A BRIEF SURVEY OF RESEARCH PROJECTS AND PRELIMINARY RESULTS

DIANETIC PROCESSING

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dianetic processing

A Brief Survey of Research Projects and Preliminary Results

by

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introduction

Within the last fifty years, great advances have been made in the field of psychotherapy. Numerous theories have been proposed and techniques developed for the alleviation of psychic and psychosomatic aberrations. The most recent development is the science of dianetics, introduced by L. Ron Hubbard in May, 1950, in a book entitled Dianetics: The Modern Science of Mental Health.

Since publication of the book, the Hubbard Dianetic Research Foundation, formed for the two purposes of training qualified persons in dianetic theory and technique, and of conducting further research toward the improvement and expansion of the theory and technique, has opened offices in Elizabeth, New Jersey; New York City; Los Angeles; Kansas City, Missouri; Chicago; Washington, D. C.; and Honolulu, T. H. Incident to its training and research programs, it has undertaken to process a few persons who were unable to make satisfactory arrangements for dianetic processing outside the Foundation.

The Foundation has trained 325 auditors (persons qualified to practice dianetic techniques on a professional basis), has given courses in non-professional auditing to 1005 persons, and has set up research programs to further explore the field of dianetics.

In conjunction with the training program, applicants were tested for admission and re-tested when they had completed training. Medical records were kept in conjunction with processing. Sufficient data from these programs has been collected to indicate the trend of changes resulting from dianetic processing, and they are herewith presented as a preliminary report.
a brief description of dianetic theory

The major contributions of dianetic theory to the field of psychology and psychotherapy are seven fundamental assumptions:

1. The primary drive in human beings is directed toward survival for the individual, his family, his group and his species, all of which are equally important. Human beings solve problems of survival perfectly, in the light of data they have, unless prevented from doing so by external forces or by aberration. The analytical mind is postulated as the function of the individual which solves problems of survival and directs behaviour during non-emergency situations.

2. When forces external to the individual directly and immediately threaten his survival, or that of his family, group or species, he opposes them with violent emergency reactions, until those forces become so strong that they injure him physically and he can no longer resist them. At this point he becomes "unconscious" to some degree, that is, his analytical mind no longer functions. This happens, of course, during accidents, injuries, severe illness and operations. The reactive mind is postulated as the function which directs the emergency reaction of an individual under severe stress. The nearer the individual approaches unconsciousness and death, the more completely the reactive mind controls his behaviour.

3. When an individual is "unconscious", he continues to record sensations in detail, though these do not become "conscious". The recording includes all sounds and tactile impressions, as well as the pain which accompanies the injury or illness which cause the "unconsciousness". The unconsciousness may be momentary and mild or protracted and deep. The engram is postulated as the recording of any moment of pain and unconsciousness, long or short, with its accompanying sensations of sound, pressure, and so on. There is no assumption as to the location of this recording, though there are indications that it may be located in the cells, or in the mid-brain. The material in the engram is not available to the analytical mind under ordinary conditions, since the analytical function was interrupted during the recording.

4. After the individual has recovered from the period of unconsciousness, if a situation similar to the engramic situation occurs, the engram will be "keyed in"; that is, the individual will interpret the new situation as a dangerous one, due to its similarity to the old incident which actually was dangerous. When that happens, the reactive mind takes over the direction of behaviour, as it does in actual emergency situations.
5. After the key-in situation, any stimulus similar to one present in the engram will act as a sign of an emergency, the engram will be restimulated, the analytical mind will be attenuated, and the reactive mind will direct behaviour. Thus, the individual will act as if there were an emergency present when there is none.

6. When such restimulation occurs, the individual literally obeys phrases recorded in the engram. The reactive mind does not evaluate or differentiate. Since the analytical mind is not functioning to solve problems, the engram itself becomes the pattern of behaviour, rigid, repetitive and irrational.

7. The aberrative effect of these engrams can be removed if the individual is returned to the moment of the occurrence and can recall the engram in perfect detail, while fully conscious, and recount it several times. In this way, perceptions and sensations which were not previously available to the analytical function become available, and are open to adequate analytical interpretation and evaluation by the individual. Thus they will no longer be interpreted by the individual as signs of an emergency situation, and will no longer have the power to awaken the reactive mind to emergency behaviour.

It is obvious from the above description that a basic theoretical postulate is that the analytical function is capable of refined differentiations, while the reactive function does not differentiate at all. That is, it identifies every stimulus in a situation with the total situation and is unable to distinguish between them or to evaluate properly the total situation.

Further refinements of the theory introduce the Tone Scale, which is the pattern of emergency reaction and can be readily traced. When a strong threat to survival occurs, the individual attempts to deal with it aggressively. Failing, he reacts first with boredom and indifference, attempting to escape from the threat into other fields of activity. If he cannot escape, and the threat corners him, he becomes angry and tries to destroy it. If he is not successful, a fear reaction occurs and he makes violent efforts to escape. If he cannot escape, he relapses into apathy and finally unconsciousness.

Every time the engram is restimulated, it gains in force and tension, and is more liable to later restimulation. Such incidents are called locks or secondary engrams, depending upon their severity, and are roughly analogous to moments of "psychic trauma" of the older psychotherapies.
The specific pattern of behaviour during moments of restimulation is complex, depending upon the nature of the engram, and the nature of previous restimulations. But whatever the pattern, the individual will obey literally the phrases which the engram contains. These phrases can reduce analytical function, lead to eccentric and inadequate behaviour, and cause psychosomatic illness.

Many psychotherapies have been based on the assumptions amongst many others less pertinent, that a.) aberration, including psychosomatic illness, is caused by trauma; b.) aberrative behaviour frequently occurs through misinterpretation of an innocuous situation as a dangerous one; c.) thinking in identities is the basic cause of much misinterpretation; and d.) the effect of the trauma could be relieved by recalling it.

However, dianetics adds to these assumptions the new concept that two separate psychic functions exist, one which is flexible and rational, guiding behaviour through complex situations without error, and another which produces stereotyped reaction patterns as emergency reactions. Dianetic theory also introduces the concept that the source of these stereotyped patterns, the basic cause of aberration, is a moment of pain or unconsciousness, when the analytical function was interrupted. Further, the concept of literal obedience to phrases heard during moments of unconsciousness is a new fundamental.

These three postulates constitute the major departure of dianetics from the theories of other psychotherapies.

**A brief discussion of dianetic techniques**

These new assumptions lead to radical departures in technique. Dianetic processing is based on the ability of human beings to return to any period of their lifetime and recount it in detail. "Return" as used in dianetics, differs somewhat from what is ordinarily understood as memory. Usually the most efficient method of remembering is to take from past experience only those particular facts which are pertinent to the problem in hand, without recalling past experiences in detail. Many persons "return" quite naturally, particularly in recalling pleasant experience. As they recall a situation, they are able to feel again the sensations and perceptions they felt during the actual experience. Visual, auditory, olfactory, tactile and taste imagery have been shown too often to need further demonstration. They have been noted not only in the field of psychology, but also in the various arts, and in ordinary living. Children, particularly,
return naturally and frequently. Dianetic methods permit a pre-clear to return even when he does not do so spontaneously.

Dianetic technique is directed toward enabling the individual to return to moments of pain and unconsciousness and recall them while fully alert and awake. No hypnosis is used, and dianetic "reverie" is in no way similar to a hypnotic trance. No positive suggestion is used other than asking the individual to return.

Since engram commands are obeyed literally, and since the basic cause of aberration is postulated so definitely, it is not necessary to resort to the random and time-consuming methods of free association in order to recover past experiences which are occluded. The auditor simply directs the attention of the pre-clear to incidents which contain phrases that are important to the pre-clear and seem to direct his behaviour. The auditor does not suggest the phrases, but discovers them by questioning the pre-clear.

When the pre-clear has returned to moments of pain or unconsciousness, or moments of intense restimulation (psychic trauma), the auditor helps him to recall every detail by asking questions as to what the pre-clear sees, hears, feels, smells, and so on. The auditor then takes the pre-clear through the incident several times with full perceptics (sensations and perceptions) until the pre-clear is either bored with the incident or finds it highly amusing. One of the most satisfying results of dianetic processing is this intense amusement and feeling of well-being that develops in a pre-clear after running a severe engram which, on first contact, caused physical pain and anxiety.

In developing dianetic techniques, Hubbard found that engrams could be recovered more easily if the earliest incident on a chain of similar engrams was run first. Thus he attempted to return the pre-clear to the earliest moment possible. As he continued to work, he found that pre-clears began to recall their birth. Though surprising, this was not new, since psychoanalysts have reported memories of birth. But in further work, pre-clears began to report memories of prenatal experiences. At first these memories were viewed with scepticism, but they sounded so complete and realistic, the subjective experience of them was so intense, and the sensations reported were so exactly relevant to prenatal conditions, that they were tentatively accepted as valid.

Further work soon demonstrated that excellent results came from running these prenatal engrams, and earlier and earlier incidents were found. Although such memory seems surprising, workers in other fields have reported prenatal memory, and recent experiments have shown that a foetus does respond to sounds outside the
maternal body, to moderate and loud voices as well as to bells, buzzers, and so on. No one supposes that the embryo or foetus understands words that are spoken. But a recording of sensations, including sound waves, is certainly biologically possible, and if the pattern is there, it can be keyed in and restimulated after the baby has learned the meaning of the sounds as words.

At present, prenatal engrams appear to be highly important in aberration. They can be discovered in every individual, and seem to be the source of much of the unhappiness, inadequacy and illness that so haunts our society.

Dianetic auditors prefer to use the terms “processing” instead of “treatment” or “therapy”, and “pre-clear” rather than “patient”, simply because of the unfortunate connotations of the older terms. Few people are using their full capabilities, for all of us have aberrations of one kind or another. Rather than infer that the whole population is ill, dianeticists, on their evidence prefer to take the stand that everyone can be a highly constructive and creative individual, and that everyone is interested in becoming so. Thus, they look upon dianetic processing more as a removal of obstructions than as a treatment of illness.

the purpose of this study

In choosing students for the professional classes, the Foundation administered psychometric tests. The results of these tests, before and after processing, have been collected and studied and are interesting enough to justify presentation. The study was begun as an adjunct to the training program, and is in no sense definitive.

In addition to these data, cases are presented which show improvement in psychological and physical conditions during dianetic processing. Individuals applying for processing at the Foundation are required to have a medical examination, either by resident physicians at the Foundation, or by their family doctors. If the medical diagnosis shows evidence of present abnormalities, they are requested to have periodic check-ups during the course of processing. Rather remarkable improvement has appeared in some cases, and a few examples of these are presented as a preliminary report on intensive and controlled studies in progress.

Professional students are, of course, given processing during their training period, and learn auditing by practicing it upon each other. Thus students receive processing varying from 50 to 100 hours during their training.
The purpose of this section is to outline the problems involved when mental tests of the standard type are used as instruments of measurement in dianetic research. Since mental processes are measurable only in the individual, objective measurements of such processes are therefore a sine qua non for dianetic evaluation.

If dianetic research is to be defined as "the study of human behaviour for the purpose of discovering and removing the sources of aberration", or, in other words, as the science of mental health, a need arises for tools with which to pursue that study. Actually, such tools as do exist may or may not apply to the dynamics of dianetics, since its methodology has no exact parallel in the history of psychology. It is just this that poses a perplexing problem to the researcher. To quantitatively measure changes which come about as a result of dianetic processing, the researcher has no choice but to use psychological tests in common use throughout the country, although their suitability for such a purpose is at present an open question.*

The solution to the whole problem lies, of course, in the setting up of new testing instruments designed specifically to measure the functions and factors changed in dianetic processing. The obvious magnitude of such an undertaking, however, makes it prohibitive at the present time. Tentative recommendations along this line are, nevertheless, under way. New developments may be looked for in the future.

For our present studies, therefore, use has been made of those testing instruments judged by a group of psychologists as most appropriate for dianetic purposes. A thorough canvass of the testing field was made as well as a careful sifting out of pertinent data from many divisions of psychological study. As a result of this survey, the tests finally selected included such well-known scales and measuring instruments as the Wechsler-Bellevue Intelligence Scale for Adolescents and Adults; the Minnesota Multiphasic Personality Inventory; the California Test of Mental Maturity for Adults; the Allport-Vernon Study of Values; the Bernreuter Personality Inventory; the Johnson Temperament Analysis; the California Test of Personality; the California Mental Health Analysis; the Pintner General Ability Tests; the Otis Tests of Mental Ability; The Minnesota Paper Formboard; the Minnesota Clerical Test; and others. In addition to these more

*Most tests used at present measure existing state, and few have been designed to show change, therefore their value in measuring changes which come about as a result of psychotherapy is questionable, except insofar as they indicate two different states before and after therapy.
general tests, some special experimental cases were given the Rorschach, the Thematic Apperception Test, and the Szondi Test.

The general statistical procedure in the testing program is the collection, sorting and assembling of all data; the condensation and classification of data; the presentation of data in textural, tabular and graphic form; and finally, the analysis and interpretation of results.

The mental test method employed is mainly that of time-studies or retests. In this method, the same individual or the same group of individuals is tested at different times: once before processing is given, and again after a number of hours of processing. The two test results are then compared to ascertain what quantitative differences, if any, show up. The attempts so far made in this respect have produced interesting and, in fact, significant results. Generally speaking, the difference between initial ability and desirable personality traits shown on the pre-tests, and the improvement indicated by results on the retest is greater than can be accounted for on the grounds of normal variation.

The purpose of the preliminary testing program was merely to screen applicants for the professional course and to assist auditors in classifying subjects according to level of intellectual ability and degree of emotional stability. The intention to use the test findings of this particular series as objective measurements of dianetic change in the pre-clear did not arise at the time. This came later when the results appeared to be significant from this point of view.

Individual changes in test scores between test administrations was to be expected in any case, but score increases as a consistent trend for entire groups was something on a different order and opened a wide field for investigation. That such findings came about was encouraging and, after statistical treatment verified the findings and showed them to be significant, it was decided to present them for what they are worth in booklet form.

When it did become apparent that psychometric application objectified changes due to dianetic processing, speculation arose as to what would happen if such a large series of cases were a rigidly controlled experiment set up to test the results. Such an experiment is now under way. This study will provide a check on the findings from the initial test program since it is possible that such findings could occur by chance in any random sampling of the population when no control group is used. In the experiment now being set up, however, both a control group and an experimental group are to be used and equated, insofar as is possible, in age, sex, general intelligence, race, and socio-economic status. On completion of this study, the results will be released to the public.
summary of results on the preliminary test battery

The administration of the first battery of tests took place from mid-August to mid-September, 1950 at the Los Angeles Department of the Foundation. The students were tested before processing and a second battery of tests was given after they had completed training and received the processing incident to training. For one reason or another a few of the students were unable to complete all the tests, which explains why, on the accompanying diagrams, the number of cases varies somewhat from one test summary to another. Only those students who took both batteries were, of course, used in these final summaries.

The battery consisted of the California Test of Mental Maturity, the Johnson Temperament Analysis, the California Test of Personality, the Mental Health Analysis. These tests were chosen for preliminary rough screening of student applicants. The CTMM has the advantage of measuring both language and non-language factors in a short form. The three personality tests measure different aspects of personality and have been found valuable for use in schools and clinics.*

The California Test of Mental Maturity, Short Form, was given on both pre-test and re-test, since no alternate form was available. No work has been done on the re-test reliability of this test. The publishers state in their literature that evidence which they have suggests that there seems to be no learning factor on a repeat test even when given within a few months of the first test, unless the subjects have had an opportunity to study the test in the meantime or are given special instructions. Naturally, no student had access to the test. They were not informed that they would be retested on the same form. Some practice effect probably occurred, and for that reason gains of less than five IQ points are not significant.

However, the high proportion of gains as compared with losses, as well as the frequency of gains above five points, and even above ten points, suggests that a learning factor would not account for the total picture of gains. But it must be recognized that, due to the lack of adequate re-test statistics or a control group, the figures and graphs quoted on the California Test of Mental Maturity are only suggestive and can in no way be considered conclusive.

*Tests were given by G. Southon, Psychometrist, under the direction of D. Ibanez, Ph.D.
The practice effect on objective personality tests can be considered negligible. A person who has insight into the test questions and wishes to falsify his answers may, of course, do so. We feel that there was less incentive for our subjects to overevaluate themselves than would be the case when such tests are used, as they commonly are used, for screening in industry and educational organizations. By the same token, there was less incentive for them to falsify the re-tests than the pre-tests, since the first tests were used for screening, and the last simply as a check. Thus, gains on the three tests of personality can be considered valid within the limits of validity of any objective test of personality.

The findings from the intelligence testing are illustrated in Figure 1. Several points should be noted. In the first place, the graph is a summary of the number of points of gain and loss in IQ scores, and not of the IQ scores themselves. The heavy horizontal bar that extends across the chart, separating the points of gain from the points of loss, represents the IQ score of each subject at the time of the first testing. The points of gain or loss on re-testing are indicated by means of straight lines perpendicular to the horizontal bar, each vertical line representing a single case. The vertical lines that extend upwards from the middle bar indicate by their height the number of points gained in IQ, while those that extend below the bar indicate the number of points of loss in IQ.

The total number of cases is 88, and the time-span between test and re-test was approximately four weeks. The group was not only unselected, but also to a high degree heterogeneous. It comprised persons ranging in age from 22 to 66 years and of both sexes of which 59 were males and 29 females. Comparison of the test results show 4 cases with no change in IQ on the re-test, only 6 showing loss, while 78 showed IQ gain. Whereas the maximum loss is only 9 points between tests, the maximum gain is as high as 26 points.

It will be noted that, percentagewise, 4% of the 88 cases showed no change in IQ, and 24% fell within the limits of expected variation (+ or -5 points). Beyond these, 2% showed a significant loss and 70% showed a significant gain. In terms of points of gain, 42% showed a gain of 6-10 points; 18% showed a gain of 11-15 points; 4% showed a gain of 16-20 points; and 6% showed a gain of over 20 points.*

* A t-test of the difference of the means on pre-test and re-test groups yields a t of 7.39 significant at the 1% level of confidence. If the assumption is made that normal variation of means on test-re-test performance is 5 points (which is questionable) the t-score is significant at the 5% level.
GRAPH SUMMARY
OF GAIN AND LOSS IN INTELLIGENCE SCORES
taken before and after Dianetic processing

Test taken by each . . . CALIFORNIA TEST OF MENTAL MATURITY
persons tested . . . . . . . . 88 STUDENTS
average variation of test without processing . . 5 pts. + or -
before processing test given mid August 1950
DIANETIC PROCESSING given between mid August and
mid September 1950
after test given mid September 1950

each vertical line represents an individual case

Figure 1
The personality, mental health and temperament comparisons show, in most of the factors involved, a similar trend toward significant improvement on retesting. In some cases the improvement is not marked, while in others there is no change at all, but the over-all picture, nevertheless is one of unmistakeable shift in the direction of optimum adjustment for the entire group.

In Figure 2, the personality components are, in each case, represented by two lines, the broken line for the first test results and the solid line for the retesting. For each component, the line extends to the point on the scale while marks the median percentile score of the group. In a general way, the median may be referred to as the middle score of a set of scores arranged in rank order. The total number of cases is 76.

It can be seen that in nearly all components the group median on the re-test is at a considerably higher point than that shown for the pre-test. Note especially how all the categories classified under the general heading "Social Adjustment" are at median positions on the re-test line well above any point on the pre-test line. For example, in one category "Community Relations" the re-test median of 85 represents a gain of 55 percentile points above the pre-test median of 30.

In mental health, the improvement trend on re-testing is illustrated in Figure 3. The median percentile position is again used in each category for comparison between tests. The Total Score point, which is a summation of the results of all sub-divisions of the test, shows on the re-test a 15-percentile point gain over the first test results, and again the median score of the group on the re-test is well above the median score on the pre-test in most categories.

So far we have been considering comparisons between tests on the basis of median percentile scores. Another way of making the comparison is to use averages. This method and its results are illustrated in Figures 4, 5, and 6. The first two refer to the personality and mental health tests respectively, while the third illustrates the findings from the Johnson Temperament Analysis, expressed in averages. The personality and mental health diagrams require little comment here, since the general picture is similar to the findings already discussed above.
SUMMARY OF CHANGES IN PERSONALITY COMPONENTS
AS SHOWN IN 76 CASES BY MEDIAN PERCENTILE
SCORES OF PRE-TESTING AND RE-TESTING

PRE-TEST: mid august 1950 RE-TEST: mid september 1950

SELF ADJUSTMENT

SOCIAL ADJUSTMENT

TOTAL ADJUSTMENT

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Figure 2
MENTAL HEALTH TESTING RESULTS
BASED ON MEDIAN PERCENTILE POSITIONS OF 73 CASES FOR EACH CATEGORY

PRE-TEST: mid August 1950    RE-TEST: mid September 1950

PERSONAL LIABILITIES

<table>
<thead>
<tr>
<th>Freedom from defect categories</th>
<th>Freedom from behavioral immaturity</th>
<th>Freedom from emotional instability</th>
<th>Freedom from feelings of inadequacy</th>
<th>Freedom from sense of physical inadequacy</th>
<th>Freedom from nervous symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-TEST: 60</td>
<td>RE-TEST: 75</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PERSONAL ASSETS

<table>
<thead>
<tr>
<th>Close personal relations</th>
<th>Inter-personal skills</th>
<th>Social participation</th>
<th>Satisfying work and recreation</th>
<th>Outlook and goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-TEST: 60</td>
<td>RE-TEST: 75</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

<table>
<thead>
<tr>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-TEST: 60</td>
</tr>
</tbody>
</table>

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Figure 3
SUMMARY OF AVERAGE PERCENTILE SCORES ON CALIFORNIA TEST OF PERSONALITY

BASED ON AVERAGE PERCENTILE SCORES OF 76 CASES FOR EACH CATEGORY

PRE-TEST ------------- RE-TEST

- total adjustment
- self adjustment
- social adjustment
- occupation relations
- freedom from anti-social tendencies
- community relations
- social standards
- social skills
- family relations
- sense of personal worth
- freedom from nervous symptoms
- self-reliance
- freedom from withdrawing tendencies
- sense of belonging
- personal freedom

PRE-TEST: mid August 1950  RE-TEST: mid September 1950

SOCIAL ADJUSTMENT

SELF ADJUSTMENT

PSYCHOMETRIST

Figure 4
SUMMARY OF AVERAGE PERCENTILE SCORES
ON MENTAL HEALTH ANALYSIS

BASED ON AVERAGE PERCENTILE SCORES OF 73 CASES FOR EACH CATEGORY
PRE-TEST ———— RE-TEST ————

<table>
<thead>
<tr>
<th>Category</th>
<th>PRE-TEST: mid August 1950</th>
<th>RE-TEST: mid September 1950</th>
</tr>
</thead>
<tbody>
<tr>
<td>total liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>total assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>total score</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LIABILITIES

- freedom from sense of physical inadequacy
- freedom from emotional instability
- freedom from nervous manifestations
- freedom from feelings of inadequacy
- freedom from behavior immaturity

ASSETS

- close personal relations
- inter-personal skills
- outlook and goals
- satisfying work and recreation
- social participation

Figure 5
TEMPERAMENT TESTING RESULTS
FOR GROUP OF 73 CASES

PRE-TEST  RE-TEST

test taken . . . . JOHNSON TEMPERAMENT ANALYSIS PROFILE
persons tested . . 73 STUDENTS

before processing test given mid August 1950
DIANETIC PROCESSING given between mid August
and mid September 1950
after test given mid September 1950

this graph represents
the average percentile scores on each category

sympathetic
cordial
active
self mastery
aggressive
depressive
critical
nervous
subjective

1 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 99

tests administered by

PSYCHOMETRIST

Figure 6
It should be noted that the temperament scale provides ratings for nine different traits. Reference to Figure 6 shows that the group of 73 cases improved in temperamental characteristics on the re-test in all nine traits. Note the manner in which the solid line, which represents the re-test averages, cuts across the broken line which stands for the average scores of the group on the pre-test. It is desirable that the scores on the first four traits listed at the left of the profile be higher and that the last four traits be lower in score-value. That is, high scores on the first four traits represent a good adjustment and warm interpersonal relationships, while low scores on the last four traits indicate good adjustment, especially emotional stability. On the re-test, the group average is higher on the first four traits than on the pre-test; and lower on the last four traits than on the pre-test. Thus, the group shows an increase in the traits of sympathy, cordiality, activity and self-mastery, and shows a decrease in the traits designated depressive, critical, nervous and subjective. The average score on aggression did not change much. This is interesting in view of the fact that aggressiveness is neither desirable nor undesirable in itself, unless extreme in either direction. Its interpretation in a personality picture depends upon its relationship to other traits, and in a constellation of desirable traits, aggressiveness is a valuable asset.

Thus it can be seen that there is a definite trend in the direction of higher intellectual ability and greater personal and social adjustment in the groups under consideration as a result of dianetic processing received incident to training. That such improvement should be reflected in the test results is also significant, since it suggests a way of objectively testing the claims of dianetics by means of outside, disinterested and impersonal sources.

It is true that in the present study no control group was used and also true that various factors have entered which would be held constant, minimized or eliminated altogether under proper experimental controls. Yet it must be granted, within the limitations mentioned, that the general finding of consistent improvement for the groups tested does signify something more than a chance happening, and is of moment for persons interested in dianetics and its potentialities for the good of all mankind.

**individual profile records**

Figures 7, 8, 9, 10, and 11 show the individual profile records of five of the students included in the main sample. These are presented as examples of improvement in individuals, as a supplement to the summary graphs. They are self-explanatory.
RESULTS from PERSONALITY, MENTAL HEALTH and TEMPERAMENT TESTING PROGRAM

before training DATE: 9-5-50
after training DATE: 10-6-50

TEST: CALIFORNIA TEST OF PERSONALITY
PERSONALITY PERCENTILE RESULTS

TEST: MENTAL HEALTH ANALYSIS
MENTAL HEALTH PERCENTILE RESULTS

Due to personal conditions, trainee was unable to complete his "before training" test.

TEST: JOHNSON TEMPERAMENT ANALYSIS PROFILE
TEMPERAMENT CLASSIFICATION RESULTS

1 energetic
4 congenial
7 warm-hearted
2 relaxed
5 assured
8 objective
3 buoyant
6 sympathetic
9 self-directed

PSYCHOMETRIST

Figure 7
HUBBARD DIANETIC RESEARCH FOUNDATION
at LOS ANGELES, CALIFORNIA

NAME
AGE
BIRTHDAY
SEX
CASE NO.
ADDRESS
CITY
STATE

RESULTS from PERSONALITY, MENTAL HEALTH and TEMPERAMENT TESTING PROGRAM

before processing/training DATE 0-10-50

after processing/training DATE 9-8-50

TEST: CALIFORNIA TEST OF PERSONALITY
PERSONALITY PERCENTILE RESULTS

TEST: MENTAL HEALTH ANALYSIS
MENTAL HEALTH PERCENTILE RESULTS

TEST: JOHNSON TEMPERAMENT ANALYSIS PROFILE
TEMPERAMENT CLASSIFICATION RESULTS

G. P. Southaon

Figure 8
RESULTS from PERSONALITY, MENTAL HEALTH and TEMPERAMENT TESTING PROGRAM

before processing/training DATE 8-28-50 after processing/training DATE 10-5-50

TEST: CALIFORNIA TEST OF PERSONALITY
PERSONALITY PERCENTILE RESULTS

TEST: MENTAL HEALTH ANALYSIS
MENTAL HEALTH PERCENTILE RESULTS

TEST: JOHNSON TEMPERAMENT ANALYSIS PROFILE
TEMPERAMENT CLASSIFICATION RESULTS

PSYCHOMETRIST

Figure 9
HUBBARD DIANETIC RESEARCH FOUNDATION
at LOS ANGELES, CALIFORNIA

ADDRESS: ___________________ CITY: El Monte STATE: Calif.

RESULTS from PERSONALITY, MENTAL HEALTH and TEMPERAMENT TESTING PROGRAM
before processing/training DATE: 6-24-50 after processing/training DATE: 10-5-50

TEST: CALIFORNIA TEST OF PERSONALITY
PERSONALITY PERCENTILE RESULTS

TEST: MENTAL HEALTH ANALYSIS
MENTAL HEALTH PERCENTILE RESULTS

TEST: JOHNSON TEMPERAMENT ANALYSIS PROFILE
TEMPERAMENT CLASSIFICATION RESULTS

1 energetic  2 relaxed  3 buoyant
4 congenial  5 assured  6 sympathetic
7 warm-hearted  8 objective  9 self-directed

Figure 10
A HUBBARD DIANETIC RESEARCH FOUNDATION
at LOS ANGELES, CALIFORNIA

NAME ... AGE 33 ... BIRTHDAY 10-6-17 ... SEX M ... CASE NO. 546 ...
ADDRESS ... CITY San Diego ... STATE Calif ...

RESULTS from PERSONALITY, MENTAL HEALTH and TEMPERAMENT TESTING PROGRAM

before processing/training DATE 0-23-50 after processing/training DATE 10-5-50

BEFORE -------- AFTER

TEST: CALIFORNIA TEST OF PERSONALITY
PERSONALITY PERCENTILE RESULTS

TEST: MENTAL HEALTH ANALYSIS
MENTAL HEALTH PERCENTILE RESULTS

TEST: JOHNSON TEMPERAMENT ANALYSIS PROFILE

TEMPERAMENT CLASSIFICATION RESULTS

1 energetic 2 relaxed 3 buoyant
4 congenial 5 assured 6 sympathetic
7 warm-hearted 8 objective 9 self-directed

PSYCHOMETRIST -4 PY & signature

Figure 11
individual profiles on the Minnesota multiphasic personality inventory

Although the California Test of Personality, the California Mental Health Analysis, and the Johnson Temperament Analysis were used in the student screening program at its initiation in Los Angeles, it is felt that these tests have not had as wide a use nor are they as well-known as other personality tests available. Consequently, the Minnesota Multiphasic Personality Inventory is used in the present battery for student screening in Los Angeles and in Elizabeth. It is also given, among other tests, to pre-clears entering for processing.

The relative invalidity of any objective test in estimation of personality factors is well recognized. But the ease and rapidity of administration as compared with the projective tests makes them more acceptable in any large-scale program of testing or screening. For this reason, they are used constantly throughout the industrial and educational systems of the country. While recognizing their deficiencies, the Foundation uses them as a rough indication of personality trends, and they are presented as such. In addition, the Minnesota Multiphasic has been found very helpful to auditors in dianetic diagnosis, when an item analysis of the test is used. The statements included in the test come very close to many engramic phrases that are common in our society, and a detailed study of test responses, without consideration of the profile has been found highly interesting in the light of dianetic theory.

Two profiles, before and after testing are presented, merely as an interesting indication of the effect of only a few hours of processing on test performance.

Case 920 L—The pre-clear was an applicant for the professional course, a woman, single, age 24. Her original application for entrance into the course was rejected due, in part, to the trends noted on the Minnesota Multiphasic Profile, specifically the high scores on the Hypomania and Paranoia scales, in combination with the high score on the Psychopathic Deviate scale. These findings led to a clinical interview, and it was felt that the applicant was so emotionally unstable as to be a liability in the professional course at that time. She was asked to continue her processing and to apply again when she felt she had made some improvement.

Five weeks after the date of the first test, she returned to the Foundation to re-apply, and was re-tested at that time. In the interim she had had fifteen hours of processing, and had discharged grief on three incidents.
As the accompanying chart shows, Figure 12, there was considerable improvement in test performance. However, the overall pattern was preserved, suggesting that the basic personality picture had not changed, but rather that extremes in behaviour had been modified. The score on the Psychopathic Deviate scale changed least of those that were originally above normal limits. This is to be expected, since the traits measured on this scale seem to be least susceptible to change. The test findings were compatible with the clinical interview, in which the pre-clear appeared to have gained considerably in emotional stability, and she was accepted into the course where her record was good.

The Validity (F-score) and Lie Scores, which are used on this test to give a rough indication of the subject’s understanding of the test and his tendency to over-evaluate his behaviour in the direction of socially accepted behaviour, were well within normal limits on both test and re-test.

Case 1208 L—The pre-clear is a woman, married, 41 years of age. She entered the Foundation for one week of intensive processing. On entrance her test pattern on the Minnesota Multiphasic, as shown in Figure 13, showed extreme deviation into the severely maladjusted range on the Hypomania, Schizophrenia, Psychasthenia, Paranoia, Psychopathic Deviate, Hysteria, Depression and Hypochondriasis scales. Such a picture suggests maladjustment of psychotic degree. It is somewhat mitigated by the fact that the F-score was also above normal limits, indicating that there was some degree of misunderstanding or of wilful misstatement. But persons showing very high scores on other scales are expected to score high on the F-scale. So the high F-score would not invalidate the full picture of aberration suggested, though it does indicate that caution should be used in interpreting the profile.

The pre-clear received 36 hours of dianetic processing, during which a large amount of grief was discharged and five engrams were reduced.

The re-test, as can be seen, resulted in a profile that was entirely within normal limits, including the Lie and Validity scores.

Of other pre-clears tested with the Minnesota Multiphasic, some show less change than the two presented, and some show as much. These two are not presented as conclusive evidence, but rather as an interesting sample of the records on hand at the Foundation. Tests were given, of course, under standard conditions.
RESULTS from MINNESOTA MULTIPHASIC PERSONALITY INVENTORY

<table>
<thead>
<tr>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
<td>DATE</td>
</tr>
<tr>
<td>9-20-50</td>
<td>10-30-50</td>
</tr>
</tbody>
</table>

Figure 12

Psychometrist: G. P. Smith

NORMAL RANGE    MODERATE MALADJUSTMENT    SEVERE MALADJUSTMENT

- manic tendencies
- schizoid tendencies
- obsessive-compulsive tendencies
- delusions of self-reference
- masculine-feminine imbalance
- anti-social tendencies
- psychosomatic symptoms
- depressive tendencies
- undue bodily concern
Figure 13
report of a typical case history

In order to acquaint readers with dianetic methods and results in a specific case, the following brief case history is presented.

Case 1014 L—The pre-clear is 31 years old, a woman, married. Before processing she showed evidence of serious emotional instability, periods of depression, severe anxiety. Her gestures were jerky and erratic. Concentration and attention were poor. Verbalizations were frequently irrelevant and excessive. Affect was inappropriate and she showed marked excitability. In her interpersonal relationships, her marital relations particularly were unhappy and marred by frequent, violent quarrels.

On the Wechsler-Bellevue Intelligence Scale, Form I* she achieved a Verbal IQ of 111, a Performance IQ of 111, and a Full Scale IQ of 110. The scatter between subtests was wide, averaging 3.0 points away from the Vocabulary Score.** Such a scatter pattern suggests that the pre-clear’s mental abilities were not well-balanced, and the particular subtests in which she achieved the lowest scores suggest that her ability to concentrate and to form abstract concepts was blocked.***

She was given 85 hours of processing by a professional auditor, over a period of one month. During this time 46 engrams were contacted and reduced or deintensified. Most of the incidents contacted had occurred in the prenatal area, and the majority of these occurred during the first month of life. Two late life incidents were run, one of them a major operation. Short incidents leading up to birth were contacted, but birth itself was not run. Some grief was discharged, but fluent discharge of grief was inhibited by engrams containing apathy phrases and ally computations which had not yet been reduced.

The content of the engrams reduced demonstrated an emotionally unstable relationship between the pre-clear’s mother and father. Constant repetition by her mother of such phrases as “There isn’t any feeling any more,” “I don’t want it,” “There’s nothing left any more,” “It’s all gone,” “Everything’s so different,” “I’m not myself any more,” “Leave me alone,” and so on seemed to have caused the pre-clear’s expressed feelings of insecurity and anxiety in her marital situation, including feelings of coldness toward her husband. This syndrome gradually decreased as engram after engram with such content was run.

*Testing was done by a psychometrist licensed in the State of California under standard testing conditions as described by Wechsler in the testing manual, The Measurement of Adult Intelligence Wechsler, D.; Baltimore, 1944.

**Specific deviations were: Arithmetic, —7; Similarities, —5; Picture Completion, —5; Digit Symbol, —4.

***Indications of the significance of the scatter pattern, and of special abilities suggested by the performance on specific subtests have been reported by Wechsler, D., Ibid; and Rapaport, D., Diagnostic Clinical Testing Volume I, Chicago, 1945, whose studies have been followed in interpretation of test scatter.
The reduction of many fight scenes, in most of which her father was rejected hysterically by her mother, further increased the pre-clear's ability to handle her own marital situation. As processing continued, the pre-clear's attitude toward her mother, which had been one of fear and hatred, became warmer and more understanding. This change demonstrates the fact, observed often in processing, that as engrams are reduced, hostility toward the family disappears, in spite of the fact that the pre-clear discovers somewhat unpleasant facts about his family.

Although the pre-clear often entered a session with a feeling of apathy, grief or angry restlessness, she contacted the engram or engrams underlying the emotional distress during the session and left the session in a high tone, feeling much better about herself and her life situation. In each case, the engram or engrams reduced were directly related to the pre-clear's feeling and verbal expression as she entered the session, both in content and in phraseology. Literal dramatization of engrams during restimulation was demonstrated again and again during the course of processing.

After the 85 hours of processing, the pre-clear was observably more relaxed and at ease, her emotional stability had markedly increased, she was able to handle her marital situation rationally and calmly. Her behaviour showed an absence of the tension and erratic gestures and verbalizations that had been present. Concentration and attention were better. Affect was appropriate, verbalizations no longer irrelevant or excessive, excitability decreased.

A re-test on the Wechsler-Bellevue Intelligence Scale, Form II showed a Verbal IQ of 113, a rise of 2 points; a Performance IQ of 118, a rise of 7 points; and a Full Scale IQ of 119, a rise of 9 points. In addition, the scatter from the Vocabulary Score was only 2.2 average, and only the Arithmetic and Picture Completion Scores still deviated significantly, though not so much as they had on the first test. Vocabulary Score, incidentally, was exactly the same on pre-test and re-test, 13.

Such improvements should, of course, be checked over a longer period of time. Still, they suggest that at least temporary relief resulted from dianetic processing. These improvements were noted in spite of the facts that a.) no engrams had been erased, (all contacted were reduced or deintensified); b.) basic apathy engrams had not been contacted; and c.) the pre-clear was still unable to discharge grief effectively due to the blocks caused by the remaining apathy engrams and ally computations.

Processing is continuing on this pre-clear, and further results will be reported at a later date.

*Specific deviations: Arithmetic, —4; Picture Completion, —5.
Case No. 1018A
June 9th, 1950
Radiographic examination shows a large calcereous deposit in the region of the subcromial bursa on the right side.

Case No. 1018A
November 24th, 1950
Radiographic examination shows a marked absorption of the subcromial bursa on the right side.
report of medical case histories

Physicians interested in dianetics generally desire that several months of observation follow the release of a psychosomatic "illness" by dianetic processing, before the case can be pronounced secure and the results permanent. In concurring with this desire, dianetics willingly suspends the release of results during such a period on a large number of cases which have been processed and which have secured a good release and apparent recovery from a psychosomatic illness as a result of processing.

The following cases are only those which have had an adequate waiting period to determine whether or not processing has permanently relieved a psychosomatic condition.

Three cases follow which have been pronounced freed of psychosomatic illness by physicians. Appended after these is a list of cases which have been validated by medical examination. Originals of the medical examinations and radiology with certifications are available for inspection at the Foundation by physicians and other qualified persons.

Case 1018A. D. J. (See X-ray plates.) Extract of original medical examination, June 9, 1950: "Radiographic examination of your patient, D. J., shows a large calcareous deposit in the region of the subcromial bursa, on the right side." D. J. then received some fifty hours of dianetic processing and engrams were discovered relating to her right shoulder. These engrams were properly reduced. On October 24, 1950, another medical examination was made and the physician certified: "Examination of the shoulder area revealed a minimal amount of calcific streaking in the region of the right shoulder joint capsule." On November 24, 1950, another physician examined this patient and certified: "Radiographic examination of your patient, D. J., shows a marked absorption of the subcromial bursa on the right side." The patient, after dianetic processing was freed from pain in this area in addition to the X-ray evidence of the reduction of the bursitis. Prior to a dianetic processing session on September 29, 1950, D. J. was unable to lift the affected arm and was in considerable pain. During this session the pain markedly decreased and full use of the arm was immediately regained.
Case 1019. W. B. A physician's examination prior to processing was as follows: "Blood pressure: 140/90. Pulse: 86. Expressionless facies; sclerae dull and slightly icteric. Tongue slightly reddened and smooth. Chest clean. Heart rapid, no murmurs. Abdomen—no masses or tenderness. Liver edge palpable about one finger's breadth below costal margin, soft, not apparently cirrhotic. Neurological: medium tremor; moderately ataxic gait, especially after sitting for some time—Rhomberg equivocal—tendon reflexes absent. IMPRESSION: CHRONIC ALCOHOLISM. AVITAMINOSIS. POLYNEUROTIC. POSSIBLE HEPATIS." The patient was then given what is known as intensive dianetic processing, thirty-six hours in one week at the Foundation. No other treatment of any kind was given. On November 14, 1950, a physician examined this patient and certified as follows: "On October 3, 1950, I examined W. B. at his request. His physical examination was entirely normal. His blood pressure was within normal limits; his heart and lungs were clear. The neurological examination was entirely within normal limits; his sensorium was intact and his affect was appropriate. The reflexes were physiological; the cranial nerves intact and no motor or sensory abnormalities." The condition of this patient has remained constant in its improvement. He has had no lapse into alcoholism and has yet been able to drink socially, according to his associates. Engrams relating to alcoholism were apparently the sole cause of his alcoholism.

Case 1080A. R. L. According to service records, this case, as certified by physicians and X-rays, was suffering from a duodenal ulcer and myopic astigmatism. In 1948 his condition was reaffirmed by further medical examination and X-rays. Later that year he was processed by dianetic techniques until he had achieved a release, many engrams being contacted which accounted for his physical condition. Late in 1949 a medical examination showed him to be free from all duodenal scar tissue and that his vision had returned to normal (20/20, 20/20). In December of 1950 a medical examination demonstrated that he had continued in this good health despite the fact that many elements had entered his environment which would have been expected to cause severe nervous strain.

Following is a list of cases in the process of being compiled:
### Listing of Case Histories as of December the 6th, 1950

<table>
<thead>
<tr>
<th>Case No.</th>
<th>Aberration</th>
<th>Degree of Release</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>1004</td>
<td>Ideopathic epilepsy</td>
<td>Effective</td>
<td>△</td>
</tr>
<tr>
<td>1007</td>
<td>Manic-depressive</td>
<td>Undetermined</td>
<td>△</td>
</tr>
<tr>
<td>1008</td>
<td>Hetero-sexuality, homo-sexual drive predominant</td>
<td>Undetermined</td>
<td>△</td>
</tr>
<tr>
<td>1014</td>
<td>Progressive myopia</td>
<td>Partial</td>
<td>+</td>
</tr>
<tr>
<td>1015</td>
<td>Alcoholism, hypertension</td>
<td>Complete</td>
<td>△</td>
</tr>
<tr>
<td>1016</td>
<td>Asthma</td>
<td>Undetermined</td>
<td>△</td>
</tr>
<tr>
<td>1017</td>
<td>Progressive bi-lateral deafness</td>
<td>Partial</td>
<td>△</td>
</tr>
<tr>
<td>1018</td>
<td>Right sub-deltoid bursitis, cervical osteo-arthritis, migraine syndrome, post-operative thyroid complications</td>
<td>Complete</td>
<td>O</td>
</tr>
<tr>
<td>1019</td>
<td>Near-sightedness</td>
<td>Complete</td>
<td>+</td>
</tr>
<tr>
<td>1020</td>
<td>Catatonic, schizophrenic tendencies</td>
<td>Progressive</td>
<td>O</td>
</tr>
<tr>
<td>1051</td>
<td>Chronic headache, backache; chronic indigestion; constant fatigue</td>
<td>Complete</td>
<td>O</td>
</tr>
<tr>
<td>1052</td>
<td>Dypsomania, asthma, speech difficulties (stutterer), fatigue</td>
<td>Non-measurable</td>
<td>O</td>
</tr>
<tr>
<td>1053</td>
<td>Hallucinations</td>
<td>Partial</td>
<td>O</td>
</tr>
<tr>
<td>1054</td>
<td>General apathy</td>
<td>None</td>
<td>O</td>
</tr>
<tr>
<td>1055</td>
<td>Hallucinations, attacks of panic</td>
<td>None</td>
<td>O</td>
</tr>
<tr>
<td>1056</td>
<td>Hypochondria, anxiety complex, sexual frigidity</td>
<td>Partial</td>
<td>O</td>
</tr>
<tr>
<td>1065</td>
<td>Chronic colitis</td>
<td>Doubtful</td>
<td>△</td>
</tr>
<tr>
<td>1066</td>
<td>Migraine syndrome</td>
<td>Complete</td>
<td>+</td>
</tr>
<tr>
<td>1067</td>
<td>Psychogenic sleep command</td>
<td>Complete</td>
<td>O</td>
</tr>
<tr>
<td>1068</td>
<td>Duodenal ulcer</td>
<td>Indicated</td>
<td>+</td>
</tr>
<tr>
<td>1069</td>
<td>Duodenal ulcer</td>
<td>Indicated</td>
<td>+</td>
</tr>
<tr>
<td>1070</td>
<td>Overt homosexuality</td>
<td>Complete</td>
<td>+</td>
</tr>
<tr>
<td>1071</td>
<td>Arthritic patella</td>
<td>Complete</td>
<td>+</td>
</tr>
<tr>
<td>1072</td>
<td>Chronic colitis</td>
<td>Complete</td>
<td>+</td>
</tr>
</tbody>
</table>

**Key**

- **+** Case history in process of being written
- **O** Case history written in completed manuscript form
- **△** Case history write-up halted until case has settled
reports of experiments and case records

The Foundation is engaged in a series of controlled experiments on dianetic technique and theory and is continuing with the collection of case histories. This material will be published in book form as soon as possible. The present paper represents a preliminary report upon samples of the data gathered for the larger study.

the usefulness of dianetics

Since publication of Dianetics, persons with widely varying types of psychosomatic, psychological and physical abnormalities have shown marked improvement. A few cases, demonstrating what dianeticists refer to as supercharged circuitry, have shown slight to moderate improvement. These cases are under extreme tension due to extended chronic rage, fear or despair reactions, and progress is slower than with the usual case since memory is severely occluded even for recent innocuous events.

In addition to individuals showing definite abnormalities, whose improvement can be clearly demonstrated through the usual medical and psychiatric examinations, many persons whose health and adjustment were well within normal limits have experienced an increase in efficiency, creativity and general well-being after twenty or more hours of dianetic processing.

A large percentage of reports of improvement in definite abnormal conditions as well as in so-called normal cases have come in to the Foundation from non-professional auditors who have had no more training in dianetics than reading the book or studying in a non-professional course. One of the great advantages of dianetics is that any intelligent person can audit, and no harm can be done.

An unskilled auditor may not be able to accomplish much with a severely occluded case, but he can do little permanent damage. Beyond making his pre-clear slightly uncomfortable for a few days by restimulating an engram without reducing it, a poor auditor will simply accomplish nothing. Any discomfort experienced under these conditions would be no worse than the pre-clear normally experiences when an engram is restimulated in his ordinary day-by-day living. It should be noted, however, that criminal use of the basic tenets of dianetics can produce psychotic breaks.

One of the most spectacular results of dianetic technique can be seen in the "assist". Dianeticists use this term to refer to short runs given immediately after injuries or operations for the purpose of removing the aberrative effect of the period of pain and unconsciousness. An assist on minor injuries can be run quickly. When
this technique is used, healing is much more rapid than under ordinary conditions, and the shock and other post-injury effects are effectively reduced.

Although people working in dianetics use the assist constantly whenever minor injuries occur, or when friends are involved in major accidents or operations, no controlled study has been completed on the effects of the technique as yet. However, such a study is currently under way and will be reported as soon as it is complete.

Dianetics can also be applied as immediate alleviation of restimulation. Emotional upsets, nervous strain, tension, and other aberrated symptoms appearing in most of us during the course of daily living can be relieved or removed temporarily by rapid, efficient techniques requiring only a few minutes of time. Such work is done constantly by dianeticists on themselves and on their friends. These techniques have been found to be highly useful in personnel work, in relieving restimulation in employees. Companies who have instituted such programs, carried out by competent auditors, have seen a rapid improvement in their efficiency of operation and in employee relations.

**Conclusion**

The Foundation presents this report as a brief survey of some of the work done by the Foundation during its first six months of operation.

Obviously, research in the field of psychotherapy, and especially in such a broad field as dianetics, requires time and careful, thorough planning. Studies measuring clinical improvement are usually extended not over months, but over years. Even though a pre-clear himself can give a glowing subjective report, and though change in his abilities and behaviour is easily seen by friends and family, it is difficult to measure adequately improvement in psychological disorders. A great deal more work needs to be done in this direction, and the Foundation is proceeding with it as rapidly as possible.

We in the Foundation urge scientists in all fields, particularly those working in biology and the social sciences, to test dianetic theory and technique in their own laboratories and under their own controlled conditions. Psychologists, psychiatrists, physicians, physiologists, neurologists, sociologists, biologists and other scientists can contribute valuable assistance to dianetics, even while carrying on current and planned projects of their own. Dianeticists are eager to cooperate with any worker who would like to test or explore dianetics. Dianetic theory and technique can be applied in many areas, and it seems to offer pregnant possibilities for new ideas and further development even in such seemingly unrelated fields as neurology and politics.
We wish to thank those scientists and institutions who have already participated in dianetic research and have applied it in their own fields. They have been of great assistance to the Foundation and to the science of dianetics.

As soon as possible a bulletin will be issued suggesting possible lines of research and possible uses of dianetics in standard research, and outlining plans for experimental work. It will be sent to anyone who would like to see it. The Foundation is eager to send professional auditors with adequate previous training in various scientific fields to any hospital, clinic, school, industry or other organization to help outline plans for research. Of course, there will be no charge for such information or cooperation.

The Foundation will also be glad to assist any organization in setting up a constructive program for the application of dianetics to its own particular needs.

Non-professional auditors all over the country can offer invaluable aid to the Foundation by sending in case histories and notes on their work in dianetics. Independent groups existing in many cities have already made excellent contributions to dianetics in disseminating information about it, helping people to find co-auditors, and submitting notes to the Foundation. We wish to thank sincerely all those people who have done such work.

The Foundation has no intention of monopolising dianetics for financial or any other gain. Rather it desires to become a coordinating center for work that will be done outside of it. It stands ready to assist organizations and individuals in any way possible in the further development of dianetics, while extending and carrying forward its present research and training programs.

We who are working with dianetics have seen so much of what it can do, and have become so enthusiastic about its effects and possibilities, that it is difficult to moderate our statements about it or our expressions of eagerness to see it develop further. We hope that more and more people, from all fields, will join us in our exploration and our work.

If you would like to receive the Bulletin on Plans for Experimental Work, or other publications of the Foundation, please send your name and address to: Research Division, Hubbard Dianetic Research Foundation, 2600 South Hoover, Los Angeles, California.
Dianetic groups have become one of the most important factors in the spread of dianetics, are the keystones of the dianetic structure, the organizations which best connect the Foundation and the individual auditors. Through dianetic study groups the Foundation passes on to all auditors the latest improved dianetic techniques and, by furnishing the groups with proper program materials for presentation to their members, the Foundation can help hundreds of thousands of individuals to do good dianetic auditing. It is by the success of these thousands of auditing teams that the success of dianetics must be finally determined. It is through them that the Hubbard Dianetic Research Foundations were made possible. It is by them that most of the "releases" and "clears" must be produced.

A booklet, "Organization of Dianetic Groups and Centers," sets forth the methods of group organization which have been successfully used and the ways in which the Foundation works with and aids dianetic groups. The booklet will be furnished those wishing to organize dianetic groups. A Coordinator of Group Activities has been appointed to work with groups and help solve their problems.

The Foundation furnishes groups with material for weekly programs on dianetics. This program material enables the group to present weekly lessons in dianetic processing and consists of theory plus demonstrations. The programs are presented by the dianetic groups themselves and represent the most effective methods we have yet found to teach good dianetic processing. We believe that with their help everyone interested in dianetics can be taught to be good auditors, and the achievement of releases and clears greatly speeded. This material will be available to individuals if they are too far from a Dianetic group to affiliate with such a group.

It is planned to issue soon the monthly DIANETICS MAGAZINE, which will take to those interested the news of dianetics and dianetic organizations all over the world and will carry articles on all phases of dianetics and dianetic processing.

If you would like to organize a dianetic study group in your community, would like to get in touch with the group nearest you or if you are interested in knowing more about the Dianetics magazine, write to the:

Coordinator of Group Activities,
Hubbard Dianetic Research Foundation
2600 South Hoover
Los Angeles, California
CURRENT AND FUTURE PUBLICATIONS

Current:

DIANETICS: THE MODERN SCIENCE OF MENTAL HEALTH. By L. Ron Hubbard. Hermitage House. Order from the Foundation, Box 502 Elizabeth, New Jersey. This is the handbook of dianetic processing. 452 pgs. ($4.00) Discounts for quantity purchases. Discounts to professional and associate members.

THE DIANETIC AUDITORS BULLETIN. Published by the Foundation. Available only to professional and associate members. Six issues in stock. Back issues available to associate members only. Associate membership fee, $15.00 per year.

PROFESSIONAL LECTURE NOTES OF TEN AUDITOR SCHOOL LECTURES. Given by L. Ron Hubbard. Containing various new discourses and procedures as delivered in November, 1951. In brief form. Requires a knowledge of the text. $2.50.


CHILD DIANETICS: THE PROCESSING OF CHILDREN. By L. Ron Hubbard. As rewritten from his lectures by the staff. A book. $2.75 per copy.

THE PROCESSING OF PSYCHOTICS. By L. Ron Hubbard. As rewritten from his lectures by the staff. A book. $2.75 per copy. (A synthesis of Institutional Dianetics).

GROUP DIANETICS. By L. Ron Hubbard. As rewritten from his lectures by the staff. A book. $2.75 per copy.

DIANETICS: THE EVOLUTION OF A SCIENCE. By L. Ron Hubbard. A reprint of a magazine article. 16,000 words. Fifty cents per copy.


Future:


THE CASE HISTORIES OF DIANETICS. Prepared by the Staff and outside agencies. The validation of engrams by psychometric changes, installation of engrams. Processed cases. Designed as a text on experimental design on dianetics for the use of university staffs and as an aid to the layman in using and understanding dianetics. Late spring 1951. Available from the Foundation.


GROUP DIANETICS. By L. Ron Hubbard. A text on specialised applications to industry, management and nations. Summer, 1951.

Prices subject to change without notice.
DIANETICS: THE SCIENCE OF SURVIVAL; SIMPLIFIED, FASTER TECHNIQUES OF DIANETIC PROCESSING. By L. Ron Hubbard. The new, complete text. Three methods of processing by dianetic technique. How to start inaccessible cases. How to undo poor auditing rapidly. The combined refinements of a year of study since the issue of the first book. Late spring, 1951. Available from the Foundation. (Pre-publication collectors item available February, 1951: autographed facsimile of original manuscript with all proofs and corrections in author's hand, $10.00.)