

6403C05 SHSpec-8 Case Analysis -- Healing

Ian Tampion audited PCs on TV for the benefit of the Victoria legislature, at some hearings in Australia. This is the ultimate TVD! The legislators were very interested.

LRH has started running his goals plot: the research activities have left holes in his bank.

There are [about 350] different goals series, in sets of 42. Since the same things went in, over and over, if you run one too deeply, you can drop through into the next series. You also get awful somatics if you do this. The goals series are consecutive, and it just goes in, over and over again, with different GPM's. Same line plot; same goal series. They just go on and on. So if you run out one, you are convinced that you couldn't possibly have run it out, because it is sitting on one of the same GPM's of an earlier series, so it looks like all the goals are still alive, there. So if you run one too deep, you fall through, into an earlier goals series. So you can leave BPC by going on to the earlier one, which gives you bad somatics. You've got 42 goals in a series, for a total of 15,000 GPM's. They get bigger and bigger as you go back. Early track RI's are about the size of a mountain. If you don't get the first (PT) series right, the PC will go into a sad effect of great magnitude with great speed. It will take only four or five seconds, from where where you found the wrong GPM to start from, to the toboggan. This can happen because you may well not have completed the current series. Only some of the 42-goal series closest to PT is formed [because the current series has not yet been completed]. Therefore it is easy to fall back into the next series. Also, the PT GPM itself is truncated, so you can get the first actual goal, but it is hard to get the first actual GPM. Everyone has the same actual line plot in common. We learned our lesson well before the track began.

The consequences of running these GPM's out of order and with wrong line plots are pretty horrendous, which is why we are not broadly releasing the line plots. Incidentally, there are no 2D goals on the actual GPM line plot, as far as LRH has been able to tell. There are plenty of implant goals on the 2D, however.

Case analysis tells you how to become a healing wizard and upset the AMA. Man has no real tradition of healing. There is a lot of charlatanism. The AMA is into plumbing, not healing, anyway. Of course, doctors are necessary -- like plumbers. They never reveal their stats, or -- not often enough. You hear that 600 people have received kidney transplants. What you don't hear is that all of them were dead within two years. Previous attempts to heal overts have consisted of things like calling for repentance. This is not an adequate process. Man got healing closely associated with structure and became successful, where structure is concerned. He knew nothing of disease. Infection may or may not have to do with bacteria. There are too many variables to say for sure. The fact that you can see the bugs under a microscope is insufficient. LRH has found that infection many be the result of a GPM. Healing is done by the body. The doctor merely arranged the parts so that they could go back together and hoped that the individual would do the rest. Until you have solved the problem of how the individual influences his own healing process, you can do nothing broadly about healing. So the healing professions have tended to be monopolists or frauds. The modern medicos and psychiatrists have gone towards a monopoly. They have also made research a lucrative profession, but they tend to keep the door shut on a real search into healing by others, not part of their club. Authority has become "fact" in courtrooms. We don't communicate with the medicos, not so much because they are evil as because they have certain stylized ways of thinking into which we do not fit. They use research as a way of raising money, which is another incomprehensible. We would have been incomprehensible anyway, because we have gone forward on the basis that there is such a thing as truth, and that using what we know of it, we can help our fellow man.

Our real goals as scientologists are unreal to the public, so there has to be a bridge. We do want some way to bridge in to the fellow on the street. Healing can be a part of the lower part of such a bridge, because it is real to people. Freedom from psychosomatic illness is something that we can produce easily at lower levels, even though healing isn't our main

interest. This makes the monopolists attack us. The second thing that we need to know about healing is: if you are going to heal, heal. Don't heal "in order to _____." You would gain great acceptance in a community if you worked on that, avoiding or handling the attacks of the monopolists, and escaping the wrath of the frauds.

If you do go in for healing someone, make sure that you also teach him a little and broaden his horizon beyond his goal of getting rid of his lumbosis. You do have a technology for healing any chronic disease or illness, provided that you can read a meter and keep the auditing comm cycle going. A chronic disease is a disease that exceeds its expected duration. But don't assume that because you can see that someone is sick from something, you should heal it. To say what someone is suffering from is very adventurous. The person's mental mechanisms can bring about and perpetuate virtually anything. Actually, all illness is psychosomatic, even broken bones. It shows poor judgement to put one's body in a position where its bones can be broken, after all. The genus of psychosomatic illness is in suggestion [the hypnotic variety]. And suggestion comes down to postulation. Nothing can be suggested to the individual [with any effect] that he has not earlier postulated himself. Thus an overt would be to key in something that the person had already postulated for himself. The person must have willed the destruction of bodies before he could get his body in bad shape. It really isn't what has happened to a person that brings about a psychosomatic illness. It is what the person is willing to have happen [e.g. to another]. But it is neither possible nor necessary to trace a psychosomatic illness back to the individual's basic intention to have it, to cure a psychosomatic illness. Though all psychosomatic illnesses are self-caused and stem from early thetan postulates, the key-in of such an illness can be other-determined. He doesn't have to have a key-in to make his postulates come true, but when one of his early postulates sometimes mysteriously materializes in the physical universe and he doesn't know anything about it, it is necessary for something else around him to key it in. He did it himself and knew he did. But if it is happening and he doesn't now know that he did it himself, it must be the result of a key-in. Hypnotism, for instance, is merely a key-in of a person's earlier postulates. [Cf. HCOB 10Aug73 "PTS Handling"]

To keep an environment calm, you must be careful of what gets keyed in. For instance, a war environment is restimulative enough to cause the keying in of a lot of brutality. A thetan is unbelievably numerously pre-postulated!! With 15,000 GPM's, each containing 16 RI's, with locks galore, there is lots to be keyed in.

So when you heal psychosomatics, you are not dealing with the thetan's basic postulations, unless you are auditing at Levels V and VI. Below Level V, basic postulates are out of reach of the thetan. They are neither necessary nor possible to use, in handling psychosomatic illness. It is fortunate that you don't require them.

Here are the steps in the formation of a psychosomatic illness:

1. The thetan postulates it, i.e. he postulates that it could be done or that it could happen. This was trillenia ago, probably.
2. Then he did it to someone else.
3. Then he could and did have it keyed in on himself, and he got the experience.

The key-in could be anything. It could be something quite mild: a symbol, for instance. Step (1) would be taken up at Level VI if anywhere. But trying to handle illness at Level VI is too restimulative. Someone who is sick is probably not up to any part of it, and you don't do Level VI partially, anyway. Handling Step (2), getting the basic overt on the track, is equally a matter of going 'way back and is therefore probably impossibly difficult to get at.

But you can easily handle Step (3), picking up the key-in in PT, which is some tiny motivator or a small overt that keys in the big overt, and you can make the person well by using it. To cure somebody, find the most recent key-in that you can get your hands on, or "the latest overt

on that subject.” [Again, Cf. HCOB 10Aug63 “PTS Handling”] Don’t try to heal with heroic methods. Take care of the key-ins, even though you know, correctly, that there is far, far more behind it. You want the lightest key-in that you can approach. By the nature of the case, you won’t be able to reach that big postulate, until the case as a whole is up to Level VI. Try to pick up the key-in that is as close to present time as you can get, not as far back as you get. If the recent key-in is too heavy to confront, e.g. if it is something three lifetimes ago, you can even pick up the key-in of the key-in. Go easy; use a feather duster: The lightest of methods is what succeeds in healing. Curing bunions is not the same game as restoring to a being his full powers. But it is a useful skill, and a very “lightly-lightly” one. You are not trying to get to basic. The “heroic” measures indulged in by desperate doctors are just physical dramatizations of a needless search for basic. Cutting out the brain to handle things is the effort to arrive at prime postulate dramatized as a physical action.

The mystery is how something can be keyed out. But it can, and it heals the PC to do so. He is likely to get the somatic back when he gets up to Level VI, but there, you will be running it out.