

SCIENTOLOGY AND DIANETICS

BOOKLET 14
of the
PROFESSIONAL COURSE

BY
L. RON HUBBARD

Effort Processing: Demonstration

Ron's Org Grenchen
Switzerland

TO THE STEADFAST AND LOYAL SUPPORTERS OF
TOMORROW AND THE THINKING MEN OF YESTERDAY

COMPILED IN WRITTEN FORM BY

D. FOLGERE
AKA RICHARD DE MILLE

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ADDITIONAL STUDY MATERIAL FOR THIS LECTURE MAY BE FOUND IN
THE FOLLOWING BOOKS:

- ADVANCED PROCEDURE AND AXIOMS
 - SELF ANALYSIS
 - HANDBOOK FOR PRECLEARS
 - DIANETICS: MODERN SCIENCE OF MENTAL HEALTH (1950)
 - SCIENCE OF SURVIVAL (1951)
 - SYMBOLOGICAL PROCESSING
 - LECTURES OF L. RON HUBBARD
- PAMPHLET COVERS ONE LECTURE
- COMMUNICATIONS SYSTEMS (HOW TO LIVE THROUGH AN EXECUTIVE)
 - INDIVIDUAL TRACK MAP
 - WHAT TO AUDIT

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WWW.RONSORG.CH

EFFORT PROCESSING: DEMONSTRATION

1. When the organism receives a counter-effort, it gives its attention to that counter-effort in order to minimize its effect. Whatever hurts or may hurt the individual becomes the object of attention.
2. The more severe the counter-effort, the more attention is given to it. In terms of pain, the more severe the pain in some part of the body, the more attention goes to that part of the body.
3. When the pain becomes unbearable, all attention goes to it. In other words, the counter-effort has become so strong that even the individual's entire attention is not sufficient to protect the individual from the effect of the counter-effort.
4. *In the facsimile which the individual has of any moment of counter-effort, there is an estimate of the amount of attention which the individual has to give to the counter-effort in order to hold it back.*
5. When the individual calls up the facsimile of some counter-effort, he also calls up this recording of attention given to holding back the effect of the counter-effort. If the injury was in his arm, there is a recording of attention being given to the pain in the arm, in order to hold it back.
6. *This recording of attention to the counter-effort prevents the individual from fully contacting the counter-effort in facsimile, and we say that his somatic is shut off. Or, at least, that he does not contact it well.*

7. In order to allow this counter-effort to show itself in the facsimile,, we have to direct the individual's attention to other parts of his body, where there is no counter-effort. If we can attract his attention away from the area of the counter-effort, he will not longer be holding back the counter-effort, and it will turn on and he will feel it.
8. If he feels it, he can re-evaluate it.
9. In practice, *this is a matter of asking the individual to be conscious of being alive in one part of his body after the other. He becomes engaged in doing this; his attention is drawn from one or more of the counter-efforts he has been holding back, and they can make themselves felt.*
10. Now this activity of the individual in regard to pain which has just been described is the activity which occurs at about 1.5 on the tone scale (with respect to any particular counter-effort). The individual resents the counter-effort. He puts all his attention upon it in order to immobilize it and destroy it. In order to allow him to re-experience the facsimile of this counter-effort, his attention must be distracted from it.
11. On the other hand, at lower points on the tone scale, as at fear, the individual sees that he cannot immobilize or destroy this counter-effort by putting his attention on it, and so his attention suddenly flees the counter-effort and goes to any and every other part of his body and of the environment. From having been locked stiffly in combat with this counter-effort, he goes now into a restless movement of his body which has nothing to do with the counter-effort except to flee from it.

12. When the second case obtains, *the auditor will have a pre-clear whose attention is wandering and who cannot fix it upon any incident for more than a second. The problem in this case is just the reverse of the problem above. It is to bring the attention of the individual to the counter-effort, so that he can realize its existence and re-experience it.*
13. *The process which the auditor follows is the same in each case. It involves shifting the attention of the pre-clear around to various parts of his body.*
14. The manifestation in the two cases, however, is opposite. *In the first case, in which the individual's attention is too solid fixed upon the counter-effort, the counter-effort will turn on when his attention is attracted somewhere else. In the second case, in which the individual's attention is wandering the counter-effort will turn on when the individual's attention is attracted to the area in which the counter-effort occurs.*
15. **Demonstration:** Counter-Efforts.

Aud: Do you have any counter-efforts hitting you?

Pc: Yes.

Aud: Face? Chest? Knee? Feet? Gluteus maximus (muscle of the buttock)? Penicillin shot? Oh, you have a penicillin shot? In the gluteus maximus. On which side?

Pc: On the right.

Aud: Put your attention on the left hip. Put your attention on the left hand. Put your attention on the top of your head. Let's put your attention on your right food. On your left food. Do you have a somatic on that puncture yet? Get your attention

in your throat. Get your attention in your left shoulder. Right hand. Left hand.

Aud: *(to audience)* You'll notice that you can give them fairly rapidly, one right after the other. This is for a good reason. As you name the new area, the attention will flick into it. It will not stay there long. As soon as the preclear is aware of the fact that the pain is turning on in the area out of which you are trying to work a counter-effort, his attention will immediately return to that area. What you are trying to do is to keep his attention away from that area long enough to allow the counter-effort to turn all the way on. Now I am going to go through the nerve spots.

Aud: All right, let's get the center of the forehead. Some feeling in the center of the forehead. A little somatic there? All right, do you know where the vagus nerve is? In the middle of your rib cage there below the solar plexus. All right, get your attention in the solar plexus. Under your right arm pit. Under your left arm pit. Get your attention in the nerve cords going down the right side of your neck. The left side of your neck. The right side of your neck. The left side of your neck. Your spine. Get your attention on the nerves of your spine. Let's get the lower area of your spine now. The middle area. That really came through, didn't it? All right, the upper spine. The center of your brain. The inside of the knee. The nerve on the inside of the right knee. The nerve on the inside of the left knee. The nerves in your toes. The nerves in your right big toe. Still getting somatic? Ah, we've got it down to the first point. All right, move your attention from your head down the shot area. From the tips of your fingers to the shot area. From the soles of your feet to

the shot area. From the bottom of your spine up to the brain and down to the shot area. Well, what happened here?

Pc: I happened to think of something. When you said, "The soles of the feet to the shot area," I did not go through the nervous system of the legs. I sort of shot it from the soles of the feet via the shortest path, to the shot area.

Aud: All right, how was the somatic? Has it left now? All right, get the effort you made at the time you were shot to kick the shot back out again. Get the effort all through the nervous system. Get the effort you made, from the extremities of the nervous system. Push that shot right out. Get it again. Again. Get the effort all through the nervous system. Get the effort you made, from the extremities of the nervous system. Push that shot right out. Get it again. Again. Again. Push that shot right out. All right, now get your effort to hold on to the shot.

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

Aud: All right. Get your effort to hold on to the shot. To have it. The effort to have it. Get your effort to have it again. Get your stomach's effort to have it. The effort of your stomach to have it. Get your back's effort to have it. Get the postulates you made that you had to have it.

Pc: That would have something to do with this gimmick I've been working on that penicillin is (words missing) not a drug.

Aud: So you had to take some. Did you turn on that sore throat to prove it? Run the first time you agreed to have a sore throat. When did you first desire to have a sore throat?

Pc: I keep running to my mother with a streptococcus infection.

Aud: Did she do it to you?

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

Aud: Did she give you sympathy for it? Oh, the tonsillectomy. All right, let's get a time you gave some sympathy ... gave someone sympathy for a sore throat ...

Pc: That would be sympathy for my mother.

Aud: All right. Let's get the feeling of sympathy. Do it again... And again ... And again. Let's pick up the first time in this life and scan all the times you gave someone sympathy, right up to present time. Get the first one. Tell me when you're there.

Pc: I got the first one.

Aud: All right. From there to present time, begin scanning sympathy.

Pc: It keeps reverting back to sympathy for myself.

Aud: Yes? Who used to tell you all you did was feel sorry for yourself?

Pc: My mother.

Aud: Who did you tell it? What person did you tell this to? Who have you criticised to this degree? All right, let's scan this line. Pick up the first time you ever told anybody they were just sorry for themselves, just feeling sympathy for themselves.

Pc: I never told them.

Aud: All right. *Get the overt thought. Get a first overt through on this subject. Now scan all such overt thoughts up to pre-*

sent time. How are you on emotional balance? Are you very carefully balanced emotionally?

Pc: No.

Aud: What would happen if you changed emotion?

Pc: I might shift control centers.

Aud: Well, shift them.

Pc: Which way?

Aud: Are you on the right side? *Is the right side mad at the left side? How about shifting to the left side? Had this left side been awake lately? Is this left side elsewhere? Does this left side have another organism taking care of it?*

Pc: Might be. I don't know.

Aud: How about shifting centers? What turns on? Do you have a head somatic?

Pc: Yes. Right in the center. It goes right down the center of the face.

Aud: All right, let's catch the blow right in the middle of the chest.

Pc: I get it in the stomach.

Aud: All right. Get it in the stomach. You have it? All right, how does the top of your head feel at the moment you get it in the stomach?

Pc: Oh, it's ... ud ... there's a somatic right there now.

Aud: How do your knees feel at the moment when you get it in the stomach?

Pc: They shift.

Aud: Let's get that. How do your feet feel at the moment when you get the blow in the stomach?

Pc: They are getting hot.

Aud: How do your hands feel at the moment when you get it in the stomach? How does the middle of your back feel at the moment you get it in the stomach? Curved in?

Aud: (To audience) Any of you with a cough out there might as well do this, too.

Aud: Is the somatic wearing out on the stomach, or is it getting sharper? Or are you letting it do anything? What's happening to the stomach somatic? Seems less? Good. Let's get it right here on these two cords at the back of your neck. How do they feel at the moment you get it in the stomach? Do they move in some direction?

Pc: There's a lot of confusing head pains.

Aud: Was the head shot first? Is this Facsimile One?

Pc: I get a flash of yes. Seems like the only thing it could be.

Aud: Are you on a postulate that you mustn't feel it?

Pc: It's in connection with the stage. All these somatics turn on when I get on the stage.

Aud: Is it because of exhibiting yourself, or appearing before the public, or talking to the public?

Pc: Talking to the public, yes.

Aud: Talking to the public is very bad, isn't it? Public assembly: mustn't do that! You have these tricks working on you? Does this interrupt your processing to any degree? All

right, let's concentrate on the spotlight. What happened to the stomach somatic?

Pc: It went away.

Aud: Good. (To audience) I'll show you a little trick about facsimiles. *Facsimiles have no finite size. They are not as big as you are or as small as you are or twice as big as your are or anything of the sort. You can shift them at will. You can be any part of a facsimile. You can be a point of concentration in any part of a facsimile. Let's take a time when you have a toothache. You can actually move over a hundred percent into the middle of that tooth and be the ache. Or you can move into one cell of that tooth and get everything that was happening to that cell and exist entirely in that cell.* Now, I'm going to show you a method that is interesting...

Aud: Can you pretend that your skull is out about a yard or two? Can you pretend that it is (let us say) exactly five feet out from you, to the right, to the left, back of you, in front of you, and above you, so that you are inhabiting the middle of it? You've got this skull out there, so that your head is now ten feet wide and you're in the middle of it. All right, now what gland are you?

Pc: Pineal.

Aud: Now, let's receive the full impact of everything that is hitting the pineal in Facsimile One.

Pc: With extended skull?

Aud: Yes, with extended skull. Let's get the concept.

Pc: There's some blockage to doing this.

Aud: Now let's be just the front couple of cells, the front cells that receive the impact on the pineal. Let's get the full impact on the front cells of the pineal.

Pc: When I try to do that I seem to be getting somatics toward the back of the head rather than the front.

Aud: Okay. Let's be the back cell of the pineal, with your head still extended way out there. Let's be the back cell and get the impact from the back. What did you get? Where did the pain come in that time? Now let's be on the right side of the pineal, a cell on the right side of the pineal getting the impact with your skull still extended. You got it? There we go. That was the one that was hung up. Let's get it again. How about shifting over and being the left side of the pineal?

Pc: A heavy effort (counter-effort) seems to be pushing the head this way.

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

Pc: I had a great big operation... from three to four...

Aud: Yes? Having a hard time getting that side? Get it again. Let's shift back now. Let's be all the pineal in this great big skull, and let's get the feeling, as the pineal, "I want this." You've been swindled, you see. But, as you start into this, you say, "I want all this." Just say it to yourself, and be the pineal. Get the postulate that you really want this.

Pc: The postulate is, "I asked for this."

Aud: Well, postulate "I asked for this." Is that immediately after the first one? Well, let's get the first one, the first time you

think "I asked for this." Get that postulate just before the first energy impact. You be the pineal in this great big skull, just a moment before the first impact of energy. Do you have a feeling there that you are not feeling badly? You feel pretty good? All right, let's get the first energy impact from all sides, simultaneously. When I slap my hands together, let's get that first energy impact from all sides together. What is the postulate that goes with it?

Pc: I don't know where I am, I'm lost but I like it.

Aud: Now expand yourself out to the point where the pineal is in the middle of the skull. Get the pineal into the middle of the skull...

BREAK.

Aud: Did you feel an impact? Now where was the impact felt when I asked you to do that? Was it in your body or your head? Against your head? Did you get it inside, as the pineal? Let's move all of you into the pineal, just before it hits. Is all of you in the pineal? All right. Now let's get the first moment. You didn't like the idea of getting the first moment? Let's get the first moment of impact on the pineal, you being the pineal. You got it? All right. Get the first whap. Is it simultaneous, from all side at once? Front, back, all sides? Or is it selectively, first one side and then the other?

Pc: All at once.

Aud: All right. I'll snap my fingers, and it will hit. Be the pineal there in the centre of the head. Let it smack again. Be the pineal. All of you, now. The first blow. Again from all

sides. The first blow again, from all sides simultaneously, and then get the drop in tone as it hits. Feel the drop in your tone, as the first blow hits. The drop on tone again, be the pineal inside the skull, and let's get hit from all quarters simultaneously. You tell me where the blows are this time. The first impact is now going to hit again.

Pc: Around the back somewhere.

Aud: Now the first one is going to hit again (clap). Again. (Clap). And again. (Clap). Let's get the tone drop now. Is it a tone drop, or a rise, when the first one hits?

Pc: Might be a rise.

Aud: All right, let's get the tone change as that first one hits. Now we are just before it hits, the first blow, and we are the pineal, the whole pineal, in the centre of the skull. Do we get a down-and-up emotion? Let's get that. The down-up emotion on the first impact. I'll clap my hands, and it will hit. You be right in the centre. Ready? The first one is going to hit again. Get the emotional curve of the first one. Get it again. And again. And again. (Clapping hands each time). Just the first one, the first blow, from all sides simultaneously. And again, all in the centre. Is there an effort to get out of there, an effort as the pineal? All right, let's get the effort to get out of there now. Now the first blow. Clapping). The first blow. Got it?

Pc: There is a lot of confusion. I don't quite know what I'm doing now.

Aud: Let's get the effort to get out of there on the first blow now. Now let's get the A-R-C break. First, the affinity break of the pineal with everything in the skull, on the first blow. All

right, again, the affinity break. Do you find an affinity break there? An affinity change?

Pc: An affinity change.

Aud: All right, let's get an affinity change with the rest of the body, your feeling of affinity change with the rest of the body. Get the affinity change again. Is it a change up or down? All right, get a communication shift with the rest of the body on the first blow. Get the shift. Now let's get the effort to hold it. Again, let's get the effort to hold it. Again, the effort to hold the action. And again, the effort to hold on to the action. You, as a pineal, get the effort to hold on to the blow. The counter-effort comes in, and your effort is to hold on to it. Are you getting it? Good. What is it like? Have you got that effort freed up? Is it wearing out? All right, let's get it rapidly, one, two, three, four, one right after the another. Just the first blow repeatedly, over and over again rapidly, and your effort to hold it. Is it wearing out?

Pc: Counter-effort coming in.

Aud: Okay. Bring it in. get your effort. Pull it right straight through. Is it from all sides at once?

Pc: From the back, the back of the neck.

Aud: All right, pull it in from the back of the neck, over and over and over. Pull the counter-effort in to you. Now get your effort to shove it out rapidly repeating the first blow and your effort to shove it out. Is it wearing out? All right, now let's get the effort to pull it in again. Is there more of that effort left? Well, get it several times. Pull it in. pull it in again. All right, push it out. Get your resistance, the effort to resist it. Oh, you're getting a good somatic now. Is your effort get-

ting stronger? Go over it again. Resist it. Try again. Throw all of your resistance into it. Is the somatic lessening now? All right, try pulling it in again. Pull it in. Pull it in again. Rapidly, one time right after the other. Well, keep trying to pull it in until the effort reverses automatically. Did it reverse? Pull it in. Pull it in some more.

Pc: At the top of the shoulder blade, the somatic is.

Aud: Are you still on the first one, the first blow? Good. You're doing fine. Now how is the somatic? All right, resist it, one time right after the other. Let's get a heavy resistance on it now. Is it a lot less than it was? Good. Are you still getting a solid resistance on it? ... Would you say that this blow was about half worn out ... or about a quarter worn out?

Pc: Oh, I'd say about three-quarter worn out, on the first blow.

Aud: That is all we are interested in at the moment, just the first blow. Okay. Let's pull it in. one time after the other. Very rapidly, one after the other. Make it good and solid. All right, resist it now. Push it out. Get the sound that goes with it, now. The sound as it would sound inside the skull. Get the resistance of it. Resist it a little harder. Is it practically gone? This time as you run it get the feeling of the affinity break that goes with it ... any affinity change that goes with that blow on the back of the head. Now, the affinity break between the pineal and the skull. Get the communication change between the pineal and the skull. Have you got it? Get it better. Being the pineal, get your feeling of reality break, the feeling of break of agreement. How is the somatic?

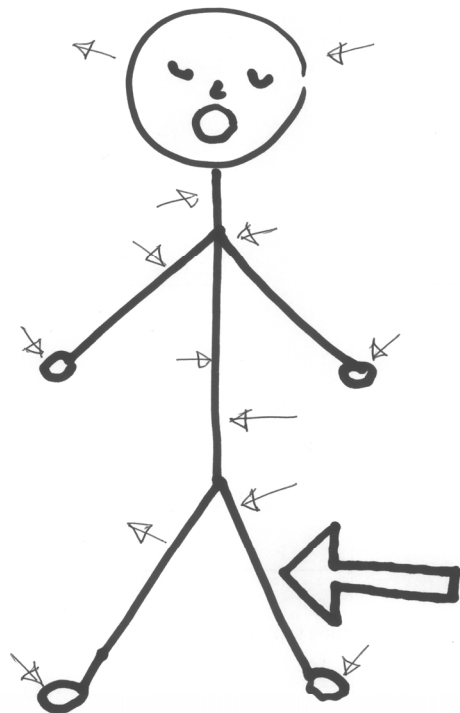
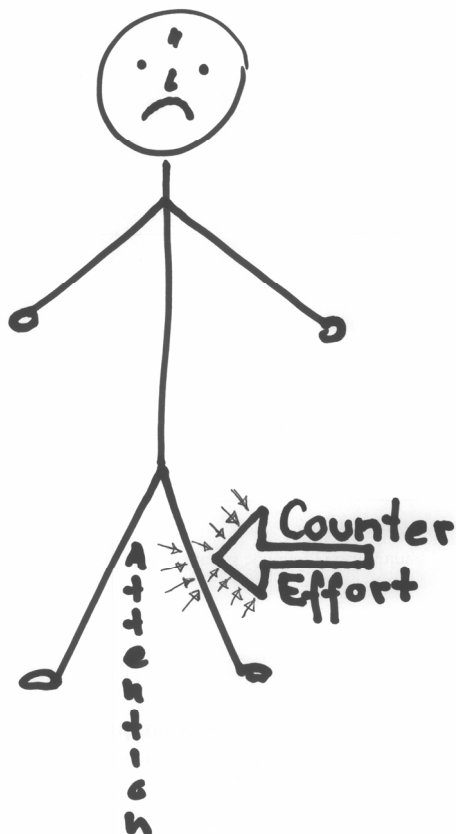
Pc: Oh, it is changed into a different kind of somatic. I'm better, but (words missing).

Aud: Have you been the pineal? In this life, have you been the pineal to a large extent? Are there very many more replays left in that somatic? Or is it almost worn out? Well, is this an avoidance of it? Can't you pick up the remainder of these replays, just for the demonstration? All right, then, how about scanning out the session? Yes, scan out this whole session here, since you came up and I started talking to you. Go over it a few times. Are you hitting those hand claps? Did you get the times when I clapped my hands?

Aud: (To audience) This is an example of effort processing as used in the reduction of heavy Facsimile One.

One individual holds back the counter-effort using massed units of attention to immobilize it and render it ineffective. This blanket of attention prevents the individual from feeling the counter-effort in recall.

Another individual scatters his attention everywhere except in the vicinity of the counter-effort. Since he has no attention on the counter-effort, he does not feel it in recall any more that the first individual does.



SUMMARY BOOKLET 14

Seminar Questions

1. What is a somatic shut-off?
2. What is the relation between the Tone Scale and contacting a pain facsimile?
3. Why is attention to various parts of the body shifted rapidly instead of slowly?
4. What is the size of a facsimile?
5. Are there any limitations in your adoption of a facsimile or parts of a facsimile? Why?