. Yeah, that's right, she did want . . ."

Then he tells the patient, "Say, by the way, I was telling you about that ulcer—there's this new operation . . ." and he is off to the races.

The doctor doesn't have time to read the literature, so very strange things happen to these drugs.

These new drugs, when they get thrown into taking the patient's "Congressional Medal of Honor" away from him and taking his "Purple Heart" away from him—the things that bring him approval—just don't work. But if they do happen to work on that, the individual has always got another angle on the same incident that he can bring to view. This occasioned the people in the field of psychotherapy to say "Well, it's no use continuing on. There is nothing to study, there's no data at all, no more phenomena than we have discovered (except maybe all the phenomena, of which we have discovered none). And every time you take a disease away from somebody or a psychosomatic illness away from somebody, he immediately gets another one. There's just no use treating them."

If you force a person to suppress parts of the incident, you can move him a little bit on the track and move him into some other batch of counterefforts.

So you can't take penicillin or any one of these things and cure Grandma's sympathy with it. For some peculiar reason, when you work on the physical side of the ledger, in the belief that men can't think and have no emotions, you fail. So a miracle drug will always remain just that: a miracle drug.

Anyhow, one of the finest things that you can possibly lay your hands on if you want somebody to get well from a cold or something like that (don't give him all these advertised medicines) is to just keep all the sympathetic people away from him. Keep all the sympathetic people away and the person will recover fairly rapidly, because sympathy is saying "You're important and I sympathize with you and I approve of your cold. I approve of your cold. I approve of you. I like you. I hope you get better. Oh, you poor dear, I hope you get better."

The person has been working for this approval all his life. Mama said, "Whap! Yes, dear." And Grandma said, "Well, you can't wear your new shoes because if you wear your new shoes, why, then your bicycle . . . And besides, you've left it in the street and after all . . . And here's a dollar and it's all yours to do whatever you like with, as long as you go down and get a haircut." And Father said, "Now, you've got to uphold the honor of this family. You've got to uphold the honor of this family because we Snides have always been something to the community, and therefore we expect a great deal of you. And the reason I'm spending all this money upon you and sending you to school is because we Snides have always done this. And you're important and you've got to live up to being important."

About this time the fellow starts saying, "But I'm not, I'm not important."

This is the level of approval the fellow has gotten, and all of a sudden one day he unfortunately has a cold and somebody comes along and says to him, "You poor fellow."

"Gee, nice cold. Look what it got me: a nice 'Purple Heart.'"

How are you going to cure a person of doing that? You start running sympathy all up and down the line and sooner or later you are going to run into his brutality and his regret and then you will run into this confounded "I'm important" button.

The individual is all geared up to resist counter-effort—particularly counter-effort which might occur while he is flat on his back.

That is a dangerous time for any counter-effort to appear, by the way—when you are incapacitated. You will find quite a few sick people just lying quietly, and they are impressible;

counter-efforts can hit them easily—and old past counter-efforts are hitting them easily—and all of a sudden you make them desire the moment by giving approval of it.

All of a sudden you say, “This is the moment,” and you stick the individual right on the track, just like nearly anybody is stuck at the moment he got a Congressional Medal of Honor. He is stuck there a little bit, he likes to think about this once in a while. Of course, he goes around saying with a lot of false modesty, “Ha, ‘tis nothing, nothing. I keep it home in the wastebasket, usually.”

But you stick this sick person with approval. He is capable of receiving any kind of an effort and you tell him at once, “I like you; I am sympathetic toward you”—that is to say, “I have a feeling for you when you’re this way. You are important; it is too bad. You, as another member of the human race, are sick and therefore it’s too bad, because you must be important to things.” And the reason he is probably just a little bit sick is that he already has one of these going, like Grandma’s death and dermatitis. It also latches up on birth and latches up other places down the line.

Grandma has taken his hand and has extracted a splinter from it or has fixed it up when it was scraped. He had this terrible fall off his tricycle—all of one foot down to the pavement—and he scraped the skin off his hand. Grandma said, “Too bad. I’m so sorry. Let me kiss it and make it well. You poor little fellow. Well, that’s a very brave little boy, not crying that way.” Then Grandma dies and the fellow desperately regrets Grandma’s death. Grandma happens to have had dermatitis. For some reason or other he has a whole chain of chronic somatics on a hand that he has not been able to handle. He keeps extending this or extending his whole being in the direction of this moment, trying to pull back an interchange of sympathy, life and approval. And, of course, right in the midst of it Grandma dies, and that is complete failure.

There is no more complete failure than to see yourself looking at a stiff. That is right, crudely enough. If you try to bring some animal, some human being, back to life—you try to breathe the breath of life into him, you hope nothing is going to happen to him or something of the sort—and you fail, that is the biggest failure there is, because that goes down the whole length of the tone scale—bang! At the moment you try it you are completely self-sacrificing, you are way up there in the stars, all set. You would do anything to bring this person back to life. You are moving way up there when you start this sort of thing and then all of a sudden somebody says, “Dead.” Whoosh!—too much fall in too little time is what it is. It is just maximal failure.

Even when a person starts to receive the news that somebody is dead, he will go through this whole thing: “Oh, if I could only do something. It’s my fault. I should have been there. I should have—I knew if I didn’t pray for him every night he would die. I knew I forgot to,” and on and on and on. What he is trying to do is like one of these cats in a cartoon—when the cat stops, you hear the tires screech. The fellow is-trying to get back there to a moment when he could do something about this.

Now you as the auditor say, “Come up to present time.”

“No!” He is still back there trying to back up time and so forth. “Now, if I could only have been there and if I had done this. . .” He has this terrific unsolved computation. The computation is simply “Why did Grandmother have to die? Why did she have to die? What was this all about? If I had done something different earlier, would she now be alive?” Computationally, this thing is all fouled up because Grandma was a source of approval or something like that, and the fellow will carry the token of a psychosomatic ill. He will carry a token, just like a girl will wear an engagement ring. It is a token and it says, “Somebody loves me.” w

So a person can carry this psychosomatic that belongs to Grandma or the face shape that belongs to Grandpa or almost anything along that line—pets, dogs, anything of the sort. But it is always trying to solve this one problem: Why did he have to die? It isn’t self-pity. It is just the fact that a fellow goes all out to help and then fails.

You will process a lot of this. The formula for getting this undone is very simple. You pick up the sympathy, the approval, the feeling of importance the person gave you—you pick up all of these various emotional lines—and that chronic somatic will blow. That is all there is to it—it is gone. The net result is you will leave that chronic somatic either not necessary to run or you will leave it in a condition where, by running a very little bit of effort, it will go. But unless you solve those problems lying around on top of it, there are chronic somatics around that won't resolve any more than a soldier will give you his Congressional Medal of Honor. That is sympathy, approval and so on.