

Ref: pg 662  
Case 2

24 Apr 69

Well done,

Follow down the somatic always. You did so, But don't follow narrative similar incidents.

She is now off Dianetic auditing as a pc and can be returned to Scn auditing. If however she gets sick or feels down, revert to Dn auditing.

LRH

Ref: pg 672  
Case 3

30 Apr 69

Well done,

Pc off Dn auditing unless more somatics show up. On the basis of "let him have his win"

LRH

Ref: pg 680  
Case 4

27 Apr 69

Something went wrong here. You asked on Pg 2\* More Solid? And he said more real. Instead of running it again you asked for Earl Similar and invaled his erasing it. Also it didn't go more solid on pg 1 Col 2 \*\* yet you asked for Earl Sim. You got on an earlier similar kick and aren't following procedure.

You pass pc through twice, ask it its erasing or going more solid. If it isn't going more solid, whether erasing is answered or not, you run him through the same Incident again. Dizzy is not any indication of anything. It's only "more solid."

Also on the Ind run through you don't do date duration etc again, you've got that. You tell pc to move to the beginning, scan through and tell you what happened.

You are running this pc into too many unerased incidents.

Erase "auditing sessions" by R-3-R.

Then assess properly and properly begin and this time do the drill properly.

LRH

\* see session notes

\*\* see session notes



Ref: pg 690  
Case 5

26 Apr 69

Flunk—

You failed to get anything pc was interested in, assessed poorly (apparently by conversation, no real list). No assessment here at all, just talk.

Then you chose one he said wasn't it and forced him to run it—  
overwhelmed (I'm almost positive that is the right word) and argued with pc.

PC to review for GF.

Assess real list. Get one pc interested in and do it by chains.

LRH

Ref: pg 696  
Case 6

26 Apr 69

Scan off all sessions he's touched on Tiredness. Get the auditing off it.

Now do an increased list. Put DULLNESS On it. Assess and continue.

(Dullness taken from pc description of tiredness in sess.)

The Item didn't have pc's interest is why sess failed.

LRH

Ref: pg 705  
Case 7

27 Apr 69

\* Goofed on pg 5 Col 2.

Pc Says erasing but TA begins to Rise and auditor just grinds.

Instead of going earlier, auditor just ground away AND THEN  
RAN HAVINGNESS IN A DIANETIC SESSION.

Squirrel,

Incorrect and incomplete assessment.

Do a COMPLETE list. Assess, Run R3R.

LRH

Programme for this pc:

1. Dn C/S 2 as attached until no somatic or misemotion.
2. CC

LRH

Note for future C/S Incomplete chain pain in belly.

\* please see case 7 session.

This C/S note was written on the side of the page. I have included it above.





Ref: pg 716  
Case 8

22 May 69

Well done.

Reassess R 3 R.

LRH

Ref: pg 722  
Case 9

30 Apr 69

A very poor assessment. Pc gives you new items, you don't note their read and haven't chosen an item,

Assess and do R-3-R!

LRH

Ref: pg 729  
Case 10

28 Apr 69

Well done.

Continue,

LRH

Ref: pg 732  
Case 11a

16 May 69

Well done.

If this pc has been on dope, assess somatics before  
she began it and use that list and period as a Dn C/S 2.

If not, continue R-3-R

LRH

Ref: pg 738  
Case 11b

17 May 69

Flunk.

Pc to GF. Pull all w/hs.

This auditor forces pcs to go on when they don't want to  
and puts them into propitiation. Low TA results

LRH

Ref: pg 740  
Case 12a

17 May 69

Well done,

As in Review he says he has no body somatics—and as he does drink.

List any and all unwanted feelings he had before he started drinking, assess these and run them.

LRH

Note if not alcohol, possibly dope, He probably has a “somatic shut off” that can be by-passed this way.

Ref: pg 745  
Case 12b

21 May 69

Flunk,

You did not do C/S.

TAKE THE PRE-DRUG PRE-ALCOHOL columns.

Do the assignment of Prior Assessment,

You accidentally hit on one of these with back trouble so  
don't leave it on list.

LRH

Ref: pg 752  
Case 13

Flunk.

Same error as on other pc. Leaves TA high, doesn't go earlier.

On this pc, there was no order to run this later incident.  
Only regular C/S 2 Dn.

Pc to regular Dn C/S 2 List assess, R-3-R.

LRH



Ref: pg 760  
Case 14

21 May 69

Well done,

Reassess list for best read and pc interest,

Do R3R.

LRH

Ref: pg 770  
Case 15

24 May 69

Flunk.

Evaluative comment. Pg 10, \* Condition Liability.

Interfering with a pc's auditing. Auditor has some preconceived idea of how pc should run. Auditor fixated on body motion.

Incidents were getting TA,

Review,

GF,

Then Review auditor complete chain.

LRH

\* see case 15 session

Ref: pg 777  
Case 16

20 May 69

Well done,  
Reassess list. Do R3R.

LRH

Ref: pg 786  
Case 17

28 Apr 69

Well done,

Only error here is

\*“Is it erasing?”

“yes”

“Earl Sim?”

This is an error. You go Earl Sim if it's more solid. If it's erasing you put pc through it again A\*\*.

You made it anyway.

LRH

\* Please see case 17 session

\*\* In the LRH hand written version, the A is circled.

Ref: pg 793  
Case 18

18 May 69

Well done,

Add to list, R3R on new item found.

.

LRH

Ref: pg 804  
Case 19

24 May 69

Error on pg 3 col 4\* Pc has “a cogn(ition)” but none written down, then F/N, auditor goes earlier.

This is a bit balled up. Auditor to get cognition defined and know that when a pc has run an engram with pn and unconsciousness in it and pc cognites and F/Ns that's it. Not earlier again. Auditor got away with an error or misread an F/N.

Add to list, reassess, R3R.

LRH

\* see case 19 session

Ref: pg 812-813  
Case 20

Departure from procedure. “Q and A” with pc in that he elected next one (pg 3)\* and not done by assessment.

This is one of those sessions you “got away with,” you missed an F/N on bottom of W/S 2\*\* most likely. But the real flub is WRONG ASSESSMENT, a BD is of course longest read. When you got onto Fear of Punishment is went okay.

This pc has been on drugs so:

List all somatics, feelings he had before drugs. Assess these and do R-3-R, Reassess etc.

Don’t miss your assessment again. The longest read affects the TA if it BDs.

By doing above before drug you will handle this track trouble as he took drugs for somatic reasons.

LRH

\* See case 20 session

\*\* See case 20 session

Ref: pg 820  
Case 21

4 May 69

Well done.

This auditor sure pushes to get people off Dianetics. In Scn they'd have to rehab all these trips. Why not do it in Dianetics for real?

Current class has too much "no-item-put him on scientology" going.

Do prior assessment now on somatics before drugs. Run R3R.

LRH



Ref: pg 833/834  
Case 22

Flunk,

Misassessment.

You picked an incident, not a feeling. “Dizziness after operation”\* ye gods! That’s not a FEELING. It’s an incident.

So you fixed it so he couldn’t go through operation, only into after the operation. So it didn’t run of course as the operation is earlier than dizziness.

The burning in ear is also a misassessment. Probably a can fiddle.

Erase last session or its chain.

Do a correct list with FEELINGS. This auditor is having the trouble he is giving his pc. He has been misassessed. Now let’s not get a misassessment disease going.

LRH

Ref: pg 841  
Case 23

Ok,

Do a new Health form on this pc and continue.

LRH

Ref: pg 849  
Case 24

17 May 69

You didn't list. You just let him talk for an hour. His TA goes high.

You have auditing and assessment all mixed up. After a guy says "broken back" or "hurt my back" several times and auditor finally assesses and gets no reads of course, the list made up is differently worded.

These somatics read like mad when given but auditor says "nothing to audit."

Health form not used.

This auditor is having assessment trouble bad troubles why?

He won't take what pc says and nags him. No session control (out TRs, No R-factor like what is to be done.)

Give this pc another auditor.

Broken back is not a feeling, it's an incident.

Find which of the somatics pc was most interested in, Run it.

LRH

A note from Chris, The word “nags” is slang. It means something like when some one keeps after you about something. My example is that my cat nags me when she wants food. She just keeps talking to me until she gets what she wants.

Ref: pg 858  
Case 25

26 Apr 69

Ok,

Do a new list—

Of feelings, not incidents like Chicken Pox. Get pc to describe any unwanted aches, pns, sensations etc. Assess and continue R3R.

LRH

Ref: pg 864  
Case 26

16 May 69

Improperly done assist.

Auditor did not run the incident of lifting weight on ship  
but went backtrack on some odd brand of R-3-R, meaning auditor  
didn't just run the recent incident.

LRH

Ref: pg 872  
Case 27

Out Procedure.

Didn't do A B C on pg 1\* incident, just ran through once and asked for erasing-solid. You can pack up a case this way as it doesn't get enough charge off and charges up the whole bank.

Then pg 5\*\* you didn't take it to an F/N. Auditor used "Is it erased" instead of Is it erasing".

Add to list, reassess, R3R. CORRECTLY.

LRH

\* see case 27 session

\*\* see case 27 session

Ref: pg 880  
Case 28

21 May 69

Well done.

Add to list, take the one with best read in which pc  
interested and continue R3R.

LRH



Ref: pg 887  
Case 29

17 May 69

Well done,

Add to list, reassess, R3R.

This assessment requires a page or the back. It is not done  
in Col 1 Pg 1 W/S, \*

Use a new Health Form for next listing.

LRH

\* See case 29 session

Ref: pg 897  
Case 30

28 Apr 69

Well done,

As a tip the question \*Earl Sim should be “An earlier similar incident of tension.” If you repeat the somatic the pc stays in the chain better. He stayed in okay, however.

This needs a TA at sess end on W/S.

LRH

\* See case 30 session

Ref: pg 903  
Case 31

Well done except for assessment.

\*In assessing, the meter is senior to “pc’s interest”.

IF THE ITEM is reading, as longest read you check if pc interested. If not you reassess.

This “Funny Feeling” was null. Your pc’s item was “Felt sick”.

LRH

\* See case 31 session

Ref: pg 912  
Case 32

25 Apr 69

Seems well done,

\*Could be a confusion here between more solid and erased.  
Looks really like it keyed out,

Now do C/S 2 attached. He has a long way to go.

LRH

\* See case 32 session

Ref: pg 928-930  
Case 33

21 May

Fairly well done,

Goof here on pg 15\* bottom. You got an F/N on an early incident clearly an engram and then asked for Earl Sim.

Auditor to do engrams, locks, secondaries and chains in clay and really dig it. The “dizziness after operation” he did tips me that he doesn’t know what a picture or chain really is. An operation is an engram. So if you ran all “after-engram” you’d never have a basic. Now asking for an earlier than basic shows that comprehension on this must be thoroughly dug.

This pc still trying to handle a shaking head per his daily report. Feeling occurs too often on this list. No PAINS or SENS??? So list question is no good. Check with pc if he’s trying to handle something he’s not putting down.

Do a new list with a question that gets something besides “feelings” in it. Assess as he gives the items and mark it in,

Run R3R.

LRH

\* See case 33 session

a note from Chris, “dig” is slang for understand, “dug” is another form of the same word.

