ENGRAMS

A lecture given on
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Characteristics and Handlings

In tracing the moment an engram occurred there are many signs which an auditor can use. The primary one that is used, but which can be overused, is age flash. The patient will very often be found to have a built-in circuit which will bypass the engram and give the right age automatically. This can be overcome rather easily by two or three mechanisms.

One of the mechanisms is to ask him for a number. He will very often give you a number without realizing that you asked him for an age, and the number will be the age. Of course, on any of these flashes, it can't be relied upon 100 percent, but they are in the main pretty good.

For instance, in getting at an exodontistry one time, the only number the person would give me throughout the whole case was the number 7. However, no exodontistry could be found at 7 years of age, but exodontistry had taken place at 27. The 27 had nothing to do with it. Seven was the last number he heard as he was going out and, as he was counting, the nurse was saying to him, "Say 7." He had counted up to 6 himself and the nurse was telling him, "Say 7." As a result, every time he was asked for a number he would say "7." So there can be variables.

Another method for discovering the age of the engram moment is to give a person flash questions like, "Give me a yes or no on any of the following: A hospital?"

And you get "No."

"Doctor's office?"

"No."

"Mother?"

"Yes." "Dentist's office?"

"No."

"Automobile?"

And you may get something coming through like "Accident."

So you say, "Give me a yes or no. Automobile accident?"

"Yes."

"Home?"

"Yes."

So now you assemble this thing and it looks like somebody was in an automobile accident and got taken home. You will have established then where the person happens to be at that moment on the track.

Being stuck in present time is a misnomer. It was used in the understanding that a person was never stuck in present time, but the point was not made clear. The fact is that a person who is stuck in present time may be suffering from two things:

1. A command that will not let him return so much as a minute (that is the rarer of the two).

2. The person is latched up somewhere on the time track, which is the more general.

Now, it so happens that if he is pushed out to the outermost limit of present time with each succeeding second, he is also in an engram, and that engram has a specific age such as 2, 3, 4, and is actually stuck on the time track.

So the thing to do is to find the incident and the valence in which he is stuck. This can be done by straight memory diagnosis, trying to get him to remember what is worrying him and so forth. However, it is of the utmost importance to find where the engram is located. The age at which it occurs is secondary to finding it, although it will help; but find the engram, whether it is prenatal or postnatal. No amount of effort should be spared, particularly at the beginning of a case, to find the exact moment where the person is stuck on the track, and that effort is seldom without very immediate beneficial results.

You can try and locate where he is and get the holder and the call-back out of it. Study it, you may get a holder out of it such as “Stay here,” and be able to bring him up to present time to his proper age for a moment. If you give him an age flash shortly afterwards, or run through the routine again, you may find he is right back in the incident once more, but at this moment you could uncover a call-back such as, “I’ll be back in a minute.” So, “Stay here, I’ll be back in a minute” is the whole phrase that should be run.

Also, if there is one holder in it there are probably several, and perhaps the first holder you get in it is not the holder that is holding it. The main thing is to get as much of it as you possibly can.

For instance, in opening up a case you find the patient rigorously stuck at 9 years of age. You can count on the fact that he is going to keep on getting latched up at 9 years of age. Get the incident in full recall. Get it into a state where he can not only run the incident but remember that it actually happened. That is important. Don’t just bleed it off on the basis of the patient saying, “Stay here, stay here, stay here.”

“That’s fine, now what incident were you in?”

“I don’t know.”

You haven’t done enough there to bother with. The thing you should do is to take him back to it and run it again, and hammer and pound it until you have finally gotten that incident into complete recall, from present time.

“Yes, I remember when I was a little kid at 9 years of age and I had scarlet fever and they told me to do so-and-so, sure I remember that.”

Now you have deintensified that incident to a point where it is not going to cause you any more trouble. Otherwise every time you bring him up to present time you are liable to find him latching up in it, because it is after all a pretty sturdy lock.

It is always profitable to try to straighten out as many attention units in the mind as possible. In fact, extend it to the outermost limit. That is actually what you are trying to do as an analogy in therapy. You are trying to free up all the mind’s attention units so that they can all function, with none of them retarded in any way. So, by starting right in at the beginning of the case and working on the business of freeing attention units, you will get something worthwhile done.

Of course, you will run across people who have an amnesia back of yesterday quite often and yet are apparently functioning. They don't know what has happened to them in life, they merely say, "Well, that's all occluded, I don't know anything about it," and so on. You get quite an argument from these people about the fact that. they absolutely cannot remember. There are several things you can do when the person says, "I don't know."

Throwing endless repeater technique at a patient seldom accomplishes very much because he is going to put that on a bypass circuit and sit there comfortably running it. Then you may or may not get the incident. Also, using repeater technique you can give him so many incidents (holders) that you restimulate a lot of new incidents and now he gets held on five, six, ten places on the track. Engrams will move on the track and they will bunch up. So you can retard therapy by an overuse of repeater technique.

Nevertheless, repeater technique has that very special function of getting exactly what we are going after. That is done in two ways: We catch the patient in a real dramatization, not just a remark like, "I don't know," but saying something like, "Oh, go away from me, you're bothering me. Leave me alone, leave me alone, for heaven's sakes!" and use repeater technique on that. In the first place, that incident is restimulated and you should be able to tap it. By using repeater technique on it one can very often get straight back into the incident from which it came, at which moment you have advanced the case.

It is not necessary, and would be dangerous, to annoy him. It is much easier to take somebody with whom that person is living and ask them what he says when he is angry, and just to run the patient over one of his own dramatizations. By doing either one of the two you will find it, and that is a legitimate use of repeater technique.

The other use of repeater technique that is always productive of results is watching what the patient is doing. If the patient is sitting stone-still after he has been running an engram, you know there is something of a "sit still" or a "don't move" being dramatized. One can start pitching repeater technique at him to match his current manifestation and that will bring results from him, because all of a sudden he will hit the incident. You will find that you can guess at this pretty well; it's a matter of practice.

But repeater technique has its dangers and limitations. It isn't one of these overall techniques where you get the person in present time and then suddenly pick a phrase out of the air and decide that you are going to have him run that phrase. You have got to have some reason behind it.

Also, never tell someone to skip a phrase, merely say, "Keep on going, we can pick it up next time."

For instance, if the patient is having a great deal of trouble getting through the engram and he is clutching his stomach, instead of just pummeling the person about this, be perfectly willing to take him back to the beginning of it and run him on through the incident again. Of course, depending on the number of times through, there are always phrases that will come into view because there are always phrases in a bad engram that are out of sight. Even when you run an engram sometimes and you think it is all up, it may astonish you to come back three or four weeks later, after you have uncovered another earlier engram, and find that it had a phrase sitting right in the middle of it that was quite aberrative. But apparently the engram is gone. So phrases duck out of sight.

In this particular case the patient was clutching at his stomach, so we got a holder out of there, at which moment the person could move freely through the engram. He had been moving a little bit in front of the engram and just a little bit behind the phrase "hold it." He had been around a big cluster of "hold it" all his life.

These are efforts to free the person on the track but the main subject is trying to find where those incidents are located.

There is another way of going about it and that is to have him use his "imagination." Ask him to imagine the worst thing that could happen to a little boy, "What is the worst thing that could happen to a little boy?" Also, "What is the most dangerous time of life?" and you will get some astonishingly accurate replies.

Ask him, "What is the most horrible thing you can think of?" or "What is the happiest and most cheerful thing you can think of?" If he is stuck in a bad engram he is going to resent it sometimes and start giving you gruesome details. You can very often get a patient negating against you if you say something like, "Oh, well, she's just your grandma after all, try and get her death. After all, you know, people pass away, and so on," inferring that it doesn't amount to much. The patient is liable to resent this and suddenly come through and tell you that it does amount to a great deal.

Another manifestation that you very often see is a person lying on the bed with their hands crossed, very still and quiet. They're dead! And that is the engram. You could run a whole case with a person in that position and he would eventually touch that engram.

Normally when a person has his hands twisted together and against the cheek he is in a prenatal. But if the person is lying straight out, everything complete but a lily, that person is latched up in funerals.

So one can tell something about where the person is by the manifestation of the body and the body's agitation or lack of it. If you get a man into a prenatal who is running consistently laid out straight, you can be certain that he is running in somebody else's valence and that you are not doing a very good job, because there is something desperately wrong with this case.

Another method of telling how and where a person is on the track is by their command somatics. We know, for instance, that a fetus does not get morning sickness. The manifestation of morning sickness on a fetus will be one of crunching into himself. A person will be rolled up a trifle or on his side, not too tightly, just suggestive of a fetal position, and there will suddenly be this crunch and a shuddering into himself. That is Mama vomiting. If he is lying there with a pain in his stomach, choking and coughing, he is in Mama's valence at the time it is being run, because we know that morning sickness doesn't occur to a man and that a woman will not dramatize her own morning sickness without there having been morning sickness earlier. This much can be established on a person who has morning sickness.

The command somatic operates only when the person is in the valence of the person who is doing the commanding. Otherwise the person is in his own valence and getting the right set of somatics. Another thing is that you are not going to find anybody in Papa's and Mama's valence simultaneously.

Then there is the problem of the zygote. A zygote is round and the only pain that a zygote could experience would be an all-over pain, all over the body. If a douche has been thrown in there, you might possibly get half of the body covered with that douche. But it is not very likely because a zygote is so tiny that it could be engulfed by a drop of something rather easily.

So you get all-over somatics in the basic area. If you get basic-basic with anything but an all-over somatic, a pressure or a burning or an irritation or something of the sort, you should know very well that you are not in the basic area. Somebody has crossed up the lines. Of course the person could be in another valence. But you should be able, in the basic area, to throw them into their own valence (there is really nothing easier in the basic area), at which moment this thing will turn on.

Morning sickness can start very early, because the cells find out the person is pregnant before the person finds it out.

There is an earlier somatic than the all-over somatic of basic-basic, and it is hardly a somatic. It is a sensation of movement and swimming. It is the sperm or the ovum, and you will get all sorts of split-up ideas at conception. At the very instant of conception a person can pick up the motions of the sperm, and ordinarily does. You will have some girl who knows nothing about Dianetics, to whom you've said, "Let's go back to the first moment of pain or discomfort that you can now reach," lying out straight trying to swing her feet sideways like a fish tail. Suddenly she is up against something that she pushes against, trying to get through.

The cells are pretty disorganized, but this is the impression of later engrams mixed up in conception memory, because conception itself is evidently not an engram as such, and there are all these strange manifestations. It's as though the last moment of sentience was the moment of conception itself, then the next impression was received after a lapse of time during which no recording was done of any kind. So it appears that pain and conception are simultaneous.

I have peeled 30 engrams off the sperm dream one right after the other, each one a little earlier. So the first recordings are often confused, and each one of them has this slight feeling of the sperm. So you can peel at least one engram off the sperm dream. If you recount the sperm dream a few times you are liable to find yourself with a full engram that has nothing to do with the sperm. You are also apt to find all manner of odd computations being made by the patient at that moment, of being first in Papa and then in Mama and so on. These things will resolve however into engrams. So just keep running what you have got and the thing will fall together.

In view of the fact that this point of the track is extremely serious from an aberrative point of view, one must take particular care to get everything in it. In fact it is the most important area in the whole time span of life and has got to be cleared out. Once you have those engrams not just.reduced but erased, then and only then will the case resolve completely. And the earliest moment that you can do this, it should be done. The first target of the auditor is down in basic area, getting both it and basic-basic erased. After that the case will run rather easily.

The question has been raised that once a lot of charge and painful emotion has been taken off, would it be of value to start working a case from conception forwards? The answer is no. You can say, "Go to one hour after conception," if you want to, and you may get one hour after conception, but usually it is more complicated. You say, "Well, let's go to conception, and now let's go to the first moment of pain or unconsciousness after conception," and the person winds up at five months after conception. That is the first moment you now have a recording of, and if you encounter it you should tackle it. Although there are literally scores and scores of engrams in between, that may be the first one that he thinks he can attain.

The somatic, then, of the basic area is an all-over somatic, all-over pressure, all-over irritation. It isn't localized. If you find somebody who claims he is in the basic area and he has a pain in his stomach, and in addition to that you have established the fact that he is in his own valence, know that you are way up the line after the first missed period. Anything after the first missed period is late.

Your first and main target is the basic area, which is the area before the first missed period. It is the first two weeks or ten days before. The material in there is the most aberrative, and those commands are the most severely impressed. The greatest alleviation in a case which you are just tapping is of course painful emotion, but if you are going in there to totally erase the engram bank, the only target that you want the patient to reach is the basic area. Therefore you get painful emotion off the case so that you can reach that first part. But everything you are doing is an attempt to reach basicbasic.

It is very important then to know what the somatic is in that area. Don't let anybody ever try to sell you "I have a pain in my foot, this is basicbasic." You can certainly let him run "I have a pain in my foot," and let him tell you all about it. But it is going to resolve into one of three things:

1. A command somatic (meaning it was actually Mama's pain in the foot) .

2. An all-over somatic.

3. It was way up in the second or third month when the fetus actually had a foot.

I recommend the study of a book on embryology. Look it over and you will discover some strange facts. Because as you run engrams out of the patient, you will find such things as his eyes being smashed together. Smashing a person's eyes together is of course impossible. But the eyes are clear out on the side of the head in an embryo. You will also find that the mouth has some odd positions. For instance, a needle or something siinilar could thrust straight through the eyes of the fetus, from side to side, and I have run into this. So don't be amazed at any damage whatsoever that you find in the prenatal area, because here is the organism floating in amniotic fluid with adequate supplies of amino acids and tissue repairing facilities, and the blueprint still very much to hand so that it can repair itself remarkably well.

You are going to find some other manifestations that are interesting in the prenatal area, one of which is the "breath cutoff." A person obviously is beginning to suffer, he is going unconscious, let us say, for lack of oxygen and yet it is not registering in his lungs. He can become extremely confused, not because he is not breathing but because the oxygen is not going in through the umbilical cord and he is suffering from anoxemia.

In attempted abortions it is occasionally possible to tick the umbilical cord with a knife or similar instrument, and cut it just enough so that the oxygen supply is lessened. I had one very interesting AA show up on a person. He had been douched and pounded at for quite a while, and then Papa decided that the best way to do it was to go in there with a buttonhook and a pair of shears simultaneously and fish up the umbilical cord and cut it. He did succeed in nicking it but not in cutting it. It evidently congealed in some fashion.

So there are various types of somatics which can be received.

In review, the basic area and development of the embryo are almost always all-over somatics and their intensity is quite severe because the organism is quite tender in that early period. Later up the track one starts to find selective injuries.

One case that I recall very well is almost common in AA cases, where the fetus had been thrust with a hatpin. The embryo was pretty well developed (around 3 months), and the hatpin went through the back of the head, down through the brain, out through the throat and into the leg, and there were seven or eight thrusts of this character, piercing more or less this same area each time. Fortunately the fetus does not have to depend upon its own regulation of the organism in order to survive, so vital areas of it can be touched. One coronary illness encountered had been caused by the heart having been brushed by some instrument of some sort. You will find countless combinations of effort, instruments and somatics in AAs.

But if you are hitting an AA and you believe that this is now basic area, you will be wrong, because the AA must have taken place after they knew thebaby was there. Furthermore, the baby would have to be big enough in order to be touched by anything, otherwise it would merely be bruised slightly by being nudged aside.

Embryology is an interesting subject. For instance, the head is actually at an early stage of development just an extension of the trunk. Look this over in embryology texts and you will get a much better idea of what is going on.

There is no certainty that an AA is going to succeed. Even doctors will tell you that. It is quite common knowledge in the field of medicine that a woman ordinarily can be counted on to become frantic and tamper with herself to some degree. The number of ways she can tamper with herself are limited only by her own inventiveness. The unfortunate part of it is that every time she tampers with the embryo or fetus, she makes herself sick. So on top of the engram

then comes this sickness proposition, and the whole chain makes a very nasty setup from a standpoint of engraphy.

No limits are evidently discoverable on the ability of the fetus to heal itself. I have run across a few where long surgical scissors were used, and I imagine that if the cut of them had been slightly more efficient, that would have been the end of it. But they didn't quite make the grade. It is astonishing the amount of damage which you will encounter from time to time and from which the patient has gotten well.

Although I have never recovered an engram where there was a division into two parts, I have recovered them where a limb was almost severed, or something of this type.

This is all seemingly rather gruesome, but if American womanhood would just find it a little more gruesome than they do currently, we wouldn't be troubled quite as much.

Another thing about attempted abortion is that if one person has a dramatization or a fear, and attempts it once, you can count on it being attempted again. I have not yet run across a single attempt in a whole case, except one case that had a professional abortion which was legal. But they just didn't do a good job. The baby was supposed to be taken because the mother had high blood pressure and the baby lived through it. It gave the person an extreme manic, because immediately afterwards when everybody was standing around and the baby was evidently still alive, some comments were made such as, "Good heavens, the baby must be made out of cast iron. Boy, what survival there. How strong that kid must be," and so on. One of them even said, "The infant triumphant!" So this case manifested a strange thing when we got to the birth engram and asked him, "Now how do you feel as you're coming out there?"

He immediately replied, "I feel powerful, I feel able to lick the world," and so forth. (He was still talking out of this holder back in the prenatal area.)

An AA case is also vicious to the extent that ordinarily older people will be standing around or there will be doctors. who don't like the idea of the child being killed. And of course the recording there is extremely interesting in that the child agrees with the fact that it shouldn't be killed. This makes a very sturdy ally computation.

You will find in the Handbook a list of chains taken out of one case. I am always willing to expand the number of chains that can be found in the prenatal area, but that list happens to be roughly representative, which is why it was chosen. There are one or two that could be added to that. One is the non-coitus chain which is "Get away, leave me alone, I don't want it," on the part of Mama or Papa. I discovered one of these one time on Papa, of "Don't bother me," and so on, where Mama was a bit on the side of a nympho. The other is the enema chain which actually belongs on the bowel chain, but it is a special kind of bowel chain because the heat of the enema can be transmitted through it.

In all these prenatal engrams you will find a consistency of dramatization on the part of Mama and Papa which actually helps the auditor. If an aberree dramatizes something once, he or she will do it again is the working rule. If Papa got angry and beat up Mama once, the possibilities are strongly in favor of his having done it twice, even though the engram may include his promises "I'll never do it again," and even though the wife may be saying, "You've never done this to me before"—that is just a dramatization. Or she says, "You've never been like this before, you've never done this to me before. Oh, what has changed you?" Yet five days earlier there's another beating, and she's saying, "You never did this to me before, what has changed you?" She is merely playing off a record.

Another thing you will discover in watching this is the edging up into contagion of aberration. The aberrations of the parents become by contagion part of the aberrative pattern of the child. However, he may handle them in entirely different ways and he may have such genetic strength that he does not dramatize them. Various things can occur there and the pattern, of course, gets

altered by extraneous conversations to the dramatizations. But nevertheless the patterns are constant in the parents and they can be found.

The one thing which changes the pattern of the parents is the fact that one, by cruelty to the other, transplants by contagion the aberrations of one into the other. So we get somebody who is potentially a manic-depressive at 20 years of age, but getting along fairly well, marrying a paranoiac who is also madly jealous. At the age of 30 we find the original manic-depressive now with a new overlaid manifestation of paranoia, which rather complicates the picture.

You will discover this in a first child early in a marriage. You can actually check up on the engrams, as they run up the bank in the prenatal area. You can find first Papa being mean to Mama, and Mama being rather nice; but soon Mama is using some of Papa's phrases; and then Mama is worrying about the engrams that Papa has implanted in her. For instance,one of his dramatizations is, "You never know anything, you've got no mind of your own at all." Let a few weeks pass by after some of these tirades and Mama will start going around saying, "I'm so worried, I don't have any mind of my own." Now she has taken in and doesn't recognize the source of his beating. And we get a very complex pattern in the prenatal area of a child, because whatever Papa says may be echoed afterwards by Mama. If Papa beats her, she will later begin to re-utter what he says. Or MaJna is very cruel to him and gets him very confused; soon afterwards he is liable to start worrying about his state of mind.

Worrying about the state of mind has another subdivision in that they not only worry about their own states of mind, but particularly after an AA chain they start worrying about the child being feeble-minded or a moron, which compounds into a super worry about the intellect, or a super worry about conduct. It is one of these tight spirals. First Papa has this dramatization, then Mama starts to manifest his dramatization, then Papa begins to pick up parts of Mama's dramatizations, and then both of them are impinging their own into the child. You get this picture which, when they are worried about the genetic or the AA aspect of the child, places in the child a superconcentrated worry about his mind, about himself, about his physique, about his abilities, and so on. This is rather a pitiful thing to examine when you get into one of these that is really bad. Yet the person may be apparently quite normal, with this material pretty well in hand. This is one of the reasons why, when you enter the case of a child of 8 or 9 years of age, and begin to discover a lot of these cross-aberrative side effects, you can understand that a child of 8 or 9 would be absolutely incapable of experiencing a successful therapy. They simply do not have enough push to get into the material in the bank.

The amount of material that you will find in the bank is ordinarily enormous. Never get optimistic about having discovered one engram which now resolves the whole case. The case can be crammed with material, and the only place to start it is at the beginning. It is a waste of time to look for a specific injury, a specific psychosomatic illness or a specific aberration if you are really going out to clear the case. Just get back into the earliest moment which you can get in that case and reduce the engram and get earlier and erase. Break basic-basic and the way a case looks one day and the way it looks the next is very different. That is the real change in the case.

Where there is a new basic on a chain, or new painful emotion that has shown up, or the auditor has not been on the ball on keeping a person free on the track, one starts to pile up the case in one spot. These are some of the manifestations that you will encounter in cases.

An interesting phenomenon that occurs is that the reactive mind will occasionally leak with a little information on the track. One case in particular kept running across Mama patting herself gently on the stomach and saying, "Well, here I am pregnant, I wonder how it feels to have a baby." The person didn't have sonic, they just had this impression and recovered this incident every once in a while. But after a few days of handling that incident, it all of a sudden turned into Mama beating herself savagely in the stomach, saying, "God damn it, I've got to get rid of this kid!" What he had been edging in towards there was that incident and, because it was painful, getting a complete misinterpretation of it.

Mama in this same case appeared at first to be bumping herself gently against the sink, only she wasn't bumping herself gently against it, she was slamming herself into it and slamming herself into table edges and so on.

I recently reviewed a girl's case and said to her, "Let's take a look now at the living room of your mother and father's place. What do you see?"

"Oh, the furniture with all the sharp corners." I didn't evaluate it for her, or go back into prenatal area, but we know what is there.

An auditor should not let someone bounce back and forth. The auditor who will let a patient do this very long is doing him a great disservice because you can get everything in the case stirred up after a while. Some cases have basic area computations like, "You have to run away from everything" and "You have to get away from it" and "You can only go through this once" and "You can't get caught," or "I just can't be caught, I just can't let myself be caught. Oh, this would be so horrible, this would be so dreadful." A person is so leery of being caught that you get the fact that he runs away from everything.

It is also interesting to learn in any case whether or not there are any older children. If there are older children, those children are going to appear in the engram bank of the child's prenatal area. There are some cases on record where there had been an older child who had died, and the child was then assigned the name of the child who had died. So, of course there was a lot of conversation in the prenatal area about him being dead.

So, there are these various complicated computations that can enter in. One of the most complicated ones that throws the time check off in a case is where Mama has some aberrated reason to keep Papa from knowing about her pregnancy. In one case she was protesting clear on up to 6 months that he should not come in her. She knew very well she was pregnant and was AAing on the side very busily trying to get rid of the child. Yet she was still telling Papa that he must not come in her and that she would just die if she found herself pregnant and so on. She was leading a completely dual life on it, and the content of the engram bank was very badly messed up.

Another dilly of a case is where the parents have gotten married a couple of months after the child was conceived. In such a case you quite ordinarily find efforts to get rid of the child have been unavailing and they have gotten married. You may even find somebody around, some relative, such as her papa or his father who is insisting that the marriage take place. This gets very complicated because here the parents are married and setting up their home under very unhappy circumstances, quite ordinarily, and you get all this as part of the engramic content. Well, it throws the time way out and it also throws out the stories which the child has been told. So he can't compare what he has been told with what actually occurred, and all manner of things happen to him.

Another complication that you will discover in a case is the matter of running, or a discharge. There are such phrases as "I keep running" or "I have a heavy discharge." Because after a woman becomes pregnant there is quite often a discharge, and if she has a guilty conscience she may assign this to venereal disease. You get some of the most remarkable screaming worries on the fact of having gotten venereal disease, with fights between Mama and Papa as to who brought it into the home, and so on. But it isn't venereal disease at all, it is just a discharge occasioned by pregnancy.

Another aspect of this is that a person drifts from one thing to another. "Running" to the reactive mind means to run, or to run away, and if you get a heavy charge in the basic area about venereal disease you get not only "running," ordinarily, but you also get "I've got to go away, I will just sink deeper and deeper in the social strata of life, and I am ruined now and I will never be any good," or something of the sort. This computation adds up to a severe engram. It usually occurs, however, well after the first missed period.

We had a case recently of an airplane pilot who had in his basic area the command "I'm no earthly good." He had owned a garage one time and failed because he was no earthly good. The motto behind all of these computations is: The content of the engram is ordinarily the content of some aberree's reactive bank exterior to the person. As a consequence the datum implanted in the engram bank should not be the last word about anything, because the amount of error to which an aberree is subject implants itself as error.

So you very often can't tell where the engram is occurring because it says it is occurring someplace else. Mama has forgotten that she has missed the period before and we get her talking about "I didn't get the curse this month," and so on. Well, she is already two months pregnant. She is just loopy enough so that she has skipped a period. I've run into this and it makes it very confusing, along with other things. So, the content of the engram should not be taken by the auditor as the last word, by a long ways. One is not suspicious of a patient who is running the engram. What you are suspicious of is the aberree that gave it to him. But there is no reason why one should take what Mama said, either in present time talking to the child or when the child was on the way, as being factual. They will concoct some of the most rugged lies imaginable. Mother may have large statements about Papa—all lies—that she gives to a girlfriend such as, "Oh, he treats me so mean, he beats me all the time, he comes home drunk every Saturday," when the poor guy's never taken a drink in his life. Perhaps she wants somebody to feel sorry for her, so she will go on, and the bank gets filled up with erroneous data.

The principal computation that will completely spin a case is when it contains secrecy on the subject of a lover. That is a nasty one, and I suppose always will be. Mama says, "I don't dare tell Joe about this because if I did he would kill me," and so on. Or there is a computation going where, "If he saw us he would just die of shame, I know that," or "He mustn't see anything about this," or something vague like "He mustn't catch us here," and the person then has a great apprehension all up and down the bank about being found in any engram. In short, Mama's lover can make a lot of complications. And Mama's lover is sometimes an ally, which mixes things up further because the baby is now going to protect the ally.

None of these computations are easy, but all of them will surrender on a relentless attack. So we have here various things which establish the point at which the engram was received, and we establish also the circumstances as well as its aberrative effect upon the individual. If these things add up we know we are on a definite main line.

There is a test for an engram, no matter what is being said in that engram, to find out if it was valid. Was it aberrative? Did the person manifest any part of this engram? If you are really suspicious of a person's computation, try that.

Another one is to put him halfway into it and bring him back up to present time. If it's a real engram he will know about it. Then take him back into it again. For instance, in one case a highly suspicious incident showed up where there was hypnotism in the early part of the prenatal area, whereby some young gentleman had hypnotized Mama and seduced her.

This seems to be straight out of True Confessions and couldn't be actual, and the person kept saying, "Well, this isn't true," and "This couldn't be"; but I would get him back into the phrase "Go to sleep, go to sleep," and he was doing nothing but sleep. Whenever we started running "Go to sleep," we would run into this hypnotism and his case was really stalled.

So I ran him halfway through it one day, and brought him up to present time and got a reaction immediately. Then, in putting him back into the incident again, he ran it once and was unwilling to run it again, which is another test. However, after it was run a few more times it deintensified and the case went on progressing; but that hypnotism was an incredible incident and yet it happened to be actual.

Another hypnotic incident is the computation "Go to sleep, go to sleep, go to sleep. Now your eyes are going to close, you won't be able to open them. Now as you go to sleep, sinking into

this deep, dreamless sleep, you can only hear the sound of my voice, only the sound of my voice, you will not be able to hear anything but the sound of my voice. Now you can only do what I tell you to do, only do what I tell you to do." And a demon circuit is thereby installed. Then it concludes: "Now you're going to forget, you're going to forget everything I have said to you. You're not going to know anything about it." So that every time someone says, "Forget this," all the way up the person's life, he does.

Also the baby can accidentally get hypnotized by Papa just telling Mama to "go to sleep" in a quiet tone of voice. Later on somebody may try to hypnotize this person and it latches on to that early "go to sleep" computation.

The computations that you will run into are unlimited. These are just some examples and some ways and means of trying to validate them and wade through them. Anybody who is very much on guard; who is very fond of Mama but hates Papa violently, is that way not because Mama said Papa was no good. Papa didn't want that child and Papa may have tried something. There is the sly one where he walks up to Mama and all of a sudden hits her in the stomach with all the force in his fist in order to produce a spontaneous miscarriage.

Sometimes engrams get tangled with each other. When you are trying to run one engram in which many other somatics seem to be occurring, by running one engram off that chain, you will ordinarily get the others to drop out and go back to their proper places. But that indicates a grouper. They have become mechanically tied up. For instance, in every coitus incident Mama says, "I'm coming now," and we get "I'm coming now" all across, which stays more or less together. Then when we try to run these things, it is like running down the spokes of the wheel, in the center of which we find "I'm coming now." In running one of them we pretty well straighten out the whole bundle. But stay on one. Don't go into a case and grab an engram here and an engram there and an engram someplace else, and get tired of that one, and race off elsewhere without reducing it, because that case is going to seal up on you sooner or later.

Another subject is that of stripping an engram. This is done by taking it off phrase by phrase. Let us say we have a long nitrous oxide incident which is very engraphic and has a very bad effect upon the mind in that it picks up the whole reactive mind selectively and pulls it into the nitrous oxide incident. We try to run this case again and again, and just nothing is happening. This person has been in and out of this nitrous oxide for years. He hasn't been able to touch any part of it. He doesn't know he is there. And we eventually discover this incident.

As soon as we do, we have a bad problem on our hands. The person wasn't conscious. This could happen with any kind of a late life painful incident where he is unconscious and in physical pain. It is a bad situation because we start to run into the beginning of it and we can restimulate it and we can make the person extremely uncomfortable.

So one has to be pretty well convinced that he has to go into one of these things before he starts it, because this is a special technique and it takes a long time. But it is effective. It is better to leave unconsciousness in late life alone, however, unless you absolutely have to tackle it. If the case will run without those areas being tapped, that is good. But if those areas are occluding the earlier bank (and you can tell that fast enough) then tackle them.

You tackle one of those engrams in this fashion: You get as far into it and run as much of it as you can at the beginning. You will find that you will get several phrases at the beginning of it. Now let's take phrase number one (it is certain that that has appeared earlier in the engram bank) and start running it back all the way to the bottom. Having reached that point run out the whole engram you find there. Each time you hit that phrase as you go down the bank, just test it about three times to see whether or not it is loose, and then go earlier and earlier and earlier and earlier and pick that thing up the first time it appears.

Now, having picked it up at the earliest moment that you can, run the whole engram in which you find it. Theoretically you should be coming down toward the basic area. As you run that you are going to find that there are two or three phrases in there that probably won't release.

Continue to run those as early as you can get them and when you find one of them that will release very early, run that whole engram and reduce it. But pick the phrase in it which won't reduce and run early on that phrase until you get the first engram in which that phrase appears. If this is done thoroughly and systematically (and you have luck) you will find basic-basic on the case. But having done all this, you now start back up the line and erase as much as you can get your hands on.

One of these actions can take a couple of hours if you are working hard at it. Overall, it is going to take weeks. But in doing it, you are practically resolving the whole case. Get as much data as you can on this now that you have scared it loose and erase and reduce as much as you can.

Then take the second phrase in the late incident you are working with and run it all the way down. All the time you are doing this, you get the person down into the basic area, throw him into his own valence and get the whole engram with all perceptics into view, and that case will start to resolve. It will resolve fairly rapidly unless it has enormous computational difficulties, such as Mama's lover or something else. So we get down into the early part of the case and erase. Then we take another phrase out of the late one, take that down in these various steps and stages and erase it.

In the meantime you will find out that you are skipping 10 minutes here and 15 minutes there in the late one, although it now appears to be consecutive because the material was buried. So you have to keep running it from the beginning each time. But don't run it deeper than you have to or restimulate it more than you have to or the somatic on it will hang up the case.

However, one doesn't go into this case with narcosynthesis or amnesia trance hypnotism. You can tackle incidents and they will settle out in a few days. But as long as you are running the case, as long as you are clipping it, it will stay in a restimulated state. That, however, should not bar you from going right on with it.

This particular technique is for a case where the incident has bundled up the track to such a degree that you cannot do much with it. The technique then is to strip it off a phrase at a time, going all the way through an incident and deintensifying it by getting it into recall and so forth. And you keep picking that incident up two or three times.

Take a tonsillectomy, for instance, or birth if it is lying there wide open and accessible, and run the thing out. But be sure to run it out. Don't just tamper with it and then leave it.

There is another technique you can follow on this if you want to get rid of birth, for instance. Let's say somebody has asthma, and you ascertain that asthma comes from birth, and that you want to get rid of birth in order to make his asthma easier. Just start grinding birth if it is accessible.

In a case of chronic asthma, if the state of the person's birth is such as to admit an easy entrance to it, get it as early as you can get it and just start recalling it, grind it out. When you have ground it to a nub practically, bring the person up to present time from it and have him recount it again. Have him see if he can pick up any of the perceptics in present time. Then take him down to the birth area again and see if there is anything left down there. Then bring him up to a pleasure moment and bring him up to present time. Quite often you will find that birth will stay stable and out of the case, and very often it is very good to do this to birth because it opens up the whole case. Birth may be the engram that you have to strip. I have been in and out of birth in some cases where just a phrase would be presenting itself, and the person would be quite happy to have that phrase or comment gone.

When you have been working one of these incidents for a while you should bring the incident up to present time, not by telling him to bring the incident up to present time, but just by telling him to come up to present time with the words, "Now let's start in at the beginning of birth again in present time. Let's go over it in present time." You will find out that they will still contact some of the somatics, sometimes, and if they can do this you really flatten it.

If that incident is not brought up to present time, or not addressed three or four days later, it has a tendency to sag.

A full-blown migraine doesn't come from birth. Those that I have found that were really savage were caused by high blood pressure. (But this could still be definitely wrong.) There are many varieties of migraine headaches, but the one which really lays the person out I have found stemming from high blood pressure. Birth will give a kind of headache. An AA involving a knitting needle through the skull will also give a kind of migraine. But those aren't real migraines. A real migraine fills the whole body, overcharging the child with pressure.

It is interesting to note that as you are running one of these migraines, it will be in the prenatal area and the thing the person will suddenly notice after a little attention is off is that he starts hurting all over his body. He hurts all through himself. But hitherto his head was hurting so badly, and he was in such bad shape with regard to his head, that he never noticed the rest of him. But as you deintensify it he will find out fast.

It is perfectly valid to tackle any engram anywhere whenever that engram presents itself rather easily. But you make trouble for yourself when you go off searching for engrams by saying something like, "Well, this person has a pain in the abdomen. Let's see, 'Oh, you had an appendectomy? Well, let's go back to the appendectomy."' That appendectomy isn't accessible at that point, and you can tangle yourself up most horribly by trying to reach it and slug through it.

But if you say, "Now the file clerk will give us the reason why you have this pain in the stomach," and the file clerk turns up the appendectomy, run it. But leave it on the choice of the person.

I had two cases recently where both people, husband and wife, were stuck in birth, and there was nothing you could do in either case but run out birth. I did not get a chance to run it out on the wife and it got rebalanced in about three or four days, but during that time she was quite ill with a headache and sniffles. (I assumed that the husband would run it out but he didn't.) Then she settled down to having an occasional headache a couple of times a day.

But birth is lying there waiting. All one has got to do is tell her to close her eyes, "The somatic strip will go to the first part of birth. Now let's roll it," and one will get rid of the incident because it is right there waiting. It is the key incident on the case.

However, you can't guarantee at any time invariable behavior along these technique lines in the reactive mind, because some of the material is filed on top and some of it is filed on the bottom, and there is some material on the case which is repressed by painful emotion and some which isn't. So, it is a bad filing system that we are going toward. If it were a good, smooth, easy filing system, there would be nothing to Dianetics. You would simply take the person back to the first moment of pain or unconsciousness, recount it out, erase it, take the next moment of pain or unconsciousness, erase that one, and keep right on going up the case. Bring him up to present time, then take him back to the beginning of the case again and catch everything that may have sprung free that was wound up in the later incidents, and the case would be clear. That would be all there was to it, but it's not that simple. It requires a lot of judgment on the part of an auditor.

We are looking right now for a drug or something else which will straighten out the reactive mind's filing system so that the analytical mind can contact it more easily. That drug all by itself would cut a case down to around 75 hours to clear.

If you are running a prenatal incident without somatics and the person is lying flat out, he is in another valence and probably has a pain shut-off as well. If he is in his own valence he will at least be curled up. But don't try to command him into his own valence.

For instance, if you were to take a Junior case and say, “Go into your own valence,” it would be very confusing because his valence is Papa’s valence, and he would get all snarled up on it.

But by taking a patient and diagnosing him very thoroughly and by asking him questions, trying to open up his memory, trying to get data of various kinds, you will discover all sorts of things.

For instance, in trying to get a diagnosis on a case it finally turned up that the one thing that she could not do was answer a question. But she could repeat what was said. She was in somebody else’s valence. Then she came up to where she could repeat her mother’s phrase, “I hate men, I hate men,” and so on. A male auditor would have trouble in that particular case, and your diagnosis will show up that type of computation.

So, spend time on diagnosis; look the case over carefully and get a pretty good idea of what it is all about, whose valence the preclear is in, what languages the basic area is in, what recent incidents might have triggered the case, and so forth. You can save yourself a lot of time in the progress of the case by taking time at the beginning to make sure that you have done everything that you possibly can.

There is returning him to pleasure moments, and if this doesn’t work finding out why he can’t. Try to take him into the basic area just with main strength and awkwardness. Try to get him into his own valence and see if he can run material out there. If you can’t do that, find what late incident has got the whole track in a ball. Try to tackle that incident. Keep searching, but realize that you are searching for an entrance to the case.

Something that should be noted here as part of diagnostic technique is that a person has a tendency to begin to rely on return rather than memory, particularly if this person is running non-sonic and has already built up all manner of bypass circuits which reach data in the standard bank without remembering directly.

So asking such a case to remember sometimes clips out some of the circuits that are there. Halfway through the case you have perhaps a dependency on returning. The preclear returns to get the information. But that isn’t the kind of recollection this man is going to use straight through. There are still extraneous circuits, and you can actually blast some of those circuits out very gently merely by asking him to remember.

Up to this time he has had, let us say, a tiger parked back of a curtain. He knows very well a tiger is standing back of that curtain. Well, you have gone down the track and picked up the engram which was the tiger and now there is no tiger there but the curtain is still there. In trying to persuade the person to remember this particular area of his life, he thinks at first you are asking him to tackle a tiger head on. Then he will remember and all of a sudden the curtain will vanish.

You can ask a patient halfway through therapy to see how much he can remember, staying in present time, and you will find out that in the first part of the case he cannot remember a single face or person anyplace. However, just urge him a little bit. Ask him to remember this person and that person and another person. Start building it back, and very soon you will have the standard bank straight memory circuits going well. That is the fastest way to get occluded areas back into view again.

He can do a lot of this himself. Just ask him to remember things and you will get a lot of success on it, particularly one of these cases which has run without any sense of reality. You can finally spot the computation of why he has no sense of reality. Now you can ask him to remember the reason he can’t remember. You can ask him to remember the reason his data is invalid, and so on. Keep insisting on it. Help him out. Suggest things for him to remember. Because when he gets things into memory they are valid and real to him, and more and more of his life will be getting this way.

I first came across this technique when I was running a patient in amnesia trance exclusively, and he had finally gotten to a point where he was entirely occluded. When he started out he was bad enough, but now he was really bad. I had never fed him any data back, and he had no recollection of anything he had run, because it had been run in an amnesia trance. I never told him he could remember it or urged it on him in any way. He had lost the idea of just remembering. About three quarters of the way through his case he was apparently one of the most messed up individuals imaginable. (This is why we don't use amnesia trance unless we absolutely have to. It is not an optimum method of doing therapy. It is extremely slow.) Then I sat down with him and started him remembering. He resembled someone approaching a pool of water he believes to be ice cold. First in goes the tip of the big toe, tentatively, and then finally all five toes go in, and then the foot and then the leg and then suddenly the person is swimming!

I set it up on the basis that he absolutely had to remember this material, and kept him in present time and kept handling him. Very soon his whole life started to clear. His sense of reality had gotten very bad before that. So it is a good therapeutic measure.

After all, there was a past school of mental treatment which did nothing but this, and in 20 percent of the cases produced a slight alleviation by doing nothing but remembering. Of course, occasionally they would go off the rim of it a little bit and would suddenly spin the person out of the depression state into the manic end of the state or turn on a psychosis or something of the sort. But merely by the process of remembering, they were able to achieve therapeutic results.

When you are dealing with Dianetics, remember that you are not dealing with a specialized slot of activity; you are dealing with anything and everything that has ever proven effective on the treatment of the human mind, and its researches are good and advantageous only when this is recognized: anything could be part of the problem. For instance, a medicine drum is highly effective on a psychotic.

We have been working here with precision axioms, and you will be surprised how far they will advance, and how much therapy will be formulated before the next five years are over. It is a hard thing to picture this therapy even a year hence, because about every 60 days its breadth is widened, there are more and more pieces, and more and more people are thinking about it. And the more people think about it, the more people handle it, the more people get ideas—the clearer and easier it gets.