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A brief symposium
by four psychotherapists
and a scientist

giving

An Outline of
DIANETICS

including the latest
developments

Price 2/6

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INTRODUCTION

THIS pamphlet has been produced by the Dianetics Study Group, London, a group of professional people, all full members of which are psycho-therapists. The aim of the pamphlet is to give the reader a very general idea of the original basic tenets and practice of dianetics, of its more recent modifications, and of the startling and apparently often well-authenticated claims for its efficacy as a therapeutic tool, put forward by its founder, L. R. Hubbard. The two opening articles on dianetic therapy do not pretend to form an inclusive survey of Hubbard's work ; they merely purport to indicate in outline the main, significant trends in dianetic thought. The two final articles serve to give an indication of the kind of evidence on which Hubbard has based his not-inconsiderable claims for the results of dianetic therapy.

In addition, we include an article by a professional psycho-therapist of over twenty years' standing, commenting on dianetics. It was felt that the most valid comparison of dianetics with other forms of psycho-therapy could best be made, not objectively by comparing their respective assumptions and claims for results, but by the actual experience of it by someone who had himself had personal experience of other psycho-therapeutic techniques.

In producing this pamphlet, the Group has wished to leave its contributors free to express their own views ; the Group as such was clearly only able to do this by not holding itself responsible for any views expressed by the individual contributors, most of whom are members of the Group.

Obviously, we should all like to have written at much greater length ; it was, however, felt, at this early stage of our experience, to be more fitting to aim at brevity.

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THE ORIGINAL BASIS OF DIANETICS

BY DENIS O'CONNELL

DIANETICS was put forward to the public as a "new science of the mind" by L. R. Hubbard in 1950. Since then, many of his original assumptions have been developed and the techniques modified; the purpose of this article is to summarize briefly only the original basic ideas of dianetics.

It is now claimed as a fact, evidenced by the universal improvements brought about by dianetics, that everyone functions physically and mentally well below his potential capacity. Physically we are all the victims, to a greater or lesser extent, of psycho-somatic maladies. It is estimated, on the basis of dianetic results, that these constitute about seventy per cent of all human ailments, and range from such serious troubles as stomach ulcers, T.B., asthma, and chronic arthritis, to minor ones, such as colds, headaches, or merely feeling "off colour."

On the mental plane, it seems that no one functions perfectly, using all his innate intelligence and mental capacity, all the time. Again, to a greater or lesser degree, we are the victims of mental aberration, ranging from psychosis, through the various types of neurosis such as anxiety or inferiority feelings, phobias, and the compulsions or obsessions, to mere irrational likes and dislikes, slight depression, poor memory, inability to learn or to speak well in public, or lack of concentration or initiative. Each one of us suffers from some of these things, no matter how slightly. Dianetics claims to supply both the explanation and the cure of such troubles. In addition, it has been shown that we may expect, as a result of therapy, a very considerable increase in energy, intelligence, and zest for life.

Of major importance in dianetics is the discovery that some part of the mind continues to record all perceptions of a man's environment throughout his life, **even when he is unconscious**; thus every human being (with the exception of those whose brains are physically damaged) has hidden within him a complete record of everything which ever happened to him. This is called his "time track," and it is possible, by

means of dianetic therapy, to return to any part of the time-track and re-experience an incident exactly as it was recorded. Some people, particularly children, do this easily and naturally. In others the ability to return in this way may be more or less inhibited. One of the first aims of therapy is to find and release these inhibitions.

The two levels of mind functioning with which dianetics is mostly concerned are called the "analytical mind" and the "reactive mind." The analytical mind is defined as that function of a person which perceives and solves problems of survival. It thinks in terms of differences, and it directs behaviour during all ordinary, non-emergency situations.

The reactive mind is conceived as that function which directs a person's reactions during times of severe mental or physical stress. It works on a stimulus-response basis, and thinks very primitively, in terms of identities. It is this reactive mind which records perceptions during such periods of stress (which include times when the person is partly or completely unconscious due to injury, illness, or anaesthetic). Such a recording is called an "engram," and contains all the sense impressions, including pain and distressing emotions, experienced at the time.

Engrams cannot be remembered, the analytical mind having been "shut down" or attenuated while the recordings in the reactive mind were made. The experience contained in them cannot, therefore, be evaluated without the aid of therapy.

If, subsequently, a person gets into a situation similar to an engrammic one, the engram will be reactivated and is then "keyed-in." When this happens, the engram has command power, shutting down (to a greater or lesser extent) the analytical mind, and directing behaviour and all physical and emotional reactions. It is as though the reactive mind says: "I behaved in such and such a way during a very dangerous situation, and I survived. If I behave in the same way in any similar situation I shall again survive."

After an engram is keyed-in, it can be reactivated by situations which are only slightly or superficially similar to the engrammic one, but the person will respond always in the same way, even though such behaviour is inappropriate and irrational. Furthermore, when such restimulation takes place, the person will obey literally any phrases recorded in the engram. It is the reactivation of engrams which causes

fixed behaviour patterns and psycho-somatic disorders. The more an engram is restimulated, the more highly-charged will it become, and the greater will be its power to aberrate.

Part of dianetic therapy consists in having the subject lie on a couch with his eyes closed and asking him to return to a time when an engram was recorded, and enabling him to re-experience the situation in full detail, while remaining awake and aware of his present time environment. He is said, in this state, to be in "dianetic reverie." When this is done the pain and painful emotion in the incident is discharged and the engram can be evaluated by the analytical mind, whereupon it loses its command power and ceases to have any aberrative effect. It can never again be restimulated.

In theory and in technique dianetics claims to differ from all older forms of psycho-therapy, being based on several new concepts of mind-body function. No hypnosis is used and no suggestions are made. In fact, as regards both aim and method, it is exactly contrary to hypnotism, which puts people to sleep and is considered by dianeticists to **install** engrams ; dianetics erases engrams and wakes people up. The object of the therapy is to achieve complete self-determinism, and to this end all experience recalled in dianetic reverie is interpreted and evaluated by the person himself, not by the therapist.

Dianetics was conceived and worked out by Hubbard (an American engineer) during twenty-five years of study and research. In 1950 the Hubbard Dianetic Foundation was established in order to facilitate this research.

In addition, there are many dianetic groups throughout the U.S., and several in the U.K.

A SUMMARY OF THE LATEST DEVELOPMENTS IN DIANETIC THERAPY

BY JEAN KÖLLERSTRÖM, D.SC.

ACCORDING to the new theories of dianetics put forward by L. R. Hubbard in his books "Advanced Procedures and Axioms" and "Handbook for Pre-clears,"¹ it is now considered that all "aberration" (i.e., irrational behaviour) including all psycho-somatic illness, is the result of an initial, conscious, decision to be so aberrated. The original decision to behave in this way is formulated by the "pre-clear"² to himself as a "postulate," a conclusion which, in these initial circumstances, seems to make things easier for him. At that time, he is fully aware of what he is doing: this postulate is an attempt on his part to excuse his momentary failure, and to get sympathy from someone around him. Later, his awareness of the self-deceptive purpose of this postulate may become obscured, but he still reacts to it as to a command. His now consistently aberrated behaviour pattern can only be removed by recovering the postulate to be thus aberrated. Engrams themselves only have effect when mobilized by the pre-clear's postulates.

It now appears that it is no longer necessary to deal with every engram in the "reactive bank." For every person there exists one (in some cases, more than one) main aberrative pattern of behaviour (now called his "service facsimile") which is the key to all his other irrational behaviour.³ One of the main aims of this new therapy is to

¹ The two essential books on dianetics.

² "Pre-clear": the person undergoing therapy in the state prior to becoming a "clear."

³ A **facsimile** is the term used by Hubbard to denote the recording of the total perceptions of any experience, plus the subject's then reaction to it, i.e., a cross-section of his time-track at any past moment. The **service facsimile** is the term used for that facsimile which he has utilized to redress his failures. A very common pattern stems from a desire to help or protect someone; this attempt fails; one then compensates by identifying (in sympathy) with this other, taking over his illnesses, his goals, or his fears. His "life-continuum," as it is called, then becomes the aberrative pattern. In Hubbard's words, the service facsimile contains "all that is wrong with any case."

bring to light the character of this aberrative pattern, which is done in preliminary discussion by questioning the pre-clear about his attitudes to, and ways of reacting to, people and situations in his past and present environment. Once this "service facsimile" has been brought to light, the postulate to be thus aberrated can be tracked down by returning the pre-clear, in reverie,¹ to the moment when he first made the postulate that it appeared to be to his advantage to behave in this way. When this has been achieved, many other minor aberrative traits will disappear of themselves, or their sources will at once become apparent.

It should be emphasised in this connection, that no blame whatever is attached to the pre-clear for having decided to act in this way; the sole function of the therapist is to guide the pre-clear on his way of emancipation from this kind of behaviour; not, in any sense whatever, to adjudicate.

The foremost goal of this kind of therapy may be said to be that the pre-clear shall agree to take full responsibility for all his behaviour. Instead of excusing his failure to adjust to his environment by blaming others, by getting ill, or by attributing them to fate, he will now become fully self-determined in all his thoughts, emotions, and actions. By this fundamental change of attitude, of self-direction, he will experience not only a cure of his previous psycho-somatic illnesses and of his aberrative behaviour patterns, but a new way will be opened for a development of his potentialities for achievement, for happiness, and for usefulness to society.

The route, in therapy, to the realization of this state of self-determinism, is by way of questioning the pre-clear as to what factors in his past and present environment have prevented him from being self-determined. Children are innately self-determined. They are inhibited from fulfilling their self-determining desires by their parents, teachers, etc., and this natural tendency for self-determinism thus becomes overlaid by conflicting influences. However, the original urge can be re-established once the factors which suppressed it have been brought into awareness.

In this connection, another aspect of therapy, the importance of which is very much stressed, is the establishment of what Hubbard calls the "true control-centre." When a person is acting in a fully self-determined way, he is being directed by

¹ See page 5.

this "true control-centre" in his mind. At all other times he is functioning from some sub-control-centre: thus he may, at these times, be identified momentarily with someone else, and be behaving as they would behave in these circumstances, and not at all as **himself**; or he may temporarily "lose control of himself" because of, for example, some shock or grief. Problems such as lack of self-confidence, lack of interest in life, etc., when viewed in this light, are seen to be due to the more or less consistent failure to act from the true control-centre. The resolution of the problem then consists of directing attention to instances when the person was in fact directed by his true control-centre, until this becomes a feelingful reality to him; and to other moments when (and this may be most of his life) he had lost sight of this and was directed by a sub-control-centre.

It should be pointed out that although far-reaching modifications of dianetic principles have taken place, as indicated above, the new concepts do not invalidate the original ones: they are superimposed upon them. The actual techniques used do vary very markedly from the original ones; thus the use of "reverie" and of "return" is far less frequent now; in fact it is mainly reserved for eradicating the "service facsimile;" for the rest, straight questioning along carefully planned strategic approaches is the main tool. The therapist still makes no attempt to interpret the data which the pre-clear offers in answer to questioning; it is considered of the utmost importance that the pre-clear should arrive, by himself, at an awareness of his attitudes; of the nature and sources of his problems. It is considered that no therapeutic benefit can accrue to the pre-clear by the therapist pointing out what may appear to him self-evident; the pre-clear can only arrive at a true resolution by himself formulating this resolution in a self-determined way.

In this brief resumé of Hubbard's "Advanced Procedures" of dianetic therapy, it is not possible to give any detailed account of the actual methods of therapy. It is claimed that these techniques, which are laid down in fifteen systematic steps, if followed through consistently, are considerably more effective and very much speedier than any of the older dianetic methods. In support of this, there now comes a report, received a few weeks ago from America, of five "clears," who reached

this goal as a result of the application of the methods of "Advanced Procedures."

Finally, it is interesting to note that the idea of a "clear" has also undergone a change. A "clear" is no longer regarded as a person who has had all his engrams run out (since these are no longer thought to be necessarily aberrative), but rather as someone who is aware of all his motivations, and who lives completely in "present time." There is nothing absolute about this state; it is an ever-receding limit, a threshold for the development of further levels of consciousness.

A PSYCHO-THERAPIST COMMENTS ON DIANETICS

BY OSCAR KÖLLERSTRÖM

DIANETICS is new, in the experience it offers, in its technique, and in its goal.

In defence of my own eclecticism I have sought a wide personal experience of different psycho-therapies, and have found it most useful in my practice to be able to apply the different therapies according to the requirements of the individual case. Both my personal experience of dianetics, and my use of it in my practice have amply borne out the fact of its newness, a fact that is confirmed by some of my colleagues. And there is no doubt in my mind that, from the point of view of what the patient wants, dianetics has great advantages. Further, the only reasoned and considered criticisms of it that have been made to me by the many colleagues to whom I have introduced it begin by acknowledging its obvious therapeutic advantages. It has been criticised for its mechanistic philosophy—though in the light of advanced procedure this criticism is no longer valid—for not bringing the patient into touch with the creative riches of his unconscious, for letting him get away with a cure without having faced up to the analyst's criticisms. In what, then, do its newness and greater efficacy lie?

The most astonishingly new element is that, by means of the dianetic reverie, most patients can be taught to return, without any loss of consciousness, to any previous moment in their lives, however early, and to re-experience this in the fullest detail. It is not my purpose here to discuss the relevance of this fact to current psychological and medical theory regarding the possibility of such recall. It is, however, suggested that there is in the human mind some completely mechanical and continuous process of recording all that takes place.

It is perhaps on account of the mechanical nature of this recording that dianetic methods have had to become so precise. Gone are the days when one "followed the patient" through the vagaries of his associations, and gone too, the days when it was enough for the therapist merely to hold this or that

"opinion," or think so-and-so "wise in the light of experience." We are confronted with a vital new fact: the therapist, in treating his patient, is not now so dependent upon a vast knowledge of human nature, width of experience, or cultural background—though all these may be of great additional value. What he does most desperately need is a precise, almost mathematical, knowledge of certain definite principles and techniques. In brief, with the advent of dianetics, psycho-therapy has become, alas, a science. Yes, alas; for the therapist at least, the old way was so much nicer and more interesting.

But I've been wasting space, for so far I've been writing about the old "standard procedure," and have not even touched on the much more interesting "advanced procedure," which almost begins to feel like a psycho-therapy again. I've not even touched on the central therapeutic work of dealing with indentifications, ("valences"), nor on the problem of why and how the transference situation is diminished. And I must rush past all the problems of fantasy, myth, pre-natal engrams, and past deaths. Perhaps I might wedge in the statement made last week by our Hon. Sec., Mr. Miles, that dianetics is concerned with the pre-conscious and the sub-conscious—and one might add, with what seems to border, at least, on the mystical—but not with the unconscious. And now to the next paragraph.

Whereas standard procedure was concerned with conditioned reflexes (engram theory), advanced procedure is concerned with free will. Whereas the poor patient was the victim of fortuitous circumstances which created the engrams which plagued him, he is now as responsible as the best existentialist for having chosen his way into a state of relative non-being—though he is by no means so morally reprehensible as the best Adlerian patients. To be serious—for I certainly do not wish to denigrate Adlerianism, which of all the older psycho-therapies is the most similar to dianetics—whereas standard procedure deals with that aspect of human experience in which we should realise ourselves as having been mere objects, advanced procedure deals with those moments of experience in which we realise ourselves as persons, choosing a life-style, a vocation, an identification, a neurosis. It returns us to those moments—often forgotten, overlaid, repressed—moments when we formulated some conclusion or postulate that, often

only by implication, pre-judged our vital decisions, or delegated these to circumstances. None of the old mathematical certainty is sacrificed in the new approach ; we still have precise rules about the preliminary matters that must be dealt with to enable us to reach the decisive moments, and to erase their effects, when these are aberrative. It is a discipline whereby the patient learns to free his will from old mis-made bonds so that he may choose again, and effectively.

His engrams, like his complexes, are largely bypassed. Though, in his therapy, he may work through his own version of Christendom's saga or an individual death experience, he does not, as in some older psycho-therapies, return to the whole, age-old world of myth, with its fertility and sexual symbols, the Oedipus complex, and dreams of the Magna Mater.

Dianetics, and especially advanced procedure, is a conscious, individual experience of freedom in relation to actual circumstances ; it is eminently practical. The whole therapy is conducted merely by questions, for as in standard procedure, the therapist still never interprets ; released from aberrative postulates, the patient re-evaluates for himself. Self-determinism is the objective.

Postscript

Judge dianetics for yourself. Though the good dianetic therapist needs very great skill, yet in principle, as Dr. Winter writes : " Dianetic therapy is basically simple."

The attitude of the expert has sometimes shown itself as a danger to the enquirer, and one has had opportunity to observe the passing of snap judgments on dianetics. These have usually taken the form of describing the whole of dianetics as being just such and such an older therapy because one aspect of dianetics has been seen to be similar to that older therapy. In presenting other methods to experts, for example the work of F. Matthias Alexander, I have sometimes noticed somewhat similar reactions. Though, like every psycho-therapy, dianetics has many factors in common with other psycho-therapies, it is new in its very **gestalt**. So judge dianetics for yourself.

This is in no sense intended to denigrate the work of psychiatrists or psycho-analysts, whose work must assuredly go on, and deepen in its significance. This has its assured place

in our social fabric. Moreover, analysis has contributed rich and everlasting value to our culture, and though therapists sometimes seem to neglect this aspect of its contribution, yet now that poets, priests, and sociologists have grasped it, nothing can stop its growth.

To conclude I must mention the dianetic goal, for it is in this that dianetics best shows its newness. The possibility of the clear, **homo novis**, has raised the target of psycho-therapy ; indeed it takes dianetics beyond therapy. It becomes a way of self-development for the healthy, for those who seriously seek to improve their functions, to gain more effective control of their lives and environment ; it is a new and practical hope, a way of self-realisation and fulfilment.

SOME THERAPEUTIC RESULTS OF DIANETICS

BY GEORGE HAY

SINCE the spring of 1950 very many people—a hundred thousand is the figure quoted by Hubbard—have had the opportunity to test for themselves the validity of dianetic therapy. Far fewer have made the experiment in this country ; sufficient, nevertheless, to enable certain definite statements to be made.

Not surprisingly, the main attention in therapy has been focussed upon the cure or alleviation of specific psychosomatic complaints. These fall under two broad headings : complaints of a kind which would normally call for medical attention, and those which were admittedly more “ mental ” than “ physical,” but which had hitherto resisted various methods of psycho-therapy, or for which, such methods were not considered suitable.

I quote at random from a number of cases reported from the U.S.A.

Case 1. Age 40, female, factory worker ten years, four years grammar school. Arthritis in right shoulder, “ afraid of everything.” Italian parentage ; spoke poor English. This patient had lived an incredibly traumatic life, having received frequent beatings from her father, and later, much abuse from her husband. Other incidents—two broken love affairs, death of both parents, one divorce, twelve dental operations, two abdominal operations, one breech delivery after twenty-six hours in labour, subject of two abortion attempts. This patient appeared hopeless. She felt “ hemmed in ” and saw herself as a complete and inevitable failure. Severe anxiety had degenerated to utter dejection. After forty hours of therapy and three months of “ settling,” all psycho-somatic ailments were gone ; received three increases in salary ; cheerful, extremely optimistic and ambitious, enrolled in adult high school ; has maintained average of above ninety in all subjects during the first four months ; took up typing and advanced English ; is planning a career in interior decorating.

Case 2. Age 21, male, one year college, sluggish, shy, quiet, introverted, muscular rheumatism in both legs, minus-

four myopia both eyes. All muscular rheumatism has now disappeared. After 150 hours therapy the patient changed jobs from one principally involving physical labour to one involving mental ability. The specified learning time for the new job was seven to nine days. The patient passed all tests at peak efficiency after six hours of job-observation, much to the amazement of his employers and himself. Disposition greatly changed ; now warmly interested in others and highly gregarious. A marked improvement in his intellectual powers has been observed. Myopia improving.

Case 3. Age 40, female, four years high school, strong sense of inferiority, servile, had suffered many inequities because of inability to express normal self-assertion. After fifty hours' therapy all of the above conditions had improved ; headaches gone, phenomenal improvement in memory ; relations with employer and family much better.

Case 4. Age 28, female, chronic indigestion ten years, chronic anxiety, plus hyperopia in both eyes. After thirty hours' therapy : excellent digestion, no anxiety, 20/20 vision, glasses discarded.

Of the benefits obtained by dianetic therapy in this country, it is difficult to obtain an overall picture, due to the fact that the majority of those practising have not, until recently, maintained any close liaison. Typical cases which have come to my attention are : removal of chronic migraine ; disappearance after one session of a calcium deposit for which an operation had been scheduled ; remarkable improvement in powers of memory and equally remarkable improvements in integration of the total personality. A medical colleague reports the clearing-up in several weeks of a case of bronchitis of eleven years' standing and the elimination of a nine months' state of arthritis in four fifteen-minute sessions. In the two latter cases, it should be noted that the colleague in question was using the latest techniques developed by Hubbard, which differ markedly from the earlier ones.

Of all the cases which have come to my immediate attention, there have been, to date, no relapses. Of all those who to my knowledge have consistently received auditing over any long period, I can think of three only who have not definitely stated that they have benefited. Of these, two are still interested to the point that they still give and receive dianetic therapy at regular intervals.

To my mind, the most important part of the treatment is the part it plays in the re-establishment of the patient's inherent individuality. Perhaps I may illustrate by quoting from an American correspondent. She says : " I feel that my case is approaching a major point of resolution. This is a little intangible to summarize, but it amounts to a reorientation in which the focus of my attention has moved from a private world of fantasy into the world of everyday events. Imagine this happening to me at the ripe old age of thirty-four ! Of course, the change isn't solid yet. It has to be claimed day by day in committing myself to action—making a solid reality of the new regime in which I think and do."

I feel that this expresses excellently the reactions of very many of us to dianetic processing. It has enabled us to become sharply aware for the first time of the reality both of the external world and of our own place in it. To me this is of greater benefit by far than the relief of specific symptoms, important though the latter may be. I may remark in passing, that where such reliefs have been obtained, it has nearly always been as a concomitant to a growth in integration, rather than as an isolated event. The advances made in dianetic therapy in the recent months have been such that to come to any decision on a basis of the old methods alone would be a grave error. I can only hope that it will soon be possible to make these new theories and techniques available to all those in this country who are interested, in order that they may make the experiment and judge for themselves. This is the only effective and final method of test ; in the words of Coventry Patmore : " All reasoning ends in an appeal to self-evidence."

Perhaps a word had better be said here anent the much-vexed issue of the " clear." Much work was expended by many people after the appearance of Hubbard's first book in endeavouring to reach this desirable state. Since, despite remarkable improvements in many of these people, no " clears" in fact emerged, it was concluded by most that they had been pursuing a myth.

A few hardy souls plugged onwards. Fortunately ! That the goal of " clear " could in fact be achieved was shown when Ron Howes, of Minneapolis, released officially the use of his name early this year as being the first person to achieve this state. Shortly thereafter it was reliably reported that approximately a dozen, up and down the United States, had

reached the goal. Since then, interviews with the various clears and with their auditors have been or are being recorded on magnetic tapes and in print, and considerable knowledge of the cleared state is being gathered.

No clears have as yet been produced in Great Britain. However, it may be stated with some confidence, that in the case of a small number of individuals, very considerable progress has been made towards this goal, and it may not be very long before an authoritative pronouncement on the subject may be issued on this side of the Atlantic also.

To those who are not familiar with the material in "Advanced Procedures and Axioms" and "Handbook for Pre-clears" there is not much that can usefully be said on the practical issue of reaching the cleared state. Primarily, three things are needed: desire, recognition, and honesty. One must wish—really wish with the whole effort of the organism, not just intellectually—to become clear. One must be able to recognise the source of one's aberrations—which involves tuning up recall to the point of being able easily to return at least to birth, if not earlier. And when one recognises this source, one must face it for what it is, and really wish to renounce its use once and forever.

Quite an order! No wonder that one of this country's most practised and successful auditors has remarked on this subject that "Many are called but few are chosen."

To those reading these words I would say—"You have within you the possibility, if you so wish, of becoming clear. There is only one thing stopping you, and that is—yourself."

THE PSYCHOMETRIC EVALUATION OF DIANETICS

(The results of the Therapy—with Psychometric Data¹)

BY RICHARD BENJAMIN

THE Hubbard Dianetic Foundation, in America, conducts intensive training courses for professional dianetic therapists which, in 1950,² lasted only four weeks.³ During the first week, students were given up to 40 hours of therapy, and they also learned the therapy largely by practising it on each other; they thus received a total of 50 to 100 hours of therapy during their training. Students were also medically examined, and given psychometric tests both before and after their training. The first battery of tests was administered by a team of clinical psychologists under the supervision of D.

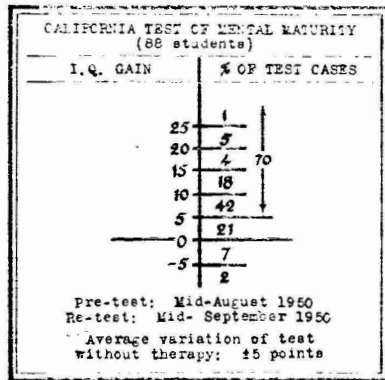


Figure 1

Ibanez, Ph.D., Ed.D., from mid-August to mid-September, 1950. The original purpose of the preliminary testing was to screen applicants for training, and to assist therapists in classifying them according to intellectual ability and emotional stability; however, the figures also appear to throw an interesting light on the effects of the therapy, in the form in which it was then practised.⁴

¹ This report is based largely on data contained in a pamphlet "Dianetic Processing: A Brief Survey of Research Projects and Preliminary Results" by D. Ibanez, Ph.D., Ed.D., and others, published by the Hubbard Dianetic Foundation.

² Mr. Hubbard has since left the Foundation and is working independently.

³ Now (in 1952) the professional course lasts eight weeks, and is open only to persons possessing a university science or arts degree or its equivalent.

⁴ The technique has been considerably developed since 1950. Above all, nothing was then known about that highly efficient technique known as "Advanced Procedure."

Intelligence was assessed by means of the California Test of Mental Maturity, Short Form. Figure 1 shows increases and decreases of intelligence quotient (I.Q.) for a group of 88 students during their four-week training period. It shows, for instance, that 5% of the group showed an increase in their I.Q. of between 20 and 25 points. It shows a significant gain for 70% of the group, and a significant loss for 2%. There appear to be no adequate re-test statistics available for this test; any learning factor is likely to be small, but it is

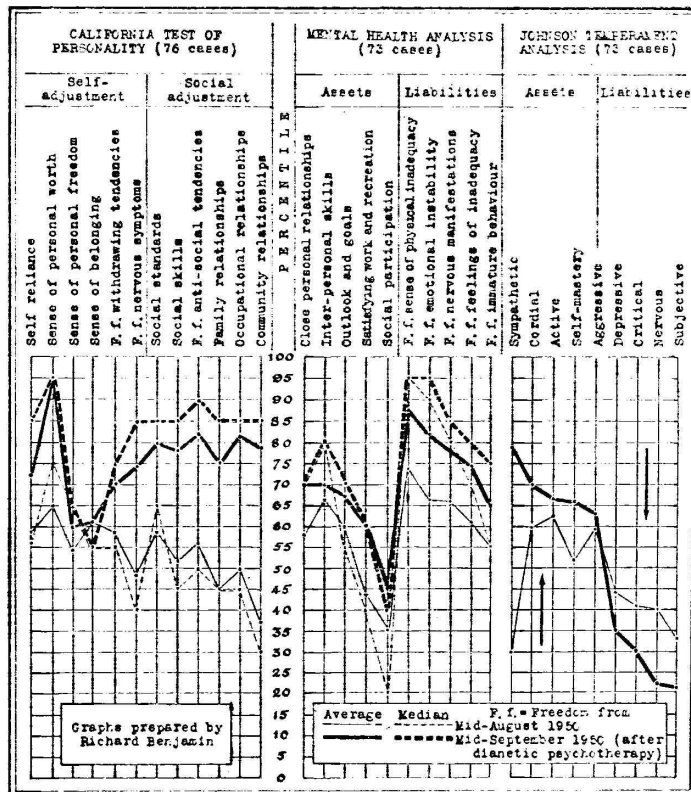


Figure 2

advisable not to attach any significance to changes of less than 5 points.

Figure 2 shows the results of the California Test of Personality, the California Mental Health Analysis, and the Johnson Temperament Analysis, as applied to 73-76 of the above students. Each of the four curves shows different values for a large number of personality traits. The two thin lines show the scores for the beginning of the training period, the two thick ones for the end of the period (i.e., after therapy). In either case, the continuous line shows average scores for the group, the broken line "median" scores. (The median value is that which would stand in the middle if all values were arranged in order of magnitude). To assess the changes which have come about during the four weeks, we may thus compare either the two continuous curves or the two broken ones. In either case, we find a substantial improvement with regard to most personality traits, and not a single change for the worse.

We might mention here that it is sometimes possible for a person deliberately to deceive his examiner in the case of personality tests. However, such behaviour would only have resulted in too low a gain, because the greater incentive for deception was with the pre-test, which was used for screening.

Some months after the above tests were carried out, the Minnesota Multiphase Personality Inventory became more popular at the Foundation. If an item analysis of this test is used, it can be very useful for a dianetic diagnosis. This test is of special interest because the statements used come very close to many "engrammic" phrases that are common in our society.

Finally, it is necessary to point out that the statistics which form the basis for Figures 1 and 2 are not finally conclusive, because no control group was used; nevertheless it seems extremely unlikely that any factors other than the therapy should have produced such consistent changes in such a large group.

INFORMATION SUMMARY

The Dianetic Federation of Great Britain puts enquirers in touch with their nearest Dianetic Group and provides information on request. Please write to 20, Buckingham Street, W.C.2.

"Dianetic Consultants" is a small group of professional dianetic therapists. Please write for brochure to the Hon. Secretary, 20, Godfrey Street, S.W.3.

The Quest Bookshop, 108, Queensway, W.2., stocks all books on dianetics which are available in this country.

The Derricke Ridgway Publishing Co., Ltd., of 1, Ladbroke Road, W.11, is publishing the English editions of L. Ron Hubbard's books, and can take orders for books on Dianetics.

Jean Köllerström, D.Sc., holds classes on Dianetic advanced procedures and recent techniques at 49, Randolph Avenue, W.9. Please write or telephone Cunningham 5862.

Denis O'Connell gives instruction in the theory and practice of Dianetic Auditing. Classes held at 49, Randolph Avenue, W.9. Please write or telephone Cunningham 3181.

(This summary makes no pretensions to completeness)
