

# electronics gives life to freud's theory

## associative process quickly breaks case with use of e-meter by I. ron hubbard

Years after free association as developed by Sigmund Freud had been abandoned as a therapy, the development in electronics has revised, at least in part, the techniques of the Viennese master.

In the days when none could expect a great deal from psychotherapy, Sigmund Freud introduced the advance of free association. In this technique, the patient was permitted to discourse freely and wanderingly until the doctor could gain a clue as to the source of his trouble. The doctor sought to obtain his data by evolving, from the clues given, that in which the patient was seeking to escape, or what he was repressing. This was the famous system of mental catharsis as developed by Freud and Breuer in the years prior to 1894.

There were many difficulties with the technique of free association but the main one was the lack of positive evidence for the doctor on what the patient was avoiding, or repressing.

Years later, the technique is made workable for the first time by the development of an electronic instrument, the electro-psycometer, which was invented by Volney Mathison of California. While this instrument was developed primarily for the needs of Scientology, Mathison has furthered its use by developing, as well, what he calls "Technique 100", or "Associative Processing". The technique is so-called since it imposes and even guarantees absolute honesty on the part of the patient and provides the doctor with adequate and useful clues.

It is said by those who have employed this process that they cannot see how analysis could possibly be conducted without the use of the electro-psycometer. Now that associative processing has been developed, its importance in the field of psychotherapy cannot be slighted or even over-estimated.

For the auditor or doctor who has minimum time to spend with his pre-clear, or patient, an E-Meter and a knowledge of Technique 100 can bring about an amazing shortening of the number of hours of processing necessary. With the aid of an E-Meter and the technique of associative processing, it has been estimated that the usual two year psychoanalysis probably could be cut to three or four months. In the field of Scientology, it is said that an hour of associative processing is worth more than fifteen or twenty hours of straight memory questioning.

With reference to psychosis, or severe neurosis, the technique can be considered

to be, and is considered to be, indispensable for both the auditor and the psychoanalyst. In this state it is especially difficult to pick from the babblings of a patient the clue for the material which, if brought to light, may relieve his stress.

Despite its importance, associative processing requires very little technical background or information. It can be utilized by one who has had no more than the most elementary instruction on a psychometer—such as how it is turned on, how the electrodes are connected, and how to keep the needle balanced in the middle of the meter.

The patient is given the electrodes to hold. If he is particularly disturbed, they are strapped to his hands with adhesive tape, and a mitten is placed over one of the hands holding the electrodes so that banging them together will not disturb the needle reading.

The patient is permitted to talk freely, discussing anything he cares to discuss. The practitioner simply watches the needle on the E-meter. The discussion of the patient will shortly cause him to approach the subject which must be relieved. As he begins to approach his clue, the needle of the E-meter will take a sudden and sharp drop.

Before permitting the patient to discourse, the practitioner makes a pact with him, if possible, that at any time the practitioner says "Now!" the patient immediately will tell him what he was thinking about at the moment the word "now" was uttered. The pact includes, if possible, an agreement with the patient that one hundred per cent honesty would be employed—thus Mathison's use of Technique 100, by which he meant one hundred percent honesty.

The moment the needle drops, the practitioner says "Now". The patient then tells him what he was thinking about while he was speaking. It generally will be something connected with his speech, and therefore is easy to detect if he is not telling the truth. Further, if he is not telling the truth, the needle will dive again, under the stress of the patient's repressing the information should the practitioner ask him, "Are you telling me the truth?" and the patient tells him "yes." Otherwise the needle will drop in response to the charge of the data upon which the patient has touched.

The practitioner then requires the patient to give him a fuller amplification of the data which caused the needle to drop. The practitioner, still watching the needle, observes that on much of this data the needle does not react, but when it again drops suddenly, the practitioner repeats the word "Now" and once more the patient tells him of what he was thinking, below the strata of his speech.

By this route, considerable depth can be plumbed. The patient will unburden rapidly much of his repressed hatreds and conflicts.

The patient is made all the more ready to do so by the fact he knows the practitioner is watching the needle. This causes the patient to speak with much greater honesty than he otherwise would observe, for he conceives his mind to be "read" by the practitioner.

A practitioner should know the following manifestations:

(1) A sharp drop of the needle for emphasis to the right as you face the dial denotes the existence of a heavily stressed subject. It detects, for the practitioner, the existence and whereabouts of an emotional strain, which, if talked about, may release.

(2) A steadily rising needle, which is one that keeps drifting to the left as you face the dial, denotes an avoidance of a subject which, if probed, will bring about the reaction of fear. This shows, in most instances, an effort on the part of the patient to escape. The rise may be continuous and carry on for some time. The rise is halted by asking the patient what he would like to get away from, and why; whom he would like to get away from; what situation he finds unbearable in the past. When this is touched upon by the patient, the needle will stop rising and give a short sharp drop.

(3) An idle needle, one which is drifting slightly to the right and slightly to the left very easily and gently, denotes a comfortable status of mind on the part of the patient, and tells the practitioner that he is nowhere near any subject that distresses him, or, if it follows an emotional outburst, tells him that the outburst itself is spent, and that the subject now can be abandoned for the moment.

(4) A sticky, or rigid needle is one which does not change, but if it does, changes very slightly and with a jerk. This sticky needle can be interpreted, for the purposes of associative processing, as an effort on the part of the patient to hold back information, or even use physical effort to suppress information. The practitioner should ask the patient if he is attempting to keep the machine from reading (which the patient cannot) or if he is actively and consciously repressing some information. If this fails to resolve the "sticky" needle, simply ask the patient to get a whole concept of waiting for somebody, or somebody waiting for him, or ask him to get a concept of somebody standing still, or the patient holding somebody still, and the needle may move. The patient should be reminded occasionally of the compact with the practitioner as to the 100 per cent honesty, as most patients have many things which they are determined, very knowingly, to suppress and not bring to light.

With this technique of associative processing, the hidden data which the practitioner, if he is to advance the case, must bring to the surface can be detected and released. No other effective method of doing this is known at this time.