

HUBBARD COMMUNICATIONS OFFICE  
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Remimeo HCO BULLETIN OF 26 APRIL 1969  
Dianetics  
Checksheet  
etc.

Somatics

You must run only by somatic, not by narrative. Narrative means "Falls down stairs" "An earlier fight with brother". By somatic is meant a pain or ache sensation and also misemotion or even unconsciousness. There are a thousand different descriptive words that could add up to a feeling. Pain, ache, dizziness, sadness - these are all FEELINGS. Awareness, pleasant or unpleasant of a body, is what we are trying to run in Dianetics.

All chains are held together by one similar feeling. That is a new discovery. Chains are not held together by narratives or personnel or locations. They are held together by FEELINGS. Thus we ASK FOR AND FOLLOW DOWN ONLY FEELINGS. Those can be aches, pains, sensations, misemotion - any FEELING..

This brings to light a further discovery. One never assesses medical terms or symptoms.

An engram contains pain and unconsciousness. All right. Then its basic would be a physical duress not a symptom resulting from that duress.

Example: The pc says "headache". You assess headache, you try to run "headaches" and all you ever get is times a pc had a headache. Well, the headache is a symptom caused by a head injury. The engram must have contained a shot in the head or a crushed skull or some actual injury. The word "headache" would describe only how the head feels later when the engram occasionally goes into restimulation.

So you would get only locks and secondaries to audit and only by chance and an alteration by the pc of the command to find an earlier headache would you ever get to an engram in which the head was crushed or injured. "Headache" is the result of a head injury, and it doesn't describe the injury which, in engram form, is now giving the pc headaches.

Take the medical term Arthritis. You could ask for arthritis and get only visits to the doctor or times in a wheel chair. The physical injury contained in the engram causing the arthritis is not described.

Alcoholism would present the same problem. If the pc listed and the auditor assessed "Alcoholism" we would only get times when he was drunk, not the engram causing the symptom which might contain "Feeling very dry".

Therefore one has more than one column on a Health Form. One would give the physical disability or complaint. The second would be Pcs Description of the FEELING. We would land the real engram every time, not only its locks or secondaries. (It is quite all right to run locks and secondaries as it is necessary to unburden the chain and increase the pc's confront, but chains always end up in a basic engram at the bottom and if you don't get and erase that then the chain will key in again).

In asking for list items one puts down only what the pc says. That's an invariable rule. But when the pc says some mere symptom like "headache" or medical term like "arthritis" the auditor writes it down but also asks "What is the feeling of that?" or some such question and writes what the pc then says AND ONLY ASSESSES THE FEELING STATED.

Example: Pc says a complaint is "SINUSITIS". The auditor writes it down. But asks also for the feeling of it. The pc says "A burning sensation in the nose." In assessing the list the auditor does not call out "Sinusitis". He says "A burning sensation in the nose". And marks down its meter read.

If the auditor took and assessed only "SINUSITIS" and then asked for incidents of sinusitis he would get only locks and secondaries-- times when the engram was in restimulation. And he would rarely get the real basic and engram that causes the symptom.

This discovery opens the door to swift "cures". But one is obviously not treating SINUSITIS. He is looking for an incident in which there was a "burning sensation in the nose". And after a few locks and upper engrams he'd find and run the real injury in which the nose was burned.

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